Twenty-sixth Annual Report
of
The National League
of
Nursing Education
1920
Alice T. Smith A. R. N.
Bloomington
PROCEEDINGS

OF THE

TWENTY-SIXTH ANNUAL CONVENTION

OF THE

NATIONAL LEAGUE OF NURSING EDUCATION

HELD AT

ATLANTA, GEORGIA

APRIL 12 TO APRIL 17, 1920

BALTIMORE
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Newton Hospital, Newton Lower Falls, Mass.

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American Journal of Nursing, Rochester, N. Y.

Annie W. Goodrich
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Lavinia L. Dock
Honorary Secretary International Council of Nurses

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American Red Cross Nursing Dept., Washington, D. C.

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Robert W. Long Hospital, Indianapolis, Ind.
And the Advisory Council.
AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

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

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

Officers for years following have been:

1894 New York, January 10-11.
President, Anna L. Alston; Secretary, Louise Darche; Treasurer, Lucy L. Drown.

1895 Boston, February 13-14.
President, Linda Richards; Secretary, Louise Darche; Treasurer, Lucy L. Drown.

1896 Philadelphia, February 11, 12, 13, 14.
President, M. E. P. Davis; Secretary, Mary S. Littlefield; Treasurer, Lucy L. Drown.

1897 Baltimore, February 10, 11, 12.
President, M. Adelaide Nutting; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1898 Toronto, February 10, 11, 12.
President, Mary Agnes Snively; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1899 New York, May 5-6.
President, Isabel McIsaac; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1900 New York, April 30, May 1-2.
President, Isabel Merritt; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1901 Buffalo, September 16-17.
President, Emma J. Keating; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1902 Detroit, September 9, 10, 11.
President, Lystra E. Gretter; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.
1903 Pittsburgh, October 7, 8, 9.
President, Ida F. Giles; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

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

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

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

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

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

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

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

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

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

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

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

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

1916 New Orleans, La., April 27 to May 3.
President, Clara D. Noyes; Secretary, Isabel M. Stewart; Treasurer, Mary W. McKechnie.
The Society has Affiliations with

American Nurses Association.
The American Child Hygiene Association.
National Vocational Guidance Association.
American Social Hygiene Association.
National Association for Study and Prevention of Tuberculosis.
National Education Association.
Monday Morning, April 12, 1920, Business Session

The meeting was called to order at 10.40 a.m. by the President, S. Lillian Clayton. The following reports were read.

REPORT OF THE SECRETARY

The proceedings of the twenty-fifth annual convention, which was a special meeting held in Chicago, June 25 to 27, are now in the mails and should be in your hands when you return to your homes from this meeting.

Immediately after the special meeting in Chicago the following brief report of the meeting and suggested program of work for the year was sent to each member of the League:

The special meeting in Chicago was most stimulating. A sound, constructive program was drawn up and in order that every member be prepared to act without delay in her own field we are submitting the following plan of work for the coming year.

1. Each state is asked to assume the responsibility of bringing into the membership of the National League of Nursing Education all nurses engaged in nursing education.

2. Push the question of rank for nurses. Write at once to Helen Hoy Greeley, 717 Woodward Building, Washington, D. C., who will send to you the three necessary types of blanks for use with lay and professional people.

3. The itinerary of the Interstate Secretary will appear in the American Journal of Nursing. Arrange at her convenience for the help and inspiration she will undoubtedly bring to your state.
4. The following measures are urged in all those schools where they do not already obtain:

a. Elimination of the indefinite repetition of routine duties relatively uneducational in value and the turning of these over to paid helpers in order that more time may be given to the actual care of patients, to class work, and that the hours on the wards may be shortened. Pamphlets (10 cents each) for use in the campaign for shorter hours and the Standard Curriculum ($1.25) may be obtained from Isabel M. Stewart, Teachers College, New York City.

b. Arrange affiliations for Public Health, Communicable Diseases, Pediatrics and Mental Nursing where not obtainable in the home school.

c. Because of the great need of many more of the women of our country in the field of nursing, a publicity campaign in the recruiting of student nurses is being planned, the details of which will be forwarded to you upon completion.

6. In order that the great demand for public health nurses, teachers and administrators may be met, scholarship funds for courses in these branches have been established. For full information write either to your Red Cross Division Director or to National Headquarters, Washington.

7. Watch the American Journal of Nursing especially for pages relating to nursing education.

In seeking your further cooperation we take this opportunity to express our appreciation and thanks for the splendid work effected in the past year under tremendous difficulties, both by individual members and by state and local organizations. Our accomplishments in the advancement of nursing education will be determined by the efforts of the individual members. The call for the well prepared nurse is heard on every side. Make your community feel its responsibility in the development of nursing education.

Seven Executive Board meetings have been held during the year as follows: Chicago, June 24, 25 and 26; New York, October 15 and 16, January 14; and Atlanta, April 12.

At the Chicago meetings reports of standing committees were heard. It was decided that the proceedings of the special meeting in Chicago be printed as usual, but that the list of names at the back of the volume be omitted. Delegates were appointed to the meetings of the American Social Hygiene Association in New York City, June 27 and 28, and a delegate to the National Educational Association meetings to be held in Milwaukee, June 28 to July 5.

The Committee on the Publication of a Bulletin for the League of Nursing Education appointed in 1918 reported its investigation as follows: It was found that the cost of publishing and
mailing a forty-page bulletin with a subscription list of 600 would be approximately $200 per issue. These figures were submitted without any office expense or any salaries. Any alterations made in manuscript would cost at the rate of $1.30 per hour. It was suggested by several who have had broad experience with publications that it might facilitate the expenditure of time, worry and money if some arrangement could be made with a magazine already established to have them publish monthly as many pages as would be needed. This would obviate the necessity of machinery of publication of a magazine on an independent basis.

The offer of the Board of the American Journal of Nursing to publish 16 pages; the editor to be acceptable to both the League and the Journal Board with no expense to the League, was presented. At this meeting it was agreed to consider this offer. A committee was appointed to confer with the Journal authorities and to report at a later meeting of the Directors.

At the meeting called on June 25, especially to discuss the publication of a bulletin, the following letter received from the secretary of the Journal Board was read:

At an informal meeting of the Board of Directors of the American Journal of Nursing held Wednesday, June 25, the Journal Board voted in addition to the extra ten pages (making a total of 16 pages) offered to the League of Nursing Education, they are prepared to appoint a special editor from recommendation made by the League and to assume the responsibility of salary for one year with the understanding that this Editor give part time to the business of the Journal.

The offer was accepted unanimously by the members of the League Board present, but it was decided that further action accepting this offer should not be taken until a referendum letter had been sent to each member of the Board.

The chair was asked to appoint a committee to consider all suggestions submitted by members of the Board.

The chair appointed Miss Nutting and asked her to select her own committee.

At the meeting on June 27 the report of the Revision Committee was heard and the question of raising the annual dues was taken up following the discussion coming out of the general meeting.
Upon request the Finance Committee reported a budget of $7268 as necessary for the simplest management of League affairs, analyzed as follows:

Running expenses .................................................. $2500
Executive Secretary .............................................. 2500
Education fund ..................................................... 2000

It was estimated by the Finance Committee that the raising of dues to $5.00 would cover such expenses. The Executive Committee decided to recommend such raising of dues.

It was recommended that the inclusion of lay members be deferred. The question of sustaining membership was discussed but no action was taken.

The Interstate Secretary's reappointment and the provision for her salary was favorably acted upon.

It was agreed that a letter should be drafted to the Red Cross asking that a publicity campaign to secure students for schools of nursing be conducted.

The Joint Committee on Attendants reported. This report will be published in full in the annual report.

At the October meeting the Secretary reported the routine secretarial work of the summer. A circular letter had been sent out to the members of the League, summarizing the proceedings of the Chicago meeting. Letters had been sent to the state presidents in September urging a campaign for shorter hours and asking for a statement of their needs for pamphlets on shorter hours. Resolutions favoring rank for nurses had been sent to Congress, to the Secretary of the War College and to the Surgeon General.

Reports of the various committees and of the delegates to the American Social Hygiene Association meetings held in New York in June and of the delegate to the National Educational Association were heard. New delegates were appointed to the October meetings of the American Social Hygiene Association and for the meetings of the American Child Hygiene Association in Asheville, N. C.

At the October meeting Miss Noyes reported the meeting of the American Conference on Hospital Service held in Cincinnati in October, pointing out that the fifteen medical, nursing, and
other social service organizations composing the membership, might automatically belong to a committee formed for the study of any subject which might be suggested by an organization, belonging to the Conference. The organization having done the most extensive research in the subject under consideration would automatically head the committee. It was announced that there would be a special meeting of this Conference in March and that the following subjects would be discussed: Nursing, Internes, Hospital Standardization and Social Insurance.

One of the chief considerations at this meeting was the question of publicity methods to be used in interesting young women in nursing education. Miss Noyes reported the plan of the Red Cross in this connection and the publicity work done through the Chautauqua speakers and the use of the pamphlet "How May I Become a Nurse?" The publicity agent of the National Organization of Public Health Nursing presented a plan. It was decided that this publicity plan should be taken up by the Executive Board following this meeting.

The question of the editor for the 16 pages allotted to the League was discussed. It was decided to present to the Journal Board the question of having the Editor for the League stationed in New York. Miss Noyes was appointed to present the plans of the League in person to the Journal Board. Miss Nutting reported that Miss Grey had received the largest number of nominations by members of the Board and it was unanimously carried that Miss Grey be given the appointment of Editor.

At a later special meeting it was decided that Miss Grey's appointment as editor take effect January 1, 1920. It was agreed that the salary of $1500 to be paid by the Journal Board should be supplemented by an appropriation of $1000 from the League Treasury. Miss Nutting was appointed to negotiate with Miss Grey regarding the appointment of the Editor.

Some time was spent in the discussion of the Bureau of Information and its ultimate fate. The Bureau as a recruiting station was discussed and the question of financing the Bureau by individual and institutional membership was also taken up, but no action was taken.

At the January meeting of the Executive Board, committee reports were heard. The report of the Program Committee was
given careful consideration and it was decided to have more Round Tables and fewer public sessions.

It was reported that in November, Miss Grey communicated with the President officially declining to accept the position of Editor as previously outlined until August 1, 1920. The President informed the Secretary that for the present it had been suggested that the present Editor, Miss Isabel Stewart, be asked to continue her work on the Journal increasing the present number of pages to nine, and that the Journal Board be asked to contribute $400 per year for all clerical and other help which Miss Stewart may need. This plan was embodied in a referendum letter and was sent to each member of the Executive Board who was asked to communicate at once with the Secretary telling of their approval or disapproval of the plan. This decision of the Board of the League was communicated to the Journal Board and was accepted by them. The old offer of 16 pages and part salary for editor being indefinitely postponed. The reply of the Journal Board was received at the meeting and is as follows:

The Journal Board’s interpretation of the League’s new proposition, as made by them under date of December 19, is that the amount recommended, being on the basis of $400 a year, includes salary already received by the Editor of the League Department, which amounts to $150 per year. It is further understood the League desires nine (9) pages. It was therefore voted to accept the League’s new proposition on this basis, and it is further understood, in view of the high cost of production of the Journal, and the general uncertainty of business conditions, that an excess of this number of pages will be charged to the League. The charge of excess pages would not only mean the expense of printing those pages but the cost of inserting the same if by so doing the balance of pages is broken.

At this meeting the Secretary was asked to inform all members of the League directly and to inform the Modern Hospital and the Southern Hospital Magazine that the publicity plan presented by Mr. Rorty and approved by the joint board to increase the number of student nurses was available and could be obtained from the Education Committee. The recommendation of the Education Committee made at this meeting that the Secretary invite the state inspectors to a conference with the Education Committee at the Atlanta meeting has been carried into effect.

Arrangements were made at this time for representation at the meetings of the American Conference on Hospital Service, on
the following committees: Internes, Hospital Standardization, Nursing and Social Insurance. The report of the Revisions Committee was discussed and has since been sent to each member of the League. It was agreed by the members of the Executive Committee present, that it would be unwise to change the name of the State League in any plan to avoid duplication of membership.

Two Advisory Council meetings have been held, one in June in Chicago and one in New York in January.

Three meetings of the Joint Board have been held. The principal topics taken up at these joint Board Meetings were a National Campaign of Publicity for Student Nurses, the future of the Bureau of Information and the question of a central headquarters for the three national nursing organizations. A full report of the Committee on Central Headquarters will be given later.

At the January meeting a committee was appointed to work up the membership of the National League of Nursing Education. The Secretary was made chairman of the committee and the Interstate Secretary was asked to serve on the committee with her.

Since the January meeting letters have been sent by the Secretary to the heads of 850 recognized schools of nursing who were not then members of the League urging them to join at once and to give their active support in maintaining adequate standards in nursing education.

On March 11 letters were sent to each member of the League enclosing a letter to the Board of Trustees of the training school in question extending to the board members an invitation to attend the annual meeting in Atlanta, stating also that special round tables would be arranged for members of training school boards if they so desired. At this time each League member was asked also to constitute herself a committee of one to bring in at least one new member for the League. An application blank was enclosed, also a copy of the constitution and by-laws and the report of the Committee on Revision of the Constitution and By-Laws. The results of this campaign for membership are that to date 150 new members are being presented for acceptance at this meeting.
Letters have been sent to the presidents and secretaries of state leagues asking that they come to Atlanta prepared to discuss the question of joint headquarters for the three National Nursing Organizations.

The State League of Tennessee is applying for membership at this meeting while Kentucky and North Dakota expect to complete their state organizations shortly. Many letters have been sent to League members in states having no state league organization urging them to organize in their state for the advancement of nursing education.

Nineteen resignations have been received during the year and with sincere regret we state that the death of Amelia A. Hall, on January 21, 1920, and of Lila Pickhardt, on August 26, 1919, have been reported.

Letters received by the Secretary indicate an outstanding and unmistakable desire on the part of principals of schools of nursing all over the country to bring their schools into line. The question of hours of duty and educational opportunity for their students is the burden of all these letters and to the full extent of their ability heads of schools are introducing reforms. An almost universal report of shortage of student applicants and of graduate nurses, as well as the shortage of workers who might be used as helpers in the hospital situation, shows the problem of the Director in nursing education to be more serious than ever before. Small wonder that from many quarters come reports of discouraged heads of schools. There is a rapidly growing unwillingness to longer be a party to the exploitation of your women in a form of education and training which falls so far short of the needs of the hour and from which there seems to be so little turning because of shortage of pupils and graduate nurses and because the public so far fails to see its own great responsibility therein and is so ready to turn to the attendant. It takes the faith that moves mountains sometimes to go on and it is just such faith that keeps so many brave superintendents of training schools longer in the struggle. They deserve full-hearted sympathy and uncritical encouragement and aid.

Members, June, 1919 ........................................ 820
Resignations .................................................. 19
Deaths ......................................................... 2
New members, 1919-20 ..................................... 150
Total present membership .................................. 949
New State Leagues admitted .................................. 1
Total number of State Leagues ................................ 26

LAURA R. LOGAN,
Secretary.

FINANCIAL REPORT OF THE TREASURER

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

Receipts during the year:

- Fees and dues (individual) ................................... $1,955.92
- Fees and dues (state) ......................................... 250.00
- Exchange on checks ............................................. .79
- Sale of reports ................................................. 9.68
- Sale of proceedings ............................................ 3.16
- Interest on investments ........................................ 591.53
- Interest on deposits ........................................... 21.51
- Initiation fees .................................................. 314.00
- Difference between sale of $1000 United Kingdom
  Great Britain and Ireland Bond, and purchase
  of $1000 Copenhagen bond .................................... 101.37

Total receipts .................................................................. $3,248.14

- Educational Committee, Sale of Standard Curriculum ........ $274.05
- Educational Publications ........................................ 568.67
- Contribution from Committee on Nursing, C. N. D. ........... 200.00
  $1,042.72

Total receipts ......................................................... $4,290.86

Disbursements during the year:

- Clerical assistance ............................................... $115.50
- Printing and stationery ......................................... 1,493.59
- Dues in other societies ......................................... 17.00
- Officers' expenses, traveling .................................. 642.61
- Postage ............................................................... 269.19
- Telegrams ............................................................. 33.83
- Exchange on checks ............................................... 22.85
- Reporting convention ............................................. 307.50
- Sundry convention expenses .................................... 9.08
- Office supplies ...................................................... 1.70
- Salary, Interstate Secretary .................................... 550.00
- Audit ................................................................. 10.00

Total disbursements ................................................. $3,474.85

Total ................................................................. $5,800.01
Educational Committee:

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traveling expense of committee</td>
<td>$212.04</td>
</tr>
<tr>
<td>Revision of Curriculum</td>
<td>35.00</td>
</tr>
<tr>
<td>Telegrams</td>
<td>8.35</td>
</tr>
<tr>
<td>Rent of room</td>
<td>7.50</td>
</tr>
<tr>
<td>Printing</td>
<td>38.19</td>
</tr>
<tr>
<td>Standard Curriculum</td>
<td>921.43</td>
</tr>
<tr>
<td>Clerical work</td>
<td>69.10</td>
</tr>
<tr>
<td>Postage</td>
<td>88.44</td>
</tr>
<tr>
<td>Printing publication</td>
<td>247.15</td>
</tr>
</tbody>
</table>

Total: $1,627.20

Cash balance, January 1, 1920: $567.96

Reconciliation of Bank’s Balance

January 1, 1920

Bank’s balance, January 1, 1920: $772.01
Check outstanding No. 153, favor Williams & Wilkins Co.: 74.05

Our cash balance, January 1, 1920: $567.96

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

F. Alfaretta Voorhees,
Accountant and Business Specialist,
16 N. Wabash Ave., Chicago, Ill.

Educational Committee

Deficit in Educational Committee’s Fund, January 1, 1919: $567.35

Receipts during the year:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Committee</td>
<td>$243.29</td>
</tr>
<tr>
<td>Sale of Curriculum</td>
<td>274.05</td>
</tr>
<tr>
<td>Educational publication</td>
<td>325.38</td>
</tr>
<tr>
<td>Contribution to Committee on Nursing</td>
<td>200.00</td>
</tr>
</tbody>
</table>

Total receipts: $1,042.72

Disbursements during year:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traveling expenses</td>
<td>$212.04</td>
</tr>
<tr>
<td>Revision of Curriculum</td>
<td>35.00</td>
</tr>
<tr>
<td>Telegrams</td>
<td>8.35</td>
</tr>
<tr>
<td>Rent of room</td>
<td>7.50</td>
</tr>
<tr>
<td>Printing</td>
<td>38.19</td>
</tr>
<tr>
<td>Standard Curriculum</td>
<td>921.43</td>
</tr>
<tr>
<td>Clerical work</td>
<td>69.10</td>
</tr>
</tbody>
</table>
PROCEEDINGS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postage</td>
<td>$88.44</td>
</tr>
<tr>
<td>Printing publication</td>
<td>247.15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,227.20</strong></td>
</tr>
<tr>
<td>Above deficit brought down</td>
<td>$567.95</td>
</tr>
<tr>
<td>Disbursements for year</td>
<td>1,627.20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,194.25</strong></td>
</tr>
<tr>
<td>Deducting receipts for year</td>
<td>1,042.72</td>
</tr>
<tr>
<td><strong>Deficit in Educational Committee's fund, January 1, 1920</strong></td>
<td><strong>$1,151.53</strong></td>
</tr>
</tbody>
</table>

To bring the amount up to date the auditor has again examined the accounts and certifies that the following attached report is correct.

