Those in charge of her work in the wards should cooperate with the teacher that they may know how the pupil has been taught, to do things, for in habit formation the pupil must make a good start and allow no exceptions from the right way till the habit is well rooted.

Some one has said, "The student should continually carry in mind that facility in the use of knowledge is the end of study." This seems especially true with nurses for no nurse can have achieved her aim in study till she is able to apply the knowledge she has gained. Her success will depend on the amount of adaptation accomplished.

The teacher should frequently ask herself, "Are these pupils better able to work independently than they were at the beginning of the year? Do they know how to concentrate their attention? Can they organize material? Do they think? Are they able to memorize with greatest economy of time and effort? Have they established the habit of verification? Do they apply their knowledge?" If she can answer these questions to her satisfaction she may well feel that she has accomplished the most important things in teaching.

_The President:_ I wish that we could take up this paper for discussion. I know there are hundreds of questions you are longing to ask, but we must continue our program. I am going to ask you to jot down in your note-books any questions you would like to ask pertaining to this paper and we will have a discussion of the papers at tomorrow morning's session instead of this morning. We will now have read the paper on "What Constitutes Good Teaching," by Anna M. Nicholson, Ph.D., of the Department of Education, Sacramento, California. We are very fortunate in having the subject presented from the standpoint of one who is not a nurse. We may always learn a great deal from those who are teaching along other lines.
This art of teaching is an ancient one. From the beginning, one generation has passed on to the next what was deemed of most worth for the welfare of the race. From the beginning, this transmission of experience has been deemed important. From earliest times, the passing on of this inheritance has been attended with such rites and ceremonies as would show to the social group, the leaders' endorsement of those who were to continue their work. As an instance of this at the present time, we have our commencement exercises. There have always been involved in the process of transmitting the social inheritance of one generation to another, certain persistent factors, though variously labeled at different times. Among these have been

(1) A body of ideas, truths, or theory, a sort of precipitate of experience, that the leaders have regarded as most necessary to hand down to posterity.

(2) An acquired manual skill, art, or practice that is a necessary accompaniment of a body of truths, a sort of application of the theory, for the perpetuation of which the leaders have always provided a course of training.

Since the communication of both the theory and practice cited above is a process requiring time and place, there have been

(3) A place where instruction and training could be imparted, and

(4) A time for such instruction, implying both certain years of the students' lives, and certain hours of the day.

In this process of transfer of experience, there have always been

(5) A selected group to impart the experience, and

(6) A selected group to whom this experience could be imparted.

As you have already seen, these factors still remain. The difference has been, that what society has unconsciously, intuitively done in the past, has risen above the level of its consciousness, and the process that, like Topsy, simply "grew," has now in some measure become controlled. At various intervals in the history...
of the race, this consciousness of procedure in imparting instruction has endeavored to shape itself to achieve more directly the ends in view. In the history of education, we find striking instances of this in Greece, Judea, and China. Plato's recognition of the need of controlling the process of instruction is seen in his Republic; the Talmud is rich in discussion of educational procedure; and the Chinese early conceived a system of education that perpetuated their civilization unchanged through decades of centuries.

Modern recognition of a science and art of education is evidenced in the growing number and importance of normal schools, and educational departments of the universities. As society becomes more and more complex, as the body of knowledge becomes greater by huge contributions, the control of the process of training the next generation becomes more imperative, and challenges the best efforts of the wisest leaders. We hope it is not an exaggeration, nor the distorted view of an enthusiast to say that it should be one of the chief concerns of a nation. If true of any nation, it is doubly so of a democracy that the strength of the nation, moral, and intellectual, depends upon the strength of the individuals that compose it. What the individuals are, that will the nation be. A nation can only be a nation, in proportion as it succeeds in educating all the individuals that compose it—in communicating the experience necessary to the perpetuation of its ideals. It is no wonder then that some of our best thinkers are devoting their lives to making the process of communicating knowledge a fine art. Great as have been the efforts, great too as has been the achievement, the problem is so great that, in the words of one of our wisest leaders, it is seemingly getting away from us—getting beyond our control. So it is with the zeal of missionaries, that men are preaching the necessity of studying the science and art of teaching.

It is with great humility, therefore, that I venture to say this morning something of what constitutes good teaching. It is the art by which the right people, teach the right persons, the right things at the right time and at the right place.

The right things to be taught form the ideal courses of study. As a body of knowledge and the technique accompanying it become differentiated from allied arts, this experience is organized
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by the leaders of the group, and a mode of transmitting it is created. This is seen in the comparatively recent organization of training schools for nurses in connection with the hospitals.

These courses of study have been outlined by the National League of Nursing Education and by your local leaders. The training schools have been created for transmitting this information and skill. The places selected, namely, the hospitals themselves, are particularly well chosen in that they furnish the actual life situation requiring the knowledge and skill that is being imparted.

The time chosen for imparting this knowledge is part of the local schedule and should be an important consideration, both in terms of the number of years in the course and of the number of hours in the day. In regard, too, to the time of day for class instruction, none should know better than those in charge of training schools, the laws of fatigue that operate many times so as to neutralize the best of instruction. One cannot concentrate when physically too tired to do so.

Before speaking of instructors and instructed, let me emphasize what has been said by others on the program. There should be cooperation between the training schools in hospitals and the high schools. The high schools should offer preparatory courses that would serve to give earlier direction to the students seeking to become nurses.

I recognize that there are many angles to this adjustment, but it does seem possible to relieve the courses in the training schools for nurses just as in normal schools, by offering optional courses in the high schools for those who intend to enter these professional schools. Why not these requirements, as well as university entrance requirements? Would it not tend to make the work more strictly professional in the training schools?

This brings us naturally to the consideration of the selected group to whom instruction is to be given. Although we shall all agree that there are no such persons as "born" nurses, yet there are those whose natural endowment fits them particularly to become nurses. The reverse is lamentably true.

Just how to bring into the training classes those specially fit, means cooperation again, this time in the movement known as Vocational Guidance. Those interested in the training of nurses
may, with mutual advantage to themselves and to the vocational
guides, profit by close acquaintance with this movement to help
the young people in this most important step of choosing a voca-
tion.

Cooperation then with the high school, involving as shown
above, both the selection of the proper persons, for training, and
also the possibility of preliminary training in the high school, is
one of the most important factors contributing to the efficiency of
teaching in the training schools.

Given then, the course of study, a selected group to be in-
structed, the next consideration is the availability of the right
material for this instruction. A body of experts, here as else-
where in the educational field, should organize and make easily
available, as well as usable, the material necessary for such in-
struction. The textbook is a tool, the reference book, also.
These tools should be the best possible. Those using them can
best suggest improvements, and they should be free to do so.
What constitutes a good textbook in nursing should be the sub-
ject of profitable discussion among teachers, and subsequent re-
commendation to those in charge. A good textbook is one of the
greatest factors in successful teaching. Good reference books are
totally different in purpose and content from the textbook. Too
many so-called textbooks are in reality reference books masquer-
ading under a false title.

Given again, then a sane course of study; the right tools in the
way of textboo 1 s, reference books, laboratory provision and prac-
tice work para. eling the course of study; a selected body of stu-
dents; a local schedule v ith adequate time allotment; a growing
cooperation with high schools offering preliminary courses in
nursing; the ideal place for instruction, the actual life situation;
and we are ready for the entrance of the main factor, the teacher.

Unless the teacher enters into a situation reasonably approach-
ing that sketched in bold outlines above, she does so under a
heavy handicap. This means that no matter how expert she
may be, her efficiency will be lessened in the degree that the con-
ditions fail to measure up with those described. It is the busi-
ness of the administrative officers to provide these conditions,
and where it is impossible to do so, to make due allowance in re-
results obtained, and not to hold the teacher responsible for what
she cannot control.
THE TRAINING OF THE TEACHER

At present, many teachers in hospital training schools, judging from California conditions, are obliged to take up their work without specific training for it. As the problem of possible cooperation between state normal schools and training schools for nurses has already had its place on the program, I must content myself with expressing the desire that in the very near future, the normal schools will offer courses of training for teachers of your schools. I believe Santa Barbara Normal School is now offering such a course. Teachers College, Columbia University, in the meantime, is sending to a number of the schools their specially trained teachers. Such schools are fortunate. Here as elsewhere, the specially trained teacher has had opportunity to learn much of the technique of instruction in nursing. We urge, under this head, that encouragement and opportunity should be given those now teaching in the training schools, to profit by this special training. The best teachers will be those who with native ability have done good work in the schools without this training, but who have learned the need of expert help in their work. These persons, knowing the problems from actual experience, are naturally best able to profit by such a course of training and will make the ideal teachers of the future.

RELATION OF THE TEACHER TO THE CLASS

Given the teacher whose experience has been adequate, meeting her class for the first time, what should be the order of procedure? First, she should know the individuals in her class with whom she is to share her wider experience. A sharing of experience means more than communication of facts. Experience means more than mere knowledge of facts. It implies more than mental attainment. It means participation in life affairs, involving as such participation always does, feeling in varying degrees. Just in proportion as this experience of the teacher has been broad and deep, so is her capacity increased for entering into the lives of the students. We have a way of talking about the personality of a speaker being great. What do we mean? Is it not that he has a message to give that he feels intensely enough to send forth in a way that it reaches his hearers? Somehow or
other, he has the power of entering into the lives of others. Does not this idea of personality usually include a rich emotional nature, though often so controlled as to be submerged, thereby giving resonance to every form of expression, to every utterance?

An ideal teacher, if she is to enter into the lives of her pupils, must have lived the things she teaches, not always actually lived, but by a certain vicariousness, lived those experiences through the printed page of history, literature, art, or science. It is only those teachers whose vocation never ceases to be a means of self-realization, whose abundant life enables them to share in reality their experience with their pupils.

Then in these first lessons, some presentation of the philanthropy inspiring the best endeavors of those in the different walks of the medical profession, some idea of the sacrifice involved in long hours of research in order to lessen the sum of human suffering in the world, should bring the underlying idea of service into strong relief. This presentation can be made informal, inviting deliberately the confidence of the class as to their motives for choosing the profession of nurse. From the development of this idea of sacrifice and service, there is a very natural introduction of the ethics of the profession. If the young student sees early the necessity for the military nature of hospital discipline in the fact that here, as in war, human life is at stake, she accepts the situation with the courage and heroism of a soldier. In other words, a student, from the first and continuously, must be kept in touch and in sympathy with the work of the institution and professions she is serving. She must see the relation of her work to the whole. She thereby becomes a cheerful, willing, intelligent co-worker, in place of a dissatisfied, inefficient drudge.

Following such presentation and discussion, assignment of reading that will reinforce the treatment of the larger aims of the profession should leave some option as to what is to be read. Not every one need read the same article. It is often wise to distribute such material so that each reader may feel his responsibility to the class for the message to be gathered from the assignment.

A word right here about the length of assignments in reading. Teachers have a right to know how much time such reading will take. It has been determined that the ordinary eighth grade
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pupil reads about two hundred and fifty words a minute, and, furthermore, is able to reproduce about 50 per cent of a four hundred word assignment. In instances, where the larger message is all that is wished, one reading will suffice. However, where a full grasp is needed, there must be time calculated for three readings. Many teachers discourage students by impossible assignments. As the next speaker is to treat this matter in detail, I will leave it.

Opportunity should be given for discussion of what has been read. Particularly should there be free discussion of the ethics of the profession as treated in the introductory chapter in some first year textbooks. Skill is required to keep discussions both free and relevant. In the teacher, there must be the dignity and fearlessness of a leader, and the tact and sympathy of a diplomat. At the close of every lesson, the main issues should be segregated, recognized, and "labeled." This guiding of discussion to a well-defined goal, and then recognizing the goal as a milestone, is a fine art, but one so essential as to be part of all good teaching.

The opening of every recitation should briefly summarize what has preceded, thereby affording the class opportunity to orient themselves in their journey into uncharted lands. Graphic device is excellent here. Outlines hastily sketched by the teacher as he reviews the former steps, aid greatly orderly thinking, and hence in getting knowledge into shape so as to be available when needed. This skillful pigeon-holing of necessary information avoids a great deal of dissipated, scattered effort and subsequent confusion.

Let the class visualize the goal with the teacher. Let them see how each step brings them nearer to the goal. There is an exhilaration in achieving and knowing the worth of each achievement, that gives zest to work, and makes great achievement or success possible.

To the teacher then—plot the work ahead, divide it into units or spans; label the milestones; occasionally look back to see what distance has been gone; rest at times in some attractive spot to gather new courage and inspiration for a particularly difficult ascent; keep the goal in view; encourage the weary; strengthen the weak; caution the venturesome; save the nervous energy of the
overly ambitious; afford opportunity for the suggestion and initiative of pupils; help them to rate their own strength, their own progress; keep your faith in yourself and in your pupils; renew your strength by deep draughts from the experiences of others—all this is only part of what it means to be a teacher.

The point I wish to emphasize is that there should be this definite plotting of work, that pupils should be taken into the confidence of the teacher in the knowledge of what is to be done. I have found that where almost insurmountable difficulties have existed, pupils who felt they were sharing the experience of their leader would put forth extra effort because of their respect and love for that leader. Many a student, discouraged and distraught, sorely worsted in the fray, has struck one more blow so as not to disappoint the teacher who believed in him. The teacher's faith in her pupils, the fact she expects much from them, is one of the strongest incentives in good teaching. This faith is readily transmuted by the pupils into faith in themselves, which is necessary for success anywhere.

There is much in the technique of teaching that I expected to cover. I had expected to touch upon the technique of questioning, and found to handle it all adequately would make a paper by itself. I expected to say what constituted a good textbook, and to discuss the relation of the textbook to the work of teaching, and found that each of these topics expanded itself beyond the limits of this paper. I cannot refrain, however, from giving a word of caution about the use of the textbook.

In the work of teaching, it should always be a tool, and not a controlling end. It is unfortunate that statements of work accomplished are often made in terms of the textbook—"they have gone through this textbook," etc. On the other hand, it is almost equally deplorable, to see many scattered pieces of good instruction disorganized, and not in shape to be available when needed. A good textbook properly used serves the purpose of organizing the work, and having it where it will be available for future reference.

The teacher, then, should use the textbook, supplying inadequacies by proper references or lectures, often readjusting chapters according to emergencies, but maintaining, in strong evidence through all circumstances, a well-planned, definite scheme of work.
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NECESSITY OF SPECIAL TRAINING FOR TEACHING

I have tried to give some idea of the professional attitude of a teacher. Included in this attitude is the consciousness of the worth of special training for the teacher.

No matter how gifted naturally the teacher may be, her power is multiplied manifold by a knowledge of the technique or method of imparting this instruction. This does not mean what is known as "methods" in teaching. It means knowledge of the great principles of education growing out of the relation of education to actual life work, of the vocation to the world's work. These great principles suggest and control method or device. If the teacher continually relates the instruction she is giving to the real life need, which alone justifies her work, she cannot go far astray in making the instruction vital. If, in addition, she presents the work in such organized form that there are definite clear ideas of not only the immediate point of instruction, but of its relation to what has gone before and what will come after, she will avoid the confusion of ideas that attend disorganized work. If she uses the textbook as a depository of information, and teaches the efficient use of reference books, she makes the pupil progressively independent. If she watches carefully the individual's practice work in the hospital, and tactfully and sympathetically corrects the mistakes of inexperience or temperament, and shows where the student is failing to apply the instruction given, she is perfecting the training in the most efficient way. In this manner, the student learns that all information is eventually for use in her profession, and will acquire the habit of seeking in the classroom, the reason for the instruction in terms of its relation to her own practice. By giving to every effort a motive, the earnest cooperation of all is secured.

IMPORTANCE TO SOCIETY OF SKILLED TEACHERS

Much is required of the teacher. Too much cannot be said in appreciation of the work of the good teachers. To him, the world over, society owes a great debt. To him, the nations owe as much, if not more, than to any one else, the preservation of its ideals. Teaching is a great work, it is a science, it is an art, it is in every sense a profession. Each can do his part to make
it worthy by adding his quota of the best he has to give. The greatest compensation is in the well-lived lives, the efficient service of those whose lives the teacher is helping to shape. To him who works with human clay, is there need of the greatest art. The product of the artist’s skill is the painting; of the sculptor’s is the statue; of the author’s, is the book;—but the product of the teacher’s art is human character and efficiency.

TEACHING A SHARING OF EXPERIENCE

In conclusion, let me say that I have used throughout this paper the definition of teaching, that it is a sharing of experience. I have done so, because this definition means more to me than more formal ones. It is a constant reminder that the experience to be shared should be, in some degree, adequate; that to be adequate, it must be renewed continually. This continual renewal or deepening of experience, should be not only in professional lines, where we share the joy of achievement of the great in our own profession, but it means sharing the thoughts of the great of all ages, of all places. It means learning again and again with Browning that it is the effort after all that counts—that “Man’s reach must exceed his grasp, or what’s a heaven for?”

It means going with Dante and Virgil on their most wonderful of all journeys, to run the gamut of human feeling, to learn something of our own art from Virgil, to hear Dante’s oft-repeated loving tribute to his teacher, “My master, thou, and guide!”

It means that we daily renew our faith and charity from the Sermon on the Mount, from the words of the Great Teacher—our Master, and our Guide.

And then too sometimes it means to think with Kipling that,

When earth’s last picture is painted, and the tubes are twisted and dried; When the oldest colours have faded, and the youngest critic has died; We shall rest, and, faith, we shall need it—lie down for an aeon or two, Till the Master of all Good Workmen shall set us to work anew!

And those that were good shall be happy; they shall sit in a golden chair; They shall splash at a ten-league canvas with brushes of comets’ hair; They shall find real saints to draw from—Magdalene, Peter, and Paul; They shall work for an age at a sitting and never be tired at all!
And only the Master shall praise us, and only the Master shall blame;
And no one shall work for money, and no one shall work for fame;
But each for the joy of the working, and each, in his separate star,
Shall draw the Thing as he sees it for the God of Things as they are.

The President: I could not begin to express my own apprecia-
tion of this paper and I wish that we might discuss it. We are
deeply indebted to Miss Nicholson for this wonderful presenta-
tion of our possibilities as teachers. All members of the League
will, of course, have copies of the report in which all these papers
are contained, but I am going to have a number of reprints made
of this paper by Miss Nicholson. I think that every instructor
and every teacher of nursing should have a large pile to draw upon.

A rising vote of thanks was tendered Miss Nicholson.

The President: I appoint Miss Coleman and Miss Pemberton
as tellers in the coming election of officers, and ballots may be
secured tomorrow, June 24, in the parlor of the church between
9 and 10 a.m. and between 12.30 and 1.

“The Teaching of Housekeeping in the Training School,” by
Miss Carrie M. Hall, Superintendent of Nurses, Peter Bent
Brigham Hospital, Boston, Mass., will be the closing paper for
this morning’s session.

Miss Hall: I wish to say that this paper has been prepared
entirely by two of my assistants; the credit is not mine at all,
but is due to Miss Sallie Johnson, Assistant Superintendent of
the Peter Bent Brigham Hospital and Miss Jessie Clark, practi-
cal instructor. The paper does not deal with the larger problem
of hospital housekeeping, but with those problems with which
the pupil nurse comes daily in contact. It is a wide jump from
the high plane of the last two papers to this eminently practical
one.