**FINANCIAL STATEMENT**

January 1, 1920, to March 31, 1920

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash balance, January 1, 1920</td>
<td>$697.96</td>
</tr>
<tr>
<td><strong>Received during period:</strong></td>
<td></td>
</tr>
<tr>
<td>Fees and dues (individual)</td>
<td>$1,088.10</td>
</tr>
<tr>
<td>Fees and dues (state)</td>
<td>80.00</td>
</tr>
<tr>
<td>Exchange on checks</td>
<td>.93</td>
</tr>
<tr>
<td>Interest on investments</td>
<td>175.72</td>
</tr>
<tr>
<td>Sale of reports</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Total receipts</strong></td>
<td><strong>1,463.63</strong></td>
</tr>
<tr>
<td><strong>Disbursements during period:</strong></td>
<td></td>
</tr>
<tr>
<td>Clerical assistance</td>
<td>$30.00</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>117.48</td>
</tr>
<tr>
<td>Dues in other societies</td>
<td>30.00</td>
</tr>
<tr>
<td>Exchange on checks</td>
<td>23.75</td>
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<tr>
<td>Officers' expenses</td>
<td>214.45</td>
</tr>
<tr>
<td>Postage</td>
<td>40.00</td>
</tr>
<tr>
<td>Telegrams</td>
<td>1.64</td>
</tr>
<tr>
<td>Audit of 1919 records</td>
<td>10.00</td>
</tr>
<tr>
<td><strong>Total disbursements</strong></td>
<td><strong>$467.35</strong></td>
</tr>
<tr>
<td>Educational Committee</td>
<td>$25.00</td>
</tr>
<tr>
<td>Educational Committee printing</td>
<td>27.10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$519.45</strong></td>
</tr>
<tr>
<td>Cash balance at close of March, 1920</td>
<td><strong>$1,642.14</strong></td>
</tr>
</tbody>
</table>
EDUCATIONAL COMMITTEE

Deficit, January 1, 1920.............. $1,151.53
Receipts:
  Received from sale of Standard Curriculum and from sale of publications, by the Educational Committee........ 117.88

$1,033.65

Disbursed for Educational Committee:
  Printing................................ $27.10
  Educational Committee sundries......... 25.00

$52.10

Deficit, March 31, 1920.............. $1,085.75
This is to certify that I have examined the records kept by M. Helena McMillan, Treasurer of the National League of Nursing Education and that I believe them to be correct, and to agree with the report attached.

F. ALFABETTA VOORHEES,
Accountant and Business Specialist,
16 N. Wabash Ave., Chicago, Ill.

REPORT OF THE FINANCE COMMITTEE

ENDOWMENT FUND INVESTMENTS
December 31, 1919
(Through Brown Bros. & Co., New York)

<table>
<thead>
<tr>
<th>Company</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangor &amp; Aroostook</td>
<td>$1,000</td>
</tr>
<tr>
<td>Dominion of Canada</td>
<td>1,000</td>
</tr>
<tr>
<td>United Kingdom of Great Britain and Ireland</td>
<td>4,000</td>
</tr>
<tr>
<td>Lehigh &amp; New England Ry.</td>
<td>1,000</td>
</tr>
<tr>
<td>Potomac &amp; Electric Co.</td>
<td>4,000</td>
</tr>
<tr>
<td>City of Copenhagen</td>
<td>1,000</td>
</tr>
</tbody>
</table>

$12,000

August 15, 1919, we sold $1000 United Kingdom of Great Britain and Ireland 5½'s due 1919 at 100 with interest 3 months, 17 days, realising, on bonds, $1000, and on interest, $16.35; and bought $1000 City of Copenhagen 5½'s 1944 at 93½ with interest for 1 month, 17 days, paying for bonds $935 and interest $7.18. Difference between the sale and purchase $101.37.

Interest received on investments, during 1919

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>6, 1919</td>
<td>on 4,000 Potomac Electric</td>
<td>$99.00</td>
</tr>
<tr>
<td>January</td>
<td>6, 1919</td>
<td>on 1,000 Lehigh &amp; New England Ry</td>
<td>24.75</td>
</tr>
<tr>
<td>February</td>
<td>5, 1919</td>
<td>on 1,000 Bangor &amp; Aroostook</td>
<td>24.75</td>
</tr>
<tr>
<td>April</td>
<td>5, 1919</td>
<td>on 1,000 Dominion of Canada</td>
<td>24.75</td>
</tr>
</tbody>
</table>
PROCEEDINGS

May 3, 1919, on 4,000 United Kingdom Great Britain and Ireland.......................... 108.90
May 3, 1919, on 1,000 United Kingdom Great Britain and Ireland.......................... 27.22
August 5, 1919, on 1,000 Lehigh & New England Ry.......................... 24.75
August 5, 1919, on 4,000 Potomac & Electric Ry.......................... 99.00
August 5, 1919, on 1,000 Bangor & Aroostook.......................... 24.75
October 5, 1919, on 1,000 Dominion of Canada.......................... 24.75
November 5, 1919, on 4,000 United Kingdom Great Britain and Ireland.......................... 108.90

Total................................................. $591.53

INTEREST ON INVESTMENTS
January 1 to March 31, 1920

Potomac Electric Power Co.......................... 99.00
City of Copenhagen.............................. 27.22
Lehigh & New England.............................. 24.75
Bangor & Aroostook.............................. 24.75

Total.................................................. 175.72

BANK RECONCILIATION

Bank's Balance, per its statement.......................... $1,731.03

Checks outstanding:
Favor Laura Logan.............................. $20.00
Maud Landis........................................ 11.89
Pounsford Printing.............................. 13.00
Laura Logan.............................. 10.00
E. C. Fahner.............................. 10.00
Effie Taylor.............................. 24.00

88.89

Our cash balance.............................. $1,642.14

REPORT OF THE INTERSTATE SECRETARY
June, 1919, to April 14, 1920

After the meeting of the National League in Chicago, June 24 to 28, 1919, the Interstate Secretary left for Missoula, Montana, where she spent from June 30 to July 11, giving lectures at the University of Montana's summer school, where an Institute for Nurses was held. Lectures were given from one and a half to
three hours daily on training school administration, teaching in
training school and training school records. The attendance at
these at the most was six. From July 15 to 18 at the Conference
of the Northwest State Associations, including Montana, Wash-
ington and Oregon. Idaho was invited but was not represented.
The Interstate Secretary spoke many times, her subjects includ-
ing the Journal, Organization, Rank, Our Funds and the League,
and she had on exhibition material carried from the meeting of
the League of Nursing Education in Chicago and also that used
for the course at Missoula.

July 19 to August 24, vacation. From August 25 to Septem-
ber 7 was spent in Montana, visiting Great Falls, Billings, Boz-
eman and Butte, speaking to pupils and graduates in all of these
places; at Bozeman to the Ladies Board of Hospital and School
for Nurses, and holding several conferences in Great Falls with
reference to the eight-hour day. The following schools have
already instituted this: Deaconess Hospitals, Bozeman, Butte
and Great Falls; Sisters Hospitals, Great Falls, Billings. From
September 8 to 23 and October 13 to 14 in Washington, visiting
Spokane, Colfax, Yakama, Walla Walla, Seattle, Bellingham,
Tacoma, and Gray’s Harbor. The meetings at which the
League’s interests were particularly voiced were at the Chamber
of Commerce, to the Sisters of the Sacred Heart, two high schools,
the County Association, in Spokane. At Colfax to the pupils
of the Catholic Academy, the high schools, and at an open meet-
ing at which the superintendents of schools and the principal of
the high school were present. At Seattle conferences with the
superintendent and also the assistant superintendent of schools;
to the Woman’s City Federation.

At Bellingham to high school girls and on the return trip at
Seattle, conferences with Mrs. Bartlett and also with Dean Cald-
well at the University on its affiliated course, and with Miss
Loomis at City Hospital on its Training School.

Idaho. September 28 to October 20. At the Northwest
Tuberculosis Conference, and after this to the high school girls on
nursing as a profession, also to the pupils of St. Margaret’s and
students of the Catholic Academy; a further talk was given by
special request to both boys and girls of the high school on the
value of the nurse as a teacher of health. At the Commercial
Club on the need of special preparation for special work in nursing.
Oregon. October 4 to 14. Visiting Portland, Pendleton, The Dalles, Eugene, Astoria and Oregon City. At Portland to students of three high schools; at Eugene to the university students and a conference with the Dean of Women, to the Board of Managers of the Portland Visiting Nurse Association on the value of this association as a teaching center, and the need of a children's hospital as well as affiliation for mental and tuberculosis work. To the superintendents of Portland and at the Chamber of Commerce, also a conference with the State Board of Examiners. At Astoria High School and to the Civic League of Women.

Utah. October 17 to 19. To the pupils at the high school and Catholic Academy at Salt Lake; to superintendents on the formation of a league, and visited all hospitals. October 20 to November 28, California. Visited seventeen cities. Spoke to three groups at University of California, also at Mills College and the Occidental College, to thirteen high schools, the Santa Barbara Normal School, to the League of Nursing Education of Northern California and also of Southern California. Conference with the Committee from Civic Center, San Francisco, to discuss shortening of course in schools for nurses. To women taking Red Cross Home Care course, and to the Woman's Club and women of the Bureau at Sacramento. To the Friday Morning Club of Los Angeles and in a meeting of the Civic Center in San Francisco. To Women's Club in San Bernardino; also in conferences in different cities.

Arizona. To a woman's club in Phoenix; at the State University Assembly at Tucson; to the high school pupils and to the Welfare Board of the city in Douglas.

Texas. December 6 to January 4 visiting El Paso, Amarillo, Wichita Falls, Dallas, Sherman, Waco, Beaumont. Plans for Fort Worth and Port Arthur were abandoned, but visits were made to Temple, Austin, San Antonio, Houston, and Galveston. Spoke to training school workers on the formation of a league at El Paso; to the local league at San Antonio; to the league in Galveston with reference to trying to start again; to pupils at one high school; to one woman's club in El Paso and by special request to the school board on what the schools could do to help the training schools. At San Antonio conference with Sister William, Inspector of Training Schools for the Sisters of Charity.
of Providence, of the San Antonio Community; also with Dr. Kenney who runs a training school in connection with his sanatorium, on sending pupils out on special duty during training. Also conference with several pupil nurses. December 30 to January 3, unofficially in New Orleans, where several information conferences were held. January 4 to 11, Ohio, visiting Cincinnati, Dayton, Columbus, Cleveland, Youngstown and Akron. Spoke to League in Cleveland; conference with superintendent of Miami Valley Hospital.

In Rochester, New York, January 13, spoke on nursing as a profession at a public meeting arranged by the League and under the auspices of the Public Health Committee of the Chamber of Commerce.

New York City, January 29, spoke to Nursing and Health Department, Teachers College and had conference with Miss Nutting. February 1 to March 9 was mostly spent in Massachusetts, but owing to the bad weather much interference with the visits was experienced. During this time the Interstate Secretary returned to New York for the meetings at Teachers College, February 20 and 21, and on the latter date attended the League meeting in Boston, speaking on the eight-hour day and the present nursing situation. On the 29th attended the Rockefeller Infirmary, New York City. At Brockton, conference with the ladies of the Red Cross Hospital Board, and with the medical profession on the Central Directory.

March 11 at New Hampshire, State meeting urged formation of the League.

Rhode Island, March 12, 13, and 14. Spoke to League on present nursing condition.

March 15 to 27 in Connecticut. At New Haven had two conferences on the nursing situation with members of the Training School Committee of the Connecticut Training School.

On Tuesday, March 30 spent the day on committee work for Miss Nutting.

April 7 in Wilmington, Delaware, speaking to a group of women and two men. On the need for the community to get back of our schools and encourage women to enter the profession.

April 8, Baltimore, Maryland.
The foregoing report only touches briefly on such meetings as seemed to be of more importance in particular work of the League, though, as you can readily understand, it is a somewhat difficult matter to separate, as at every meeting the subjects have great bearing on the work of all our organizations, and often the group addressed is composed of many different groups, and an effort has to be made to present nursing and its problems from all sides in one meeting, but your Interstate Secretary wishes to bring home again some of the problems which are facing the League and which will have to be worked out during the next year.

We are face to face, as it is unnecessary for me to tell you, with a condition which will not wait for us and which cannot be solved by an academic discussion but must be met with some workable plan, and that not tomorrow, but today. The shortage of applicants for schools of nurses is one which in every state in the Union and in every kind of a hospital, good, bad and indifferent, is being acutely felt. This, combined with the acute labor shortage and the impossibility of obtaining graduate nurses for floor duty makes our suggestion for the employment of graduates and the use of ward helpers as absurd as Marie Antoinette's advice in the time of famine.

There are several things which of course must be taken into consideration in our attempts at publicity and in our efforts to enroll students. First: that it is only the woman with education enough to do constructive thinking who is going to be attracted in a field whose chief attraction is not monetary but idealistic. Only this woman looks at life with an idea to contributing and not merely of its advantages to herself.

Secondly: we must use psychology and if I may say it the psychology of advertising. We have nursing to sell and we must not call attention to its faults except to modify its attractions, in other words, to be truthful. It is undoubtedly true that we have been making the same mistake in nursing as has been made in the attempt to obtain higher salaries for teachers. We have undervalued health teaching and restoration of health in calling attention to the defects of our schools, as they have education in the attempt to raise salaries.

Third: It is education of the public, of hospital boards, and even of our own membership to these facts as well as to the
reforms undoubtedly necessary, which alone will accomplish the results we desire.

Fourth: We must cease speaking of an eight-hour day and call it what we really mean, a fifty-two hour week, and the same length hours for night nurses as day nurses, instead of finding, as we have, the same old twelve-hour night duty hiding itself behind the eight hours of the day force. We need to see that many times the small school is really more conscientiously doing the teaching and giving the training than is the large school.

In giving this report and making these very inadequate suggestions the Interstate Secretary is only hoping that some one in this meeting is going to be able to offer the solution of the problem, which she believes can be summed up in the following needs: Not only more pupils in our training schools and better schools, with better equipped instructors, with class rooms and laboratories and libraries, but a public, a medical profession, hospital boards, and a nursing profession educated to the value of the nurse in the community, so that all these shall not be a dream but a reality. For if the need is appreciated the rest will come.

ADDIE ELDREDGE.

REPORT OF THE MEMBERSHIP COMMITTEE

Individual Members

ADELAIDE, SISTER ..............Head Nurse, Seton Hospital, Cincinnati, O.
AGNEW, ALICE D ..............Chief Nurse, U. S. Army General Hospital, Fort McPherson, Ga.
ANNA, SISTER M. JOSEPH .......Directress of Nurses, Mary Immaculate Hospital, Jamaica, N. Y.
ANSTEAD, IDA J ..............Superintendent of Hospital and Training School, House of Mercy, Pittsfield, Mass.
AORNES, ALVILDA ..............Superintendent of Nurses, Good Samaritan Hospital, Portland, Ore.
ARCHER, MYRTLE M ..............Superintendent of Nurses, Baptist Memorial Hospital, Memphis, Tenn.
ARISS, E. AUGUSTA ..............Superintendent, Montana Deaconess Hospital, Great Falls, Mont.
BAIRSTOW, WILHELMINA .............Educational Directress, Philadelphia General Hospital, Philadelphia, Pa.
BARBER, EDITH A ..............Acting Superintendent of Nurses, Garfield Park Hospital, Chicago, Ill.
<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford, Mabel M.</td>
<td>Superintendent, Children's Ward, Greenwich Hospital, Greenwich, Conn.</td>
</tr>
<tr>
<td>Crofoot, Edna A.</td>
<td>Superintendent of Nurses, St. Joseph's Hospital, Phoenix, Ariz.</td>
</tr>
<tr>
<td>Curtis, Anna S.</td>
<td>Superintendent of Nurses, New Britain General Hospital, New Britain, Conn.</td>
</tr>
<tr>
<td>Cusick, Sister MARY STEPHEN</td>
<td>Director of Nurses, Providence Hospital, Beaver Falls, Pa.</td>
</tr>
<tr>
<td>Cyril, Sister</td>
<td>Superintendent of Nurses, St. Joseph's Sanitarium, Mt. Clemens, Mich.</td>
</tr>
<tr>
<td>Dahlman, Mrs. Jane Team</td>
<td>Director, School for Public Health Nurses, Main St., Louisville, Ky.</td>
</tr>
<tr>
<td>Davis, Ruth</td>
<td>Superintendent, Vaughan Memorial Hospital, Selma, Ala.</td>
</tr>
<tr>
<td>Delaney, Sister VINCENTIA</td>
<td>Superintendent of Nurses, St. Thomas Hospital, Nashville, Tenn.</td>
</tr>
<tr>
<td>Denico, Maud Folsom</td>
<td>Assistant Superintendent of Nurses, Rhode Island Hospital, Providence, R. I.</td>
</tr>
<tr>
<td>DeVriese, Mrs. IDA COOPER</td>
<td>Superintendent, Roosevelt Hospital, Berkeley, Cal.</td>
</tr>
<tr>
<td>Dice, Mrs. Clara E.</td>
<td>Superintendent of Hospital and Training School, Oil City, Pa.</td>
</tr>
<tr>
<td>Dickson, Jane</td>
<td>Superintendent of Nurses, St. John's Hospital, Yonkers, N. Y.</td>
</tr>
<tr>
<td>Dillard, Dewitt Clinton</td>
<td>Superintendent, Mobile Infirmary, Mobile, Ala.</td>
</tr>
<tr>
<td>Dunn, M. Eva</td>
<td>Principal of Training School, Buffalo City Hospital, Buffalo, N. Y.</td>
</tr>
<tr>
<td>Durnin, Mary</td>
<td>Superintendent, Danbury Hospital, Danbury, Conn.</td>
</tr>
<tr>
<td>Earlings, Mrs. HANAH A.</td>
<td>Superintendent and Instructor of Nurses, General Hospital, Ashtabula, Ohio</td>
</tr>
<tr>
<td>Eastwood, Edith M.</td>
<td>Superintendent, Elyria Hospital, Elyria, Ohio</td>
</tr>
<tr>
<td>Edwards, Sister M.</td>
<td>Superintendent, St. Joseph's Hospital, School of Nursing, Memphis, Tenn.</td>
</tr>
<tr>
<td>Ely, Joyce V</td>
<td>Instructor of Nurses, St. Luke's Hospital, St. Louis, Mo.</td>
</tr>
<tr>
<td>Essig, Maude F</td>
<td>Superintendent, Elkhart General Hospital, Elkhart, Ind.</td>
</tr>
<tr>
<td>Evans, Kate</td>
<td>Instructor of Nurses, Baptist Hospital, Memphis, Tenn.</td>
</tr>
<tr>
<td>Fairb, Jean Marshall</td>
<td>Second Assistant Directress of Nurses, Evanston Hospital, Evanston, Ill.</td>
</tr>
<tr>
<td>Feist, Mrs. Louise E.</td>
<td>Instructor, Children's Free Hospital, Detroit, Mich.</td>
</tr>
<tr>
<td>Fitzgerald, Margaret M.</td>
<td>Chief Nurse, U. S. A. Base Hospital, Fort Sam Houston, San Antonio, Tex.</td>
</tr>
</tbody>
</table>
FLETCHER, AVIS. Superintendent of Nurses, Green Gables Sanitorium, Lincoln, Neb.