THE TEACHING OF HOSPITAL HOUSEKEEPING TO
PUPIL NURSES

In hospital housekeeping, as in any other housekeeping, the
great essentials are cleanliness and order. The former is more
readily acquired than the latter. The reason for this is readily
seen. The propaganda of “clean up week,” as well as other al-
lied enterprises, has convinced the public that cleanliness is of
prime importance to health. As hospitals exist to restore and promote health, here, if anywhere, cleanliness is expected to prevail. In fact it seems to be the opinion in the lay mind that "to clean" is the chief duty of the pupil. No young woman was ever known to divulge her intention of studying nursing without having a number of her solicitous friends assure her of this supposed fact. Small wonder, then, that the pupil expects and accepts a high standard of hospital cleanliness. The real need of cleanliness is learned from the hygiene and bacteriology of the students' preliminary course. That much of the actual cleaning can be done by hands less technically trained than those of the pupils has been proved by superintendents who have the far vision to see the practicability of shifting it to ward helpers and maids.

Order, the other essential, is much harder to acquire. The need of it is less obvious to the young pupil. Never before has she seen such a large number of articles in almost constant use and by so many different persons. Never before was it possible for a second's delay to be followed by such untoward results. However, she soon learns that it is an unpardonable offense to be unable to put her hand immediately upon the required article.

Very soon she realizes that order is the result of "a place for everything and everything in its place." The method of accomplishing a certain end is not the same in any two hospitals, yet if the solving of our problems did not have much in common, would hundreds of nurses travel hundreds of miles every year to discuss various questions? Although this paper recounts the methods of only one hospital in its endeavor to establish good housekeeping, it is hoped that some of its practices may be applicable to other hospitals.

During the pupils' four months' preliminary course, the morning hour between eight and nine is devoted to housekeeping in the nurses' building. The work is confined to the corridor which the preliminary pupils occupy, the class-rooms and the linen and other supply closets. This limitation is an aid to the supervision of the practical instructor who has charge of the work. Here the pupils are taught and learn from actual experience how to perform the following:

1. Sweeping and dusting with the care of brooms and dusters.
2. Care of wooden furniture, porcelain, glass and metals.
3. Cleaning and arranging of supply rooms.
4. Distributing of linen.
5. Care of reference library which includes inventory of books and locating missing ones.
6. The inspection of the nurses' building for repairs, and reporting in writing any faulty electric lights, windows, doors, plumbing, etc.

These various duties are assigned to the pupils in rotation, for periods of one week each. To avert any confusion or delay that might arise on changing day, the new work list is posted twenty-four hours in advance of the change. Every pupil is required to leave her equipment in perfect order for her successor. Any reason for her inability to do this is reported to the instructor. The practical demonstration of these procedures is supplemented by notes explaining the theory of the methods employed and by assigned readings in various practical nursing textbooks. This part of the work requires two additional hours. It is felt that in the preliminary course in housekeeping, the pupil acquires an excellent foundation for the subsequent hospital housekeeping. Here she learns two important facts, namely, that "the head often saves the heels" and the value of cooperation.

When the pupils reach the ward, they find that first essential of order, "a place for everything." To fix this has been comparatively easy in the Peter Bent Brigham Hospital as there is ample room for all equipment. The hospital is new and all general wards are built on the same plan. As a consequence, the service rooms are exact counterparts and are in the same relation to one another. Barring the difference in the needs of male and female patients, and in the requirements of medical and surgical patients, the equipment of all wards is identical. Consequently there is no excuse for the majority of the most commonly used articles not being kept in the same relative place in the various wards.

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

Having designated “a place for everything,” the larger problem is “to keep everything in its place.” The first step toward this is to fix responsibility on definite pupils. Be sure that it is distinctly understood who is responsible for every service-room, corridor, surgical carriage, etc. See to it that there is no article on the ward for which some one is not responsible.

The pupil nurse, to whom the care of a certain service room is assigned, should know just how far she is responsible for the work of other nurses using this room, and to what extent the maid is responsible. This pupil does not dictate to the maid but she may ask the head-nurse to remedy any difficulty. Every pupil is expected to put the articles she uses where they belong. If she fails to do this, it is understood that the pupil in charge of that particular room is privileged to demand it of her. Instances of maliciously imposing upon this responsible pupil are few. Too frequent indulging in the practice would invite unpopularity. If, however, the pupil who has charge of a service-room cannot detect the offender, or having detected her, is unable to make her comply with the rules, she herself must remedy the evil. This method early cultivates the priceless ability for getting other persons to do their duty and getting it without friction.

These various housekeeping duties are assigned for periods of two weeks, and they have a definite rotation. Care must be taken that conflicting duties are not assigned to a given nurse. The following is a typical division of the work among five nurses:

1. Diet kitchen, refrigerator, water-cooler.
2. Utility-room, baths, toilets, soiled-clothes room.
3. Clinical thermometers, medicine closet.
4. Doctors’ room, corridors, screens.
5. Lockers, linen-room, porches.

It saves much time and energy if the supervisor knows who is responsible for all these things without constantly consulting the head-nurse or the pupils themselves. This is made possible by having the head-nurses send to the Training School Office every fortnight the above list of work and the names of the nurses to which the various divisions of the work are assigned. From these
lists the supervisor makes up her list which reads something like
the following:

*Diet Kitchen:* Ward (A) Miss Smith, (C) Cook, (D) Brown, (E) Ames.

*Utility Room:* Ward (A) Harrison, (B) Jones, (C) Allen, (D) Hays.

At first this would seem like an expenditure of much time with
a bulky memorandum as a result. As a matter of fact in a two-
hundred-bed hospital the compiling of such a list takes just one-
half hour every other week, and the result covers just two sheets
of a three inches by two inches note-book. As a result the super-
visor can go on every ward at any time and know exactly who
is responsible for everything, and without consulting anyone. It
is also important to know to which pupils ward furniture belongs.
This is done by the pupil writing her name (Miss Smith, first
name or initials not allowed) on a piece of adhesive and placing
it underneath the shelf of the bed of each of her patients. By
consulting these names, the nurse responsible for any given bed,
bed-side table, or bed-side chair may be ascertained.

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

Every fortnight one of the assistant superintendents of the hos-
pital, with the superintendent of the training school, or one of
her assistants, makes inspection of the wards. The object of
this is to establish a standard and to survey the situation from
more than one person’s point of view. The tendency to neglect
the direct care of the patients for a grand clean up on inspection
day is discouraged. Inspection is on Tuesday afternoon, and the
rooms which have their weekly cleaning on Monday or Tuesday
are expected to be just as near perfect as possible. The others
to be in order, not dirty, but they may show the need of to-
morrow’s weekly cleaning and yet escape criticism.

Another great aid to hospital housekeeping is a ward standard
of equipment and an inventory of that at stated intervals. To
know just what should be on the ward and just the number of
each article is a great incentive to keeping track of the equipment. This standard is most easily made by rooms; making a list of all articles in the diet kitchen, another list of those in the utility room, etc. All other articles found about the ward are lumped under miscellaneous.

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

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

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

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

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

Recapitulating: To teach hospital housekeeping to pupil nurses:
1. During the preliminary course teach the necessity of cleanliness and order.
2. Have a standard equipment for every ward.
3. Take an inventory of this standard at stated intervals.
4. Have each person’s work definitely understood.
5. Place responsibility.
6. Be sure the supervisor knows who is responsible for every part of the equipment and at all times.
7. Place the requirements of housekeeping high, never forgetting that it is reached only by close and constant attention to the minutest detail.
8. Have frequent inspection and by more than one person.
9. Most important of all—don’t get discouraged.

In any hospital worthy of the name it is “patients first.” For that very reason one’s ambition should be to have the housekeeping so systematized and its execution so nearly automatic that it will require a minimum amount of time to produce a maximum amount of efficiency.

This goal may never be reached, but, after all, “it is not the arrival but the direction in which one is traveling that matters most.” The path may be zigzag and therefore downward at times, but if the general trend is upward, all is well.

On motion, duly seconded, meeting adjourned.

GENERAL SESSION

Wednesday Afternoon, June 23, 2:30 p.m.

Held at the Greek Theatre, University of California, Berkeley, under the auspices of the International Council of Nurses, Miss Goodrich, President, presiding; American Hospital Association, guests.

The President: We expected to hold an International Congress,
and at this Congress it was our purpose, since the nurses from many nations were to gather with us, to bring as a memorial to our patron saint, Florence Nightingale, the funds which would erect a memorial for her. And the memorial we proposed was one that we believed she would like more than all others, namely, a Chair of Nursing, in her own country, in connection with one of the English colleges. There is no woman connected with nursing who has been more profoundly interested in the education of the nurse than was this international patriot, Florence Nightingale. Long before its need was generally appreciated she had preached it. We feel today that while we are unable to celebrate the securing of this endowment, through gifts from nurses all over the world, (because the moneys that would have gone into that are now going as Florence Nightingale would have wished them to go, to help the sick and suffering on the battlefield,) we nevertheless have much to celebrate for every year brings us nearer the high educational standard that she desired. Today we are able to say that almost, already, is the connection between the University and the School of Nursing made—only a beginning, but a beginning prophesies what we shall reach in the end.

It is right that we should receive first this afternoon, the greetings from the founder of the International Council of Nurses and President of the Trained Nurses Council of Great Britain and Ireland, and I will ask Miss Hulme, one of our delegates from England, to present this greeting.

Before that, however, I wish to call attention to the fact that we have with us as our guests this afternoon, the American Hospital Association, who have graciously laid aside their program for the afternoon, to meet with us. The honor of their presence we deeply appreciate.

Miss Hulme: Sisters, it is with mingled feelings that I stand before you today to bring you the greetings from your sisters in England. We are meeting in this sheltered spot to confirm the sisterhood that makes us one, but the absent ones, the nurses of America, as of England, went where the need is greatest on the fringe of the battle plain. The greeting that I bring you here is as nothing compared to the welcome we give to those who have come over seas to help us in our hour of need and sore distress.
A wide gulf separates us from the past, from our last glad reunion. Seas of blood roll between then and now and many landmarks of kindness and goodwill have been uprooted, but through all the blindness, cruelty and passion of war, there still lives the spirit that would heal where others have stricken, that would bind where others have severed, and to that band the great nursing sisterhood has ever belonged. And I am sure I may say that we are all glad to remember that in the past we have met in good fellowship, not only in Buffalo, London and Paris, but also in Berlin and Cologne. Nothing can be more hopeful for the future than the fact that in spite of the present turmoil of the world your great nation has conceived and carried through this wonderful Festival of Peace; has reared these magnificent buildings to celebrate the triumph, not of man over man but of man over the brute forces of nature. It is like a breath, no like a great wind of hope lifting the cloud of doubt and dismay that at this moment wraps the world. When the dawn of a new day breaks and when peace and charity are again restored to us, then we trust that the sisterhood of nursing may be one of the bonds that will once again unite the nations of the world. May that day come soon, but now and always, we, the nurses of Great Britain and Ireland, greet you in the bond of sisterhood, the bond that binds nurses o'er all the earth.

The President: It has been suggested that we should send a telegram of greeting to Mrs. Fenwick from this Greek Theatre this afternoon, and that we send greetings to other members who have been greatly concerned in the upbuilding of our profession and are not able to be here with us. In order that you may know why we have selected certain members to whom to send these greetings, I shall ask for the names to be presented by members here on the platform, and after that the motion may be made.

Miss Clara D. Noyes, President National League of Nursing Education—Madam Chairman, friends: There is one officer who is not with us except in spirit, a woman who was conspicuous as a charter member in our two older organizations, and in constant attendance at those early meetings, one to whom we have looked for inspiration and leadership, the brilliant head of the Department of Nursing and Health at Columbia University, Miss Adelaide Nutting. She is a firm believer in the higher education of
women for the field of nursing. As President of the National League of Nursing Education, I would like to suggest that we sent a telegram of greeting to Miss Nutting.

Miss Genevieve Cooke, President American Nurses Association: I suggest that a telegram be sent to Miss J. A. Delano, the head of our Red Cross nurses force, who is unable to be with us. Though she looked forward to this meeting with great interest, in her official capacity she must remain at her post in Washington to meet any emergency which may call on her nursing corps in this troublous time. I move that a telegram of greeting be sent to Miss Delano.

Miss Ella Phillips Crandall: Allow me to suggest that a telegram be sent to Lillian D. Wald, because to her more than to any other one person we owe the standardization of Visiting Nursing and the evolution of Visiting Nursing into what is now known as Public Health Nursing. Moreover, it is fitting that we pay tribute to her for the statesmanlike contributions to state and national interests, quite apart from nursing, in recognition of which Mt. Holyoke College has conferred on her the honorary degree of Doctor of Laws. Mrs. Florence Kelley says of her that it was her clear vision and keen insight which, more than any other one influence, made possible the realization of our Federal Children’s Bureau.

It is also true that to her dream and to her persistence alike we owe that very new organization, the Red Cross Town and Country Nursing Service, which is fraught with such great possibilities.

Miss Carolyn C. Van Blarcom: I should like to suggest that a telegram of greeting be sent from the three national bodies to Miss Louisa E. B. Schuyler, whose connection with nursing work in America is quite significant. The first training school for nurses in America based upon the Nightingale plan was started at Bellevue Hospital something more than forty years ago, because of the vision of Miss Schuyler, who was at that time connected with various forms of public betterment and relief work in New York State. Miss Schuyler was stirred by the suffering she saw at Bellevue, and although a very young woman, with no practical experience in the care of the sick, she felt that these people should be in the hands of the most trained, intelligent, and compassion-
ate of women. With no precedent in this country to follow, she conceived the idea of a training school for nurses, and organized the committee which subsequently established the Bellevue School.

At the last graduating exercises at Columbia University the degree of LL.D. was conferred on her, now a charming old lady of seventy-seven, but still active in public work. This degree, conferred for the second time only by the faculty of Columbia, was not for scholarship, research, or achievement in the world of letters, but for her signal service to her fellowwomen and her keen insight into the needs of the less fortunate members of society.

The President: We desire that these greetings should go from the membership of the Association, and therefore ask that some member in the audience will make the motion that these telegrams be sent if it is the pleasure of the meeting that this should be done.

It was moved and seconded that the telegrams of greeting suggested be sent from the three organizations.

The President: I must say one word about two members who are in everyone's mind. Miss Isabel McIsaac has recently passed from our midst. She had rendered a conspicuous service in Chicago but even with rapidly increasing frailty of health, she was willing to become Inter-State Secretary, and travelled all over the United States, even to the most remote districts, carrying the message of inspiration and enthusiasm to all members. It is a great grief to us that she cannot be with us today.

Then there is another, Isabel Hampton Robb, a woman whose service to nursing is most conspicuous, who laid the foundation of all our educational progress, whom we may call our master builder. The wings of her great desire carried her over every obstacle until she knocked at the door of the University and was admitted.

I now introduce to you Mr. Chester H. Rowell, a citizen of this city, and of course well known, not only in California, but throughout the United States. He is not only Commissioner of the State of California, but also Regent of the University. What the demands are on his time, you will easily realize, and that he should leave his many duties and come here, is again an honor, of which we cannot be too appreciative.
Address, Mr. Chester H. Rowell, Commissioner Panama-Pacific International Exposition Commission of the State of California, and Regent of the University of California.

Madam President, members of the Nursing Organizations, friends: As has been suggested, this meeting was held in this building, if we may call it a building, today, for a symbolic reason, if for no other. This is an educational institution. This structure is an educational center, and you are met here today to consider the educational side of your profession. I shall not keep you long with any extemporary remarks for you will hear wiser and better words, but I will speak for a few moments by way of greeting and congratulation.

I am not so old that I am willing to confess to being very ancient, yet well can I remember when standards for admission to the medical profession in many of the states were not so high as the standards of your profession are now in the best regulated states. If that degree of progress has been made in the standards of medical education, and if a vast degree of progress has been made in your standard, and in the recognition of these standards, there is open before you a prospect which no one can measure. Here in California, I am proud to say we have made some beginnings. It is only two years since there was any such thing as efficient registry of trained nurses in California, and while the law we have is probably not so good as some we shall have in future, it is probably as good as any state in the beginning can have; because a law of that sort, registering full-fledged membership in any profession must in the first instance recognize the status quo of those who are worthily in the profession by the standards that then exist, even though in future higher standards for new entrants will be established.

We have also in California, as you Californians know, an eight hour law for student nurses, and that eight hour law may in some respects have been primarily a labor law, an extension of the law for women, but further it was an educational law—it was a law intended to guarantee that those nurses who were ostensibly students should have opportunity to be really students, to give them some time in which at least they could be instructed, if these training hospitals would provide instruction. Some of them do not, and the next step will be to see that they do, and
to see that the educational standard for training for nursing shall be really educational everywhere, as they already are in the places where it has been done best. We have had some difficulties at times in enforcing this law. We have had the experience of swinging back pretty hard in compelling its enforcement. A hospital whose own standards were sufficiently high wished to work its student nurses more than eight hours, and proposed to buy for them, from a "diploma mill," diplomas, paying for them out of the funds of the hospital, and easily saving the price on service for which otherwise they would have to pay $25.00 a week, as the students would not be recognized by them as graduate nurses, while they would be imposed on the law as graduates. With some big stick of publicity and the interference of the State Labor Department, that subterfuge was stopped at the beginning and has not been attempted again in California. If it were, it could well be stopped by the same method. Just go to the nearest newspaper and print all the facts and refer the matter to the State Commissioner of Labor, and it will be stopped immediately. So that particular law, both in the aspect of labor law and educational law, is making the beginnings of better things here in California.

In many states you have been developing the work of visiting nurses, and that is another aspect of education of nurses, not so much the education given to nurses as the education given by nurses. That too, in this nation, which is made up from all the nations of the world, is one of the supreme needs of our people. We gather here, and especially in a cosmopolitan place like San Francisco, people from every civilization, including some who have not learned the art of living at home, and still less know it under our conditions. To teach these people the common rudiments of living and caring for their children and how to protect them against the permanent consequences of their own errors and ignorance, is one of the most important things for the establishment of a permanent civilization in America, and to that too, one of your departments is devoted, and ought to be supported unreservedly by the assistance of all the states in the Union.

It is perhaps trite to say that the reason you are not a fully international organization or gathering today, is a reason you
should be very proud of. Gathered here in San Francisco this year, in connection with the Exposition, are organizations and meetings of every sort, and many suffer under limitations imposed by the conditions of the day, but none that may be so proud of those limitations as you, because your colleagues across the sea, are doing the only human work, the only work that will last that is being done there, and you who miss their company here today, can be prouder of their absence than others who miss the company of their colleagues can be. The soldier is doing his duty and is entitled to full credit for the duty he does, but nobody is glad he does it, nobody is glad that it is there for him to do, and none of its results are worth while. But the work your colleagues will do in the alleviation of the horrors of war, and in learning lessons that will be useful in peace—that is the one work in war that brings sweetness out of bitterness, and of that you may be proud indeed.

You have been gathered here in this educational institution in the cause of education. In some sense you stand between the pioneers and those who have accomplished it. You are in the rather proud age of the development of your profession. Behind you is all the pioneer work, all the doubt and humiliation; behind you is the period when one might question whether a nurse was a professional assistant or an emergency domestic servant; behind you is the day when anybody questions the right of a woman to engage in useful labor. In California particularly, that is behind us. In California there are no disabilities of women, personal, professional, legal or political, and all rights that a man has, a woman has to whatever extent she chooses to exercise them. Not all the states have gone as far as that, but everywhere in the world they have gone far enough to honor your work and your profession, so the pioneer days, the difficult days, the humiliating days are all behind you—but a great deal of the greatness of your profession is still before you.

Yours is a trained profession—it is not yet universally a learned profession. There are model training schools, and there are those which are not model, and there are methods of training that are not training students to a right standard. The development of your profession both in its dignity and education, and particularly in the public side of its usefulness, is to a large extent before you.
Like the physician, to a large extent most of you are private practitioners, serving for the private assistance of those who are personally able to pay, or you are hospital assistants, serving the hospital for those who are there. The time will come when the possibility of having your services will be measured by the need of them, and not by anybody's capacity to pay for them. The time will come when not at your expense, or at your sacrifice, but at the expense of the rest of us, everyone who needs your services will have them, and it will be one of the cheapest investments that the world could make. If you can invest $75 in a healthy baby, or $50 in a man who shall be sick two weeks, instead of crippled for all life, you can easily see the outlay is too small to be considered, and while the time I speak of may be fairly distant, the world is also moving fairly fast, and some of us may see some things before we are decrepit that we once thought would hardly be seen by our grandchildren.

I come here primarily, simply to greet you, visitors from outside California, here in California. You have heard of the sunshine of California. Today you are having an overdose of it, though usually the doses in this part are deliberately and carefully regulated. But the sunshine and the hospitality of California bid you a thousand times welcome.

*The President:* We are most deeply grateful for the inspiration of California, and every member of our association is inspired to further struggle by Mr. Rowell's remarks, and his clear insight into our problem and vision of the results to come.

I now have great pleasure in introducing Miss Sophia F. Palmer, Editor-in-chief, *American Journal of Nursing*. It is hardly necessary to introduce her, this pioneer editor, who gave up the positions she was being sought for to establish and carry on our *Journal*, that magazine that has gone all over the country and world, telling of the work being done in nursing. It is a great privilege to have her here today to present a paper.
THE POWER OF THE PROFESSIONAL PRESS

It is a surprising fact that an adequate history of journalism has never been written. A meager account of the establishment of newspapers seems to have been the only effort made in this direction. The development of magazines, and especially of professional journals, has been given practically no consideration, excepting where brief mention may have been made in addresses or essays bearing on other subjects. I will give you such facts as I have been able to glean from many sources.

Passing over in review the beginnings of the first general newspapers and magazines published in the English language, we will consider very briefly the development of medicine in this country and the rise of the professional press. Medical science was not new when our ancestors crossed the Atlantic, but the country had been settled 150 years before the medical profession came into form as an organization. There seems to have been very little to tempt physicians of high standing to join the early colonies. In 1608 it is recorded, that a Dr. Walter Russell came over to Jamestown, Virginia, and being of a daring and adventurous spirit, accompanied John Smith on many of his expeditions. There is no record of there having been a physician on board the Mayflower, but the clergymen coming with the early settlers were required to attend a course of lectures in physic, that they might be able to give medical as well as spiritual care to members of their congregations.

Harvard College was established in 1638, but for many years the men who were properly prepared for the practice of medicine graduated first from Harvard and then went to Europe for their medical education. A number of these men were presidents of Harvard in the early days. During this time all kinds of quackery developed in the colonies. Ignorance and superstition prevailed among the people to an exaggerated degree and have not been altogether eradicated yet.

The Massachusetts Medical Society was organized in 1781, with a special charter from the legislature, granting to it the right to examine and license physicians, and it is interesting to note that, even at that early date, the proper preparation for the practice of medicine for the protection of the people was recognized.
1782, a Department of Medicine was established at Harvard, one year after the organization of the Massachusetts Medical Society, but it was not until 1810 that it was made a separate department, with a special building and independent faculty. The Massachusetts Medical Society established a magazine, the first official organ of the kind of which I find record, in 1797, and during the next 20 years, the development of state medical organizations and the establishment of medical journals in 20 or more states followed.

Medical journals seem to have passed through many phases, the commercial element being conspicuous from the beginning, just as it has been in the nursing and dental profession. Dentists have not yet succeeded in establishing a journal of their own, but are dependent upon the trade magazines, which are the property of the manufacturers of dental implements. Thacher, writing in 1826, states that medical progress at that time had not kept pace with the progress of wealth and population in the country, that while there were 10,000 regular graduates in medicine, there were 15,000 practitioners who were practically without medical education, that medical schools were too numerous, too greatly under the domination of commercial interests, and he asks if the public would not be better served if the schools were fewer in number, but with higher standards. He spoke also, at this time, of the establishment of medical journals as calling forth the talent of physicians in all parts of the country and as giving great impetus to medical education.

I am sure you see the similarity between the development of nursing and medicine in this country, but with this difference—that nursing progress has been much more rapid than medical progress. We have covered in 48 years practically what the medical profession was accomplishing in 134 years. Nursing schools have multiplied in the same lawless way that medical schools did and have, and in the same way been commercialized. Organization has been the great compelling force in rectifying the faults of the pioneer period in nursing as in medicine. Since the establishment of our own official magazines we have gone forward with really marvelous rapidity. The pioneers have laid a foundation upon which the nurses of the future may, if they choose, build a great profession. The National League of Nursing Edu-
cation was organized in 1893 and now numbers 500 individual members and 13 state league affiliations. The American Nurses' Association was established in 1897 and now has a membership of more than 30,000. The course in Nursing and Health at Columbia University was opened in 1900, and has graduated more than 300, 6 of whom have this year received college degrees.

The American Journal of Nursing was established in the same year, the first number seeing the light in October, 1900. State legislation began in 1903 and now covers 42 states of the Union. The National Organization for Public Health Nursing was organized in 1912, and already numbers 1400 members.

The British Journal of Nursing is the oldest of the strictly professional nursing journals and in all of those foreign countries where nursing is making definite progress and where there are national organizations of nurses, we find nursing magazines owned and managed by nurses themselves.

It will take many years of constant effort to overcome the defects that are a part of all pioneer work, especially where such work has fallen under the dominion of commercialism, but when we see what has been accomplished, not only in medicine but in all of the other professions and departments of education which are engaged in practically similar reforms as those necessary in the development of nursing, we may feel satisfied that our efforts have not been misdirected.

In all departments of educational and philanthropic reforms we recognize the power of the professional press. Not only in medicine and nursing, but in law and in all the subdivisions of education, philanthropy and religion, certain magazines are recognized as authoritative. Professional journals became necessary because of the commercialism of the general press. Thacher, writing in 1828, in Boston, and Disraeli, in 1830, in London, deplore the loss of power of the press of those times through such interests. We know that the power of the press in its aggregate force is steadily increasing. At the same time, a great deal of its influence is lost through the lack of proper restraint, the disregard for personal privacy, and the placing of financial gain before all other considerations. Our popular magazines and newspapers spare no expense in gathering news and information of affairs in which all mankind is interested, but the placing of
the making of money before the moral welfare of society is bringing each year into greater prominence those magazines which are established on a strictly professional basis. We know that reforms to be lasting must come from within and conditions usually become intolerant before such reforms are undertaken, and already we find recognition of a need of such reforms in popular journalism. Formerly preparation for journalism was only to be obtained through the field of experience. This year the first class received degrees at Columbia University from the first school of journalism to be established, where the students are prepared by the same methods as are used in the education of the members of the other professions, with ideals and standards for the advancement of society which, it is expected, will, in time, counteract the commercial domination of the general press.

It is not necessary in speaking to an audience of this character to dwell more in detail upon the work of the past. All of the subdivisions of our educational work which I have touched upon are imperfect and unfinished. It will take many generations of nurses to complete them all. Such progress as has been made would have been impossible without the power of our own professional journals. But there is one great work which I wish to place before this body and which must be carried to completion through the influence of the professional press—that is the complete reorganization of the manner and method of the training of nurses. A plan has been discussed by the older members, which has been approved by those whose work among us has ended, but which is so tremendous that we have not yet had the courage to undertake it, namely, the establishment of central schools for the preliminary and theoretical training of the nurse, where candidates shall be prepared in all of the departments which do not require actual hospital experience, relieving the hospital of all responsibility of training with the exception of those things which require actual bed-side experience, where pupils for all hospitals, large and small, general and private and for the insane, shall receive the same preparation, just as the physician is prepared for a medical school, only making an adequate term of service in the hospital compulsory before the granting of a diploma by the college and a certificate of registration by the state. To bring about such a complete change, the
public must be educated: the hospital public, the medical public and the general public. This could easily be accomplished if we could secure the cooperation of the leading medical journals, the *Modern Hospital* and the *Survey* with our own official organs. Once the idea is accepted, suitable endowments, either state or private, for the establishment of such colleges, at reasonable distances over the country, and the detail of their management could be arranged.

Each year, we know, will bring new problems to be solved, for which we shall have greater need for our professional magazines, our national organ, the *American Journal of Nursing*, our western associate, the *Pacific Coast Journal*, and the *Public Health Nurse Quarterly*, with all of the smaller alumna and state magazines which are owned, edited and managed by our own members and which exist as a medium through which our ideals and standards may be communicated to the world at large, unrestricted and unrestrained by any other body of workers. The danger which we must guard against is the establishment of so many of such magazines that they will not be sufficiently supported to do the most efficient work. Our national magazine has had a unique history and has come into existence through the loyalty and unselfishness of a small group of members of the American Nurses' Association who financed it and carried it as a trust for a dozen years, until the national body was sufficiently organized and developed to assume its entire responsibility. Today it stands as the property of all the members of the national association, the youngest member sharing equally in its ownership and the responsibility for its future, with the older members who established it and have borne the burden in the past.

Through our professional journals we are recording our history step by step, and we are leaving for those who are to follow us a record of our experiences which will enable them to go forward in a new environment and to fill a larger place in the worldwide scheme of civilization than we have been able to do.

*Miss Kent*, of the Trained Nurses Council of Great Britain and Ireland: I have listened with great interest to what has been said. I have the honor to represent the *British Journal of Nurs-
The President: We have with us today a very noted practitioner of Chicago, a man deeply concerned with health problems, being Chairman of the Council of Health and Public Instruction, of the American Medical Association, Dr. Henry D. Favill of Chicago, who has left his Medical Association conferences to be with us this afternoon, and will speak on "What the Medical Profession can Contribute to Nursing Education."

WHAT THE MEDICAL PROFESSION CAN CONTRIBUTE TO NURSING EDUCATION

Ladies, graduates, undergraduates, and mere men: It is a great pleasure to be here, and in any case I have been so well brought up in hospitals that when a head nurse tells me to do a thing I do it. But apart from that acquiescence my acceptance of the invitation to speak here today is an essential gratification to me in being able to come and express the feelings which I have long held upon the question you are considering. I have had large experience with the training of nurses in a way, and through the years which that experience has covered, I have been very conscious that there was a distinct lack in the contribution made by the medical profession to the education of nurses. I realize, as
your President says, that if it had not been for the medical profession the education of nurses would have been meager, and halting and difficult; on the other hand, as compared with the contribution the medical profession might have made, what it has made is meager. When you come to consider the relationship between the nursing body and the medical body you see at once that there is a relationship of interdependence so close as to be practically unique in human affairs. Of course before there were trained nurses, there was a practice of medicine, such as it was. When I say, "such as it was," I mean all that those words convey. The practice of medicine whether in public or private today, is not what it was before the day of trained nurses. It so happens that there is an almost exact coincidence between modern medicine and trained nurses. The trained nurses began in the late seventies, and modern medicine began then. So far as the necessity of the nurse was concerned it was absolutely dependent upon the new thought of medicine, and the progress of that new thought in medicine was absolutely dependent upon the evolution of an adequate trained nurse, so this interdependence is so great that it is inconceivable that there could be any lack of interest in the medical profession in the development of the nursing profession. In the hospital and in public I have often said, and now repeat, that a hospital is not made by its medical staff—it is made by its training school. In the long run it is—will be—exactly in correspondence with the quality of its training school. Yet what have we as physicians done about it? In many ways we have done a good deal, but the fact is we have for the most part depended on having the education of the nurses done for us, and what have we contributed? Criticism, not unfriendly criticism, not captious criticism necessarily, but it has been criticism. Nurses have been furnished us, have been utilized, and have been educated and improved undoubtedly through the process of criticism, but it has been essentially negative as far as we have put anything into it. In contrast to that, what could we have done? We might have furnished a constructive program, a constructive contribution of some kind.

What do I mean by that? Of all the words used to juggle and to conjure with the word "constructive" is perhaps the easiest and most effective. What does anybody mean by "constructive"
with reference to the question of the education of nurses? I am not sure that I know, but I am going to try and analyze it and see what we do, or might mean. Let us stop and consider the evolution of the nurse from the time she begins as a little girl to think of what she is going to do, up to the time when she goes ahead and does it. Fortunately most nurses go into nursing for the sake of a job, or not because they are called or have a mission, simply because it is a practical way of getting education and an independent living. It is fundamentally an economic proposition with the great majority.

Why do I say fortunately? Because the foundation upon which a girl could make that choice as a matter of mission would be a foundation so insecure, so lacking in knowledge and intelligence about it, that she would be almost sure to make a mistake if she went in with the idea of being called, or with the thought of sentiment. I do not decry that, but I realize that in the nature of things a girl cannot know what she is talking about, or thinking about, so fortunately girls do not go in because they are called, but because they want some way to earn a living. On the other hand, the question before us, as trainers of nurses (and I include myself in this, because I am doing what little I can in training schools) the question is, shall that experience that this young girl has in the training school, be and remain a simple economic proposition, the simple acquiring of a job in a skilled trade, or shall it develop under the experience, under the light which may be shed upon it, under the gradual evolution of the great human aspect of the situation—shall it be made to develop into a mission in the end? That is a very different proposition. I do not care to see the nurse go into training because she feels it is her mission. I do feel that the only way she can go out and adequately justify the situation is with the conviction that she has a mission. You see perfectly well what I mean by that—the transfer from the mere natural in-going into a mode of livelihood, under the great light and warmth and inspiration of the situation, should be a highly ethical production, and there is all the difference in the world between the two situations. And that is the thing that we as doctors must strive for. Do we do it? Are we successful in that effort? In the very nature of things, no, not in general, not universally; and, in the very nature of things, yes, very often
with reference to particular individuals. But after all, are we getting as large a measure of that spiritual quality in our graduates as the situation justifies and demands? I think not. I am not here to say why exactly, because to do that would mean going too far afield. I simply want to call attention to the situation, but you see, as I outlined this thing, how the term "constructive" begins to find a scope. There is plenty that can be done along this line of creating an atmosphere, of creating a trend of thought, of creating an interpretation of life. There is obviously a great deal that is constructive, that can be done by somebody whoever the right somebody may be.

As to the make-up of a nurse, what shall it be? I do not want to stop today to discuss a lot of detail about qualifications or educational qualities, but I believe they should be good enough and high enough, whatever the level may be found to be, and that the same caution should be used in making the standards, that must be exercised in the medical profession; that is, that standards be not made too high. In the medical profession we came near fixing them too high and had to go back. Do not do that? As a general rule, a high school standard seems to me a pretty good one. I have seen girls with not very much education that I knew would do well, and girls with very little education that I knew it would be a crime to prevent. But on the whole I would say we must have a preliminary educational qualification of considerable consequence, and why? Not because it represents any particular measure of knowledge that this candidate has, or that we want this candidate to have, but because for the most part it is the index of aspiration, and it is the aspiration, not the particular modicum of knowledge that anybody may have that is valuable.

Secondly, although I realize the importance for practical administrative purposes of preliminary educational qualifications, and am willing to agree to whatever standard the nursing profession sets, I am not willing to make it a crucial qualification. It is a matter for the exercise of the wisest judgment and common sense. On the other hand, there is something we want nurses to have before we get through, no matter where they stop, and that is very difficult for me to state. We want nurses to have a point of view, and orientation if you like, of themselves, with refer-
ence to all the problems of life. Well, you say, everybody ought to have that. True, but the nurse more than any other person, except the physician. They are the two people who need a certain understanding, a social orientation above all others that will enable them to know what their relationship is to the great human problems of life. Now there is where we fail, and I do not know but that it is inevitable that we fail. I do not know whether we can ever do it, but I know we want to produce in our graduate nurses a social consciousness that will put them in the place where they belong, with reference to the great privileges and obligations which surround them.

And how are we going to do it? What do we want of them? Why do I put such emphasis on this question of social orientation?

Well, remember, that there is a time in the affairs of men, women, and children when there is access to the inner citadel more pronounced, more vulnerable than at any other time, and that is during the prevalence of trouble, of sorrow, of sickness, of pain, of death, or whatever may be involved in all these things. There is a time when all humanity has its guards down, and that is the time of contact between the physician and trained nurse and the people.

Now, because of that time, because of that contact, and because of that opportunity, there is a resultant factor and that is obligation. Because we have that opportunity it is absolutely up to us to meet it. And it is that thing that is so hard to bring to nurses, and no harder to bring to them than to physicians, and it is that thing that is absolutely necessary in order fully to round out this educational proposition. We have to teach our nurses that because of the peculiarities of their professional relations, there is an opportunity and a function of leadership, influence, pressure, whatever it may be, an opportunity to be peculiarly influential with people. Nurses do not begin to see that line of differentiation between them and ordinary people but it is there, a line of differentiation between them and anybody else, except the physician, and it is something well worth while teaching them, well worth trying to make them realize that their very status in the community involves certain obligations and certain limitations that do not belong to other people. That is what I mean by the point of view that we want to bring to them.
What is leadership? They cannot go out as young girls from the hospital, and be very pronounced leaders right off. I am not stopping to argue the question of preparing our girls for social work. I do not want every graduate nurse to be an expert social service nurse; we have to make our selection for that. I do not want every nurse to know the technique of social service; I would like her to know the lingo; would like her to know the purpose and quality of the social service worker, but I am not arguing for making every nurse a social service worker.

No young girl goes out from graduation with any of these qualities strongly developed that are going to make her a leader, yet she is in the position for leadership, and has a perfectly definite moral function looking thereto.

What is her next step? To me this is the crux of the whole situation. The continuation of her education, the continuation of her study, of her effort to improve herself and make out of herself in her ultimate form something which is merely indicated to her in her earlier course, and which unless developed, leaves her merely a skilled worker, and not a member of a profession.

That is the thing in which we find the great failure in this whole situation. Nurses do not go on, they do not study, they do not work, they do not strive to develop themselves, and thereby raise themselves from the point of being merely members of a skilled trade to the standpoint of a learned profession. It is not within the power of anybody to bring that to pass, except the nurses themselves, with the help we can give, ever looking toward it.

This brings me to another question. Perhaps you thought I never was going to get to it. What can the medical profession contribute to this educational process?

Let me say to you earnestly, without complacency and with humility, that the first thing we can contribute to this situation is to put our own house in order. There is not anyone who knows that better than you do. That is the first step in the proposition so far as strengthening, amalgamating, and adding quality to the relationship between the medical and nursing professions is concerned. That is not said in any carping spirit. I am not blaming us any more than I am blaming you. The point is we are not in a position in reference to these questions, namely, point of view, social consciousness, and continuous development and aspiration,
to say that we are in any much better situation than you. The first thing for us to do is to admit that, and get to work to straighten it out.

I cannot take time to discuss the features of that. It simply means that everything I have said with reference to the trained nurse is still more true with reference to the medical profession. Everything I have stated as a desideratum in the trained nurse is still more so in the case of the physician.

Now the question is, if we can clear up our own territory; if we can clean our own house and get things right; what contribution can we make to you; what assistance can we be to you in the situation? Of course that is rather a large question. There is no end of indirect assistance we can give, no end of positive, affirmative and negative things we can do that will be helpful. It would involve a discussion of relationship between the two professions to really deal with that.