FORD, VIRGINIA ELEANORE. Instructor, Jewish Hospital, St. Louis, Mo.

GANTZ, ELA. Superintendent of Nurses, Columbus Hospital, Great Falls, Mont.

GEORGE, ANNA L. Chief Nurse, Camp A. A. Humphreys, Va.

GEORGE, JULIET. Instructor and Superintendent, Memorial Hospital, Nashua, N. H.

GOODWIN, CAROLINE. Superintendent, Natchez Sanatorium, Natchez, Miss.

GOODWIN, MRS. WILHELMINA C. Directress of Nurses, Staten Island Hospital, Thompkinsville, N. Y.

GONZALES, ROSA A. Acting Superintendent of Nurses, Presbyterian Hospital, San Juan, P. R.

GORTON, EDNA WINIFRED. Assistant Principal of School of Nursing, Rochester General Hospital, Rochester, N. Y.

GRAHAM, FANNIE I. Superintendent, General Hospital, Aberdeen, Wash.

GRAVES, ROTSETA M. Superintendent of Nurses, Ellis Hospital, Schenectady, N. Y.

GROVES, MARY H. Superintendent, Chicago State Hospital, Chicago, Ill.

HAGGMAN, MABEL E. Principal, Grace Hospital, Detroit, Mich.

HALLOWELL, MYRTLE MAE. Assistant Superintendent, Elliot Hospital, Manchester, N. H.

HARMER, ALBERTINA. Instructor of Nurses, St. Luke's Hospital, New York City.

HARRIS, HOMER CROSS. Assistant Superintendent, Springfield Hospital, Springfield, Mo.

HARTLOVE, OLIVE D. Field Instructor, American Red Cross, Wilmington, Del.

HAWKINSON, NELLE. Instructor of Theory, Massachusetts General Hospital, Boston, Mass.

HEARN, AMY GERTRUDE. Superintendent of Nurses, Crownsville Hospital, Crownsville, Md.

HOGAN, REGINE R. Superintendent, San Francisco Hospital, San Francisco, Cal.

HOLMES, MARIAN. Superintendent of Nurses, Union Hospital, Fall River, Mass.

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HUST, ELIZABETH. Directress of Nurses, Northwestern General Hospital, Philadelphia, Pa.

HUTCHINSON, FRANKIE H. Head Nurse, St. Vincent's Infirmary, Little Rock, Ark.

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TWENTY-SIXTH ANNUAL CONVENTION

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Kirkland, Irma Louise Superintendent, Savannah Hospital, Savannah, Ga.

Langley, Belle E. Superintendent, Wichita Hospital, Wichita, Kans.

Larter, Mary Superintendent, North Adams Hospital, North Adams, Mass.

Leaman, Ellen B. Night Supervisor, Greenwich Hospital, Greenwich, Conn.

Leary, Catherine L. Chief Nurse, U. S. Army Camp Hospital, Camp Taylor, Louisville, Ky.

Lee, Sara A. Superintendent, Chicago State Hospital, Chicago, Ill.

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Lippick, Blanche. Student, Teachers College, 509 W. 121st St., New York City

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Loveridge, Emily L. Superintendent, Good Samaritan Hospital, Portland, Ore.

McDaniel, Maria Superintendent, Noble Hospital, Westfield, Mass.

McGrath, Catherine C. Assistant Superintendent of Nurses, Michael Reese Hospital, Chicago, Ill.

McGheeey, Margaret Secretary, Nurses’ Examining Board, Lincoln, Nebr.

McKee, Anna G. Superintendent, Peter Bent Brigham Hospital, Boston, Mass.

McVicar, Eleanor M. Assistant Superintendent of Nurses, Evanston Hospital, Evanston, Ill.

Manuell, Anne R. Instructor of Nurses, Norton Memorial Infirmary, Louisville, Ky.

Martin, Teresa Superintendent of Nurses, St. Mary’s Hospital, Detroit, Mich.

Martin, Mary Margaret Theoretical Instructor, Lakeside Hospital, Cleveland, Ohio
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MONAHAN, MARY .......... Superintendent of Nurses, Nashville City
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NESBIT, MARY E .......... Superintendent, James Edmundson Mem-
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NEVISON, VIDA R .......... Superintendent, Springfield Hospital,
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ORE, IONE .......... Superintendent of Nurses, Traverse City
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SEEFORT, HATTIE N. .......... Superintendent of Surgery and Dispensary, Maryland General Hospital, Balti- more, Md.

SHAW, ANNE KATHERINE ...... Superintendent of Nurses, Sacramento County Hospital, Sacramento, Cal.

SHAW, JENNIE M. .............. Superintendent, Hospital for Women and Children, Newark, N. J.

SHAW, JENNIE M. .............. Superintendent, Hospital for Women and Children, Newark, N. J.

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SQUIRE, ANN C. ............... Superintendent, Blackwell Hospital, Blackwell, Okla.

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TAYLOR, RUTH IDA .......... Instructor, Army School of Nursing, Walter Reed General Hospital, Washington, D.C.
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TRUEWORTHY, WINIFRED C... Operating Supervisor, Elliot Hospital, Manchester, N.H.
TUPMAN, MRS. EVA SMILLIE ... Instructor of Nurses, Baptist Hospital, Atlanta, Ga.
VAN DEVRED, JANE ........ Assistant Bacteriologist, City Hall, Savannah, Ga.
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YALE, LOUISE P ............ Medical Supervisor, Christian Church Hospital, Kansas City, Mo.

State League

TENNESSEE STATE LEAGUE OF NURSING EDUCATION, MRS. M. E. WARD, President, Memphis General Hospital, Memphis, Tenn.

JESSIE E. CATTON,
Chairman, Membership Committee.

REPORT OF THE PROGRAM COMMITTEE

The Program Committee has no further report than the programs which you already have.

EFFIE J. TAYLOR,
Chairman.
REPORT OF COMMITTEE ON THE DEPARTMENT OF NURSING AND HEALTH

This year, 1919–20, marks the twentieth anniversary of the beginning of nursing work in Teachers College, or indeed in any college. A special celebration of the event was held in February at the annual meeting of the Teachers College Alumni Association, with the attendance of a large group of students, graduates, and friends of the Department.

The story of the genesis of this work and of the part which the League of Nursing Education (then the Society of Superintendents) played in its founding, was reviewed both by Dean Russell and by Miss Nutting. The growth of the Department was shown in comparing the registration of 1919–20 (288 students) with the registration of two in the first year. The Summer Session of 1919 adds 175 to this, making a total of 463 registered for one year.

The growth in the scope of the work is no less significant. Starting with the aim of training superintendents for nursing schools, the work has now widened out until it includes the preparation of nurses for the three main branches, of administration in Nursing Schools, Teaching, and Public Health Nursing, the combined academic and professional course (in cooperation with the Presbyterian Hospital) and a course for the preparation of Teachers of Occupations in Hospitals. The division of Public Health Nursing is now the largest in the Department.

The staff of professors and instructors has increased proportionately. Beginning with no permanent nursing staff at all, and only a few voluntary lecturers, the Department now has on its educational staff, three professors, two associates, three instructors and assistants, two secretaries, and twelve lecturers, who conduct one or more courses each. The academic qualifications of the students have steadily advanced until now out of 128 students who are definitely working toward certificates or degree, 61, or nearly half, presented qualifications beyond high school; and whereas, in the early days, no one stayed longer than a year, now many students stay two or three years to complete work for the degree. This year, 62 are registered for the B.S. Degree and 15 for the Master’s Degree.
Quite a large proportion of students this year have come on scholarships from the Red Cross, the Isabel Robb Scholarship Fund, and the National Organization for Public Health Nursing, and three nurses from the Army who are suffering from slight disabilities, are being sent by the Federal Board of Vocational Education.

The Department wishes to take this opportunity of expressing its appreciation of the great encouragement and assistance which these scholarship funds have been to numbers of students who would not otherwise have been able to secure this special training. The rising expenses of living in New York have made it a difficult year for many of our students, but they have shown remarkable enthusiasm and spirit, and many have made great sacrifices to remain. The students living in the co-operative apartments which the Alumnae have furnished, have been much more comfortable and have been able to live at a much more reasonable rate than students outside. It is hoped that these may be continued and possibly extended, though at the present time the housing problem in New York presents many difficulties.

The student body this year is quite varied. It includes three nurses from the Philippines, four Catholic Sisters, two French nurses (who attended for two months as visitors), three missionary nurses from China, and one from India.

Although there will be many more people available for positions, the requests have increased so much that it will not be possible to fill nearly all of them. It has been of great assistance to be able to refer such requests to the Bureau of the Red Cross which has cooperated thoroughly.

The Department is very glad indeed, to welcome back this year, Miss Goodrich and Dr. Emerson, who have both been absent on war service. It has also been fortunate in having Miss Strong back again at the College for part-time work, this winter. Miss Emilie Robson, who gave the course in Industrial Nursing last summer has been made a regular member of the staff, this year.

There are a few new developments to record. The need for teachers of Public Health Nursing to help in organizing the new centers of training throughout the country, has led to the development of a new course in teaching for those in the public health
nursing groups who are called into this form of educational work. Miss Strong has been conducting this course. There has also been some extension in courses on industrial work to meet the needs of public health nurses in the general field who are working in industrial centers. A program of work has also been arranged for a group of nurses working in the field of Hospital Social Service. Miss Florence Johnson has been assisting with this as well as several other lecturers. The courses on Mental Hygiene by Dr. Lambert has been made a permanent course and continued throughout the year. Dr. Colp has given a course in Anatomy and Dr. Sanders a course in Materia Medica. The Summer Sessions will be continued this year, Miss Goodrich, Miss Stewart, Miss Hudson and Miss Robson representing the staff. Dr. Winslow will repeat his course in Sanitary Science, and a number of other regular courses will be offered.

Special mention must be made of the fund of $1200 which was presented to Miss Nutting at the time of the Alumnae meetings, by the former students, pupils, and friends of the Department. The fund is to be used to found a Historical Nursing Collection in Miss Nutting's name, this collection to be housed in the College and to be used not only by the students of the Department but by nurses anywhere who wish to consult it.

ANNA MAXWELL,
Chairman.

REPORT OF PUBLIC EDUCATION COMMITTEE

In October the Chairman was asked by the Director of the Department of Nursing of the Northern Division, American Red Cross to prepare an article dealing with the opportunities in the field of nursing, and giving some practical suggestions concerning the selection of a school in which to study nursing. The article was to be published in the Northern Division Bulletin, which has a wide circulation in Montanas, North Dakota, South Dakota and Minnesota. This was done and after the article was published the Chairman sent a copy of it to the twelve Division Directors of Nursing with the request that it be published in the Bulletins of the various divisions. Seven of the twelve directors replied that they would publish the article.
The following letter was sent to the presidents of the twenty-four State Leagues of Nursing Education:

Dear Miss ———

As chairman of the Committee on Public Education of the National League of Nursing Education, I am writing to ask that you, as President of the State League, act as chairman of a similar state committee. Our work for this year, as in the past, will be to arrange for talks to groups of women, in schools, colleges, Parent-Teachers' associations, clubs, in every way to give correct information to prospective students of nursing concerning the kind of school they should enter for training, and to stimulate interest in nursing as a profession for women. This can be done by articles published in college papers, religious papers, or in any publication that will reach young women and their parents.

A paper on the program of local or state educational associations is to be desired and may be asked for. In addition to this will you try to distribute to all accredited schools for nurses in your state a copy of the enclosed slip which should be filled in by the Superintendent of Nurses from her daily record? It is an attempt to ascertain whether hours of duty have any effect on the health of student nurses.

By the first of March, I would like to have from you a report on what your State Committee on Public Education has accomplished.

I am,
Very sincerely,

Reports have been received from the following:

Missouri. Miss Anna Gillis writes:

I am sending the illness slips that have been returned as far as our publicity work is concerned, we are outlining what we expect to carry on during the coming campaign, but have done very little as yet, with the exception of having the high school students visit some of our institutions, and some addresses have been made before the high schools. We hope to make this work quite extensive during the next few months, but do not except to start in until after the National Convention.

Texas. Miss Helen Holliday reports as follows:

You are asked for a report of the Publicity Committee. I have been delayed as I wished to include a report of a plan to interest the Women's Federation of Clubs of Texas which is a very strong organisation throughout the state. We had an informal conference last week with Miss Gearling, Director of Home Economics Course, University of Texas, and she will undertake to have the club members, who are planning to present several topics of national interest in short talks to college students and high school graduates, present the need of the nursing profession.

We are preparing some copy for them to use, asking the advice of members of the League and superintendents throughout the state, and hope to
enlist the interest of the public and an outside organization in this way. Mrs. Parsons, Field Director of Public Health Nursing, State Board of Health, Austin, is presenting the need and opportunities for nurses at her district meetings. Miss Jane Duffy, School of Public Health Nursing, University of Texas, is also serving on this committee—has had some articles published in the local and school papers. We are also planning to have the University of Texas Publicity Agent give a talk at the meeting of the State League.

Oklahoma. Miss Lena Griep writes:

Regarding our work on Public Education, nothing definitely outlined has been done so far. Our State League of Nursing Education had died a natural death, remained dead for five years, and only a year ago was resurrected. We had an interesting state meeting in October and had planned a meeting in February when we were to outline work. On account of "influenza" we had to postpone this meeting. Various hospitals are advertising in newspapers. One superintendent has given talks to high school pupils to get students interested in her hospital. I am sending out new catalogues all over the state (especially to the physicians who send patients to us) with a letter urging cooperation.

We have increased our student's allowance, and hope in the future to give shorter hours.

Rhode Island. Miss Nelle Selby writes:

Regarding the State Educational Committee, I have the following tentative program to give you. We have not accomplished anything as yet, but we have had frequent meetings and drawn up this outline:

To have speakers address the pupils of every high school and college in Rhode Island, wherever possible, and after presenting the subject to have a big demonstration in a central place and invite those interested to come—with perhaps a tea following—the demonstration to be done by pupils from each school. Because Rhode Island is so small it is possible to divide the state into two or three districts, and carry out the same idea in each district.

Illness slips were returned from nine states. I find it very difficult to reach any conclusion as to the relation between days of illness and hours of duty, as showed by those reported. It would seem that that is only one factor to be considered in connection with physical condition of student at entrance, quality of work, food and living conditions. I do find however, that the slips returned give some idea of the number of schools that are giving eight hours of duty.

Louise M. Powell,
Chairman.
REPORT OF NOMINATING COMMITTEE

The following are the accepted nominations for officers of the National League of Nursing Education:
President—Miss Anna C. Jammé, California.
First Vice-President—Miss Louise M. Powell, Minnesota.
Second Vice-President—Miss Isabelle Stewart, New York.
Secretary—Mrs. Alice H. Flash, California.
Treasurer—Miss Bena M. Henderson, Illinois.
Directors for one year—Miss Lillian Clayton, Pennsylvania; Miss Laura Logan, Ohio; Miss Martha Russell, Colorado; Miss Martha C. McKenna, South Carolina.

MARION L. VANNIER,
Chairman.

REPORT OF THE COMMITTEE ON TRANSFER OF THE BUREAU OF ADVICE OF THE RED CROSS TO THE NATIONAL NURSES' ASSOCIATION

The Committee on Transfer, after careful study of the work of the Bureau, has recommended to the Joint Board of Directors that it be taken over by the three Associations, as a part of a long projected scheme to provide a headquarters and home for their work.

The Joint Board of Directors finally approved the general idea and plan, and it was referred back to the state associations for action.

As there were some points in which opinions varied, the Committee was requested to continue in office, to increase its numbers, and to appoint a sub-committee to go further into the question of details of administration, especially that of budget.

Miss Goodrich and Miss Clayton were added to the committee, Miss Ahrens was appointed chairman of a sub-committee to take up the question of possible headquarters in Chicago, in connection with the Central Council on Education, just formed in that section. Miss Gray and Miss Eldredge were appointed, sub-committee to look further into the question of costs.

At a recent meeting the Committee on Transfer took up the question about which there had been differences of opinion;
namely, the place of the Red Cross in such a headquarters, and we recommend that the plan originally submitted be altered so that the headquarters include only the three National Organizations, and that the words “with the cooperation of the Red Cross” be omitted from the paragraph dealing with that point.

The sub-committee on the question of budget—Miss Gray and Miss Eldredge, after some study of the work of Bureaus already in existence in New York City, have presented a preliminary report on the question of expense which shows that the tentative budget first submitted was not far astray in its estimate; and that the expense of maintaining such headquarters would virtually be presented in the report.

M. Adelaide Nutting,
Chairman.

To the Chairman of the Joint Board of Directors of the National Association of Nurses:

This committee is appointed by you at the instance of the Joint Board of Directors of the National Associations of Nurses, and is requested to present a plan for the transfer to those associations of the Bureau of Information for Nurses, now conducted by the Department of Nursing of the American Red Cross in New York City, in association with the three National Organizations of Nurses. The Committee has held two meetings of considerable length at which were present not only its regular members, but yourself as President of the American Nurses Association, ex-officio, and, by invitation, Miss Crandall, Executive Secretary of the National Organization for Public Health Nursing of the American Red Cross.

As a result the Committee begs to present the following report:

The Bureau of Information for Nurses was established by the Red Cross in February, 1919, largely for the purpose of assisting nurses who to the number of about 20,000 had been in Army or Red Cross Service, either in this country or overseas, and who were in process of demobilizing. In this, its chief capacity, the Bureau has been of notable service. It has referred to positions in hospitals, training schools, and the public health field over 2,400 nurses, a large number of whom have been satisfactorily and permanently placed. It has also been of much service to
the various institutions mentioned in finding nurses of suitable training and experience to enable them to carry on their work.

Institutions to the number of 2571 have called upon the Bureau to help them find nurses of suitable training and experience for their work. Of these 1870 were hospitals and training schools, and they presented 28 different types of positions to fill. In the 701 requests from the public health field as many as 150 nurses might be asked for at one time.

The bureau has also served in a general advisory capacity to nurses needing further or special training to fit themselves for new fields of work, or needing advice or help of a personal nature. In addition it has referred approximately 500 qualified young women candidates to training schools for nurses.