The only thing now I want to talk about, just for a minute in closing, is this: In my opinion, it is the bounden duty of the medical profession in its best ranks, in its strongest pedagogic individuals, in its men of largest influence, to participate actively in the formal education of nurses. That sounds as though I were simply appreciating something already existing. It does not exist. Who are called on to deliver lectures to the nurses in training schools? The internes, the fellows just out of school, the smart young fellows who are good assistants, clever, able young fellows, whose interpretation of the situation is worth very little. I am not trying to underestimate my young colleagues, but to make a picture out of which I draw the conclusion, that it is the bounden duty of the strongest, most experienced and most philosophical men in the medical profession to participate in the teaching of nurses in any direction in which their contribution is more valuable than the perfunctory contribution of somebody else. I do not know how that is to be accomplished. The head men are busy. They do not like to do it, they have not the time, and I don't know but that it is a little infra dig to go out and lecture to nurses if you are the top man in the profession. Maybe it is, I don't know, but it has got to be reformed in some way, because the things we have to offer as the result of years of experience and thought and elimination and general interpretation, are the
things that only the older and more experienced practitioners have, and these are the things that are necessary to give to our nurses; and if we cannot get these things from such men we cannot get them at all.

I am making my statement of belief to you educators of nurses that our greatest contribution comes in forgetting our convenience and giving ourselves as freely as may be asked for the benefit of this general need.

The President: When I say that we cannot adequately express the appreciation we feel for the things Dr. Favill has said, I must say too that we cannot adequately express our gratitude to the members of the medical profession who have lectured year after year to our schools and given so much of their little free time to help us in our efforts. I do not know how to thank Dr. Favill for what he has done for us this afternoon.

We have a paper from Dr. Winford H. Smith, Superintendent the Johns Hopkins Hospital, Baltimore, on "The Educational Function of the Hospital" which will be printed in the report of our proceedings. As one who has worked personally with Dr. Smith, and knows the sentiments of all who have come in contact with him in Bellevue and Allied Hospitals, and Johns Hopkins Hospital, I can say that Dr. Smith is a man who has rendered the most conspicuous service to the nursing profession. He stood back of us in the great problems of Bellevue, which some of you who have worked in municipal hospitals understand, and I know today he is of the greatest assistance and inspiration to the Johns Hopkins Training School. We are deeply disappointed that he cannot be here so that we might hear him this afternoon.

THE EDUCATIONAL FUNCTION OF THE HOSPITAL

Writing on the subject of education, Herbert Spencer said: "To prepare us for complete living is the function which education has to discharge." The old theory of education was that it was the acquisition of knowledge; the new theory as promulgated by Spencer, is, that it is a training of the mental faculties, so that in addition to knowing about things, we are also taught how to accomplish things.
The first duty of the hospital is, of course, to provide for the care and treatment of its patients; but it also has a function beyond this, and that is educational. In the broadest sense, hospitals may be said to be educational to physicians, medical students, nurses, patients, employees and to the community. While the majority of hospitals are not so located as to be available for students of medicine, all hospitals to a certain extent are educational to the other classes mentioned.

In a very able address before the American Hospital Association in 1911, Mr. Abraham Flexner made the point that hospitals owed a duty to medical education and unless they met that duty, they failed to accomplish their greatest usefulness. He pointed out that many hospitals are so located as to be of great value to neighboring schools, in that it is possible for them to furnish to such schools the opportunity to study groups of patients with all of the possibilities of practical demonstration and bedside instruction; and that in failing to meet the needs of such schools, they do not embrace the great opportunity of increasing their own usefulness, both in the exercise of their primary function of caring for the sick and in the exercise of their educational function. He also pointed out that many other hospitals which place their facilities at the disposal of poor, unworthy schools, are likewise failing to meet their responsibilities in that they are fostering these poor schools and therefore poor medical education.

It is unquestionably true that hospitals are becoming each year more and more important factors in the preservation of the public health. There is a constantly growing appreciation of what the hospital means to those who are ill, of its possibilities for educational work and for investigation and research, which while not interfering with the actual care of the patients (the result being quite the contrary), present possibilities of a greater service to mankind generally. The hospital which welcomes teaching within its walls, insures more careful methods, more careful study of the individual case and, generally speaking, better and more thorough treatment for its patients.

In this country we have been surprisingly slow to grasp this fact, considering that the growth of the hospital movement has been so rapid. It is quite probable that the rapidity of hospital development in America has been largely responsible for the lack
of appreciation of the larger opportunities. It was only a few years ago that the hospital in this country was considered the place of last resort. Today almost a complete reversal of opinion has taken place and it is now considered the place of first resort for anyone who is seriously ill. With this growing appreciation of the value of the hospital, there has occurred a mushroomlike growth of hospitals, attended with all the evils of too rapid development—namely, lack of standards of organization and management, lack of standards as to support, poorly formulated plans, mismanagement and failure to comprehend the greater possibilities of the movement.

Within the last few years, however, there has come a broader conception of what the hospital stands for and of its greater usefulness. This is largely true because of the educational function of the hospital. I have said that the hospital is educational to practically all who live and work within its walls, and to the community as well. Who can doubt that the employees working day after day in such an atmosphere must learn something of value in the way of helpfulness to others, something finer and broader by way of appreciation of life's problems, of human frailties and of self-sacrificing service to others? Who can doubt that the patients, many of them at least, learn these same lessons and at the same time learn how to take better care of their own bodies and how not to be a source of danger to others? These are phases of the educational function not often considered, but nevertheless important.

Of the more important phases, let us consider the education of medical students. In the so-called teaching hospitals, thousands of medical students are trained each year, both in theory and in practice. They are enabled to interview patients and thereby learn how to elicit the necessary information. They are taught what facts to emphasize and what to ignore, what to retain and what to discard. They learn how to examine a patient in order to bring out the abnormal conditions. They learn from the teacher and by actual experience how to recognize a condition and how to reason from the phenomena presented back to the conditions underlying them. Furthermore, having learned at the bedside to recognize abnormal conditions, they learn also what is the proper therapeutic measure, and how to carry it out, which
is quite as important. They are taught not only about a thing, but how to perceive the thing itself. The hospital, then, is the training school for thousands of young men, who go forth each year to give to their fellow-man the benefit of that knowledge.

Again, every hospital has its resident staff, numbering all the way from one to a hundred. These young men, already recognized as physicians, continue for one or more years to serve the hospital in order to acquire additional skill in diagnosis, in treatment, in operative technique and in powers of observation and reasoning. Then, too, there is the senior staff of physicians and surgeons, who by the study of large groups of patients, by the experience gained in operating upon large numbers of patients, acquire a skill and technique which makes them authorities in their subjects and leaders in their profession.

In the laboratories, also, are those men who devote their lives to careful routine study of all conditions found, to constant experimental work, as the result of which new facts are being discovered which add to the knowledge of disease and the methods of combating it. All of this means progress and benefit to mankind.

To the community in which such an institution is located, it has an enormous educational value. The effect which the standards and principles of such an institution has on a community, the development of public interest in these principles, the effect of this group of thoughtful, earnest, skillful workers cannot fail to have a very practical value in the development of public hygiene, better sanitation, better living conditions and a higher plane of existence.

I am aware that I am telling you nothing new, that in fact, I am only repeating in a little different form what has been said over and over again. Nevertheless, it seems to me that it bears repetition, for the true value of the hospital, in the broadest sense, is not yet generally recognized.

There remains one, a most important phase of the educational function of the hospital—I might say the most important phase—namely, the education of the nurse. I wish to dwell at some length on this subject, because of the need of a more accurate perception of its possibilities. The training school for nurses represents one of the most important departments of the hospital,
both because of its function in nursing the patients and because of the public demand for trained nurses.

It is an interesting fact that those who organized some of the early schools had a much better conception of the need of nurse training schools, as educational institutions, than those who are responsible for the majority of the schools of the present day. For example, in the report of the Training School Committee of the Bellevue School, which was one of the earliest schools established in this country (probably the second), we read the following inspiring and far-sighted statement of their aims:

In course of time we propose to benefit not only Bellevue, but all the public hospitals, and also to train nurses for the sick in private houses and for work among the poor.

As the work advances we hope to establish a college for the training of nurses which will receive a charter from the state and become a recognized institution in the country. Branches of this college would be established in connection with hospitals devoted to particular diseases, such as the Woman's Hospital, etc., so that in course of time nurses trained for the treatment of special diseases will be as easily obtainable as physicians. Connected with the college would be a home for nurses, whence they would be supplied with employment and provision made for them when ill or disabled by labor or advancing years. The nurses when trained would receive a diploma or certificate, renewable at fixed periods. Thus the college would control their nurses during their state of pupilage and protect the public from imposition by making it known that a nurse whose diploma or certificate was not in due form had forfeited the confidence of the institution.

The work before us is not an inexpensive one. It should not be regarded merely in the light of a work of benevolence, but as a system of education, calculated to benefit thousands in all ranks of life, and like the quality of mercy, blessing him that gives and him that takes.

Not many training schools for nurses have been started with such a broad conception of the needs, the aims or the value of such a school, as an educational institution. I have said that the growth of the hospital movement has been remarkable. The growth of the nurse training school movement has been equally rapid, for the two have developed together. To this fact, we must attribute many of the difficulties which now attend every effort to standardize these schools and to raise the standard of nursing.

To be more explicit, practically every hospital of any size has its training school for nurses. In the majority of these instances,
the hospital has established the school, not with any deep rooted desire to train nurses for the purpose of serving the public generally, or because of any particular interest in education along this or any other line, but with one idea paramount—to get the nursing work of the hospital done in the simplest and cheapest possible manner. Even a superficial study of the situation will convince one that this is not an exaggeration, and that the majority of boards of trustees, medical boards or ladies’ committees have no conception of the great part which the nurse is playing today in all humanitarian work, nor of the increased demand for educated, thoroughly trained nurses for all phases of public health work. They think of her only as the pupil and as the private nurse.

Many of these schools, I am almost tempted to say the majority, have standards of admission too low or too elastic, have courses of instruction too meager and too spasmodic, and subordinate too completely the interests of the school, as a school, to the practical needs of the hospital. This does not accord with my idea of the educational function of the hospital. The point has been made by Mr. Flexner that hospitals owe a duty to medical education, and we heartily agree with him. I would also make the point that hospitals owe a duty to nursing education and that this is particularly a function of the hospital.

That the trained physician and surgeon play a very important part in the general scheme of life, none will deny. Does anyone believe that the physician and surgeon could begin to do the splendid work which they are doing today without the trained nurse? Without detracting one whit from the credit due the physician and surgeon, we must admit that medical and surgical technique would hardly be what it is today, had it not been for the development of the trained nurse to supplement his work and to assist him in carrying out the complicated and technical procedures of modern practice. That good nursing is often quite as essential as good medical attention, and that it is often equally responsible for a favorable result, none will deny. Furthermore, the better trained a pupil is, the better nurse she will be. A nurse cannot be overtrained any more than a physician can be overtrained.

If the hospital owes a duty to medical education, it also owes a duty to nursing education, for the same reason applies, namely, the need of such education in the interest of humanity. Only a
few hospitals are available for teaching medical students, while many hospitals can educate nurses, and every hospital large enough to properly support, and which properly conducts a training school, renders a great public service by so doing.

The trained nurse is now called upon to perform work which was never contemplated in the beginning. Even the broadest conception did not in the early days conceive of a service much wider than that of skilled attendance upon the sick. In the present day, however, she is a therapeutic agent of great value. She is called upon in almost every phase of our civic and social life to organize, to systematize and to teach, as the private nurse, the visiting nurse, the school nurse, the health department nurse, the rural nurse, sanitary inspector, etc.

Prof. C. E. A. Winslow of the College of the City of New York, writing on the education of the public health nurse, says:

We need expert sanitary engineers to build and operate our public works; we need sanitary physicians to deal with the broader communal aspects of the spread of communicable disease; we need sanitary bacteriologists and chemists and statisticians to furnish the special expert knowledge by which all these activities must be guided. More than all, however, we need large bodies of sanitary educators to bring our knowledge to bear on the individual citizen who alone can make so much of it effective. Some of these missionaries of sanitation will be physicians, but most of them will be nurses. And that is why in my judgment, the visiting nurse is the most important figure in the modern movement for the protection of the public health.

Dr. J. H. Mason Knox, late president of the American Association for the Study and Prevention of Infant Mortality, writes as follows:

In the last analysis, however, all our work hinges upon the better care of individual babies coming under our influence, and it is here that the trained nurse should be given first place, both because of her unique opportunities and because of the good results which she has and does accomplish.

Testimony of this character can be quoted ad infinitum.

Recognizing, then, the desirability and the necessity of training nurses, we may ask is this the function of the hospital? I believe it is distinctly and peculiarly the function of the hospital. I have never been able to believe in the idea of a detached central school, where the pupils will receive their preparatory and theoretical...
training, and from which they may be sent out to hospitals on assignment, to receive their final and practical training. Such a plan can undoubtedly be made to work, but in my opinion is not ideal. Experience in medical education should teach us that. The medical school which gives the first two years in one place and the last two in another, is not as desirable as the one (all other things being equal) which enables the student to spend all four years in the same environment. It is not as good for the student and is not as healthy for the development of the school itself. The same principle applies to the training school for nurses.

The training school for nurses, as well as the medical school, must have the facilities for practical training and actual experience in order that the education may be well rounded and complete. Hospitals exist to serve the public. In the broadest sense, then, the hospital should develop along all lines which tend to public service, which are related to public health and which do not interfere with its primary purpose. In no other way can it attain its fullest efficiency. There are many hospitals, as we all know, which are now exercising this function. In fact, to a greater or lesser extent, they all do. There is, however, a need of standards, else there is danger that the profession of nursing will become filled with quacks; that the public will be led to accept poor service when the best is needed; that worthy young women will be misled into believing that they are to receive a thorough training, when they are offered only an imitation and superficial training, for which they must give from one to three years of hard, faithful, honest service; danger that the vast possibilities for public service by a profession of skilled workers may be lost because of the failure to foster the growth of this profession and to protect it from commercialism and low standards.

What are the standards needed? In the first place, it should be recognized that this movement which started out simply to meet a hospital need has developed into an educational movement, in response to a vastly more important and vastly broader need of the public at large. In order to safeguard this movement, therefore, each state should standardize its training schools for nurses, and registration should be compulsory as with the physician.

In order that their graduates may be eligible for registration, schools should be obliged to adopt a fairly uniform curriculum,
and to give training in all necessary subjects, or else affiliate with
other recognized schools capable of supplying training in the sub­
jects in which the weaker school is deficient. Only those hospi­
tals which have more than a minimum number of beds and which
are so-called general hospitals, should be recognized as capable
of conducting training schools.

Compulsory registration is likewise important; in my opinion,
quite as important as for physicians. These are fundamentals
and can be met by legislation. In order to insure the educational
machinery, endowments for schools are extremely desirable; or at
least a certain definite budget should be set aside for strictly school
purposes.

Many arguments are heard against such measures, as, for in­
stance, the difficulty of getting a sufficient number of nurses to
carry on the work of the hospital, and the need of cheaper nursing
service for people of moderate means. With regard to the first,
it has not yet been demonstrated that raising the standard of the
profession would not attract more applicants to the schools. If
such did not prove to be the case, then the training of nurse as­
sistants, or attendants, would undoubtedly meet the situation.

As for the second argument—the need of cheaper service—the
same can be said of physicians, yet we are constantly raising the
requirements of medical schools and are now considering the de­
sirability of a fifth, or hospital intern year, before allowing the
physician to practice. We would not think of recommending
half-trained physicians. Then why consider half-trained nurses.
The need of hospitals arises partly because of the inability of
poor people to employ doctors. Why not consider the hospital
as meeting the need for nursing as well? At any rate, if a sub­
stitute is needed, let it be found without interfering with the de­
velopment of, and without lowering the standards of, the nursing
profession.

In closing, I wish to repeat that in my opinion it is high time
that the medical profession and the public should recognize the
importance of high standards in the education of the nurse, and
should demand compulsory registration for the nurse, as well as
for the physician, the pharmacist, the dentist, the osteopath and
the barber. The hospital should play an important part in all
of these movements.
The effect of merely intellectual training in what is commonly spoken of as "useful knowledge," is too often to make one selfish, self-centred and too much absorbed in the mere mechanics of education, to the neglect of the education of the heart. Training in a hospital is not confined solely to the intellectual sphere; there is also a training in duty, in genuine altruism, in devotion to others and in self-sacrifice for the public good. "To prepare us for complete living is the function which education has to discharge." To prepare us for broader usefulness in public service is a function which the hospital has to discharge.

The President: A message has come which I will read to this meeting. I am sure you will heartily agree with the suggestion: For her courage and spontaneity, For her virile pen, For linking us up to countries of the old world by editing our foreign department in our own American Journal of Nursing. We would ask that a message of our respect and regard, as well as our regret at her absence be sent to Miss Lavinia L. Dock. Program closed with music.

Thursday, June 24, 11 a.m.

Conference on Practical Problems in Training School Administration, Miss Noyes, Chairman.

The President: The first paper on the program is one on "Training School Records," by Miss Lila Pickhardt, Superintendent Pasadena Hospital, Pasadena, California.

RECORD KEEPING IN SCHOOLS FOR NURSES

In June, 1907, an editorial appeared in the American Journal of Nursing in which the writer stated that among the important things that came to light as a result of state registration and training school inspection was the recognition of the fact that too many training schools had been negligent in regard to keeping a record of pupil nurses, and further stated that a number of schools had been found in which not even the names of the nurses who had been given diplomas were on record.
The same issue of the *Journal* brought out a suggestive model for record keeping, which no doubt has been accepted by many schools, each school modifying the scheme to meet the conditions peculiar to its institution.

Much might be said about the confusion which has existed in many schools because of lax record keeping, or total absence of any system. Superintendents, in a number of cases, when succeeding other superintendents have been greatly hampered by a lack of definite information about each individual nurse in the school. Oftentimes a knowledge of the graduates, especially of those who are employed on special duty, is equally important. We know that state registration and the splendid work done by the inspectors of our schools are the two factors responsible for better methods employed today.

One of the first training school inspectors recommended that the records of the theoretical and practical work be simply and accurately kept. Thus assuming that all schools in the states registering schools for nurses are keeping records, I shall try to bring out the need of making this task and vital duty of the superintendent of nurses as concise, simple and accurate as possible.

In many well organized schools excellent methods were used long before registration was thought of; however, no uniformity existed and each school evolved a scheme of its own. Very likely the model which appeared in the *Journal* was the combined efforts of several superintendents. Many superintendents no doubt are familiar with and have used the method employed in the Blockley training school for many years. It is difficult to state just which of the methods used today is applicable to most schools. Again assuming that inspectors have suggested newer methods, I shall describe the card system as the choice of the greater number. The large training school record book, excellent in its way, probably has given way to the keeping of records on cards, which are easily handled and are filed away with all correspondence and data referring to each individual nurse.

Before referring to a distinct method of keeping records I would like to say a few words about the great assistance the superintendent derives herself from facts placed on record which she cannot trust to memory.

In arranging for night duties, vacations, service in the various
departments of the hospital, the cards at once give her an index to her problems and she can proceed to plan her monthly scheme without duplicating or omitting a service as the case may be.

Any scheme that would work out in a school with a hundred nurses, probably could in a modified form be applied in a school of fifteen nurses. Certainly correct record-keeping is of tremendous help to a new incumbent in a superintendent of nurses position and not only does a superintendent owe this to her successor but to the nurses for whom she has been responsible.