In reviewing the work accomplished by the Bureau during the eleven months of its existence it is clear that a highly useful agency in nursing has been created and valuable connections established which ought to be maintained. As the time approaches when the Red Cross will no longer feel justified in continuing it, the question of its future becomes a matter for careful consideration.

Useful as the Bureau has proved, it would for various reasons seem inadvisable to continue it in its present form. It would, however, fittingly take its place in a larger plan, of which it would be an important branch. Such a larger plan would be the establishment of the National Nursing Headquarters which has long been looked forward to as a center which would ultimately be necessary for the educational and professional work of our National Associations, which is now scattered about in various places and in so far as the League is concerned in constantly changing places.

The National Organization for Public Health Nursing has already established such a center for its own work, and its phenomenal growth affords us an excellent illustration of what it might mean to our other National Associations to have a somewhat similar headquarters for the proper handling of their own problems. The question which at once arises is whether the time has come when we are in a position to undertake such an establishment.
The Committee believes that it has, that it is not only practicable, but advisable, that the time and conditions are peculiarly favorable for the development of such headquarters, and that steps should now be taken toward that end.

What would such a National Headquarters mean? It would mean that we would have at last a center where some of our nursing interests and activities could be pooled, and could find a permanent home. By unifying and coordinating our common interests, we should economize the time and energy of our officers, the resources of our organizations, and would increase their strength and influence by bringing them into much closer working relationship with one another.

The definite work to be carried on in such a center would be limited at first to that most urgently needed, but we should hope ultimately to develop all of the activities mentioned below and probably as time goes on, a good many others.

There should be:

1. Offices for representatives (secretaries) of each of the three National Associations where information could be obtained concerning their work; where their records would be kept, and from whence their publications, reports, etc. would be issued.

2. A Bureau of Appointment and Advice for nurses seeking positions, and for hospitals and training schools and other organizations seeking suitably trained workers. Advice concerning possible fields of work and special training would also be given here.

3. A division of publicity should be established as soon as possible.

4. An office for the American Journal of Nursing, the official journal of two National Associations, providing a center into which news and information would be constantly flowing.

5. A library and reading-room which would contain all important nursing literature, complete files of the nursing journals of this and other countries, full reports of Proceedings of all our societies, state laws dealing with registration of nurses and current nursing, hospital and health periodicals and other publications of interest and importance to nurses.

6. Finally the combined forces of all these departments would be constantly and actively at work upholding better educational
standards, and caring for the professional interests of nursing and nursing throughout the country.

The headquarters would be in a word a common symbol of our common purposes—a center to which we could all continually turn for help.

The expenses of maintaining such a headquarters will undoubtedly be rather large, and in order to meet it much careful study of all of our resources, actual and potential will be needed, and new ways of increasing revenue devised. It is our opinion that the needed income can be secured and that the establishment of the Nursing Headquarters which promises so much for the right development of our beloved profession is a matter of faith, courage, devotion and steady concentrated effort.

In pursuance of this belief the Committee begs to submit the following recommendations:

a. That the three National Associations of Nurses take over from the Red Cross the activities of the Bureau of Advice and Information.

b. That this transfer be made as soon as suitable headquarters can be obtained (if possible in the buildings now housing the National Organization for Public Health Nursing) and the necessary financial and other arrangements made to conduct the work. This would be the work of a special committee.

c. That the Bureau be taken over as a branch or division of a National Nursing Headquarters to be established in New York City, looking toward decentralization at the earliest practicable moment.

d. That it be generally understood that National Headquarters include the American Nurses Association; the National League of Nursing Education, and the National Organization for Public Health Nursing, with the cooperation of the Department of Nursing of the American Red Cross.

As to the administration of the headquarters, three ways are presented.

1. Pooling the resources and personnel and vesting responsibility in a Committee with proportionate representation.

2. A federation of the bodies concerned through which the direction of the work of each association should remain independent but with a central committee which shall be advisory only in character.
3. A combination of these two plans by which certain interest and expenses shall be shared while others shall be handled by each association through its own appointed personnel under the direction of a Committee which shall act as a Board of Trustees. This latter is the plan recommended by this Committee. It is recommended that those Trustees to the number of three from each of the three National Associations be appointed by their respective boards. To this number should be added one member from the Department of Nursing of the American Red Cross, who will serve on the Board as long as the present plan of cooperation is in force. This member may be the Director of the Department or some one appointed by her.

It is further recommended that for the proper coördination of the work of these associations a general secretary shall be appointed. It would be entirely impossible to present a budget without devoting several days of careful study to each item of expenses, to how far expenses could be pooled, and to what proportion should be borne by each association, together with a consideration of many other matters concerning which information has not been available to your Committee in the few days it has had in which to work out this problem. This is, of course, a matter for the detailed work of a special committee, but in order to afford some approximate idea of the probable expense which would be involved in maintaining the Headquarters, the following tentative budget is submitted:

**Note:** The expenses for eleven months of the Red Cross Bureau of Advice and Information have been $13,600.

- **Rent:** $2,000
- **Equipment:** 600
- **Management:**
  - Two secretaries at $2500: 5,000
  - Two stenographers at $1200: 2,400
  - Other clerical aid: 1,000
- **Library:**
  - Librarian: 2,000
  - Maintenance: 500
- **Running expenses:**
  - Printing, stationery, postage, telephone, messengers: 2,000

Total: $15,500
This is a conservative estimate and does not include the salary of the general secretary which would be from $3000 to $3500 in addition. The Committee, in conclusion, wishes to state that Miss Noyes, Director of Nursing of the Red Cross, has given us reason to expect substantial assistance in the establishment and maintenance of a National Nursing Headquarters. At the same time it should be understood that this will be for a period, and that ultimately the three associations must assume the entire financial support.

Respectfully submitted,

ELSIE M. LAWLER,
MARY S. GARDNER,
KATHERINE TUCKER,
MINNIE AHRENS,
CLARA D. NOYES, ex officio,
M. ADELAIDE NUTTING,
Chairman.

REPORT OF REVISIONS COMMITTEE

The Committee on Revision of By-laws begs to make the following report to the members of the National League of Nursing Education.

At a special meeting of the National League held in Chicago last June it was voted to adopt certain recommendations made by the Revisions Committee as soon as they could be officially ratified by the League at its regular meeting in 1920. These changes were as follows:

1. That meetings of the League should be held annually instead of biennially.
2. That the election of officers occur annually instead of biennially.
3. That the annual dues of the League be increased from three dollars to five dollars per year and that the initiation fee of two dollars be abolished.
4. That the Revisions Committee be empowered to make all necessary changes in the By-Laws to accomplish the above measures and that the amended Constitution and By-Laws go into effect immediately after being ratified by the League at their 1920 meeting.
In order to provide for the appointment of an Executive Secretary the following change is recommended by the Revision Committee to be acted on at the April meeting.

That Article 7 of the By-laws be amended so that Sections 3, 4 and 5 be renumbered to read Sections 4, 5 and 6, and that a new Section 3 be added to the By-laws to read:

Section 3. The Board of Directors may at its discretion appoint an Executive Secretary, the term of office and salary of such official to be determined by the Board.

In the event of the appointment of an Executive Secretary as provided by this Section, the regular office of Secretary shall be combined with that of Treasurer under the name of Secretary-Treasurer.

It is also proposed to change the clause regarding elections, Article 6, Section 2, as follows:

Proposed Section 2. A Nominating Committee consisting of three members shall be appointed by the Board of Directors at its first executive meeting following the annual meeting. This committee shall nominate one person for each office to be filled and shall make its report to the Board of Directors at its mid-year meeting. The proposed list of nominations shall be published by the Secretary in the next regular issue of the American Journal of Nursing. The Nominating Committee shall also post this list on the first day of the annual meeting. Additional nominations for any office may be made from the floor. The election shall be by ballot.

The change in this section is made in order to give the members of the League the opportunity to know in advance what ticket is proposed for the coming year and to discuss same if so desired in the various State and Local Leagues.

Your Committee has also been requested to bring up again for consideration at this meeting the subject of Lay-membership. In order to put this matter into concrete form, the Revisions Committee recommends the following amendments in the By-laws:

These changes all to occur in Article 2, on Membership:
Sections 1 and 2 to be combined and numbered Section 2.
Section 3 remains unaltered.
Section 4 to be numbered Section 7
Section 5 to be numbered Section 4
Section 6 to be numbered Section 5
Section 7 to be numbered Section 6
Section 8 to remain unaltered.
New Section 1 of Article 2 to read:

There shall be 6 classes of members.
1. Regular active members of the League
2. Associate members, through State organization
3. Life members
4. Honorary members
5. Active lay members
6. Contributing lay members

New Section 9 to read:

Active lay members shall be hospital or training school trustees, hospital superintendents, educators or those concerned in the solution of nursing problems. Candidates for admission to this group shall make application on a form furnished by the secretary, and return such application to the chairman of the membership committee. When such applications have been acted on favorably by the Board of Directors, and upon payment of the regular annual dues of five dollars, the applicant shall become an active lay member of the Association with all privileges of attending meetings and having a voice in discussions, but no vote on nursing matters.

New Section 10:

Contributing lay members shall be persons interested in advancing educational and experimental work to be developed in training schools and through special nursing groups and who shall pledge to the League an annual contribution of not less than twenty-five dollars. Application forms for membership to this group will be furnished by the secretary and must be returned to the chairman of the membership committee for action by the Board of Directors. If passed upon favorably by them and upon payment of the first year's contribution the applicant becomes a contributing lay member with the same privileges as the active lay member.

Should these changes be adopted, it will be necessary to make slight changes in several places in the By-laws in order to bring them into accord. Your Revisions Committee requests the privilege of making these changes and of submitting the amended Constitution and By-laws to Mrs. Emma Fox, Parliamentarian, for advice before returning same to the Executive Committee for printing.

In considering the matter of the reorganization of State and Local Leagues for the purpose of reducing the number of actual organizations and avoiding duplication of membership two plans have suggested themselves to the Revisions Committee.
The first plan which was discussed and considered favorably at the meeting of the Advisory Council of the League, January 12, 1920, in New York City was the abolishment of the State League as an independent organization substituting for it a State Council to be formed by representatives from each local League. A joint meeting of the Local Leagues should be held annually in conjunction with and one day before or after the meeting of the State Association. At this meeting a president, secretary and treasurer for the State Council must be elected. The presidents of Local Leagues with the secretaries, if so desired, would form the remainder of the Council. This Council would direct the activities of the League in the state as a whole and represent the State in the National League and elsewhere.

The expenses of this State Council and of the annual meeting should be defrayed by Local Leagues either by a per capita tax or by definite assessment. If organized in this manner Local Leagues could have direct membership with the National, thus doing away with the extra individual membership in the State League, and extra dues for same.

The second plan would be to eliminate Local Leagues as separate organizations leaving only the State League. Small groups throughout any state functioning at the present time as individual Local Leagues could meet as they do now for the transaction of business or consideration of nursing affairs, but they should be called "Sections." These sections should be controlled and financed by the State League. There should be but one treasurer for the entire state and all dues should be paid into the State a sufficient amount being charged to cover a per capita tax for each member in the National League. Organized sections requiring funds with which to conduct their activities should apply to the State Treasurer for same, and each section should be allowed proportionately the same ratio of funds paid in as dues for their local work. All stationery, printing, etc., should be taken care of through the State League, and only State League stationery should be used for any purpose.

This second plan has the advantage of preserving the name of the State League. On the other hand the first plan proposed would seem to be the more simple and the proposed name of Council of the State League to be a more dignified title than that of State League.
The Revisions Committee requests that these propositions be brought before the League for general discussion in order that some definite plan for reorganization may be decided on at this meeting which shall be satisfactory to all states represented.

Respectfully submitted,

CAROLYN GSAY,
ELIZABETH BURGESS,
SUSAN FRANCIS,
ELIZABETH A. GREENER,
Chairman.

REPORT ON THE HOSPITAL HEALTH CONFERENCE IN CHICAGO

At a meeting of the American Conference on Hospital Service held in Chicago, March 3, 1920, a letter from Mrs. R. W. Lovett to Dr. Arthur D. Bevan and his reply was asked for and read.

The question raised in Mrs. Lovett's letter was in effect: "Is there any way of improving the trained nurse situation in the United States and the opinion is unanimous that it would be most advantageous to the community to have a partially trained nurse or attendant with a certificate who could take care of the lighter cases of illness and who the poorer people could employ." Dr. Bevan's reply ends with the sentence: "I want to say that I am in thorough sympathy with the movement and hope that the public and the profession will take hold of the matter and solve it in a practical way."

Miss Wheeler representing the American Nurses' Association was asked to respond. She stated that it is true that there is an apparent shortage of graduate nurses, a very great shortage of student nurses, as shown by the Survey now being taken by the American Nurses' Association and the American Red Cross. That there was a number of reasons for this shortage: as to the graduate shortage, the American Red Cross Bulletin—Central Division, February 1, 1920—reports 4306 in the service of the Federal Government, and one Camp, Fort Sheridan, reported a short time ago that there were 208 graduates in that camp, which is but one of many; that the Boards of the Nursing Schools and various organizations employing nurses are working on this
problem and are looking for a practical and reasonable solution of the same; that it is impossible to establish a dual standard of nursing; that is for students and also attendant; and it would not be good judgment to establish an attendants course without legal regulation. The opportunities open to graduate nurses are different today than in previous years and, therefore, the course of training must eventually be changed in order to meet the demand.

Miss Bena Henderson, Children’s Memorial Hospital, stated that she thought Dr. Bevan was mistaken in the point he made about the nursing organizations being opposed to such a proposition as an attendant who can acquire sufficient training in a limited time, and who will occupy the same position in a household that the upper servants do, and receive about the same compensation. That the nursing organizations of the country had considered that a problem for some time, but had not found a dignified and suitable way to establish such a course.

Miss Minnie Ahrens, Director of the Nursing Service, American Red Cross, Central Division, stated that the public school girls were now being educated in Home Nursing and Care of the Sick. Recently seventeen high schools had opened up such a course, which would probably meet many emergencies in the home, just what it was meant for.

Dr. John M. Didson, Chicago, stated that the point of providing some form of control was of great value, and then gave a specific example of the nursing service which would come under this point.

Dr. Abbott of Philadelphia stated that they were making an experiment in their City. He believed that it was necessary to disseminate a good deal of knowledge in regard to physical and mental life, in Domestic Science, in Hygiene, etc. This had resulted in a course of instructions in the care of the human machine, a School for Instruction in Health.

Father Bourk, Ann Arbor, Michigan, stated that the nursing situation was now under fire in Michigan; that there might well be a training for attendants, but not to call them nurses; that it was a very good thing to come together and plan for such a course, which might be used as a standard, but that the real test would come when we were asked to go before the Legislature, and help put the plan through.
Miss Edna G. Henry, representing the American Association of Hospital Social Workers, said that there were different degrees in teaching, and asked why could there not be different degrees in nursing?

Dr. Graves, Sealy Hospital, Texas, stated that the question is one fundamentally dealing with economics and not one dealing with any one profession. That too much time was spent by students in the so-called menial duties which were not educational; that there could be more constructive teaching in the high schools as preparatory for the nursing course. He referred to the laboratory technicians, optometrists, midwives, who were now doing things which formerly were done by physicians and because of their classification and place there were no objections made by the physicians.

Mr. Gilmore, Superintendent of Wesley Hospital, Chicago, referred to the technicians, midwives, etc., and said that not one of them would dare to call himself a physician, even if they did what physicians did, and if they did call themselves a doctor, there would be such a roar that Niagara itself could not be heard; that it would not be long before an assistant to a nurse would call herself a nurse, and why should she be allowed to do so.

Father Bourke: I am not in favor of calling assistants to nurses, nurses.

Miss Elnora Thomson: It is not only the nursing profession which is short, but during the epidemic one could not always get a doctor or an undertaker. This shortage is in all walks of life and nursing is no exception.

Dr. Billings, Chicago: There is a question as to the degree of standardization of the Nursing Schools, as to the time of training and the amount of teaching. There is often too much taught which is not valuable to a nurse, and the things which should be taught should be those which would be valuable to the nurse at the bed-side. There should be no quarrel with the nurses, but there should be a change in the curriculum.

Dr. Evans stated that the real question is how to care for those who cannot afford the expensive nurse.

Dr. Dodson moved that this matter be referred to the Nursing Committee.
Father Moulinier said that it should be remembered by this committee that the scope is very large, and that any plans made should be made with consideration for the whole future.

Dr. Dodson’s motion was carried.

After adjournment, a few members of the Nursing Committee present remained. Lt. Col. Kramer, Fort Sheridan, Father Bourk of Ann Arbor, Michigan, Miss Henry and Miss Wheeler. The following resolution was made.

WHEREAS, it is clearly manifest that there is a shortage of nurses both in the United States and Canada, and that there is a waste of training of nurses and of nurses’ aides.

Therefore be it resolved: That it is the unanimous sense of this Committee of Nursing of the American Conference on Hospital Service, that an investigation both of the causes for the shortage, and in the training of women as nurses, be undertaken at once through the medium of the medical, nursing and public health journals. That a report based on such investigation be incorporated in a report which is to be given at the next meeting of this conference.

A short discussion followed as to the ways of reaching the various organizations, asking for their policies and suggestions as to meeting the shortage and training and that the results of this investigation be the basis of the report to be presented at the meeting to be held October 4, 1920, Montreal, Canada.

Respectfully submitted,

MARY C. WHEELER.

On motions duly seconded these reports were accepted. Meeting adjourned at 1.00 p.m.

Monday Afternoon Session, April 12, 1920

The meeting was called to order at 4.30 p.m., by the President, S. Lillian Clayton.

REPORTS FROM STATE LEAGUES OF NURSING EDUCATION

REPORT OF CALIFORNIA STATE LEAGUE OF NURSING EDUCATION

The California State League of Nursing Education has two divisions, the Northern and Southern. The former has its meetings in San Francisco the third Friday of each month, the latter
has Los Angeles as headquarters with a meeting the first Wednesday of each month, this gives the two divisions time for an exchange of minutes, a report of each section being published in the Pacific Coast Journal.

The reports of the Northern Division are most encouraging, talks on different subjects relative to training school problems have been most interesting. One meeting was given on the ethics and safety of the nursing profession in entering the Federation of Labor. It was thought this would have to be determined if there could be mutual benefit by such an alliance. At another meeting Miss Hogue, Superintendent of Nurses, at the University of Stanford Hospital gave a most interesting outline on uniformity of all work on wards, so each pupil would receive the same instruction and work under the same rules in each department.

An extension course was given from the University of California on Psychology by Dr. Stratton, where superintendents, instructors, and student nurses were invited. There were six of these lectures which were very well attended and proved themselves most interesting.

The Southern branch holds its meetings regularly, the number in attendance is from twenty-five to thirty-five, there are not words strong enough to express all we gained from Miss Eldridge, Interstate Secretary, on her visit to California. She brought new thought and enthusiasm which has lasted throughout the year. Other speakers that have been helpful in our teaching work are Miss Kate Douglass, Assistant Director of the Bureau of Registration and Inspector of Training Schools on Social and Professional subjects; Mrs. Harriet Pahl, R.N., Superintendent of the Los Angeles Hospital, on Rank for Nurses; Mr. Moorhouse representing the Macmillan Book Company who displayed text books, which were very interesting, on Metabolism. Our subject for May is Psychology for Nurses and for June we have Public Health work conducted by Agnes Talcott, R.N. The Instructors in the Southern Branch have a meeting each month where they discuss their difficulties.