Here I would like to emphasize great precaution in placing on record comments bearing on the character of nurses. If any indiscretion, misdemeanor, or act of dishonesty is recorded (and all of these should be) the date with the superintendent's name should be affixed to the statement. It is not fair to imply a wrong act, the fact must be stated. All training-school records should be accessible only to the superintendent and instructor of the school or first assistant. It is only fair to the superintendent and the school that the records be documents testifying only to the truth of whatever may have transpired during a nurse's connection with the school. Since pertinent questions are asked by the Red Cross organization, the Army and Navy nursing departments, it is of great importance to have definite statements available at all times. The records should show not in a few words, but all along in detail the character of the nurse's work in each service. Where a nurse shows special adaptability and where she seems deficient should be emphasized. It will be difficult to make any one scheme seem clear without presenting models. However, I shall try to give an outline of a method which for a number of years has been applied in various schools. In the first place a day book is necessary in which the names of all the nurses are kept arranged in classes, allotting to each name two or three pages. Whenever a nurse is changed to another service the date and department are recorded. Monthly these dates are transferred to a card on which is kept the full record of the nurses practical service. The card should be large enough to allow clear figures. The one in use at the Pasadena Hospital is a copy of the card used by Miss Anna W. Goodrich when at the New York Hospital. I have been told this card modified has been used by many superintendents who have taken the course at Teachers'
College. To assist the scheme a summary is kept up to date of each nurse in each department, the figures inserted with lead pencil and changed whenever a nurse is transferred to another department. The number of days in her last service are added to the sum she already has had in that department, and so on.

There should always be a duplicate of the daily hour arrangement in the superintendent’s office and also a schedule showing the names of all the nurses in each department. This is also kept in lead pencil. A very helpful arrangement in following the nurse’s services is a monthly copy made from the cards, by which one can at once see where the changes must occur. Legal cap can be conveniently used. The next two or three services the nurse is due for are noted and the date on which she finished her last night duty is written in red ink, so that she may not be placed on night service without having had the necessary intervening months of day service. Referring again to the card kept for the practical service, I wish to state that on the back of each card, space is allowed for remarks bearing upon the practical work, conduct, cause for absence, illnesses, vaccinations, etc.

The card used for theoretical work is a record of the instruction and examinations. Separate headings are made for the subjects, instructors, class—whether preliminary, junior, intermediate or senior—the number of lessons, recitations, lectures, laboratory instructions, the time of day, date of examination, the rating for the first and possibly second examination. On the opposite side another record of the quality of the practical work is kept in each department. A space is reserved for remarks which are confined to facts. Two separate cards hold the entire record of practical and theoretical work.

Records of applicants for admission to the school should also be kept. The name and address of each applicant with the date and also whether the application was in person or written are noted.

At the end of the year a summary is made of the number of formal applications and such other interesting facts as may be available for the superintendent’s report to the training-school committee.

All correspondence is kept on file, and after the applicant is received into the school the previous correspondence is filed with the application, letters, etc., and finally when a nurse graduates all are placed into one folder or envelope and filed away.
The vacation list may also be considered a task included in the clerical work of the superintendent. Confusion and dissatisfaction is avoided by preparing early in the spring certain definite dates under which the nurses are asked to register for their vacation. If the group for certain dates is too great to accommodate all, the scheme is rearranged, preference being given to the senior nurses. When nurses understand this arrangement they quite resign themselves to the choice made for them, and as long as they know several months in advance when they are to be off, they are quite happy.

In conclusion it would be well to again emphasize the belief that the superintendent herself gains greatly by having a system which relieves her of the annoyances incident to poorly kept records.

Miss Parsons: As Miss Pickhardt has said, the record of the nurse should be easily accessible, accurate and complete, for the use of future superintendents when they are placing or recommending graduates for positions. The theoretical instruction should be so recorded that one can see easily how many hours or points have been given in different branches, in order that we may be able to fill out readily such blanks as come from New York and Teachers' College for our graduates who apply there. A general statement is not sufficient. We have a system in the Massachusetts General, which while not perfect, is the simplest of any I know of. It is a card system, and after making out a card as well as I could to meet our needs, which are quite peculiar, we got a card expert to condense and simplify it.

When the nurses enter, they register, and that registration gives them a number, and then we have what we call a working card and a permanent card. On the permanent card, you find the nurses' address, age, birthplace, religion, permanent address, and relatives address, with a place for the record of her examinations. On the working card the medical wards are grouped under one heading, surgical, under another, mixed, etc. Then there is a place to record the efficiency marks. We have an efficiency slip on which our head nurse is supposed to record, when a pupil leaves her ward, the various qualities about that nurse, as to neatness, orderliness, promptness, her manner toward patients,
whether she improves, whether she is quiet about her work, etc., and there is a place for remarks. The application paper, with all correspondence, is kept in a folder. The nurses’ cards are recorded alphabetically, the folders are put away according to the number, and on each nurses’ cards, you see her number. If you came and asked, about any graduate who has left since these were started it would not take five minutes to put before you everything that had to do with that nurse in the three years. The folder is more convenient than an envelope. We adapted a class book from the one Miss Riddle uses in Newton, a loose leaf book; on one page the names of the nurses, and as many leaves as necessary for the various classes, the particular nurse has, so we do not have to duplicate the names of the classes.

The President: I feel the great importance of the completeness of records. During the past five years we have sent many requests for information concerning nurses who have graduated from other schools, as to whose graduation there is practically no doubt, but for whom no records can be found. Sometimes it takes weeks to establish the fact that an individual statement is correct concerning her graduation from a certain school. The problem of every separate school is always peculiar, and if I told you of ours, it would take all day.

Miss Hilliard: All the schools that are registered in New York state, and all outside New York state registered in it, have to make an annual report very much in detail. It is very helpful in suggesting records that ought to be kept in a school. In New York state, the most conspicuous weakness in training schools is the records they keep. Many times you are persuaded that a perfectly honest record is being given, but there is absolutely no means of proving it. Very often diary records are kept, but no summaries, and it would take an inspector a week to find out what the pupils have covered. These things may be very clear to the mind of the superintendent, but nobody else could tell. Records are conspicuously lacking in comment as to the personal record of nurses in school, whether qualified for social or institutional work, or for private duty nursing, and in writing for information about her work, it is very difficult to get accurate information in many cases. The card system of records, however, is being generally adopted throughout New York state, and if any
of you are interested in the different records which are being kept, I have some with me, for instance from Buffalo General, St. Louis and New York, and F. F. Thompson in Canandaigua, etc. You know records in a large school do not always meet the needs of a smaller one. It is often said the small schools cannot keep good records, but some of our best in New York state are from the small schools.

Miss Jamme: As to what we are doing in California in regard to records. On inspecting training schools, I found there was in many cases little attempt at record keeping. Personally I feel that the student’s record should have a bearing on her future work and her future examinations. When our students come up for examination, they may get nervous, or hurried or ill, or something happens that they do not do their best. For that purpose, the Bureau of Registration of Nurses has a form which is sent out to the superintendents of training schools, requesting them to fill it out, on the termination of the students’ time in the training school, and forward to the Bureau. On the first page is the name, the date of entering the school, permanent address, preliminary education, if the student has attended another training school and the result of examination before acceptance. This is signed by the superintendent of the school, and witnesses. The next sheet has the record of her theoretical work, how many lectures she attended, rating on examination, how many classes attended, rating on class work, and general average. It was found that there was a good schedule in many schools, but often the pupils did not attend their lectures or classes and before the eight hour law went into effect if they were on private cases they were excused from classes.

On this next sheet was the record of experience, how long in each department, illness, vacation, etc., also efficiency record. I feel that the student in her training school, when she knows her record is going to be of assistance to her in her examination and that her standing is going to be greatly a matter of record, will be more careful and the school will also see that the record is accurate. In this day of civil service examinations, we may anticipate an inter-change or affiliation between civil service and our Bureau. Possibly we may be able to arrange that civil service will recognize our examinations. These efficiency records
will then be of use to them. This record which we have used in many of our training schools takes up just the subjects Miss Pickhardt mentions. The records used in New York state and other states have been very helpful to us in starting our system.

Miss Hilliard: In addition to the other records of the state, required in New York, a record of previous education is obligatory and must be filed with the Department of Education to make a pupil eligible to entrance in a registered training school.

(Speaker): Ohio has made that provision in its law.

Miss Goodrich: I must say one word. While we have entered the practical experience of our nurses, have stated that they have been so many weeks in this or that ward, in many hospitals that may mean either good or limited experience. I think we should obtain some evidence or report from our pupils of exactly what cases they have seen. We all know there are nurses who have gone out who have never seen a case of pneumonia or typhoid for instance, who may have spent most of their time perhaps with private patients seeing two or three diseases only. There should be particulars of cases, how many cases, of what nature, and the treatment of them. When such records as these come in, when the hospitals are letting us know the experience they are giving each pupil, we shall have more useful records.

Miss Maxwell: In future we shall not be able to give them typhoid experience.

The President: The last time the A. N. A. met in San Francisco they were asked to put themselves on record as upholding suffrage, and you know what happened. Three years ago when suffrage was brought up before the A. N. A. in Chicago there was almost unanimous support. This is not a suffrage meeting, but we have given opportunity to a suffrage speaker, Miss Whitney, to say a few words about congressional efforts in Washington.

Miss Whitney: I appreciate very much the courtesy accorded the Congressional Union this morning, and promise not to exceed my time.

I feel this is a matter in which every progressive woman must be interested. There are two ways of getting suffrage; first state by state, which is the method on which we have put greatest stress up to now, since 1869 when Wyoming was the first to give women
the right to vote, up to 1915 when there are only eleven which have accorded women that right. This method has proved very slow and inefficient; and the method which we are advocating now, is to make a national amendment to the Federal Constitution. It is to get your encouragement and support of this national amendment that we have asked you to hear for a few minutes something of the work the Congressional Union is doing. This is a national organization for the sole purpose of putting through the federal amendment known as the Susan B. Anthony Amendment. We ask your support for that measure because it is direct, it is efficient, and it will pave the way for giving women in thirty-seven unenfranchised states the vote.

Is there anything after all that is more important than human liberty? Those of us who do live in enfranchised states find that even with the ballot in our hand our influence is curtailed along many lines because so many questions that are of vital importance have to be decided by the nation at large. Of what use is it for us of California to work to get a suitable child labor law on the statute books when we serve on our tables canned vegetables that are put up in canneries of the eastern states where girls and women work long hours seven days in the week? I do not need to tell you of the terrible child labor conditions in the cotton mills. We know the whole problem has to be decided nationally. We also know that the difficult question of war and peace which does affect women has to be decided nationally. So it is along the line and all the way, and this question of the suffrage for women should be given its true dignity and should be decided in the Halls of our nation. Now this amendment simple as it is, and I am going to give you the exact wording of it, is very important. "The right of the citizens of the United States to vote shall not be denied or abridged by the United States or by any state because of sex." Now many states make certain limitations of their right to vote, some wise, some unwise, some educational qualifications, some property qualifications, and the amendment does not say the right of the state to limit shall be denied, but that women measuring up to the standard required of men shall have the right to say something about the conditions in our communities, the right to say what sort of laws we shall have, what officers we shall choose to enforce those laws, that these rights shall not be denied on account of sex.
This amendment is known throughout the country as the Susan B. Anthony Amendment. It was known in the 63d Congress as the Bristow-Mendell Amendment because of the senator and representative who introduced it in the senate and in the house. That same amendment will be introduced into this 64th Congress, and if the women of the United States will get behind it, it will pass the 64th Congress. And I am here today to ask you women in convention assembled to endorse that Susan B. Anthony Amendment, and will with your permission present a resolution, as follows:

WHEREAS the enfranchisement of women, the recognition of the political rights of one-half the people of the United States to have a voice in the decision of questions of vital interest to them, such as peace and war, child labor, marriage and divorce, community of property, etc., is the foremost political issue of the day,

Therefore be it resolved that the National League of Nursing Education in convention assembled in San Francisco, June 24, 1915, endorse the Susan B. Anthony Amendment, known in the 63rd Congress as the Bristow-Mendell Amendment, and urge its passage by the 64th Congress.

The President: Is this League, which represents the educational wing of our great organization, prepared to endorse this Resolution?

Miss Goodrich: I would like to have the very great honor of moving that we endorse this Resolution.

Miss Parsons: I second the motion.

Carried.

The President: The next paper is on "The Eight-Hour Law for Pupil Nurses in California" by Mrs. Pahl, Superintendent Angelus Hospital, Los Angeles, California.

THE EIGHT HOUR LAW FOR PUPIL NURSES IN CALIFORNIA AFTER ONE AND ONE-HALF YEARS PRACTICAL DEMONSTRATION IN A GENERAL HOSPITAL OF ONE HUNDRED BEDS

When the eight hour law for women in California was amended to include pupil nurses in training schools, the problem which confronted the hospital authorities throughout the state seemed a very difficult one to solve in a manner which would mete out
justice to the patient, to the nurse in training and to the hospital, but being law-abiding citizens we immediately set to work to adjust our training schools to the provisions of this new mandate.

The hospitals of California are not unlike those of any other state, embodying many kinds and conditions. Consequently I speak only of the type of which I have most intimate knowledge, a general hospital of approximately one hundred beds, owned by a corporation of citizens of the town in which it is located.

In the larger cities the hospitals have resolved themselves into hotels for sick people, and like hotels for well people they have developed into elegant hostelries for those who demand luxurious surroundings and institutions of simple appointment for those who desire less expensive accommodations, but the problems for all are the same. First to give the best possible care to the sick, second to give the best possible instruction to the pupil nurses in the training school and third to come up to the standard of efficiency and success which the sponsors of the institution expect.

Consequently the first thing we did under the eight hour law was to increase the number of pupil nurses by one-third, that the patients might receive plenty of care. The next thing was to add one-third more instructors and supervisors to the training school staff that the sixteen hours off duty of the pupil in each twenty-four might be wisely and profitably divided between recreation, study and rest.

The next thing made necessary by the foregoing, was to raise the hospital rates to cover the increased expense. A prudent person regrets the necessity of adding materially to the always heavy burden of illness, but this is one of the inevitable contingencies of the operation of the eight-hour law. Another trying detail of its development, from the patient’s standpoint, is that patients who do not have a private or special nurse, but depend upon the general or floor nurse for their care must needs have at least five different nurses enter their room in twenty-four hours. Hence it is incumbent upon the training school management to so instruct and perfect the work of the pupils that the care given to the patient may be so systematic and uniform that these numerous changes may be accompanied by no break in the continuity or acceptability of the service rendered.

In the training school in which I am especially interested we
had established the eight-hour schedule for pupils on day duty long before the coming of the eight-hour law and the change from a fifty-six to a forty-eight hour week was not as radical as in many schools, but the apportionment of the time is necessarily quite different, and in order that there might be no question of exactitude, and that the burden of the detail of keeping each nurse's time might not devolve upon the busy head nurse but upon the pupils themselves, a time clock was installed. The instructor makes out a daily schedule of hours, which is posted in a conspicuous place and each pupil checks off every minute she is on duty. These time cards are subsequently inspected and the system works out most satisfactorily.

With the extra hours now to be profitably accounted for, a thorough course of study, class and lecture work, is outlined which fills all of the spare time day by day. We employ an expert instructor who develops the course in theory which is followed up by an instructor in practice. With the excellent facilities available for educating our young women, we find that we are developing a school of nurses whose active brains are guiding their busy fingers with an applied skill and intelligence beyond the possibilities of the tired nurse who was on duty ten or twelve hours a day, day after day.

We also have a law for State Registration, under the control of the State Board of Health, and by the provisions of this law we have a State Director of Training Schools. This office is at present being filled by a most able woman, who working under the jurisdiction and in conjunction with this honorable body, has practically established a uniform curriculum throughout the state. With a uniform curriculum of high standard, time to study and time to play, we feel that the young women who take up the vocation of nursing with the true spirit of service and the desire to excel under these most favorable conditions which obtain in California, can not fail to be especially well fitted for their profession.

A detail of the arrangement of the nurses' time which keeps them fresh and fit, is that each nurse works eight hours a day for six days and rests upon the seventh, but that seventh day is not always, or yet often, on Sunday.

If a pupil nurse is on duty and her eight hours of service are completed either at seven p.m. or ten-thirty p.m. as the case
may be, she has that night off duty, all the next day and night and reports for duty the following morning, which gives her at least thirty-two consecutive hours of freedom from hospital work. If her day off duty falls upon a day in which she has class or lecture she must report for these, otherwise she has the time to herself unbroken. The nurses on night duty have the same amount of time each week, which they are allowed to spend with their relatives or friends. We find that this arrangement keeps the pupils in good health, content and happy and fit for hard work and study.

It has been suggested that this method must be detrimental to the school discipline but we maintain that a school for young women whose ages average twenty-two years is no kindergarten and if they cannot deport themselves in a manner becoming young women who are soon to take their places in a profession which is the very essence of poise and dignity and womanliness, they have no place in that profession and the sooner this is discovered and the sooner they are eliminated from the ranks the better. I may say here that we long for the time when the parents and the public schools will earnestly work with us in giving the necessary fundamental training to these young women, when the parents will instruct them in good morals and character building and at least teach them the proper use of the knife and fork, and to hang up their own clothes and when the graduates from the public and high schools can solve the simplest problems in percentage, divide fractions or spell beefsteak; then the training school instructors can give their undivided attention to developing a profession instead of teaching morals and arithmetic.

The hospitals, which all thinking people know full well are important and necessary institutions of the commonwealth, have received scant justice at the hands of the public, probably either through ignorance or because of politics. There may be hospitals whose management may be justly criticised—that is true of many schools and churches and institutions of municipality and state—but as a whole the hospitals deserve great credit and praise for the enormous amount of good work they conscientiously do, and they should be encouraged and upheld instead of being picked to pieces, as is often thoughtlessly done.

The fallacy seems to obtain that hospitals owned by citizens
are large dividend paying institutions, but any business man
would laugh in scorn at investing his money in a business which
would fetch him so meager a return for his investment as the
average hospital. The average hospital in California that is doing
splendid work in caring for the lives and health of the citizens of
the community in which it is located has no endowment, and
must needs be self supporting, and while it is an old sentiment
that a man cares more for his property than he does for his life,
there is no good reason why a hospital maintained for the care of
the reasonably well-to-do citizens should be a public mendicant.

We have demonstrated that it is quite possible to operate this
eight-hour law successfully from the pupil nurses standpoint, and
from the standpoint of the hospital, but we cannot lose sight of
the fact that the burden falls heaviest upon the public, for the
increased cost of operation under this new law must be met and
it is the public that pays, and where the people, from whom the
hospitals drew their patronage, are unable to pay, the training
schools have closed.

According to the provisions of the law as it now stands if a
nurse’s eight hours of time has expired, she must go off duty, no
matter what she may be doing or how critical or important the
work she may be conducting.

Every effort is made to so plan a nurse’s work that she may not
be engaged in important duties when her time comes to leave the
floor, but it is impossible to always be able to accurately gauge
the duration of a case. It does not infrequently happen that
the nurse must be changed at a critical part of an accouchement,
or in the middle of an operation, for ten minutes past ten does not
mean ten o’clock, and the iron hand of the law is over us, and
again the public pays, perhaps by the loss of the life of a much
longed for infant, or an infection caused by a break in the con-
tinuity of the surgical technique. The remedy for these exigen-
cies is with the people as neither the hospitals nor the nurses
asked for this law and if it does not please the public it is within
their privilege and power to change it.