We have all felt greatly the loss our league has had in the passing of one of our most valued members, Miss Lila Pickhardt, who is not only a loss to us, but to the whole nursing profession.

Laura L. Mitchell, R.N.
Report of the District of Columbia League of Nursing Education

Five meetings have been held with excellent attendance. Hospital executives have taken active part in these meetings and have all felt benefited by attending same.

During the year seven new members have been added to the League.

During the winter, through the efforts of our President, Mrs. Fournier and former Vice-President, Miss Fletcher, an excellent course of lectures with clinics were given at St. Elizabeth Hospital for the Insane. These lectures were under the well known psychiatrist, Dr. William A. White. They were attended by the senior nurses of all the hospitals of the District of Columbia, and the student nurses felt it a rare privilege as well as a pleasure to hear such men as Drs. White, Kemst and Chapman.

Mrs. Fournier, Misses Fox and Bagley have arranged an excellent course for the student nurses of the District, giving them a general aspect of public health work, thus stimulating the interest of senior nurses in this field of service.

The League of Nursing Education and Nurses’ Examining Board of the District held a joint meeting for the purpose of discussing matters of importance of both organizations.

The League appointed three members to represent them, with a committee from the graduate nurses, to try and bring before the public and to the attention of the hospital boards the great need for larger appropriations for the carrying on of the work of the training schools. It is the sense of both these bodies that the training schools are suffering from lack of funds.

The League of Nursing Education is working toward a combined commencement exercise of all the training schools of the District. It is believed that such an exercise will arouse the interest of the public in such a manner as to result in a larger enrollment of student nurses in our Training Schools.

Frances W. Moore,
Secretary.
REPORT OF ILLINOIS STATE LEAGUE OF NURSING EDUCATION

Madam Chairman, may I just report informally for Illinois, we have not changed the policy of the organization, but we have changed somewhat the form of our meetings hoping they would be somewhat more attractive to the principals of the training schools and their instructors taking the form this year of round tables where the points of interest are discussed. We have doubled our dues and increased our membership about 30 per cent in the last few months. The question of organization of local leagues was discussed with superintendents of nurses in isolated districts, and they felt there would be perhaps a little more value to them to attend the State League, rather then have very small organizations in their own community. They felt it was like coming to a larger organization where they heard perhaps a little freer discussion of other problems as well as their own. The only other thing I think of interest, we have in the Illinois State League an instructors section which is very energetic and progressive. The chairman of the instructors section is a member of the Executive Committee of the League. This section meets monthly and discuss and make an effort to solve some of their own particular problems.

BENA M. HENDERSON,  
President.

INDIANA STATE LEAGUE OF NURSING EDUCATION

The Indiana State League of Nursing Education consists of thirty-four members. Sixteen new members have been received during the year and four have resigned. Three meetings have been held this winter with a fair attendance and good papers.

Effort has been made to induce the schools to shorten the hours of duty for student nurses, and at the present moment only four schools have eight-hour duty. The Indiana University School of Nursing is working on a forty-eight hour week—seven hours duty for six days and six hours on Sunday, seven hour night duty. It was a little difficult to adjust to that schedule, but it seems to be working well. One of the four schools above mentioned is finding it necessary at the moment to lengthen the hours, owing to the shortage of nurses. The State Committee
TWENTY-SIXTH ANNUAL CONVENTION

on Education is making an effort to help in this matter by getting it before the public. Talks have been made in a large number of high schools, before some of the clubs, and at the convention of the City and Town Superintendents of Schools Association and, I believe, with some effect.

Opinions vary as to the reasons for the shortage of student applicants, some attributing it to economic pressure and other to a lack of sound educational methods in our training schools. Whichever it may be, undoubtedly the shortage exists, and is one of the most serious problems facing the nurses of Indiana.

It seems as though a standardization and careful grading of the schools may be the solution of the problem. No school would wish to be in Class "B," "C," or "D." The publication of such a rank would be a powerful incentive to the improvement of facilities and methods. It will be necessary for the state to go to the legislature this winter with a new bill, which will endeavor to raise educational standards and provide for a more flexible Board of Examiners.

ETHEL M. CLARKE.
President.

REPORT OF THE MASSACHUSETTS STATE LEAGUE OF NURSING EDUCATION

Specially designed cards were sent to superintendent of nurses throughout the state inviting them to become members, if not already a member, and to endeavor to have all workers on their staff, who would be eligible for membership to join.

Two groups of teaching work have been carried out. The first started in 1919, "Lessons in The Theory of Teaching" consisted of a course of lessons on the "Teaching of Teachers to Teach." The second group "Lessons in Practice Teaching" took the form of lessons and demonstrations to student nurses, given by the instructors from different hospitals, in the presence of the members of the League. The work was supervised and criticised by a teacher from the Boston Latin School and was a continuation of group one. The course proved very popular, and it is planned to carry it on more extensively next year.

JESSIE L. GRANT,
President.
The Michigan State League of Nursing Education has been organized seven years. For the first five years meetings were held in conjunction with those of the State Association. This plan was in many ways most satisfactory. However, the time that could be allotted was too limited to make it possible to freely discuss questions intimately connected with training school affairs. Last year an annual meeting of one day was well attended and a marked success. The annual meeting this year was held in March, and covered a period of two days. There was a splendid attendance. A number of members of Boards of Control of Training Schools were present, discussing with us many of the problems of equal concern to all interested in nursing education. Subjects presented were grading of nurses, students government, heredity, the teaching of ethics, remuneration of nurses, class work for student nurses in outside educational institutions, recreation for pupil nurses, Red Cross activities, and shorter hours for students. Reprints of the first six papers, together with the address of the president, are to be made for distribution to all training schools in the state.

A very helpful feature of the program was the general discussion of topics which had been sent by the members and which appeared on the printed program. This method gave opportunity for consideration in advance and the discussions occupied the greater part of an afternoon session. The satisfaction expressed by the members will warrant a similar plan another year.

The President called to the attention of the members advertisements in the Red Cross Magazine of two correspondence schools, one in New York and the other in Chicago. It was deemed particularly ill-advised for this practice to be continued by the Red Cross official organ when the policy of the Society has been to cooperate in maintaining a high standard of nursing service. The Secretary was instructed to write the business manager to this effect.

Michigan has 41 accredited schools. Questionnaire sent in January result in a report that 15 of these have installed an eight hour day, 17 a nine hour, and 9 a ten hour day. Thirty-one of the 41 accredited schools are affiliating to provide the four required
clinical services. Early in the fall a special meeting was called; its object the consideration of affiliations. Every effort was made to have each school represented. The attendance was very gratifying. A committee had in 1916 presented to the Board of Registration an outline of agreement of affiliation. This covered five articles under the heading of students, and eight under schools. These were discussed and revised. The meeting proved of such interest that another special meeting is planned for this fall.

The League has been asked to present a paper on Michigan’s Florence Nightingales at the Annual meeting of the State Historical Society in May.

The work of the Public Education Committee has been somewhat handicapped by a change of chairman before it was well organized. It is being advanced as rapidly as possible. The Chairman has had opportunity to speak before a number of groups of men and women including a well attended meeting of the Ann Arbor Rotary Club, which resulted in an invitation to speak before the Rotary Club, Ypsilanti, at an early date. These are most desirable groups to whom to present the necessity for a more general understanding of problems, financial and other, of nursing education.

Leading people in all of the larger towns and the cities have been asked by the Executive Board of the State Association to serve on a cooperating committee. The members of this Committee are to be interviewed by nurses, kept in touch with nursing progress and will be asked to assist in legislative work which will be advanced by the profession.

The Public Health Course at the University was supported the first year by funds contributed by the War Board. In December, 1919, the Regents made the course permanent. This does not, however, provide for a summer course, as all summer sessions come under a separate appropriation. The League has done very active work in stimulating interest in having the course given in the summer session. Sixty-two students have completed the course and seventeen are now in Detroit for their field work having completed the theory at the University.

A State Hospital Association has been organized and the first annual meeting will be held early in June.
Legislation relative to creating and licensing a class of trained attendants received considerable attention at the organization meeting and the following resolutions were adopted.

WHEREAS, in the present state of social and health conditions, the committee recognize a relative shortage of graduate nurses and,

WHEREAS, we believe that every effort should be made to furnish adequate and efficient nursing service, not only in hospitals but in the community, and

WHEREAS, we appreciate the need of household helpers in many homes during times of illness, and

WHEREAS, there is at this time a well functioning and cooperative nursing service, be it

Resolved that this Association recommend the utilizing of existing agencies and authorize the appointment of a committee to make necessary arrangements to cooperate with the Red Cross and other recognized bodies in the several counties of the state for the purpose of securing a group of household helpers, and be it,

Further resolved, that this Association does not favor a new class of nurses.

WHEREAS, for various reasons cited before this committee, efficient hospital service in some portions of the state is endangered by shortage of nurses, be it

Resolved that this Association recommend, first, That applicants for training be credited with a just amount of time for educational qualifications, submitted in excess of 8th grade certificate prescribed by law, namely, high school and college credits, such credits to be given with the sanction of the State Board of Registration of Nurses. Second, the establishment of an 8 hour system of duty in hospital training schools as rapidly as possible; third, that the best living conditions, reasonable recreation and social life be given students; fourth, in those schools desiring to do so, a small monthly allowance to cover incidentals and recreational expenses, not to be considered in any way as wage compensation, be provided; fifth, the appointment of a standing committee with power to act for the purpose of inaugurating a publicity campaign in the interest of training schools of the state, the expense to be borne by this Association, and pro-rated in the several communities by the committee.

FANTINE PEMBERTON,
President.

MISSOURI STATE LEAGUE OF NURSING EDUCATION

Meetings have been held at time of annual meeting of the State Nurses' Association. Reorganization with adoption of constitution and by-laws to conform with the National League is under
way, also activities including publicity work by members, in colleges, high schools, and women's clubs. In cooperation with the Missouri Nurses' Association, funds were raised to place a nurse in the field to make a survey of the state for data to be used at the next state legislative assembly for educational director.

HELEN FARNSWORTH,
President.

REPORT OF THE NEW YORK STATE LEAGUE OF NURSING EDUCATION

In rallying its forces after the many distractions due to the war period the New York State League for Nursing Education reported at its fourteenth Annual Meeting held in Brooklyn, N. Y., on October 21, 1919, a total membership of 143 individuals, and 5 organizations.

Very generally throughout the state reports from the local leagues showed lessened activities because of the war conditions. However, the steady growth of the movement to reduce the hours of heavy duty for nurses in the undergraduate body has been noticeable, and at that date, nine schools reported operations under the eight-hour system. It is safe to say that this number has been materially increased at date of writing. The sentiment of the New York State League is entirely in favor of the idea calling for a reduction of hours. All appreciate that under existing conditions it is not an easy task, but one which must be met with the "courage of convictions" with at the same time due consideration of the many factors involved.

A second vital question which has received much attention is the shortage of applicants in our schools of nursing; but here again, all have recognized that this shortage is one of the evidences of the great economic and social changes our country is experiencing and must not be regarded as peculiar to nurse training alone. It, however, has afforded the League an opportunity to show that, what may properly be termed some of the past failures in nurse training, do supply reasons for a part of this shortage.

The Inspector of Schools of Nursing made a report that may well give much food for thought, namely, that out of the 144 registered schools in the state, 60 had changed superintendents
at least once during the year. Some of the reasons for this, as she termed it, appalling situation, being "unfitness for position," "impossible demands of the hospitals," and that the "larger hospitals attract the capable women away from the smaller." These conditions have called out much thought and study upon the meager provisions for the suitable preparation of nurses for institutional positions.

The bill for amendments to the New York State Nurses Practice Act before our legislature has occupied the attention of nurses throughout the state. Perhaps the feature causing the most discussion is that of training the attendant. At the present writing the fate of the bill is in the hands of the assembly where there is fairly good promise of success. The bill as it now stands provides for the training and licensing of nurses and attendants; an advisory council; the mandatory use of the word "registered" as applied to the graduate nurse; and a reciprocity clause which provides for graduates of schools outside the state.

The bill does not appeal to the League in its entirety, but was supported to meet the demands for nursing which was heard throughout the state. In this campaign, while it has developed that educational claims of the nurses made in the past have demonstrated their rightful place in the promotion of public health and welfare, it seemed expedient to yield to the widespread idea in the minds of the public that the training of attendants should be attempted.

On the whole the New York State League cannot report any marked deeds or progress, but the fact that it finds itself coming out of the grave experiences of the past few years more than ever keenly alive to the value of the nurse, and strengthened in its conviction that none of the standards struggled for in the past were too high, it finds itself facing the future choosing as its watchword, "Unyielding adherence to a belief in high, and still higher educational standards for nurses."

NANCY E. CADMUS,
President.
REPORT OF NORTH CAROLINA STATE LEAGUE OF NURSING EDUCATION

As a League we are fully awake to the needs of Nursing Education in North Carolina and of publicity concerning same but as yet we have settled on no definite plan. The training school inspector has seized the opportunity as it presented itself to talk before meetings of directors and trustees of hospitals, medical societies, graduate and student nurses, college girls, etc. Public health workers have been asked to use their influence to interest the public in nursing education and ministers have been asked to refer to it from the pulpit.

Opportunities will perhaps be given the training school inspector and others to give talks along this line in the colleges, rural churches and sunday schools.

Our state law was amended March, 1919, making provision for college work, credits being given on the three years course, these credits not to total more than one year for any one person.

Every training school in the state has been asked to adopt the fifty-two-hour per week plan for student nurses and all have expressed a willingness to do so as soon as a sufficient number of nurses can be secured. The number of candidates applying for admission to the schools of this state as compared with former years has been lessened about one half. In a few schools where otherwise desirable applicants have been accepted, arrangements have been made for special tutoring, high schools classes, etc. One Superintendent induced the high school in her town to arrange special classes not only for her students but for working girls who desired the opportunity.

The number of schools living up to the minimum educational standards as nearly as can be ascertained is 45. Training schools not meeting minimum requirements are required to affiliate for one year with a general hospital with a daily average of not less than 50 patients.

EDITH M. REDWINE,
President.
The annual meeting of the Pennsylvania State League of Nursing Education was held in the College of Physicians and Surgeons, Philadelphia, in November, 1920, in conjunction with the meeting of the Graduate Nurses Association of Pennsylvania. The meeting was of interest throughout owing to the discussion of subjects which are demanding the attention of all superintendents, teachers and instructors of training schools. Among the subjects discussed were the eight-hour system in training schools, student government, rank for nurses, etc.

Committees were appointed to carry on the different departments of work, but the epidemic of influenza seemed to paralyze for a time all work outside the strictly caring for patients.

Pennsylvania has two local leagues both of which are most active. The Philadelphia League gives the following report of work during the season of 1919 and 1920. Ten meetings were held, six regular and four special. A series of lectures on Public Health and Social Problems have been given in two centers under the auspices of the Philadelphia League of Nursing Education for the senior students in the schools of nursing in Philadelphia and the vicinity. These lectures have been most interesting and instructive, and have been very well attended.

On October 24, a meeting was called of the instructors in the various schools of nursing for the purpose of becoming better acquainted and of discussing methods of teaching and other kindred subjects not of general interest to the entire membership of the League. About forty instructors were present, and organized themselves into a body to be known as the Instructors Section of the Philadelphia League of Nursing Education. Monthly meetings have been held at which teaching procedures and improvised equipment, both hospital and laboratory, have been demonstrated. Other subjects discussed were: Teaching Ethics in the Training Schools and Means of Improving Teaching in the Training Schools.

The Pittsburgh League has a membership of fifty and holds regular monthly meetings on the second Wednesday of each month. At the different meetings various training school prob-
problems were discussed from time to time, including the curriculum and text-books. A general scheme of theoretical instruction was adopted at the March meeting. An affiliation with the Public Health Nursing Service of Pittsburgh has been effected, making available a three months course in Public Health work to a limited number of senior nurses in Pittsburgh Training Schools; at present nine pupil nurses are taking this work.

IDA F. GILES, R.N.,
President.

REPORT OF THE RHODE ISLAND LEAGUE OF NURSING EDUCATION

Five meetings of the League were held at different hospitals in the state with always a pleasant social hour following and there were five meetings of the Executive Committee at various times during the year.

The question of shorter hours in the schools was taken up in the early part of last year, but the results as yet are not overwhelming. Every school is working with the fifty-two hour week as a desired goal, and in a few instances the hours have been considerably shortened, but no school in the state has a definite eight-hour schedule.

The opposition of the shorter hours which at first existed in the boards of the various hospitals has been withdrawn and now the only stumbling block in our way is lack of student and graduate nurses, and we have found it impossible to secure a sufficient number of ward helpers.

During the past year there has been an alarming decrease in the number of applicants to the training schools. We feel sure that during the fall and winter no school in the state had its full quota of pupils. Conditions will be somewhat improved with the entrance of spring classes, however small, and there seems to be a faintly increasing number of applicants for the fall classes, which is most stimulating and encouraging.

The Educational Committee arranged for a course of fifteen lectures in Biology which were given by Professor Mead at Brown University to graduate and senior pupils during the past winter. About eighty enrolled for the course.
Some publicity work was done by a few League members who addressed groups of girls calling their attention to the advantages of nursing as a profession. No legislation is being planned that will affect nursing education in Rhode Island.

The State Educational Committee has outlined the following program for the ensuing year which is in process of being carried out:

A meeting was held with the Director of the Vocational Guidance Bureau of Rhode Island and arrangements made for speakers to address the young women students of all the high schools and colleges in the state. Leaflets setting forth the names of all accredited schools and their locations are to be distributed among the young women with instructions to write directly to the school in which they are interested. When all schools have been approached, invitations to a central demonstration of practical nursing with a tea following, will be sent to the interested young women in the various schools.

An effort is being made to secure a place on the program of the Federation of Women's Clubs of Rhode Island. The Rhode Island Medical Society has offered to print in their Journal any article pertaining to nursing that will be of interest to the Medical profession.

Effort is being made to secure space in the leading Sunday paper of Providence and newspapers in the outlying districts of the State where articles on nursing may be presented to the public.

NELLE M. SELBY, R.N.,
President.

P. S. Since writing this report The Memorial Hospital Training School of Pawtucket, R. I., has established an eight-hour schedule, both day and night.

REPORT OF THE TEXAS STATE LEAGUE OF NURSING EDUCATION

The Texas League was organized April 1, 1919, and has sixteen members. Three local leagues have been organized, one in San Antonio, another between Houston and Galveston, and one between Dallas and Fort Worth and the neighboring smaller towns. The State League will hold a meeting in May, at the time of the state meeting of the Graduate Nurses Association, a
full day being given for the League program. The question of the eight-hour day, shortage of applicants for training schools, affiliation and publicity methods will be discussed and an enthusiastic meeting is anticipated. Practically all schools in the state report a shortage of applicants, there are no schools which have the eight-hour day and night schedule, several have an eight-hour day and ten hour night. It is planned to discuss at the state meeting of the Graduate Nurse’s Association an amendment governing state registration of nurses with a view to establishing a minimum educational standard and to determine the daily average of patients, also the question of affiliation of special hospitals.

The League has interested itself in publicity methods and has enlisted the aid of the Women’s Federation of Clubs. During the month of April members of the clubs will give short talks in the schools and colleges on subjects pertaining to social welfare and will include in their program the need for nurses and opportunities offered in the field of nursing. A lecture outline and series of questions and answers was prepared for their use by the League organization.

The League has also enlisted the aid of the Texas University in the publicity campaign and has received valuable assistance from the University Director of Home Economics, and several articles have been published by Miss Jane Diffy, R.N., School of Public Health Nursing, University of Texas, Mrs. Parsons, Field Director of Public Health Nursing, State Board of Health, Austin, has also presented the need and opportunities for Nurses at her district meeting throughout the State.

It is hoped that a very definite program for the coming year will be outlined at the state meeting of the League in May and that a large number will apply for membership at that time.

Helen S. Holiday, President.

Report of the Virginia State League of Nursing Education

The Virginia League of Nursing Education is only two years old but in this short space of time it has demonstrated by the work accomplished and the demands made upon it, the necessity
of the League and the extreme folly and lack of judgment in our state, for the failure to organize a league previously.

The executive heads of hospitals, as well as the board of directors, are in sympathy with the league in every way, which tends to promote a higher educational standard. The medical profession have shown during the past winter that they are willing to cooperate with the League and render any assistance that should be desired. The League has suddenly become the fountain head for requests and information, placing the League in the nature of a Bureau of Information.

We expect to have within the year a 100 per cent enrollment of all Executive Heads as members of the League. Communications have been sent to the Board of Directors or Trustees of hospitals not represented, to make inquiry of their Executives, why they are not members of the League; it has been made plain to them that unless a director of a training school is willing to cooperate for the further advancement of her school, by not alone becoming a member, but by giving individual help to the League, that is the time for such a hospital to obtain the services of one better qualified.

Virginia unfortunately in many respects, is a state of small schools, in some way however it is conducive to better work. Owing to this condition the desire of the League is to have all schools concentrate in their work, in cities where there are several hospitals. Arrangements have been perfected whereby combined lectures will be given in Richmond, possibly at the Medical College of Virginia, for the coming session. These lectures are to embrace pediatrics, mental and nervous diseases, orthopedics, venereal diseases, and public health. If the results are satisfactory more subjects will be added from year to year.

We have had six Executive Committee meetings and three extra specially called meetings, inviting to these meetings members of the medical profession who were associated with hospitals. The work that required ingenuity and the combined efforts of all interested, was the bill which was introduced into the legislature by request of a very small medical society in the southwestern part of the state which read as follows:

Be it enacted by the general assembly of Virginia, that no female student nurse shall be required or permitted to remain on duty in any hospital in this state for more than eight hours in any one day of twenty-four hours.
Before attempting any legislative work for or against this bill, the State League immediately wrote letters to all hospitals, both executive heads and boards of managers to inquire if such a law would go into effect, what would be the result. The answers received convinced the Executive Committee that it would be best for the League to take action to have the bill killed in committee in order to prevent it being killed by other influences and possibly in a way not desirable. They showed 98 per cent of hospitals in the state had not enough pupils enrolled to be able to conform to the ruling of such a bill, and that if it were enacted either the hospitals would be forced to close or 50 per cent of the service cut off. Communications received stated emphatically that graduate nurses could not be obtained to supply the demand needed for the present system, ward attendants or care-takers would be equally impossible to obtain as demonstrated in the inability to obtain ordinary domestics at the present time. Further, the League was brought face to face with a statement made by a member of the legislature that if the proposed bill pending was passed he would immediately present a bill proposing that the "bill granting registration to graduate nurses be wiped off the statutes," citing that if nursing was classed as labor it could not be classified as a profession and vice versa.

The bill finally died a natural death in the committee room but the post-mortem revealed that its short life will have a beneficial influence in endeavoring to establish the eight-hour system. The bill was denounced by the League on the ground that the eight-hour system must come as an educational advancement and not by drastic law and further sacrifice and unwillingness to respond to emergencies were the fundamental principles to instill in our pupils, therefore if this law were passed our efforts would be defeated. We made it most emphatic to all hospitals that every effort of the League would be bent in the coming year to have the eight-hour system established, as a mean of greater efficiency in our hospitals and schools.

The League has given some attention to the bill for "rank," but owing to our own legislative troubles, have not done as much as we would have done otherwise.

The shortage of pupils in our training schools continues and our League is waiting with interest the result of this Conference, in
endeavoring to solve this problem. We have taken advantage of all opportunities presented for public education and a chairman has been appointed in every section of the state to stimulate interest. We are also endeavoring to obtain the support of the ministerial unions in every city and so far have met with success. Dr. Brady of the National Newspaper Service, was appealed to and a very commendable article was written by him, on "The Calling of a Nurse," which no doubt will have some influencing results in all sections.

The centennial of Florence Nightingale's birthday will be the means of further publicity, and in addition to the tableaux and screen pictures, now being arranged for, we are asking the chairmen of public education in the different sections of the state to undertake the planning of a jubilee banquet for graduates only, with short after dinner speeches.

ROSE Z. VAN VORT, President.

REPORT OF WASHINGTON STATE LEAGUE OF NURSING EDUCATION

I have just a little apology, and that is, I only knew a few hours before leaving Washington that I was to come. Consequently I have not the Secretary's report ready. We are less than a year old in Washington, having organized and been accepted in the National League only last summer. We have in this state a great many miles of territory but only a few hospitals, having 19 that are accredited and of that number there are only about five that are of any size whatever. The hospital centers are so widely separated that it is almost impossible to carry on any combined work. In Spokane, Seattle and Takoma are the only large hospitals, the others having training schools numbering from eight to ten pupils. The question of an eight-hour day for pupil nurses is being pressed with a great deal of energy by the Washington State League. We have four schools which are using the eight-hour system and the promise from three others that they would put it into effect as soon as it was possible for them to do so, but we are hampered by the lack of pupils and by the lack of applicants, as in other states.
There are five hospitals which have changed Superintendents with the year and one had changed twice. This hospital is constantly changing Superintendents owing to the way in which it is conducted by the board.

One of the questions which is being forced upon us at present is that of the twelve-hour duty for the special duty nurses in the hospital. This is being taken up by the graduates and is a question which some of the hospitals are willing to consider and others are not. The outline for the future year has not been completed. The State Association meets in Yakima in May and at that time we hope to have a meeting of the State League which will outline a program for the coming year.

May S. Loomis,
President.

Miss Clayton: In listening to these reports one cannot but be impressed with the fact that history does repeat itself. In spite of all the difficulties we have gone through during the past three years, despite the particularly difficult time we are having now in the culmination of the past hard times, culmination of the shortage of students and many other problems that have been presented, it seems, as we listen to these reports from the states, that we have never had a finer spirit of cooperation, a stronger spirit of effort, and a greater determination to hold up our standard and not only to hold on to what we have but to make them higher. It seems that we need not be discouraged in spite of the difficulties of the past three years, in spite of the difficulties that we have now. For our very difficulties are forcing our opposing forces to give us the things that we want and if we can believe, if we can hold on to the faith that we have had for the past fifty years we shall come through this with higher standards than ever before, placing our profession upon the basis that we really desire and not have to make quite the effort that has been necessary in the past. Our continued faith is the greatest thing we have and looking into your faces and hearing the reports that have been read, you need not be urged to have that faith because you already have it.

Meeting adjourned at 6:00 p.m.
AMERICAN NURSES' ASSOCIATION, NATIONAL LEAGUE OF NURSING EDUCATION, NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

JOINT SESSION

Monday Evening, April 12, 1920

The meeting was called to order at 8.30 p.m. by the President, Miss Noyes of the American Nurses' Association.

Invocation by Reverend C. B. Wilmer, Rector of St. Luke's Episcopal Church, Atlanta, Georgia.

ADDRESS OF WELCOME

By JAMES L. KEY

Mayor of Atlanta

Atlanta feels deeply honored with your presence in her midst. I regard this as one of the most brilliant occasions which it has ever been our pleasure to greet. We have had the pleasure of enjoying for a moment, for a time, many magnificent jewels in the past, but nothing that surpasses in brilliancy this one.

I am proud to be present here tonight to welcome this association, because of the things for which you stand. The association stands for an organization of mercy. Wherever there are the ravages of disease, wherever there may be war or pestilence or famine or flood or fire or disaster of whatever kind to humanity, there the nurse is found. I am proud to welcome you because you stand for patriotism; and I mean patriotism in the broadest sense, the kind of patriotism of which Dr. Wilmer spoke in his prayer. I have a feeling, as he does, that the test of patriotism today lies in service—in service to God, in service to country, in service to humanity. I am persuaded also that the man or woman who does not love his country does not love his God, and he who does not love humanity loves neither his country nor his God. I welcome you because you stand for an organized religion. I mean religion, too, in its broadest sense. There be creeds in the world and there be religions. Sometimes where
there is most creed there is least religion, and sometimes where there is least creed there is most religion. I speak of that kind of religion which was taught by the meek and lowly Nazarene when He said, "I came into the world not to be ministered unto, but to minister."

I welcome you because you represent a noble band with the highest conceptions of duty. There was a time in the history of the world when a woman conceived in her mind and in her heart and in her spirit the character of organization which you are fulfilling to-day. It was a woman who did it, and the name of Florence Nightingale, imperishable and unfading, will go down the annals of time one of the world's immortals.

In behalf of the people of Atlanta and in behalf of this city, whom I specially represent, I extend to you a most hearty greeting and bid you a most cordial welcome to our midst.

PRESIDENT'S ADDRESS, NATIONAL LEAGUE OF NURSING EDUCATION

By S. Lillian Clayton, R.N.

In consideration of the progress which nursing education has made during 1919, and of the many problems which confront us at this time, we cannot fail to be impressed with the facts that during the past year our advancement has been retarded by several factors, and that our present problems are many of those which we have always had with us, plus new ones brought about by war and other influences.

The war with its many evils has created a desire for progress and has stimulated to greater efforts more than one profession. In an article by Frank F. Spaulding, we find a statement concerning the education of the nation, which is applicable, also, to the education of the public in its relation to nursing.

Of the most impressive revelations of the great world war none was more impressive than that of the supreme importance of education. In Russia and Prussia, the whole world witnessed the dire disaster resulting, in the one case, from the lack of universal education, in the other, from misdirected false education, and both the strength and the weakness of our country have been easily traceable to the excellencies and to the deficiencies respectively of our educational provisions and efforts. Now is
the time to take stock of these impressive revelations; to look into the demands and the opportunities of the future. Now is the time to set earnestly about the reorganization and development of our school undertaking.

(and to interrupt my quotation can we not substitute the term “nursing” for the word “school?”)

that the shortcomings of the past may be properly corrected, that the preparation may be rapidly made to meet the larger opportunities and to bear the heavier responsibilities that are confronting us.

Now is the time to correct the shortcomings of the past. It is scarcely necessary to review them, yet a brief summary may help us in their consideration. They may be classified under two general divisions: 1st, those which are economic in their origin; 2nd, those which arise because of a misunderstanding of the true objectives of nursing education.

Under the first division we have the great question of supply and demand affecting first the hospital and then the public as a whole.

The existing inequality of supply and demand is a problem of universal interest, and is therefore discussed by the medical and by the nursing profession, by hospital and by lay people. No two of these groups agree wholly as to the underlying causes of the condition because no two groups have the same objective (or think they have not). Suffice it to say that various remedies for the situation have been advanced such as, shorter hours of duty, less housework, better housing conditions, improved teaching personnel, methods, and equipment, wholesome recreation and social life; the elimination of military discipline and a greater measure of self-government. We are also told that the real reason for this condition is the higher educational standard of admission. (This would be humorous were it not so serious, when we consider what these standards really are in the majority of training schools.) We hear, too, that the course of training is too long; that a revision of the required curriculum is necessary, again that the average young woman does not care to work with her hands and that in any event the work is too hard.

We might continue indefinitely, but in the end, the sum total of our deliberations would be practically the same.
Let us turn to the second general division, and consider briefly the objectives of nursing education.

Our conception of nursing is not the same to-day as it was formerly, nor can it be; because our point of view must be widened to include the varied and increased demands which are being made by the medical profession and by the public upon the women who go out from our training schools.

The preparation of the nurse merely for the care of the sick in their homes and institutions is not a difficult problem and may be easily assumed by the average hospital, but to-day this is but one phase of her education. Dr. C. E. A. Winslow tells us:

The new field of nursing requires a highly trained and specialized expert,—the visiting nurse must be no empirically trained upper bedside servant. She must understand thoroughly the general fundamental laws of hygiene and sanitation which means a mastery of the principles of physiology and bacteriology, and she must have a minute grasp of their special application in the field of her own work, whether it be school nursing, tuberculosis nursing or infant welfare. She must know these things not merely as a practitioner, but as a teacher, which means not only a knowledge of details, but a vision of right relationships and a talent for effective presentation.

Our foremost hospital executives and representatives of the medical profession also believe that the ideal of the future should be that of training for public service. If, therefore, our objective has been widened to include not only the foreground of the patient as demonstrated in his bedside care, but the background of that patient as well, regarding factors in that background as responsible for bringing him to the foreground of medical and nursing care—if that objective requires the practical and the social education as stated by Dr. Winslow, if it requires academic preparation for teaching and supervision as well as the practice and theory of bedside care—is the hospital equipped to give this preparation in its entirety, and should it be expected to do so? Is it logical to place this burden wholly upon an institution which must make another group its first consideration? If so, then the hospital must change its entire plan of organization and plan definitely to establish within itself an educational department. This would require economic readjustment on the part of the institution and on the part of the student.
The number of nursing students will not increase permanently on the old economic basis, nor should it, for this basis today is fundamentally wrong for the student, educationally, socially and physically. It is fundamentally unsound for the hospitals. Their primary purpose is to afford care for the sick and to what extent their functions should be educational, is for them to decide. Only a very few have so determined. Certainly at present, the burden placed upon the hospital, the training school and the student is greater than can be borne.

In studying the program of any educational group, we quickly realize that their problems and their topics for discussion are very similar to our own. Therefore, may we not find some of their suggestions worthy of our consideration?

Every young student should be given the opportunity to secure the education, physical, scientific and social, necessary to prepare her adequately to meet the needs as previously set forth. We know that there are many who have not received such preparation, many who will not, and few who are really giving back to either hospital or society the service expected of them. And the criticisms come from all parties concerned.

We must find a way to make universally real the ideals which we have. We must reach the objective which we believe to be ours.

At the present time we have but the merest beginning of the educational program necessary to this end. Let us agree, as one of our educators has said, that our minimum objectives are: 1st, Essential elementary knowledge, training and discipline in the care of the sick. These we know should be provided within the hospital; 2nd, Occupational efficiency. This presupposes preparation for special types of nursing service, only part of which can be provided within the hospital; 3rd, Public or civic responsibility. The essential elementary preparation should be given in the regular school for nurses, the details of which are well known. This must be the strong foundation for the second and third objectives, and we must not permit it to occupy too much of the student's time. This preparation should be standardized and the teaching staff should have had at least a full high school education previous to their professional training.
These simple provisions should convince anyone of their necessity; but their application alone would at once bring about a great change in the very foundations of our training school system. Only statistics can really prove the above statement; and yet all of my hearers know it to be true.

The content, the quality, and the language of instruction are matters of concern to the students, their parents, the community, the state, the nation; and it may prove to be true for nursing education as for any public education, that a worthy program for American training schools must make adequate and effective provision for supervision and control of such instruction by duly authorized officials.

At the present time it is not possible to secure an adequate number of nurse teachers with the qualifications mentioned, hence the necessity of making provision for their preparation is a matter of fundamental importance.

Training for our second and third objectives should follow the first, and this preparation we believe can be given in schools other than schools of nursing. We believe it should be under a central control and financed by public funds. Central schools have been provided for other forms of education, why not for this?

Would such a program of supervised and standardized education for the nurse, supported by public funds and resulting in the sound preparation of the student for private and for public service be too expensive to consider? How would it compare with the cost of the varied activities incident to the war, where no return was expected—except destruction? What would be the returns as measured in the spirit and efficiency of the hospital care of patients; in the freedom to render such service thus secured to institutional officials; in the spirit of and readiness for public service of the nurse? Public financial support appears to be a very practical method of dealing with the large nursing problem now confronting us; but the development of a working plan for such a solution of the question, will require a number of years.

The most important immediate factor is the securing of properly qualified nurse teachers and the establishment of a department of nursing education which shall be on a par with any other state and national educational department. It is only necessary for the American people to be as interested in the health of the
nation as in any economic problem, to have the decision made that the plan is worth while and that it shall be carried out.

In conclusion, to continue the line of argument as presented by Mr. Spaulding and to quote further from him:

America is distinguished as the one important nation of the world that fails to recognize education as one of the half dozen or half score great national fundamental interests and responsibilities.

This is a startling fact; but it constitutes an all sufficient reason for adequate, governmental recognition of education, for the simple reason that only through such recognition can there be assured to all American people adequate preparation for the great tasks which lie before them; that only through such recognition of education can the American nation be qualified to discharge the unprecedented responsibilities that should be welcome, and which will be inevitable.

The whole world today recognizes not only these unprecedented responsibilities, but the unparallelled opportunities as well, that are America's. May we not recognize—all Americans—before it is too late—that the only sane hope of rising to these responsibilities of grasping these opportunities, must be founded upon the determination to prepare ourselves for them, individually, as a community and as a nation?

We are not prepared now. We are no more prepared today to meet the great emergencies of peace which are confronting us, than we were prepared, three years ago, for the emergencies of war. Education, hasty and hectic, was our chief resource in preparing for war. Now—education, deliberate, intensive and sustained, must be our basic principle in preparing for peace.

ADDRESS OF WELCOME

BY CLARA D. NOYES, R.N.

President, American Nurses' Association

It gives me great pleasure to express for the nurses who are here and those who have not been able to come, our deep sense of appreciation for the privilege of meeting in this city. We feel sure that we have something to bring to you and we shall probably take a great deal away with us, probably much more
than we bring. Someone has said that we get out of a thing what we bring to it; and so I feel sure that in going away from Atlanta we shall only have the happiest and pleasantest recollections and we shall take away with us inspiration and stimulus to go on with the work which we are doing.

At our last convention, now two years ago, the deep shadow of war was hovering over us; our hearts were heavy with sadness, our minds torn by anxieties and our bodies weary with the prolonged physical strain of extra work thrown upon us by the exigencies of war. Today, nearly one and a half years since the signing of the armistice, we are deeply concerned with the task of readjustment.