We think if the law provided that during the third or senior
year the pupils might be permitted to care for private patients in
hospitals, for a period not to exceed four months in the aggregate,
during which period of special work the provisions of the eight-
hour law relating to the hours of pupil nurses in training schools did not apply, it would add much to its efficiency, but the degree of success with which the present law is demonstrated depends largely upon the mental calibre of the hospital superintendent and the woman at the head of the training school.

In closing I would say that if this amendment to the eight-hour law for women was made to include pupil nurses in training schools with the sincere purpose of securing for the nurses more favorable conditions under which to work and more thorough and advanced instruction in the theory of their profession, this purpose has been accomplished, and while the law as it now stands, has its defects, it is a long step in the right direction.

The President: This paper has been most interesting, especially to us from the east who are not familiar with the eight-hour system as enforced by law. I cannot but sympathize with one point mentioned. I remember when Dr. Osler used to say to a patient, "If I had been able to treat your grandfather I might do something with you," and I think we all feel many times that if we could only have had the training of the mothers of our young women we would be able to do something with the young women themselves. We are often very sorely tried by having to deal with questions pertaining to the ordinary courtesies and manners of life such as Mrs. Pahl refers to in her admirable paper.

Miss Taylor: In discussing the question of shorter hours for pupil nurses or the eight-hour law as applied to nurses, it may not be amiss to refer to some recent investigations showing the effect of long hours of labor for women in other occupations than that of nursing, as brought out in a pamphlet issued by the Consumers League of Philadelphia, compiled largely from testimony which resulted in the decision of the United States court to uphold the Oregon ten-hour law a few years ago.

From the pamphlet referred to above containing the testimony of many investigations, many quotations might be made showing the result physically, and the reasons economically why in occupations for women long hours are not conducive to the greatest efficiency.

The physical evils resulting from long hours of work are presented through the evidence of numberless physicians. As to
practical results—"It is the universal verdict of manufacturers that their product is as great under the ten-hour system as it was under the eleven-hour system, and I think that the same answer comes from every state that has adopted the ten-hour system."

Quoting from the report of the United States Industrial Commission:

Those states which are just now advancing to the position of manufacturing communities might well learn from these examples the lesson that permanent industrial progress cannot be built upon the physical exhaustion of women and children. . . . A reduction in hours has never lessened the working people's ability to compete in the markets of the world. States with shorter workdays actually manufacture their products at a lower cost than states with longer work days.

The general opinion summarized seems to be that long hours are detrimental to health, happiness, best welfare, morals and efficiency.

According to the American Labor Legislation Review, December, 1914, 38 states and the District of Columbia have enacted laws for women, restricting their hours of labor.

The different states have different laws in regard to number of hours in any one day and any one week, and also the states differ as to what establishments come under the law. As far as I am aware only one state—California—includes hospitals and training schools, and controls the hours on duty for nurses as it does for women in factories. With this in view are we not in great danger of having the privilege of legislating for ourselves removed? Some other body seeing the ill effect of long hours of work for nurses may force us in other states by labor laws to conform to a standard which we should have ourselves recognized and established.

One question for us to consider is—How can we place ourselves above and beyond the control of labor laws? As a nursing body we must recognize that shorter hours are demanded, and, could we not place in our state bills a clause to that effect, thus putting our registered training schools above criticism and reproach? Then, as speedily as possible, should, we not make our training schools comply with the educational requirements of colleges and universities, thus placing nursing on a professional basis. The
term "professional" can be applied in law only to a calling associated with a college or university, or to one where the degree or diploma is awarded through a college or university, or a chartered educational institution of that rank.

The President: It gives me great pleasure to introduce Mrs. Edson, member California State Industrial Commission who will continue the discussion of this important question.

Mrs. Edson: I do not suppose there is any group of young women I am as afraid of as I am of nurses, but the fact is I have been responsible for a most unprecedented thing in this eight-hour law for state nurses. Fools rush in where angels fear to tread and I am afraid that was the state of affairs with me, and I think it is the condition of a great deal of progress. When one is very familiar with administrative features in anything, one is appalled by the idea of a change and the possibilities of its results, and so change is not made. I have now been a public official for two and a half years, and I am sure if I had known as much of the difficulties of law enforcement as I do now I should have been less enthusiastic for some of the reforms. We have had women like Mrs. Pahl and others who are so competent that they can do anything, but in many cases it has been very difficult.

Probably most of the prejudice that has grown up about the eight-hour law for student nurses in California has come from misunderstanding, and I noticed in a paper read here a few days ago the writer reiterated the mistake that is often made, and says that the eight-hour law for student nurses, or the amendment to the general eight-hour law was brought about by the Labor Council of the Federal Trades Organization of San Francisco. That is what has made nurses feel they were put among the laboring classes and that their professional dignity was not being considered. I would like to give you a slight history of the eight-hour law in California and show why we have it here.

I am a member of the California State Bureau of Labor, which has been in existence for twenty-five years, and in 1911, when the eight-hour law for women was passed, enforcement of that law was put under the State Bureau of Labor. Being a member and a special agent of that department, it was my business to hear many complaints. I soon began to hear from people who had been in hospital wards, and from relatives of young women who
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Probably most of the prejudice that has grown up about the eight-hour law for student nurses in California has come from misunderstanding, and I noticed in a paper read here a few days ago the writer reiterated the mistake that is often made, and says that the eight-hour law for student nurses, or the amendment to the general eight-hour law was brought about by the Labor Council of the Federal Trades Organization of San Francisco. That is what has made nurses feel they were put among the laboring classes and that their professional dignity was not being considered. I would like to give you a slight history of the eight-hour law in California and show why we have it here.

I am a member of the California State Bureau of Labor, which has been in existence for twenty-five years, and in 1911, when the eight-hour law for women was passed, enforcement of that law was put under the State Bureau of Labor. Being a member and a special agent of that department, it was my business to hear many complaints. I soon began to hear from people who had been in hospital wards, and from relatives of young women who
were students. They did not understand why if there was an eight-hour law for women in California these young women did not have the privileges of such protection. Complaint after complaint came to the Los Angeles and the San Francisco office. The Bureau of Labor is not a labor-union office, it has been in existence for twenty-five years, and this is the first time it has been thought to be connected with organized labor. Complaints so constantly coming in made us believe that an amendment to include student nurses would be a valuable thing, and Senator Lyon, a member of the Bureau, introduced a bill that had been drawn by the American Association of Labor Legislation, of which John B. Andrews is the secretary. It was much more inclusive than our law of California, and among the other “places of employment,” it included hospitals, as well as hotels, laundries, offices, places of business, etc. Exemptions to the present law are canning industries of perishable fruits or vegetables. When this law was introduced in 1913 it was found impracticable, so the original eight-hour law was amended to include hospitals, places of amusement and apartment houses, and an arrangement was made as to graduate nurses that was not so strict. Probably if we had known as much as we do now about cooperation we could have got more than we did. A hospital association was formed and fought us bitterly but the thing was put over and the women who have had charge of hospitals of this state deserve the greatest credit for the way they have worked it out. Not many of us who were proponents appreciated the immense amount of administrative effort that it took to make a success. They have had no interference from the Bureau of Labor in the effort to adjust themselves. Mr. McLaughlin said they must have six months at least to make the adjustment. Then the Merrit Hospital in Oakland brought the question before the courts, and only a few months ago the Supreme Court rendered a decision, that student nurses do come properly under the provisions of the eight-hour law. If we in California have been able to be of any benefit to the rest of the country we shall be very glad. We do not have the tremendously complex problems you have, and it has been of great interest to me to hear Mrs. Pahl’s paper, because her great ability has been applied to the solution of this problem, and it is a great pleasure to hear her say that this eight-hour law is a step in the right direction.
Miss Lawson: Does this apply to all female employees in the hospital?

Mrs. Edson: Yes, except graduate nurses.

Question: Must the hours be consecutive, or may they be broken? It has been asked why there might not be forty-eight hours a week instead of eight a day, but anything like that would make it impossible to enforce the law, because if we had hospitals that wanted to evade the law the only way to detect the violation would be by watching the hospital, and no inspector could find out whether a student worked fifty-six or forty-eight hours a week while it would be easy to check the matter up if it is by days.

Miss Hogue: The way I have worked out this system is perhaps a little different from some. We have the nurses in three shifts, making three nurses in attendance upon three patients, and they relieve each other during their times for meals. The first shift is on from seven in the morning to three in the afternoon, the second from three to eleven, the third from eleven to seven. We have three extra hours not accounted for in our forty-eight hour schedule, on account of relieving at meals, so each nurse on the seventh day is on duty three hours. It can be arranged, but it means planning. The most unfortunate part of the law is that there is something lost in the spirit. If a nurse has to work by the clock and leave at a certain time no matter what is happening or what is being done there is something demoralizing about it. Another thing—of course the ideal nurse is never careless, and never shirks, is never slow—but where a nurse is careless, or shirks, or is not through when she should be she cannot be told to remain until her work is properly done, she must go off no matter how she has neglected her duty or left it unfinished. I do not think the matter of the finances of the hospital should enter into the question particularly. This law came to us because of the abuse of the nursing service and we have to suffer a bit now in consequence of that abuse. The other states may avoid the burden that an eight-hour law would put upon them by following the eight-hour system without having the law.

Speaker (from Ohio): We have heard how it affects the hospital, and how it affects the profession. I would like to know how it affects the middle class people who cannot afford to pay more than moderate rates for private service.
Mrs. Pahl: It affects the public only detrimentally. In the sort of hospital where I am, a hospital owned by the clerks and teachers and people with small means, with a hundred beds, and seventy-five nurses in the training school, the public must pay more than before. We have all sorts of accommodations, from $2.50 to $9.00 a day, and our service is splendid. We get splendid applicants, and I find that the one day's absolute freedom from duty appeals to them, and is not detrimental to discipline. I was one of Mrs. Edson's strongest opponents at first. I did not like the thing being controlled by the Labor Bureau. We are glad to labor and proud to be doing it, but it sort of hurt my pride to think we should not have this eight-hour law come through our profession, and I opposed it. But it became a law and I am a New England woman with the New England feeling that one must abide by the law, so I set to work to try to develop the training school under it, and the town is proud of my women. I am in favor of the eight-hour law, with a few modifications perhaps; for the poor people who need a special nurse I think there should be some arrangement.

Question: When are the nurses going to learn the endurance that will be necessary later on for them?

Miss Van Blarcom: I am wondering if, in looking ahead, this labor law will have the effect of making the nurse's work seem more a trade than a profession.

Mrs. Pahl: We are beginning to lose sight of where we got the law. We have the law now, and we ought to be glad and to make the best use of it we can.

Speaker: I do not approve of an eight-hour law. I think we could be covered by the national, state or county associations that have an eight-hour system. We hear that certain industries that have to do with perishable fruit are exempt. There is no more perishable fruit than the human being. I think the law has started us in the right direction but that we should be covered by our societies and not by a labor law.

Mrs. Pahl: I hope this body will use its influence so that graduate nurses will not be expected to remain on duty twenty-five hours out of twenty-four!

Miss Goodrich: If our schools were really schools it would not be possible for them to be under any labor law.
Miss Parsons: The main point seems to be for the states that have not got this law to bring themselves into such a condition that the law will not be necessary. There is a perfectly possible plan whereby that can be done without increasing the expense to the patient. When we eliminate the unnecessary work the student nurse now has to do she will have time for her education. Let students pay $200 for tuition fees while they are in the school and graduate them in less time than now; if they cannot pay in money, let them pay by work in the last six weeks of their course with private patients. Then they will have been educated in a dignified way, the hospital will not have been at any greater expense, and the public will not be charged more.

The President: Miss Goodrich stated the day before yesterday that the greatest indictment against hospitals and training schools was made when the labor organizations were obliged to put that eight-hour law into effect. I do not believe it ever would have gone into effect if the labor organizations had not put it into effect. Much as the individual superintendent of a hospital might desire it, the pressure of the hospital back of her was too great for her to have done it without the assistance of the labor organization.

Miss Palmer: There is a bit of history about this. When training schools were introduced they were promoted by boards of managers of hospitals with the idea that the pupils would do the work that the old nurses had done. To get our chance we had to guarantee that we would do the work as they had done it. These were the conditions that were made, and we have gone on being too willing to accept them. It is partly our own fault. It is a good thing the labor bureau has changed it for us.

On motion, duly seconded, the meeting was adjourned.

BUSINESS SESSION

Friday, June 25, 1915

Meeting called to order at 11.00 a.m. by Miss Noyes, Chairman; Miss Parsons, Secretary, at her desk.

The President: I will ask Miss Sutherland, as Chairman of the Resolution Committee, to read the resolutions which the Committee desires action upon.
Miss Sutherland: The Committee submits the following resolutions:

WHEREAS in the death of Isabel McIsaac, The National League of Nursing Education has lost a member who brought to bear upon its problems a clear and unbiased judgment resulting from unusual executive ability, and wide experience, and

WHEREAS, in the death of this member whose devoted and self-effacing service will never be fully estimated, The Nursing League has sustained an irreparable loss,

Therefore be it resolved that The National League of Nursing Education extend to Miss McIsaac’s family its profound sympathy, and

Further be it resolved that a copy of this Resolution be placed upon our records.

WHEREAS The National League of Nursing Education believes that alcohol lessens vital resistance, fosters poverty, and all the diseases which come from poverty, hindering the progress of the country, and

WHEREAS The National League of Nursing Education is firmly convinced that it is the greatest cause of human ills,

Therefore be it resolved that the efforts of the New York City Health Department to establish a betterment of public health by conducting a systematic vigorous and definite campaign against this acknowledged evil, be given a full and whole-hearted endorsement by the National League of Nursing Education in congress assembled in San Francisco, 1915.

WHEREAS, Harvard University has affiliated with the Massachusetts Institute of Technology for a course in Public Health Work, on the satisfactory completion of which a certificate is granted—and

WHEREAS, The Institute of Technology has opened all its courses to women, the affiliation with Harvard University, which is not a co-educational institution, debars women from participating in this most desirable course.

Be it Therefore Resolved, That the National League of Nursing Education in congress assembled in San Francisco, appeal to Harvard University to set aside its ruling in this department, and admit, to the Public Health course, women who are adequately qualified to meet the standard for admission required by this University.

WHEREAS, The National League of Nursing Education has received many courtesies, and its members have been cordially and delightfully entertained by a number of organizations and individuals while en route to the meetings at San Francisco, and

WHEREAS, The pleasure, benefits, and comforts of the members of the National League of Nursing Education during the trip to the Pacific Coast
and the sojourn in San Francisco, have been greatly enhanced by the generous thoughtfulness, hospitable welcome, and untiring efforts of its friends, and

WHEREAS, The League as a body, and its members as individuals are deeply grateful for the kindnesses and courtesies which have been extended:

Therefore Be it Resolved, That the heartfelt appreciation of the National League of Nursing Education be expressed to the following friends of the League for the cordial welcome, delightful hospitality, and unique entertainments accorded its members during the annual meeting in San Francisco, in June, 1915: First District Illinois State Association of Graduate Nurses in Chicago; San Diego County Association; Los Angeles County Association; to the Official Board of the First Congregational Church, and the Pastor, Rev. C. F. Aked, D.D., LL.D.; to the California State Nurses Association; the San Francisco County Nurses Association; the Woman's Board of the P. P. I. E., and the Young Women's Christian Association, and very particularly to Mrs. Sanborn, Miss Genevieve Cook, Miss Sweeny, Miss Dozier and Dr. Criswell; to the Program Committee, to whose efforts we are indebted for the splendidly prepared and carefully organized program;

And Be it Further Resolved, That the Secretary be instructed to send a copy of these resolutions to each organization and individual mentioned in the foregoing.

The above resolutions are respectfully submitted by the Committee on Resolutions.

Lauder Sutherland, Chairman,
Amy Hilliard,
Ethel Sherman.

Miss Jammé: I wish to offer another resolution at this time and that is that this Association recommend to the larger body that a vote of thanks be sent to the city editors of the three newspapers, the Chronicle, Examiner and Bulletin, who have given us an unusual amount of space and a very fair kind of publicity to our work. Realizing the value of the press in what we are doing, I think this courtesy should be extended. They have given us far more publicity than they have given to any other convention that has been held here in San Francisco during the Exposition.

The President: I am very glad that Miss Jammé offered that additional resolution, because we do feel very deeply indebted to the papers. Heretofore, we have had great trouble in getting any publicity at all, sometimes getting a mere mention of the convention meetings. Last year we paid a publicity agent and
we got very little in the papers and it wasn't of the type we have had here. Although there have been some things printed here that we would have preferred left out, yet I feel very strongly that most of it has been good and very dignified, with just as little sensational matter as could possibly be expected from a body of workers not thoroughly conversant and in sympathy with our ideals. I am glad indeed to have Miss Jammé offer this resolution.

A motion, duly seconded, that the recommendations of the committee be concurred in, was unanimously carried.

_The President:_ It has been our custom to vote upon these general resolutions in the three organizations and then send them out under the direction of the American Nurses' Association, signed by the other two, so as not to have three separate and distinct sets. This organization is affiliated with a few organizations of national scope. We are affiliated with the American Nurses' Association and are entitled to one delegate and one vote. It is hardly necessary to render a report on the happenings of the American Nurses' Association, as we are more or less familiar with it, and all have had the privilege of attending both meetings. Then there is the American Association for the Study of Infant Mortality; Miss Spring was appointed a delegate, but did not send in a report.

We are a very small group of people this morning, but there is a paper on "Self-Government" which will be well worth hearing and we may have a little opportunity of discussing it. This paper is by Miss Carolyn Gray, Superintendent of the New York City Hospital Training School, Blackwell's Island, New York.

**SELF GOVERNMENT—ITS ADVANTAGES AND LIMITATIONS AS APPLIED TO SCHOOLS OF NURSING**

Any study of self government in schools of nursing involves a consideration of the purpose for which schools of nursing exist, and a consideration of the fields of work for which we attempt to fit pupils. The purpose of nursing schools I take it, is to educate nurses. As at present constituted, they also provide proper nursing care for the sick in hospitals. Thus a double purpose has
been worked into our schools which makes them unique, as the proper care of the sick gives a very valuable motive for all of the work and study involved. That we are very fortunate in having this motive, I am frank to admit, but there is always the danger of giving this motive first place and losing sight of the fact that the schools are intended primarily, to educate nurses and secondarily, to provide proper nursing care for the sick. My whole approach to the subject of self government is influenced by the fact that I regard the education of the nurse as the most important function of nursing schools.

A consideration of the fields of work that we are trying to fit nurses for carries us into many unexpected places, for the work of nurses has grown far away from that of mere bedside duties, and we now find them in many positions that were formerly occupied by other groups, or possibly not occupied at all. Any attempt at classification of nurses' activities might include the following:

1. Private nursing in families and in hospitals. This includes hourly nursing.
2. Institutional positions, of many grades.
3. Public health nursing, which is assuming such vast proportions and includes all the forms usually classed as preventive nursing.
4. Social service work.
5. Army, navy and Red Cross nursing.

Each successive step in the development of nursing seems to place the nurse in a capacity which is not private, but more and more in touch with the large problems of social betterment.

In preparing pupils to enter so many different fields of work it is essential that in addition to technical training, we aim to develop habits of self-reliance, good judgment and initiative.