While the pressure of actual war conditions has been lifted, the period of reconstruction brings pressure of quite a different type. The deliberations of the next few days will cover a wide range of subject matter, which will be an index to nursing conditions as they now exist and which we sincerely hope, will bring forward suggestions of ways and means of solving some of our problems.

Before declaring the convention open for the conduct of necessary business incident thereto, it seems logical to direct your attention to the character of the profession as it now appears. One has only to face an audience like this to gain an impression of the numerical strength of our organization. At the same time a thrill of pride in its solidarity is instantly "registered." Could there be anything stronger or more simple than our plan of organization—the alumnae, the local and state associations heading up in a national organization, with a delegate system of voting? This general form of organization prevailing in all three of our national associations offers, with its sections and special committees, an opportunity to all its members for expression.

It has been roughly estimated that 100,000 nurses have registered in order to conform to the nurse practice acts which exist in forty-six states, that we have about 3000 schools of nursing from which probably 13,000 student nurses are graduated each year, and for which superintendents and instructors are required. The hospitals with which these schools are connected need large numbers of qualified nurses to fill the supervisory and other positions that exist in these institutions. The Army, with a personnel of 2000 graduate nurses; the Navy, with 700; the rapidly
developing United States Public Health Service, to which about 900 nurses have been assigned by the Red Cross alone during the past year; the Red Cross, with approximately 275 nurses working under its auspices in many foreign countries; 2380 in its fourteen Divisions and many of its chapter offices, (1800 of these as instructors in its classes of Home Hygiene and Care of the sick) while 8000 nurses listed in the ranks of public health nursing, indicate in a measure the distribution of our members.

Sweeping hurriedly through this rather rough and more or less approximated classification, we can easily visualize this vast army of professional women nurses, pledged to service and, I firmly believe, the highest type of service that a woman can enter.

In viewing our development we find our associations engaged in raising great funds, one for relief of its disabled members; one to build a school of nursing in France as a memorial to those nurses who gave their lives during the war for the purpose of extending and perpetuating a modern system of nurse education under proper condition and suitable environment. We find our periodicals well established and our literature increasing. Laws capable of improvement are constantly in need of amendment and, furthermore must be almost constantly policed. During the past year the nurses have raised large sums of money to finance the committee working for rank for nurses and success in this direction appears to be close at hand, for it has become part of the Reorganization Bill of the Army and the special section providing for relative rank for nurses has passed both the Senate and the House. Large scholarship and loan funds have been placed within the reach of nurses who were desirous of preparing for public health nursing and as instructors in schools of nursing, while postgraduate courses in public health nursing have been increased in numbers.

A plan for national and divisional headquarters will be presented for your consideration. It is hoped that the delegates will not reach a conclusion too hurriedly. The need for headquarters has never been greater. With our rapidly developing interests headquarters are almost indispensable. We must not let personal or political ambitions sway us, we must stand together, for unless we go forward we must drop back, something we cannot afford to do.
Conditions in schools of nursing, such as long hours and scarcity of pupils, are matters with which all nurses are deeply concerned and for which remedies are being sought. The National League will give the most careful consideration to this subject.

What about nurses themselves? Necessarily some unrest prevails. The nurses who went into active service, an army 20,000 strong, have come back from overseas or from military hospitals in this country, or from naval stations to which they were assigned, with a new point of view; some dissatisfied, it is true, some exalted by a broader and wider insight into the wonderful possibilities lying within their grasp; some physically unfit for nursing, but equal to some other form of work, ready and eligible for the re-education which our government offers; others, and alas, there are too many held in the grasp of that dread disease, tuberculosis, for whom arrangements for care under proper conditions are being developed as rapidly as possible by Federal departments.

We hear of a great scarcity of graduate nurses. This was particularly noticeable during the recent influenza epidemic—where are they all? We should have many more nurses now than we had a year ago. Estimating rather roughly, it is true, upon about 15,000 released from active service, add to this the graduates of 1919, of probably 13,000 pupils, we should have at least 28,000 more nurses available for service than we had a year ago. What has become of them? From such information as can be secured, many seem to be leaving the profession entirely, many enter the business field which at present is offering lucrative positions and alluring possibilities; many are establishing homes for themselves in the country or are taking up land grants; as secretaries they seem to excel, while matrimony and tea-rooms beguile many from the ranks of active workers. We also find many, not leaving for something quite different, but entering related fields of activity, such as social service, anesthesia, X-ray, and laboratory technique; more recently our attention has been called to the fact that many are entering the field of oral hygiene. We are naturally concerned by these deflections from the straight path of nursing, for every one turning aside for what may seem a more attractive opportunity weakens our strength and scatters our power for usefulness. The unrest is not confined to nurses,
it is noticeable in other professions as well. It has been stated that 140,000 teachers entered other fields of work last year. A nurse is an important unit in the scheme of life, but the teacher, if anything, is more important and more necessary.

The exodus from our own ranks, however, is our problem, and is a genuine cause for alarm. We should like to see a definite campaign of education of the public to their responsibility in this direction undertaken. The importance and value of a nurse’s education, her place in the economic and social scheme, proper schools, separate endowments, should be more generally and better understood. A different attitude should be developed toward the nurse. For example, at one moment she is declared by leading medical authorities to be the most important factor in our public health movement; at the next she is discredited, her work is belittled, she is deprived many times of an opportunity for initiative, a veritable barbed wire entanglement of restrictions is frequently erected about her that is not only humiliating, but crippling to initiative and development. At one moment the nurse’s brain is used, at the next her hands only, are required, at the next both brains and hands, and perhaps at the next, neither brains or hands. Can any profession grow and thrive under conditions as they now too frequently exist? Is a nurse necessary in the field as a public health worker or in the institution? Is she an important adjunct to the medical profession or is she not? If she is, then what can be done to interest her to enter the profession and keep her there after she has once entered? What can we do about it all? Isn’t this one of the questions that we, as nurses, must try to answer? If it seems necessary to retrace our steps and begin all over, then we must begin the education of a nurse back in the public consciousness. There seems little use of urging young women to enter schools of nursing if, because of conditions within, it becomes impossible for them to remain after they have entered. Every pupil that does withdraw is a propagandist against the system. Nurses alone cannot make good nurses, they cannot alone support or endow good schools. They need, as does every profession, the public back of them. They require the sympathetic understanding of the medical profession, they also require the support of an intelligent and educated public, at the same time they need to educate
themselves to a wider comprehension of their own responsibilities toward the profession they represent and to the public they serve. We hear quite generally that commercialism is invading the ranks of nurses and some rather distressing stories are being told of excessive charges and of arbitrary and un-nurselike attitudes.

Perhaps this is what one might expect as a natural reaction to years of servitude and it is at least in keeping with the times. It is unfortunate, however, if there is any truth in these statements, as the nursing profession because of its uncommercial attitude and high-minded devotion to the principles laid down by the founder of modern nursing, Florence Nightingale, has been able to obtain a position in the minds and hearts of the great public that I believe no other profession enjoys.

While it is true that “Every laborer is worthy of his hire,” we believe that we must still continue to make a few sacrifices, we are still pioneers and we should count it still a glorious honor to keep the lamp, lighted by Florence Nightingale so many years ago, trimmed and filled and always burning, we cannot allow it even to dim lest we lose the priceless position that we have gained in the world’s work.

ADDRESS OF WELCOME

By KATHARINE TUCKER, R.N.

President National Organization for Public Health Nursing

This first gathering together of all of the nurses since the war to discuss their common and special problems is a peculiarly solemn and significant occasion. The terrific cataclysm is past with its horror and sense of impending disaster. For all of us as individuals and as a group it has been a time of testing by fire—and under fire—a time of meeting and overcoming seemingly insurmountable difficulties. Our failures no one knows so well as we ourselves, but surely we have gained immeasurably. The strength and unity that comes from conflict is ours. And we will need it. Little time and thought can be given to looking back over the past except to gather together the new strength and wisdom gained through experience, for the present is pressing upon us. Whatever of good or evil has come out of these terrible years has put new and increasing responsibilities upon us.
The world of to-day seems calm in comparison with those days of our last meeting, and yet beneath it all are rapidly changing conditions and undreamt-of unrest. To these uncertain times the nursing profession has much of stability to contribute. Whatever diversities of opinion are disturbing the world, even whatever governments rise or fall, partisans of every cause are in agreement upon one point—the sick must be taken care of and increasingly the right of all to health is asserted. This field of emphasis on health has given a new impetus to many nationwide programs which, while they differ in their immediate approach, have a common goal—the adequate care of the sick, early detection and treatment, and last and most important of all, the prevention of the incidence of disease.

Let us pause for a moment to consider these programs: Out of the years when lives were so freely sacrificed, has come an entirely new realization of the importance of saving lives. Particularly has the life of the child seemed more precious than ever before. The celebration of Children’s Year brought to the attention of all that the child must be safeguarded every step of the way. First and foremost, each child has the right to healthy parents. Particularly must the mother’s health be protected during pregnancy. Proper care must be provided at the time of birth, that most crucial time in the life of both mother and child. To build soundly for future health every attention must be given to those most precarious and important early years. At that time the young child is peculiarly beset with foes within and without, being particularly susceptible to nutritional disturbances and contagious and infectious diseases. It is a daily marvel that the child survives at all. The tragedy is that too often those who do survive bear throughout life the marks of unintelligent care and even neglect during this formative period.

So much attention is given to the health of the school child that it is rapidly becoming an essential part of the general school program. At the recent convention of the National Education Association, held in Cleveland, there was hardly a meeting that did not touch upon the health aspects of education. It is a well recognized fact that an undernourished child is an inattentive child and that no amount of expert teaching can make a child learn who is retarded through certain physical defects. It has,
therefore, become axiomatic that in order to make our whole educational system sound the schools must have healthy children—children free to learn.

Out of this far-reaching and all-encompassing insistence on the right of the child to health has entered a new note in the antituberculosis movement, one of the first and most successful of the public health campaigns. Not only for the sake of the individual and other adults, but particularly for the protection of children who are peculiarly susceptible, must adequate early treatment be provided for those suffering with tuberculosis. The center of the modern tuberculosis movement which is being carried on with more vigor than ever before, is the Health Crusade for Children. Not only must children be kept from contact with tubercular patients, but their resistance must be built up so they will be able to withstand infection.

Another of the much needed lessons of the war has been that persons afflicted with venereal diseases are sick persons and must be treated as such. Social stigmas and taboos have not been found effective in eliminating these diseases. Neither closing our eyes nor making moral judgments have prevented its spread to thousands of innocent sufferers. Social hygiene to prevent the occurrence of these diseases and strike at their source now goes hand in hand with a sane and thorough program for early and continued treatment. Only through such measures can a sound public health be built up not only for the protection of the present, but for future generations.

The war has not only helped to bring forcibly to our attention the prime necessity and real possibility of stamping out such diseases as tuberculosis and syphilis. The equal importance of health in industrial fields has been forced upon us, bringing out into bold relief truths just becoming articulate before the war. That healthy workers were essential to the greatest efficiency and highest output was a fact practically proven to few and usually but half-heartedly admitted until the unrelenting pressure of a national emergency necessitated the sweeping aside of all prejudice and quibbling, and the trying out of any measure that might increase production. It was proven beyond the point of controversy that the relationship between fatigue and efficiency is not an academic question and only the concern of the student,
but a matter of immediate practical importance. It became of national concern when the country was at war. It called for action when it was found that long hours not only did not increase quantity, but decreased quality. The tired worker was found to be the poor worker and very often the absent worker, because particularly susceptible to illness. Furthermore, it was clearly shown that there is no greater economic loss to any industry than sick workers. Therefore, every means had to be used to keep this “second line of defense” well, and when sickness occurred to get them well and back to work as quickly as possible. This lesson as to the cost to industry and, therefore, to the country, of the sick or half-sick worker has been remembered, and the employer, the employee and the state are gradually realizing their joint responsibility in this problem of industrial health.

In all these various phases of the public health movement chief attention in the past has been centered on the obvious and truly dramatic unhealthfulness of city life, with the result that city hospitals and dispensaries have been built and municipal and private public health nursing work organized in a really encouraging manner. Meanwhile statistical data have grown in volume, showing a higher percentage of mental defect and disease among our rural population and an appalling high infant and maternity death rate from country districts. Further studies have been made which revealed that a larger proportion of children attending rural schools are suffering from physical and mental defects than those attending our city schools. All of these facts we have been told, but again it needed a national emergency so that action commensurate with the need might result. It is, therefore, not surprising that the American Red Cross, which during the war gave of its uttermost to safeguard the lives of the men at the front, should make as the center of its peace time program the development of health work for those living in small town and rural communities. The significance and results from this last most inclusive and far-flung program of all can scarcely be estimated. It has meant an awakening throughout the land as to the health rights of the people.

And so we see this tremendous movement for health sweep forward, bringing a new hope for the baby, the child, and the adult; pervading the home, the school, the factory and mines—
and always back again to the home and baby. The naive person taking this bird's-eye view of the situation might graspingly ask, "Who can do it, and how is it to be done?" But for the nursing profession part of the question has already been answered for us. We hear it iterated and reiterated on all sides—the infant welfare nurse, the school nurse, the tuberculosis nurse, the social hygiene nurse, the industrial nurse, and the visiting and community nurses who include all the specialized types of service, are the answer. The rest of the question,—as to how it is to be done, is that we are here to discuss.

So many doors opening to us and so much responsibility placed upon us would be entirely appallingly were not the challenge to service, even more stimulating than inhibiting. And we know it can be done, because it must. To meet this tremendous responsibility, however, we must have the cooperation and understanding of the medical profession, of educators, and of the public who support these activities and whom we seek to serve through them. Furthermore, this is the concern of the nursing profession as a whole, though the various groups have differing parts in the process. The question of recruiting more students to the training schools, who will bring the educational background and spirit needed; the equally difficult problem of giving these students an adequate basic preparation for the tremendous responsibilities waiting for them in this growing field of public health, as well as the question of special postgraduate training, are all problems of mutual concern and mutual endeavor. Bound together by this common and self-less purpose, in much the same spirit that made men die to make the world safe for democracy, we can enter upon this new movement to make the world safe for health.

Miss Noyes: I wonder how many of those who are present appreciate the fact that we have an international relationship with the councils of nursing of foreign countries. Nevertheless this relationship exists, and while this is not a meeting of the International Council, it seemed wise to call a meeting of as many members of the Executive Committee of the International Council as we could get together this year. We had expected Miss Dock to be with us, as she is secretary of the International Council, but she has been able to get only as far as Washington, because of the difficulties of train service.
GREETINGS FROM CANADA

We have with us, however, several representatives from foreign countries. We have a representative from Canada, Jean Gunn; from Denmark, Miss Munck; and from Finland, the Baroness Mannerheim. These are all graduate nurses and presidents of the Councils of those countries. They are to be called upon tonight to say a few words regarding conditions in their own countries. The long period of war has interfered with the close connections which we had formed before war was declared. We hope now to be able to resume the relationship which existed prior to that period.

GREETINGS FROM CANADA

By JEAN GUNN

The Canadian nurses feel very much honored by being represented here at your meeting at Atlanta, and we are very grateful for the hospitality of the south in receiving us and also very grateful to Atlanta, particularly, for extending to us the hospitality that Atlanta has extended. We feel almost at home already, although we have been here only half a day.

The south, I think, has a particular appeal to northerners, and when we heard that the American nurses would meet this year in the south, we were very much pleased to think that we would have the opportunity of seeing the south.

I notice that I am down on the program as a foreign delegate. I do not feel at all like a foreign delegate. I may say that if I had just closed my eyes and listened to Miss Noyes and Miss Clayton and Miss Tucker, I would almost think that I were at home; because our problems are just exactly the same as your problems. The problems and the difficulties that have been presented tonight by the three previous speakers are also the problems of the nurses of Canada; and we are struggling along in very much the same way that you are in this country, to try and solve those problems.

Of course, in Canada, our nursing body is a very small one compared with that of the United States. Our population is smaller in every way, and our nursing population is very, very much smaller, therefore our nursing activities are to the same degree smaller than yours.
The advancement in nursing in Canada has been in some ways very much slower than the advancement in the United States. We always look to the United States for leadership, and so far the nurses of the United States have never failed to give that leadership to the smaller body of nurses of the north.

Our development in nursing education in our universities is of very recent date. We have in the University of McGill, in Montreal, a chair of nursing which, owing to war conditions, has not yet been actively organized. However, we have that to look forward to in the very near future. We have one training school in Vancouver, the Vancouver General Hospital, which is affiliated with the University of British Columbia. During this past year and a half, we have had university courses in public health nursing established in a large majority of our universities. Nearly all the provincial universities now have such courses. The University of Nova Scotia is organizing a course this year, with the help of the Canadian Red Cross. In the Province of Ontario we hope this fall to organize a course in public health nursing. In organizing such courses, we feel that we owe a great deal to the nurses of the United States, because we have their courses as a guide in the organization of ours, and we feel very grateful for that leadership.

We have felt for a long time, also, very grateful for the courtesy that has been extended to our Canadian nurses by the United States in postgraduate work. That is one thing that we have been very lax in, in Canada. Now we are starting to establish our own postgraduate courses, but in the past we have depended almost entirely on the courtesy and the help that have been given us by our American nurses.

In registration, in Canada, we have also followed the lead of the United States. At the present time the majority of our provinces have registration for nurses. The Province of Ontario, from which I come, is perhaps the only one that has not some legislation for nurses. The nurses in that province have asked for registration for about fifteen years, and every once in a while we think we are going to get it, and then something happens and we do not. However, before I came away we were assured that we were going to get registration within a few days, so that we may have it when I get back to Canada. Some of our provinces
have very good bills and are working out a good system of standardization of nursing education.

I might say here that another thing that we appreciate very much in Canada is the privilege extended to our Canadian training schools to register in the State of New York. By that courtesy, and by that arrangement, our graduate nurses, if they wish to come to the United States to take up any branch of work, are permitted to take the state examination, without which they would not have the standing which they wish.

Our nursing associations in Canada are organized in just the same way as the nursing organizations here. We have the same system of organizations, the alumnæ, the provincial, and the national. We have also our Canadian Association of Nursing Education. We have not, however, a Public Health Association, but we formed last year under our National Organization a section on public health nursing. That section is being organized and we expect within the next few years that it will develop very quickly. We may find in the end that we will have a Public Health Nursing Association separate from the others, but our problem is very much smaller, as far as our public health nurses are concerned; so that for the present we have the section only.

We have really been unable to give very much to the American nurses in the way of assistance in the past, but there is one thing I think that Canada has done for the nurses of the United States and their training schools, and that is to give them a great many pupils.