The many complex questions that confront the principal who considers the usefulness of nursing schools from an educational standpoint may be resolved into three groups:

1. Curriculum or course of study.
2. Length of course.

The mere word curriculum brings to mind the differences in education. In New York State the minimum requirement is one
year in high school or its equivalent but in no profession does the so-called higher education prove of more value than in nursing. The low minimum requirement and the persistent demand for women of advanced education are reflected in our pupils. I am familiar with a class that included a lawyer, a high school teacher with ten years' experience to her credit, a college graduate, and a number with the minimum requirement of one year in high school. To the instructor this group presents a problem from the standpoint of the curriculum but I know that many trained teachers are grappling with this situation. These marked differences in preliminary education make one question the wisdom of exacting an equal length of time from all pupils. Is it not possible to determine a standard and then require all pupils to reach that standard? Some may be able to accomplish this in the minimum of time, perhaps two years, and others may require three or even four years. This is a most interesting question and one that I think should be given more attention. While these two groups have been under discussion at various times, it is only in recent years that the question of government in schools of nursing has awakened thoughtful interest. In common with all other schools we are debating whether the accepted form of government is the wisest and best. For some reason this form has been given the name of "military discipline," which really is a misnomer.

I am far from agreeing with those who decry military discipline and think it is all wrong, for many of us who are here today undoubtedly remember restrictions which were irksome and which we resented, but age, experience and a broader outlook have made us realize that real and substantial benefits were derived from this type of government. One has only to think of the women in our ranks, of whom we all are proud, to appreciate that if military discipline did not develop initiative it at least did not destroy it. While I am willing to pay tribute to the service that military discipline has rendered in our schools yet it is in line with all progress to displace this system with a better one if such can be found.

One hears many advocates of a new form which is called "self government." It might be well to state that this is not really new as Vittorino da Feltrea who lived in the fourteenth century demonstrated in a school for boys that self government was an educational means of much value.
Nurses possibly more than any other group of women need in their daily lives a highly developed form of self government. Is it reasonable for us to govern them so completely and thoroughly that they have no responsibility for self government during the time they are students, and then graduate them and expect them automatically to become possessed of a power that the best authorities agree it takes years to develop? It is a recognized principle of pedagogy "that we learn to do by doing" and this principle has done yeoman service in defending the practice of using the hospital wards as a laboratory for our pupils. If this is true would it not be consistent for us to allow our pupils an opportunity to learn to govern themselves by actually doing it?

In seeking information upon this subject a study was made of the various schools and colleges that have successfully adopted this system. Without going into a mass of details two points stand out clearly. One is that the authority of the faculty is in no sense lessened. In every instance there is some form of agreement whereby certain questions are turned over to the students for them to manage according to their best judgment but always with the advice of their instructors. Breaches of discipline important enough to be taken to the faculty are dealt with by them, possibly more severely than under the old system, because the students expect this. The second point is that the many details similar to those governed by regulations in our schools are left to the students. They decide on the proper line of action, making and enforcing rules for their own guidance. In this way an appreciation of the need of government is developed and the cooperation of the student is enlisted on the side of good government.

That the interest in self government is not local was demonstrated by 50 letters from superintendents of schools of nursing in all parts of the country sent in response to inquiry. While there is a great diversity of opinion all seem ready and willing to consider the adoption of this system, providing it is feasible. Just one hospital and that one located in California sends an enthusiastic report of the success of self government, but acknowledges that the conditions are ideal because the school is small, and it is not connected with a medical college. One large hospital which is connected with a medical school reports that self government has
been tried and while "it is not a conspicuous success, neither is it an absolute failure." The remaining letters could be grouped as follows—25 are interested but doubtful, 15 are using a modified form or at least adopting some method as preparation for self government, 8 are frankly opposed and one superintendent in a mood that one can well sympathize with, claims to get good results from military discipline and asks, "why should we experiment?"

In reference to this it might be well to ask just what we understand by discipline. If we mean better order, unthinking response to commands, implicit obedience without questioning the source of authority, then military discipline is our ideal. If however, we understand discipline to be the orderly regulation of instincts that are struggling for expression, then a system that gives one the ability to govern one's self is our goal.

This kind of discipline must come from within and is an effective guiding of energy that leads to self-development and to social service. If such a large proportion of schools and colleges as well as many business enterprises, have found this method a success, why have we hesitated so long about adopting it in the management of schools of nursing? I think we can readily answer, by stating that serious difficulties peculiar to our type of schools confront us. First—nursing schools alone depend upon their pupils to take their places in a scheme where their work counts and where it reflects credit or discredit on the institution and may involve questions of life and death, so far as the patients are concerned. For this reason mainly, military discipline has retained its hold in nursing schools for we must agree that it produces uniformity and prompt results. Second—Our pupils are a heterogeneous group, differing in education, nationality and age. Differences in education have been mentioned. Differences in nationality are equally striking. A recent graduating class had representatives from New York, California, Texas, Mexico, England, Ireland, Scotland, Canada, Italy, Germany and India. Such a cosmopolitan group represents many kinds of home training which have operated to develop different ideals, and some members of such a group might be quite ready for self government, while others who have led more sheltered lives would need preliminary education to give them an apperceptive basis. Dif-
ferences in age of pupils still further complicate the problem. A study of the catalogues of various schools brings to light rather clearly that the age limits are from 18 to 35 years. A few years ago the minimum age was 23 or 21, but we are coming to feel that while nursing makes a special appeal to women of mature minds, yet the greater number of young women find it necessary to make a choice of their life work, and begin to fit themselves for it just as soon as they finish school, and it is neither wise nor kind not to admit them to our schools.

As a result, almost any class includes some older pupils, but the majority are girls just past nineteen and the thoughtful principal realizes that the whole system of training was planned for older women and many changes are needed in our schools to make them efficient instruments for the highest and best development of younger pupils.

On first consideration of this subject of self government, many advocates claimed that it represented a system that could be adopted universally and that this would mean less work, less thoughtful supervision and less worry for the principal of the school. After much thought I am convinced that this is a fallacy because no one system will meet the varying needs of different groups of students. While the underlying principles do not vary, every solution must be an adaptation to the needs of some particular school and some particular students. Even in any one school there must be the possibility of adjustment to changing ideals. At best I think our attitude must be tentative as a decision upon any one line of procedure may result in an apparent success which in reality would be a limitation of one's horizon and a narrowing of the field of one's efforts.

Because of this it is not possible to present any scheme that would fit the needs of all schools. My own plan has been to try to secure the interest and cooperation of the pupils by conferences. At these conferences there has been a frank discussion of difficulties and an opportunity for the pupils to express their point of view. By gradual education of this sort, minor questions of government can and should be turned over to them as promptly as they are able to handle them. This is an important point because it is not wise to stimulate self expression unless some effective means of utilizing it is at hand. From this beginning it is com-
paratively simple to lead up to the plan of the "Students Council."

The "Students Council" is a representative body consisting of a certain number of pupils selected by each class to act as members. At the beginning of the school year the principal of the school meets with this council and reaches an agreement with them in regard to certain standards and the means they will adopt to maintain these standards. Weekly conferences are held affording the principal and students opportunity for discussion and a free exchange of ideas. At the same time reports as to results being obtained are submitted.

I do not claim that this will prove a panacea for all our troubles nor a plan by which all our problems will be solved. It has its shortcomings and its dangers, and calls for wise, constant and discreet supervision. I am also convinced that it calls for a better woman, a keener mind and a higher type of leadership than is necessary under autocratic government.

With so many difficulties confronting us it requires courage to adopt a new plan which will make so many demands upon time, energy and particularly, the imagination of the leader. But the thought that spurs one on is not the immediate benefit, but rather the gradual upbuilding of character, and the hope that after our pupils leave us they will be better fitted to meet the many emergencies that call for initiative, good judgment and self-reliance.

Such a wonderful aim must be stimulating and would it not be instructive at a future meeting to have reports from schools who have adopted some tentative scheme? For after all, "Not what we are, but what we strive to be is the full measure of our work."

The President: I am very sorry that this paper could not have been read in one of our larger sessions; it is such a good one. We shall be very glad to give a little time to the discussion of this question in a very informal, friendly way. I would like to ask if there are any superintendents in the group here gathered who have student government in their schools?

Miss Parsons: We have, in a limited way.

Miss Riddle: We haven't what we call strictly student government at present, but we intend to have it.
Miss Cadmus: While working in a school where the corps of student nurses is secured entirely through affiliations, we have been exceedingly interested, especially this past year in watching the development of this question and studying the possible opportunities.

Our plan is to receive a group of nurses twice a month and I endeavor to meet the members of each group very early after their arrival for the purpose of a rather informal talk with them—the idea that thereby I am able to convey to them the fact that I am approachable, and am not always to be looked upon as the one who must not be approached until difficulties arise.

By this plan I have found that the nurses have been able to clear up situations through their yielding to suggestion before features demanding rulings were introduced that perhaps would naturally seem harsh to them.

It has been very interesting to see how comparatively easy it usually is to find some common ground upon which the nurses' willingness to look beyond her own point of view can be secured.

The President: I have a similar problem with the affiliating pupil, because at Bellevue we are affiliated with about forty schools, coming from Maine to the far South, and as far west as Kentucky and Tennessee. Of course, we get a great variety, and I would like to ask Miss Cadmus what impression she has been able to gather from her affiliated pupils regarding the instruction that they received before coming to her, in ethics and matters of discipline, whether she is able to connect up in any way with the affiliating schools and how she makes that connection between her school and the school sending the pupil.

Miss Cadmus: It is altogether too limited. I think you will all agree with me that there is a very wide spread prejudice in the mind of the average pupil nurse, to entering an affiliating school, which I think is due to the lack of dealing with the matter in the home school.

The President: I have found a distinct lack of that and I wondered whether you had been able to connect your school with the home school in getting up a relationship before the pupil comes in and what understanding you have with the head of that school in preparing the pupil to enter yours and meet the conditions there.
Miss Cadmus: I think my problem is very simple compared with yours. We do not affiliate with over thirteen or fourteen schools at the most. I never have over twenty-three pupils and so I know personally, I think, every superintendent. Our relations are exceedingly pleasant and we aim either by correspondence or personal interviews to keep in close touch. When the superintendent of an out of town school visits the city she invariably comes to see me. I think there is a very good understanding and a growing desire on the part of all superintendents to meet on that question, as they appreciate the helpfulness it is to them. Invariably the superintendents of affiliated schools say: "We find upon the return of our pupils that they are larger, better, broader women." Naturally this does not apply in every case because some pupil nurses are less able to receive good impressions, but a very large majority, I think, feel a very distinct benefit in an ethical sense.

The President: I must say that I haven't the problems that one might think with all of these affiliated schools as far as the ethical training of pupils is concerned. I refuse to make an affiliation unless the superintendent first comes and goes all over the situation with me before she sends a single pupil into the school, whether she lives in Maine or whether in Kentucky; that is almost invariably done. Then, we send a complete outline of our course, both practical and theoretical, to the school. We send a book of rules and instructions concerning nurses residences, etc., and we ask the superintendent to make this a subject of class instruction before a pupil comes in including questions of ethics and government. We also send back to the school a very careful report showing the exact experience the pupil has had. Our affiliations vary in length, some are for a whole year; we rarely make one for less than six months, nearly all have nine, so that the pupil really becomes a part of our own school. We now have special instruction for affiliated pupils. Many difficulties that we had in the beginning have been wiped out by having special instruction on the various subjects; then they come into the lectures. In getting up the acquaintanceship with the pupil before hand, we have wiped away all these little difficulties and these little misunderstandings. We are now trying to restrict the pupils from the smaller schools to our smaller hospitals, that is those of
about 200 beds. We find the pupil transplants very much better from a small school to a small hospital than from a small to a large, such as Bellevue, where we have 1400 beds. Coming back to the question of self government we would be glad to hear from any other superintendents who have tried out in a systematic way the question of self government. How far have you been able to establish it, Miss Eldredge, or do you have it at all?

Miss Eldredge: Almost not at all. We have tried to have the nurses retire at the proper time of their own accord, and I made a senior on every floor responsible for that. It has worked admirably, but one impression that I received, largely from our pupils is, that they don't believe in self government for themselves in the training school. The senior nurses are almost unanimous in that feeling. I have talked with a number of graduates who said they didn't believe in it; that one of the things they were thankful for was the strict discipline they had in the training school.

Miss Jamme: I am very sorry that this discussion came up in the state of California because we very often hear that the California woman in the training school is difficult to discipline. Many of our schools are adopting student government. I believe the Pasadena Hospital has a form of self government. We have the instructor from the training school here and I am sure she would be glad to let us know their plan.

Miss Davis: It is a form of self government rather than a form of student government. The nurses are placed absolutely upon their honor and the government is without any difficulty whatever. The preliminary class on its arrival has a course of lectures by the superintendent of nurses and through her they learn the spirit of the school. We have very few rules in the school and have no one in particular to see that these rules are observed but we have no difficulty in having them observed. We are a small school, have no affiliations and no medical school in connection with the hospital which, of course, lessens our problem.

Miss Hogue: My experience is more along the lines of self rather than student government. When these young women come to the hospital I tell them they have entered a professional school and they are not expected to conduct themselves as girls often do at boarding school, but they are on their own honor and we shall expect them to decide for themselves the proper conduct.
I give them lectures on ethics. I find that I have practically no trouble at all. Once in a while some young woman eliminates herself from the school by improper conduct, but as far as discipline goes I have absolutely no trouble; they conduct themselves as a womanly woman should. Of course, we are a Department of the Stanford University. There is often trouble, I understand, in hospitals with internes and student nurses; we have no trouble whatever. If a pupil wishes to go to the theatre with an interne she is permitted to do so and to accept any social invitation as if she were in her own home. We have no flirtations going on in the hospital; the whole thing has worked admirably. Until a year ago no nurse was ever permitted to accept any invitation from a staff doctor. They accepted these invitations I have heard very many times without the knowledge, of course, of the superintendent, and since I have made this no longer a rule at the hospital I think they go out with them much less than they used to and in a perfectly matter-of-fact way just as they would accept an invitation if they were in college from any college man.

Miss Jammé: Do they notify you before they go that they are going?

Miss Hogue: Yes.

Miss Eldredge: May I ask how large this school is where they can absolutely place such dependence on the nurses?

Miss Hogue: Eighty-four pupil nurses and twelve graduate instructing nurses.

Miss Parsons: We have had self government for one and a half years in one of our homes where there are one hundred graduates and pupils living. It has been difficult because the population is fluctuating there, nurses continually going and new ones coming. Naturally, it has been a very educative period for the students who have come under it; they have grown. Where they would go to the meetings the first few months and sit around and let the President and Secretary do the talking, at the last meeting we had quite a lively tilt and there was a very strong sentiment expressed by the pupils against those who wanted to evade the self government rules. It showed they were awake, and two pupils were delegated to come and talk matters over with me. They put it to me very strongly that they wanted to establish in our school the honor system. They wanted a system that
would make it impossible for any student to stay in the school who was going to evade the rules that the students or the hospital made for them. They said some of the nurses were not honest and they would like to put such student nurses out, or create such a sentiment that they could not go on in that way. I told them that it was the most splendid thing that could happen to the school. Immediately after that talk the oldest girl of the probationary class, a college woman, came to me, and said, "Miss Parsons, as we haven't student government and no one else to whom we could go with this, the probationers wanted me to say to you that there is one of the probationers who they think ought not to get her uniform and cap because she is taking other peoples things without permission, and she has cribbed at examinations." I had doubted the girl whom she had reported and thought that she would probably be a nurse who would require considerable oversight if I accepted her, yet I had nothing tangible against her. There was no reason why I should not accept her if it had not been for this testimony coming in voluntarily from the other probationers. I think it is a promising experiment.

Miss Maxwell: I have attempted a semi-form of self government five or six years. Each class when it arrives elects a president and that president is responsible for her class. If there are any serious criticisms of the class from my standpoint, we confer together and they are asked to cooperate in discussing questions of the class at any time during their course with us, and when any important thing is to be done in the school, or if there is any serious criticism of any pupil of the school, or if any pupil from that class has to be dropped, I consult with the president of the class, and we have found always in such consultations that they agree with the officers of the school. I think there has been no disagreement. In the present preliminary class we found a nurse who could not coordinate the work of her head and her hands. We consulted with the president of the class. They had all seen it; but the president said it would break the heart of this girl and they all wished she might be continued in some way. I think there is some deceiving in almost every school. I have tried to induce my nurses to make rules without my asking them so that no pupil would enter a room of another pupil nurse unless she were present. One class has done this, but I do not think it has
prevented losses, and I think the general feeling is that there are losses in every school. I have never been connected with any in which there were not. Sometimes I have found out after a pupil graduated that she was to blame; once we detected the fact on the day the pupil graduated; that was the only diploma ever withheld on account of dishonesty, but we occasionally find, after a pupil has graduated, that her class felt she should not have graduated. I have heard that report twice in our school and I have simply said "You said nothing to me during the time of her course; you were the president of that class, and you have no right to tell me now." We are trying to make that feeling very strong in our classes. We have very little difficulty with the discipline of the school since we established that system.

The President: I wish to state that Miss Maxwell has had many years of experience and is associated with one of the best conducted schools in the country. I would like to say that we have practically the same form of student government that Miss Maxwell speaks of. Each class organizes as it comes in and we refer matters in very much the same way as Miss Maxwell has stated. It has resulted in very much better cooperation and a better standard, I think, of conduct and living generally.

Miss Maxwell: In our college recently (the College of Physicians and Surgeons of Columbia University) our faculty has had some head nurse demonstrate what was being done in new investigations and new methods of work. This is a valuable thing in the instruction of a head nurse. We have also had a few people come in from the outside to discuss matters that were entirely new in the nursing profession. This has kept our nurses abreast of the times.

The President: I would like to say that one thing we have found of great benefit is our ethical classes. It is a custom of mine to get into touch at once with the probationers and the lectures in ethics begin as soon as the probationer comes in. Every group of probationers that comes in has eight classes with me. They begin the first week to consider their responsibility to their profession and I try to impress upon them the fact that I am an approachable being, not shut away from everybody else, and that they can come to me any time they like. This is an important thing—getting that probationer in immediate touch with the su-
perintendent of the training school. The superintendent loses the greatest opportunity she has when she shuts herself away until the pupils are in the very last part of their training, and then perhaps has a few classes with them. She must make that pupil understand from the moment she comes in, her responsibility to her school and her profession.

Miss Coleman will read the report of the result of the election. 

Miss Coleman: The following officers have been elected for the coming year:

- **President**—Miss Nayes.
- **First Vice-President**—Miss Parsons.
- **Second Vice-President**—Miss Wheeler.
- **Secretary**—Miss Stewart.
- **Treasurer**—Miss McKechnie.
- **Auditor**—Miss Stinson.
- **Executive Committee**—Miss Tye and Miss Fulmer.

The President: I beg to state that I had not expected to be able to serve again, or to allow my name to appear on the ticket. I have served two years and I thought that I had probably done as much for the League as it was possible for me to do, although that at the best is limited. But I found my plans very much changed this year. I had expected to be away from America for a year, but as I could not do this I found it possible to allow my name to go up for nomination. I do not wish you to think that I feel I am here by divine right, because I should be very glad to lay it aside in favor of anyone else, but I do thank you for your confidence in me in nominating and electing me as your President.

Miss Parsons: I should like to add to that, that it is very, very fortunate for the League that Miss Nayes has consented to act, because it is considered very hard for a new President and a new Secretary to start in together, and as there was to be a change in the Secretary I think we are very fortunate in having Miss Nayes another year.

The President: We regret very much that Miss Parsons was not able to allow her name to go up again for Secretary, but on account of her eyes she found it impossible. She was willing to act as First Vice-President, which is very fortunate, as in case
anything happened to me she is familiar with the work of the Association and she would be able to carry on the work. Miss Stewart whom you have elected as secretary, has had splendid preparation for such work, having served as Chairman of the Program Committee for two years where she did such admirable work in that particular department; you are certainly most fortunate in having Miss Stewart for your Secretary for the coming year. Our meeting place will be in New Orleans in 1916. This is our first meeting in the far South and they are looking forward with a great deal of pleasure to our coming there and we are looking forward with a great deal of pleasure to going.

A motion by Miss Pemberton, seconded by Miss Cadmus that the tellers be authorized to destroy the ballots, was unanimously carried.

Miss Noyes stated that the Secretary reported 61 new members for the League. [Applause.]

On motion, duly seconded, meeting adjourned to meet in New Orleans in 1916.
LIST OF MEMBERS

HONORARY MEMBERS

BOARDMAN, MABEL T.
CLEMENT, ANNA G.

JONES, M. CALDWALDER
KIMBER, DIANA C.
RICHARDS, LINDA

ACTIVE MEMBERS—INDIVIDUALS


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


ALLINE, ANNA L. (Life member) .... At Home, Harrington, Maine.


ALLISON, GRACE E. ......... Prin. School for Nurses, Lakeside Hosp., Cleveland, Ohio.


ANDERSON, LYDIA E. .......... Visiting Teacher, 109 Greene Ave., Brooklyn, N. Y.

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ARNOLD, LOUISE F. ......... Supt., Samaritan Hosp., Troy, N. Y.

ASHBY, ALICE .............. 334 N. Alabama St., Indianapolis, Ind.


AYRES, LUCY C. ............. Supt. Woonsocket Hosp., Woonsocket, R. I.

BAKER, GRACE E. .......... At Home, 509 S. 4th St., Columbia, Mo.

BALCOM, HELEN ............ At Home, R. F. D., No. 4, Santa Barbara, Cal.

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<td>Fox, Elizabeth G.</td>
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<td>Foy, (Mrs.) Mary S.</td>
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<tr>
<td>Roberts, Mary M.</td>
<td>Supt. Dr. C. R. Holmes Hosp., 8 East 8th St., Cincinnati, Ohio.</td>
</tr>
<tr>
<td>Robinson, Mary</td>
<td>Supt. Bayridge San, 437 Ovington Ave., Brooklyn, N. Y.</td>
</tr>
<tr>
<td>Rogers, (Mrs.) Margaret L.</td>
<td>Social Investigator, 8 West 92d St., New York City, N. Y.</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
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<tr>
<td>Schackford, Clara L</td>
<td>Supt. John Sealy Hospital</td>
</tr>
<tr>
<td>Schwarting, Louise E</td>
<td>Supervisor, Michael Reese Hosp.</td>
</tr>
<tr>
<td>Scott, Elizabeth C</td>
<td>Supt. Nurses, German Hosp.</td>
</tr>
<tr>
<td>Scott, Martha M.</td>
<td>Asst. Supt. Nurses, Mt. Sinai</td>
</tr>
<tr>
<td>Shaw, Flora M.</td>
<td>At Home, 91 Ontario St., W.</td>
</tr>
<tr>
<td>Schillaburger, M. Eliza</td>
<td>Supt. Tr. Sch., St. Mark's Hosp.</td>
</tr>
<tr>
<td>Shepard, Ida Frances</td>
<td>Supt. Mary Hitchcock Memorial Hosp.</td>
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<tr>
<td>Sherman, Ethel</td>
<td>Supt. Univ. of California Infirmary</td>
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<tr>
<td>Shouse, Frances</td>
<td>Missouri State Univ. School of Nursing</td>
</tr>
<tr>
<td>Sinclair, Helen C.</td>
<td>Supt. of Tr. Sch., State Hosp.</td>
</tr>
<tr>
<td>Sinnott, Nina G.</td>
<td>Directress of Nurses, Touro Infirmary</td>
</tr>
<tr>
<td>Sirch, Margaret F.</td>
<td>Chief Nurse, City Health Dept.</td>
</tr>
<tr>
<td>Smith, Alice L.</td>
<td>Director Course for Nurses</td>
</tr>
<tr>
<td>Smith, Amelia L.</td>
<td>Claremont General Hospital</td>
</tr>
<tr>
<td>Smith, (Mrs.) Charles A.</td>
<td>301 Hugenot St., New Rochelle, N. Y.</td>
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<tr>
<td>Smith, Eunice A.</td>
<td>Supt. Nurses, General Hosp.</td>
</tr>
<tr>
<td>Smith, Helen K.</td>
<td>Supt. Home Hosp., 522 E. 78th St.</td>
</tr>
<tr>
<td>Smith, Mary K.</td>
<td>Supervisor, St. Luke's Hosp.</td>
</tr>
</tbody>
</table>
SIVELY, MARY A. At Home, 50 Maitland St., Toronto, Can.
SOUTHWORTH, HARRIET. Levering Hosp. Hannibal, Mo.
SQUIRE, MARIETTA B. Private Nurse, 275 6th Ave., Newark, N. J.
STEVENSEN,(Mrs.)BEATRICE V. At Home, 1316 85th St., Brooklyn, N. Y.
STEWART, ELLEN. Student, Teachers College, Columbia Univ., New York City, N. Y.
STEWART, ISABEL M. Instructor, Dept. Nursing and Health, Teachers College, Columbia Univ., N. Y.
STEWART, ROBINA L. Guelph, Canada.
STOWE, EMMA L. Supt. Nurses, Univ. of California Hosp., San Francisco, Cal.
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SUTHERLAND, MYRAL M. Supt. Memorial Hosp., Pawtucket, R. I.
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THOMPSON, DORA E. Supt. Army Nurse Corps, Room 345½ War Dept., Washington, D. C.
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TOOTHACKER, HELENA M. Supt. Nurses, Manhattan Eye, Ear and Throat Hosp., New York City, N. Y.

TRACY, SUSAN E. Teacher of Invalid Occupations, 818 Centre St., Jamaica Plain, Mass.

TRENCH, AMY H. Instructor Mt. Sinai Hosp., New York City, N. Y.

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VAN BLARCOM, CAROLYN. Sec. Com. for Prevention of Blindness, 130 East 22nd St., New York City, N. Y.


VANNIER, MARION L. Student, Teachers College, Columbia Univ., New York City, N. Y.


VROOM, MARY. Supt. of Greenwich Hosp., Greenwich, Conn.


WALLACE, MARGARET M. Supt. Toledo Hosp. and Tr. Sch., Toledo, Ohio.

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WATSON, SUSAN A. Instructor, Peter Bent Brigham Hosp., Boston, Mass.


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WOOD, EVELYN.............Instructor St. Mary's Hosp., Rochester, Min.
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Worrill, Anna R...........

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Miss Louise Darche........................ Died June, 1898
Miss Florence Hutchinson.................. Died December 26, 1902
Miss Eva Mary Allerton.................... Died January 5, 1907
Miss Ella Underhill........................ Died August, 1909
Mrs. Isabel Hampton Robb................... Died April 15, 1910
Miss A. A. Chesley.......................... Died November 7, 1910
Miss Constance V. Curtis................... Died December 12, 1910
Mrs. J. E. Snodgrass....................... Died April 20, 1910
Miss Cora Overholt.......................... Died July 25, 1911
Mrs. Christina Banks Wright................ Died November 30, 1911
Miss Lucy Ashley Sharpe.................... Died March, 1912
Miss Florence Black.......................... Died March, 1913
Miss Edith W. Seymour..................... Died October, 1913
Miss Isabel McIsaac......................... Died Sept., 1914
Miss A. C. Robertson....................... Died April, 1915
Miss M. E. Johnstone........................ Died —, 1915
Mrs. F. E. S. Smith.......................... Died —, 1915
Miss Adeline Henderson..................... Died November, 1915

HONORARY DECEASED MEMBER

Florence Nightingale....................... Died August 14, 1910
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ARKANSAS
Fayetteville
Riley, Ruth
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Fresno
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Pickhardt, Lila

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San Francisco
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Wilson, Margaret S.
San Jose
Meikle, Jessie W.

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Madden, Kate
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PUEBLO

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BURGESS, ELIZABETH
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MORGAN, MABEL L.
PHelan, MARY T.
SCHWARTING, LOUISE E.
TUCKER, MYRO
WHEELER, MARY C.

Decatur
CLELAND, R. HELEN

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OBerg, IRENE

Evanston
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JUSTIS, LULA J.

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WRIGHT, ELIZABETH M. M.

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SWANZ, CLARA M.

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JACKSON, ESTHER T.

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JOHNSON, CHARLOTTE

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Danville
McClelland, Florence
Louisville
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GAGGS, ALICE M.
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RIECE, LILLIAN

LOUISIANA

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LEWIS, ADELINE M.
SINNOTT, NINA E.

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WASHBURN, IDA
Harrington
ALLINE, ANNA S.

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ELLiOTT, MARGARET
KENDALL, JESSIE
LAWLER, ELSIE M.
MILLER, AMY P.
NASH, JANE E.
STRUBBLE, MARY B.
TAYLOR, EFFIE M.
THOMAS, ELIZABETH A.

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LICHENSTEIN, A. M. (Mrs.)

Gaithersburg
BARTLETT, VASHTI

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Arlington
HOMER, MRS. ROGER
Boston
Barnes, H. H. (Mrs.)
Beard, Mary
Brown, Charlotte A.
Catton, Jessie
Carr, Ada M.
Dana, Charlotte W.
Flash, Alice H. (Mrs.)
Gibson, Anna L.
Hall, Carrie M.
Johnson, Sally
Mast, Lucile
McCrae, Annabelle
Nichols, Emma M.
Notes, Ursula D.
Parsons, Sara E.
Watson, Susan A.

Brookline
Pratt, Laura S.

Cambridge
Grant, Alma E.
Radford, Annie E.

Danvers
Robertson, A. C.

Dorchester Center
Taylor, Jean

Fitchburg
Thirlow, J. A.

Gardner
Barnaby, Marietta D.

Holyoke
Dougherty, Ethel M.

Jamaica Plain
Tracy, Susan E.
Wood, Helen

Lawrence
Eicke, Betty

Malden
Perry, Charlotte M.

Medford
Cook, Melissa J.

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Emmott, Susan E.
Simpson, E. M.

Newburyport
Grant, Jessie E.

Newton Lower Falls
Allan, Bertha W.
Riddle, Mary M.

North Adams
Beattie, Grace V.

Norwood
Davis, M. E. P.

Pittsfield
Marcy, Mary M.

Quincy
Hill, Caroline

Somerville
Hoole, Elizabeth C.

Springfield
Bowen, Sara A.
Pinzell, Jane M.

Wellesley
Fitzgerald, Alice

Worcester
Ebersole, Sarah C.
Freeman, Suzanne
Jaquith, Lucia R.

Yarmouth
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Adrian
Cochrane, Isabella

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Pemberton, Fantine

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Sly, Sarah

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Carson, Agnes D.
Gretter, L. E. (Mrs.)
Haarer, Mary C.
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Flint
Schill, Anna M.

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Apted, R. G. (Mrs.)
Barrett, Ida

Selden, Elizabeth
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    Moore, June E.
Lansing
    Coleman, Annie M.
Newberry
    Hall, Nellie

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    Minneapolis
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    Moorehead
        Crawford, Grace E.
    Red Wing
        Hays, Annabel B.
    Rochester
        Ledwidge, Mary C.
            Wood, Evelyn
    St. Paul
        Campbell, Frances (Mrs.)
        Crowl, Margaret A.
        Porter, Sister Esther J.

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        Shouse, Frances
    Hannibal
        Southworth, Harriet
    Kansas City
        Burns, Mary A.
        Porter, Virginia
    St. Louis
        Bridge, Helen L.
        Burlingame, Nellie
        Gillis, M. Anna
        Stimson, J. C.
    Springfield
        Bechtel, Emma H.

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        Van Luyance, L. R.

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        Smith, Amelia L.
    Concord
        Sinclair, Helen C.

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    Shepard, I. F.
Nashua
    Lake, Alice L.

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        Larimore, Daisy C.
    Camden
        Randall, Huldah
        Worrell, Anna R.
    Elizabeth
        Ayres, Eugenia D.
    Jersey City
        Graham, Mabel
        Hooper, Edith A. R.
    Montclair
        Quintard, L. W. (Mrs.)
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        English, Augusta H.
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        Mason, Mary F.
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        Poston, Adele

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    Auburn
        Ward, Eldora
    Binghamton
        Le Ferre, Theodore H.
    Brooklyn
        Anderson, Lydia E.
        Bodine, Mary H.
        Brown, Edith M.
        Copeland, M. Lovinia
<table>
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<tr>
<th>Town</th>
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<tbody>
<tr>
<td>Hatfield</td>
<td>Elizabeth Louis, Marie Robinson, Mary E.</td>
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<td>Anna M. Sabal, Anna M. Stevenson, B. Van H. (Mrs.)</td>
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<td>Buffalo</td>
<td>Nellie Davis, Blanche Gibson, Edith Robbins</td>
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<td>Canandaigua</td>
<td>Eline W. Kraemer</td>
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<td>Flushing</td>
<td>Martha St. J. Eckins, Mary E. Millville</td>
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<td>Hudson</td>
<td>Ruth Gardner Clark</td>
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<td>Ithaca</td>
<td>Harriet A. Sutherland</td>
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<td>Long Island</td>
<td>Kings Park Marker, Ida M.</td>
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<td>Middletown</td>
<td>Annie E. McCowan</td>
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<td>New York City</td>
<td>Carrie E. (Mrs.) Bath, Eleanor Brown Burns</td>
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<td>Sara Cadmus, Nancy E. Christie, Janet B.</td>
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<td>Ella P. Crandall, Maria L. Dock, L. L.</td>
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<td>Margaret A. Dudley, Adda</td>
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<td>Nancy P. Ellicott, Nellie Goodrich, Anne E.</td>
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<td>Alice A. Gorman, Caroline E. Green,</td>
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<td>Elizabeth A. Gregg, Elizabeth Hartley,</td>
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<td>Helen S. Hayes, Anna G. Hitchcock, Jane E.</td>
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<td>Amelia A. Hall, Josephine Hughes</td>
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<td>Mary E. Hutchinson, Florence M. Jordan,</td>
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<td>M. H. Keator, May Kerr, Anna W. Lampman,</td>
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<td>E. A. Lindheimer, Elizabeth P. Lurkins,</td>
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<td>Frances L. Maxwell, Anna C. McKieghanie,</td>
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<td>Mary W. Mitchell, Laura L. Mooreman, S. M. (Mrs.)</td>
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<td>Rye Moreley, Jessie M. Nutting, Adeline</td>
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<td>Rogers, Margaret L. (Mrs.) Rottman, Marion</td>
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<td>Russell, Martha M. Sanborn, Kate A. Scott,</td>
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<td>Martha M. Silver, J. Amanda Smith, Helen K.</td>
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<td>M. K. Smith, Ellen Stewart, Ellen Stewart,</td>
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<td>Isabel M. Sutcliffe, Irene H. Toothaker,</td>
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<td>Helena Trench, Amy H. Twiss, C. V. (Mrs.)</td>
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<td>Carolyn Van Blarcom, Grace Wilson, Mabel</td>
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<td>Francis A. (Mrs.) Worral, Eva Caddy</td>
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<td>Clarabel Wheeler</td>
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<td>Oneonta</td>
<td>Mae B. (Mrs.) Curtis, Jessica Heal, Emma J.</td>
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<td>Mary L. Keith, Sophia F. Palmer</td>
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<td>Port Chester</td>
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<td>Rochester</td>
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</tbody>
</table>
LIST OF MEMBERS

Smith, Eunice
Smith, Annie H.
Rockaway

Frost, Eugenia H.

Selden Island

Copeeland, M. Agnes
Troy

Arnold, Louise F.
Utica

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O’Neil, Anna

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Watertown

Bushnell, Lottie

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Clark, Mildred

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Wilson, Mary Blythe

Cleveland

Allison, Grace E.

Gaiser, Fredericka K.

Hogle, Alma C.

Irving, Annie T.

Leete, Harriet L.

Peck, Clara B.

Wakefield, Mary L.

Williamson, Anne

Connecticut

Darling, Lottie

Dayton

Friend, Harriet L. P.

Sollee, Mary B.

Hamilton

Prendergast, Sister Mary

Toledo

Mapes, Katherine

Wallace, Margaret M.

Youngstown

McKillop, Minnie

OKLAHOMA

El Reno

Walker, Rose E.

Oklahoma

Maguire, Lucy C.

Wagoner

Brown, Marie Schley

OREGON

Toledo

Morrison, Mabel

Milwaukee

Campbell, Mary C.

PENNSYLVANIA

Allentown

Harvey, Clara V.

Bethlehem

White, Victoria

Bryn Mawr

Laughlin, Annie E.

Chambersburg

London, Mrs. John

Germantown

Crossland, Nellie

McKeesport

Williams, Florence L.

New Eagle

Reid, Elizabeth B.
TWENTY-FIRST ANNUAL CONVENTION

Norristown
Pierson, Alice E.

Oil City
Keating, Emma J.

Paddock
Church, E.

Philadelphia
Bidmead, R. E.
Brown, Mrs. John C.
Brown, Katherine
Clayton, S. Lillian
Donnell, Lucy Walker
Francis, I. C.
Garrett, Anna C.
Garrett, Alice M.
Giles, Ida F.
Hanson, Elizabeth
Lee, Mrs. Walter E.
Lobb, Elizabeth V.
McNichol, Mrs. W. L. D.
Milne, I. Caroline
Murray, Sarah M.
Pringle, Martha E.
Simonton, Eva
Sutton, Anne K.

Pittsburgh
Griswold, Alice A.
Henderson, Mary F.
Roth, Mrs. John E.
Stewart, Alice E.

Punxsutawney
Heitzenvater, Susan A.

Scranton
Arnold, Ida D.
Grant, Janet Gordon

Wilkes-Barre
Miller, Mary B.

PORTO RICO
Ponce
Robbins, Etta L.

RHODE ISLAND
Newport
Paterson, Mary H.

Pawtucket
Sutherland, Myral M.

Providence
Barry, Sarah C.
Gardner, Mary S.
Lord, Inez Clark

Woonsocket
Atres, Lucy G.

SOUTH CAROLINA
North Augusta
Hartridge, Agnes C. (Mrs.)

TENNESSEE
Nashville
Wooton, Nina E.

TEXAS
Dallas
Holliday, Helen T.
Fort Worth
Beaty, F. M. (Mrs.)
Gainesville
Cowper, Annette B.

Galveston
Schackford, Clara L.
Post
Hartford, Mrs. J. F.
San Antonio
Root, E. M.
Taylor, Marjorie M.

UTAH
Salt Lake City
Dancy, Charlotte
Schillaburger, M. E.

VERMONT
Proctor
Allison, Catherine
Rutland
Aitken, Annie

VIRGINIA
Alexandria
Simmons, N. A.
Harrisburg
Bishop, F. A.
Richmond
Atkinson, Winnifred W.
LIST OF MEMBERS

WASHINGTON

Billington
Wilkinson, Ella A.

Seattle
Hall, E. H.
Newburg, Hildar

Spokane
Burns, Johanna S.

WEST VIRGINIA

Wheeling
Fontaine, Jennie M. (Mrs.)
Phalen, Harriet M.

WISCONSIN

Mendota
Langley, Aida E.

Milwaukee
Casey, M. S.
White, Regine

Neenah
Kreuger, M. H.

Waukesha
Good, Mary
Nifer, Cora V.

ADDRESS UNKNOWN

Berry, Jennie S. (Mrs.)
Burgar, Donna
Flanagan, Nettie
Worrell, Anna R.