In summing up what the Canadian nurses owe to the American nurses, it seemed a very great debt; and then I happily thought that we have perhaps given something back to you in return. Many of our nurses, as you all know, remain here and form part of the permanent nursing body of your country. They are good American citizens, but I think they always keep their love for Canada. I hope that sometime, perhaps in the near future, the Canadian nurses may be in a position to do something for American nurses; but I want to take this opportunity of assuring the body of American nurses that we Canadians appreciate very much the courtesy and the sympathy, the cooperation and the leadership, which you have always extended to us.
As a representative of Denmark and the Council of Nurses of Denmark, I want to thank the Nurses' Association here in America for the invitation that you have sent to us. It is with great expectations that I have come over here. Being a graduate from the Presbyterian Hospital in New York, myself, I know during the three years there that the ideals of the profession of nursing are very high in this country. I am sure that the extraordinary development of social work over here and the wonderful work that the representatives from the nursing profession from over here have done in Europe during the war, has developed those ideals and carried them on still higher.

At these times everybody wants to do as little work as possible. And while liberty seems to mean independence only, I feel that it is a great responsibility and a great privilege to belong to a profession which wants to render service and to be everything to every man.

I feel that we have very much to learn over here. Of course we do not have in our country nearly all the serious problems that you have here in this big country. If I should tell you about the nursing profession in my country I just want to tell you that we have a three-year course. We have had very few training schools. Indeed, I can tell you that seven years ago I was the first head of a training school in Copenhagen, the other hospitals having no head of their nurses. The different departments were absolutely independent and the training of pupil nurses was in the hands of the heads of the different departments. We are now working along the lines to get a superintendent of each training school in each hospital in Denmark. But I think that if you come to Denmark for the International Congress that we hope to have in 1925, you won't find conditions as we want them. But we think that the Congress there would be a great help to us in our work.

While I have been here today, I have found that the problems of our country are in some ways the same as here. Still there is one problem that has been solved recently in my country, and that is that all the different organizations of nursing, the different organizations having different heads, some of them being in the
hands of doctors and some of them being in the hands of laymen, have decided upon a three years' training for every nurse having the right to be called a nurse and having the right to be a member of the Danish Council of Nurses.

We have sent in an appeal for registration and we hope that in due time we will get it. I think it is of immense importance that the nursing profession shall work for an even international standing. I feel that all we can bring to others of inspiration, of lofty ideals, of a willingness to work, will make us more ready, all of us, to a consecrated service that will give us a right to always aim to greater things.

GREETINGS FROM FINLAND

BY BARONESS MANNERHEIM

It will be great pleasure for me to tell the nurses of Finland of this wonderful meeting that it has been my great privilege to attend. I do not know how much you have heard about my country. It is a small one, but you may perhaps have heard that two years ago we at last, through the war of liberation, got liberty from the Russian rule, and that now we are at last a free country. It was because of this, because this was the first time that Finland was affiliated in the International Council of Nurses, for the first time that Finland could appear as a free country, that I had to come.

To us, who have read about your war of independence, who have always admired the splendid way in which your nation fought for and got its freedom, it seems as if no other nation could like yours understand what we in Finland feel when we are able to stand a free nation among free nations, now that the freedom of our fathers and our forefathers has come true, that the word that was whispered in the darkness of the night could once more be shouted from the housetops.

And that is why I had to come, and that is why I am so happy that it is in your midst that the nurses of Finland make their first appearance in a greater nursing world as citizens of a country that at last is free and happy.
Miss Noyes read, at this point, a telegram from Mrs. Helen Hoy Greeley, Counsel of the Committee to secure rank for Army Nurses: "We have met the Congressmen and they are ours. The United States Senate has given rank to nurses by unanimous vote with not one voice raised in protest."

The session closed with moving pictures prepared in honor of the centenary of the birth of Florence Nightingale, called, "Following in the Footsteps of Florence Nightingale."

NATIONAL LEAGUE OF NURSING EDUCATION, CONDUCTED BY THE COMMITTEE ON EDUCATION

Tuesday Morning Session, April 15, 1920

The meeting was called to order at 9:40 a.m. by Miss M. Adelaide Nutting, Chairman.

Miss Nutting: This morning's session of the League is to be devoted to a presentation of work done by the Committee on Education which has for the past two years been occupied in studying important problems in hospital and training school work, and in pressing forward certain urgently needed reforms.

Before proceeding to the discussion of these subjects let me report briefly the work of the Committee for the year.

REPORT OF THE EDUCATION COMMITTEE

The Education Committee has held two meetings during the year, on October 15 and January 14.

The work which was undertaken last year by the subcommittees on "The Classification of Nursing Schools" (Miss Gray, Chairman) and "Possible Readjustments in the Practical Training of Student Nurses" (Miss Johnson, Chairman) has been continued through the year.

Two new subcommittees have been appointed, one on "State and Municipal Aid for Nursing Schools" (Miss Jammé, Chairman) and one on "Affiliations between Nursing Schools and Universities" (Miss Powell, Chairman). Reports of these subcommittees will be given separately.

In continuation of its work last year on "Shorter Hours in Nursing Schools," the Committee has sent out letters to the
presidents of all the State Leagues and where there were no leagues to presidents of States Nurses' Associations asking them to push this matter through their state and Alumnae Associations during the year. Copies of the two pamphlets on "Hours" were sent with the letters, and as a result we have had several cordial replies and some orders of pamphlets for state distribution. Another letter was sent out to the training schools where we sent our literature last June in the hope of finding out how many schools are now operating on the eight-hour basis and what the general sentiment of the country is on the question.

The schools selected were all those in the list of accredited schools of the American Nurses' Association having a daily average of fifty or over patients (exclusive of California, where there is a compulsory eight-hour day). We received replies from about half of the schools—504 in all; 296 (about 50 per cent) state that they are in favor of the eight-hour day; 189 state that their schools are working on the eight-hour day, but out of these only 64 state that they have also an eight-hour night.

Assuming that these statistics, while incomplete in certain aspects, do include full information on shorter hours, we are left with the approximate figure of 6½ per cent of all the hospitals in this country, of fifty beds or over (omitting California) operating on an eight-hour basis day and night, and about 19 per cent with an eight-hour day duty.

Although only one-third (155) of the schools replying state that they are suffering from a scarcity of pupils, it is evident from the many accompanying letters that this is a fairly large factor in the present situation. Many state definitely that they will reduce their hours of duty just as soon as they can secure a larger staff of pupil nurses. And several schools have added to their staff of pupils, and of graduate nurses, and have introduced a new factor known as "hospital helpers."

The results of this inquiry merely serve to give us some idea of the task still to be accomplished in reducing the hours of student nurses in our hospitals. It is clear that the sound sentiment of the country is very strongly against long hours, and few, if any, would have the temerity to defend them. This does not mean, however, that the movement will now carry itself. It will be necessary to work steadily to convince hospitals that it is the
poorest possible policy to postpone the introduction of shorter hours until a larger staff of student nurses can be brought in, because while the long hours prevail in any school there is little hope of attracting students. The wider use of graduates and hospital helpers seems to be considered the most practical solution of the problem.

The Committee has added to its list of publications a reprint of Dr. Beard’s article on “The University Education of the Nurse,” published some years ago, of Miss Grace Day’s article on “Some Principles of Supervision,” which appeared in the January Journal of Nursing. These pamphlets are sold at 10 cents each. A reprint of Miss Nutting’s article on “A Sounder Economic Basis for Nursing Schools” will be ready soon and a revised edition of “Opportunities in the Field of Nursing” is now in press.

The second edition of the Standard Curriculum is almost exhausted and another edition is being published. Copies of all these publications may be seen at the Book Table.

The work of handling all the orders for these publications has become increasingly heavy and really requires the services of a special paid officer of the League who can give proper time and attention to them. It is assumed that if the plan for a national headquarters develops, all this material would be handled from there. An account of the receipts and expenditures of the Committee accompanies this report.

So many requests have been coming in recently for sets of lantern slides illustrating the History of Nursing, that we are now making such a collection and hope to be able to fill orders within a few months. A series of about thirty-five slides on Florence Nightingale’s life will be ready within a week or two, and arrangements can be made either to buy duplicates of this set at about $25 or to rent them for $5 and express charges. The outline of a lantern talk will be sent with the slides. Orders should be sent in early as it will take some little time to duplicate sets of slides.

It may be of interest to the members of the League to know that orders for our publications have come from Great Britain, Canada, Australia, China, and Italy, as well as from all parts of the United States. A recent letter from Australia asks for our pamphlets on hours to help them in their efforts there to establish
an eight-hour day for nurses. A letter from a lady in Italy asks for the privilege of translating the Standard Curriculum into Italian.

It has been the custom of the Education Committee each year to summarize some of the more recent developments in nursing education. As many of the most important developments will be discussed more fully in the subcommittee’s reports and the papers by members of the Committee, we shall simply mention here a few of the things which seem to mark some progress:

1. The movement toward shorter hours in nursing schools already mentioned.

2. The gradual reduction of routine housekeeping work done by pupil nurses. This is one of the beneficial by-products of the scarcity of pupil nurses.

3. Greater attention to the comfort and physical care of student nurses and larger provision for their recreation. An extension of the system of student-government in several prominent schools.

4. The consideration of plans for organized publicity work by hospitals themselves, individually and in groups, resulting in a wider interest in nursing education and some definite efforts on the part of the public to assist us in meeting the present situation.

5. The Nightingale Centennial, which is a direct result of the publicity movement, is already proving a source of inspiration to our students and graduates as well as to possible applicants. It is believed that it will serve to revive some of the educational ideals which Florence Nightingale stood for.

6. The survey of nursing education which has been going on during this last year is not yet complete, but there is every assurance that it is going to prove of great service in showing us where we stand educationally, and what reforms are called for. Although this survey was begun with the idea of arriving at some better plan for the preparation of public health nurses, it is now being extended to cover the preparation of nurses for hospital and training school work, and for other avenues in the field of nursing.

7. The movement toward university affiliations for nursing schools is making substantial progress, especially in the direction of the five-year combined academic and professional course lead-
ing to the bachelor's degree and the nursing diploma. There is also marked progress in the establishment in various places of courses in public health nursing, and interesting developments in this direction are foreshadowed.

This report should be supplemented by a note on the progress made toward the introduction of an eight-hour day in hospital nursing service. Up to the present date the Committee has only been able to secure replies on this question from 504 out of the 1,500 and over registered and accredited hospital training schools in the country. In actual figures, 189 of these state that they have adopted the eight-hour day. Other schools to the number of 296 said they were strongly in favor of the shorter day, and would introduce it as soon as they could secure a large enough staff. That a complete eight-hour system is not in operation in most of these schools is evident from the fact that but 64 out of the 189 schools carry the eight hours through both night and day. It has not been possible to get any useful information as to the actual additional expense involved in installing the shorter hours, but it was easy to draw inferences where we found definite statements as to the increase in number of supervisors, graduate head nurses, pupils, and ward helpers. The last mentioned is a comparatively new person in hospital work, at least in the way in which her services are being utilized, and she is being employed in numbers ranging from 3 up to 20 (in one hospital, 55) in 95 different institutions. The total number of helpers recorded is 336. By this means many duties wholly unskilled in nature and in no sense requiring to be performed by nurses have been turned over to this new body of workers, whom hospitals have been able to secure in some numbers and find the means to pay. Thus the strength and energy of nurses is conserved for the important work which they alone can do. The movement toward increasing the use of ward helpers is a wholesome effort in the right direction and should have all the encouragement we can give it.

It is further stated that 180 schools are employing more graduate nurses as supervisors and head nurses, the total number so employed being roughly 558. Over a hundred schools record increases in the number of students ranging from 2 or 3 up to 25 in each school, the total increase as given amounting to 874. The results of our inquiries all point in the right direction, and
considering the severely trying situations in which our schools have been placed during the past few years, first by the war, and then by the shortage of applicants, and the famine in about every grade of worker, it seems to us that they have made notable progress during the past year, in respect to hours of duty and the employment of graduate nurses.

There is one further matter to bring forward in connection with the work of this Committee and that is the burdensome amount of detail devolving upon the Secretary who also acts in a sense as Treasurer and has for some years handled the sales of the Standard Curriculum (now in its third thousand) as well as the increasing number of pamphlets which this Committee is issuing.

Receipts and disbursements from June 15, 1919, to April 15, 1920

Receipts (from publications)
- June 15 to September 15: $311.22
- September 15 to December 15: 303.78
- December 15 to February 15: 106.48
- February 15 to April 15: 99.81

Expenditures (for publications and committee expenses)
- Stamps and expressage: $96.13
- Typewriting and clerical assistance: 99.13
- Telegrams and telephone: 4.15
- Stationery: 1.14
- Printing: 274.35

Total: $447.40

I. M. Stewart, Secretary and Treasurer.

Miss Nutting: You will see that this Committee is really developing for the League a Bureau of Publications. Because the League has no permanent office anywhere in which to centre this kind of business which calls for almost daily transactions, the orders large and small have been handled from the department of nursing and health at the college. But we are all very busy people there, and greatly crowded for space, and while we are glad to give every margin of time we have to the preparation of
pamphlets and other material, it is almost beyond our power to carry the distribution of them.

It is greatly to be hoped that we shall shortly have a suitable permanent headquarters for the entire business of the League of which publications of various kinds will form a part, and also a competent executive secretary to handle matters.

This completes the report of the Committee on Education. Before proceeding with the program, I will be glad to try to answer any questions you may wish to ask. Is there not something you would like to ask or suggest about the next edition of the Curriculum?

Miss McClaskie: Can you tell us what changes are in it? Something of the type of change made?

Miss Nutting: Not many changes have been made in the edition now printing. The names of some new firms supplying teaching material are added and some old ones withdrawn. Some new reference books are added. We felt that for any extensive changes we had better wait until the next edition is published.

Perhaps Miss McClaskie would help us by making some suggestions as to desirable alterations.

Miss McClaskie: I have had in mind that if the eight-hour day would be universal throughout the United States that incident to that there might be some changes. I do not know that I would be prepared to say in a very definite way what they would be.

Chairman Nutting: Miss McClaskie makes the point that if the eight-hour day should become universal throughout the United States there would be changes to be made in the curriculum incident to that. Is there anybody who wishes to discuss that? There is a section of the curriculum which deals with the eight-hour day and with its practical application, but it is a very small one.

Miss Patterson (Wisconsin): Does it make any suggestion for a curriculum for the university course?

Chairman Nutting: No, it does not as yet. Do you think it should?

Miss Patterson: I do.

Miss Nutting: Miss Patterson, University of Wisconsin, suggests that the curriculum should include an outline, at least, of
the five year university course. Perhaps we can discuss this more fully after hearing Miss Powell's report, which comes later on in the morning. She is the chairman of the subcommittee on University Schools of Nursing.

Miss Adda Eldredge: Madam Chairman, I think this was a request that I forwarded to your committee, that there should be some particular outline along that line from the university; that the university would like to have some such outline, that it should know just what to demand from the schools.

Miss Nutting: I recall Miss Eldredge's letter and my reply that since our university relationships are still somewhat in the experimental stage, we are perhaps not yet quite ready to lay down a definite plan and program as a standard to be followed. But a study of university schools is being made by a subcommittee of this committee of which Miss Louise Powell of the University of Minnesota School of Nursing is Chairman, and we hope that the material she is preparing will shortly be available in the form of a special pamphlet.

Miss Eldredge: If I recall rightly where that came up, I was handed by a dean, a woman in a university, a copy of what the schools in that vicinity had drawn up for them as for what the schools would give. Now my figures are not at all right, although I have those in my trunk somewhere. But it was as if they were to be twelve hours of massage and four or five or six on children's diseases.

Miss Nutting: There are numerous and very important problems arising in any relationship between universities and hospital training schools which must be carefully worked out in cooperation. We must become more familiar than most of us now are, with the general aims, policies, and methods of universities, and we must find a way of interpreting and making clear to them our special educational problems, needs, and ideals. I hope you will bring forward any questions on this matter at the close of Miss Powell's report.

May I now call for the report of the subcommittee on Readjustment in Practical Training of Student Nurses. Miss Sally Johnson of the Albany General Hospital is chairman of this subcommittee but in her absence, Miss Helen Wood of Barnes Hospital, St. Louis, will read the report.
REPORT UPON READJUSTMENTS IN PRACTICAL TRAINING OF STUDENT NURSES

This subject if exhaustively studied would produce material for a theme. The chairman wishes to say that up to the present time only one phase of the subject has been considered and therefore this report does not contain all the material which the title might imply.

The committee has been considering what part of the usual practical training given a pupil nurse is of little educational value. Most schools have added valuable material to their theoretical and practical teaching material—but how many have subtracted that which is invaluable; have taken from the original that which is unnecessary and therefore clogs the machinery.

Schools of nursing are created for two main purposes; to care for the sick in the hospital, to educate young women to become properly qualified nurses (the proper and the actual relation between these two purposes would cause material for yet another theme). Anything which hinders the accomplishment of these two purposes should be eliminated.

In the 1919 March issue of the Journal, Miss Gilman’s article “The Elimination of the Non Essentials in the Training of Nurses” states very convincingly (1) that the student nurse in the majority of schools is spending time performing hospital housekeeping duties long after such duties have ceased to be of educational value to the pupil; (2) that one reason why the nursing care given to the patients in our hospitals is often inadequate and unintelligent is because of the time of the student which is required for housekeeping—housekeeping work which could be perfectly well done by somebody else.

Nurses in this audience have as pupils chafed under the arrangement whereby they were required to clean utensils, stack linen, and dust furniture day after day when their patients needed them. Nurses in this audience as graduate head nurses have done hours of this work themselves rather than take the pupils away from the actual care of the patients—these head nurses have in this work spent hours which they should have used actively supervising and teaching the pupils under them. Nurses in this audience have as supervisors and assistants sighed and said,
"All my years of preparation to be a nurse and at times I feel I am really a housekeeper. If I only had time, how I would enjoy knowing more about the patients and seeing that the pupils know more about them—and overseeing the actual work of the pupils." It takes a great deal of courage on the part of the supervisor to chide a pupil for cleaning undone when that pupil often has to leave a patient who needs her or perhaps do this work on her off-duty time. Yet this work must be done or the machinery is not ready and will not function—disorderly service rooms mean careless work and a confused state of mind—and so we struggle on!

How often do we hear graduates and pupils say, "Oh I do enjoy the work of night duty, for then I care for the patients and there is not that endless cleaning." It is not objection to the work itself—a certain amount is enjoyable and rather of a diversion and the result is very tangible. But when a pupil nurse does this day after day she is using time which she should use rendering actual nursing care, gaining a working knowledge of patient's diseases and the treatments prescribed—performing the niceties of finished nursing—and she is using time which she should have for physical and mental refreshment. Ask the average pupil nurse what are the looked for results of the treatments and medicines she is administering to her five patients? How intelligent will be her answers? Why are they not more intelligent—because of lack of time of the charge nurse as well as the pupils for this.

As you are nurses this report needs to bring forth no arguments to convince you that (1) every nurse should be taught the details of hospital housekeeping; (2) she should be required to perform them until she is an expert; (3) these two results being accomplished she no longer needs this as a part of her daily routine.

These facts have always been known—but the pupil nurse, generally speaking, being the more efficient worker—and it being customary to depend upon her for the ward routine we have staggered on with the load as long as we had sufficient pupil nurses. As long as the number was sufficient to attend to the most important needs of the patients, carry out the doctor's orders, and keep the hospital in a fair physical condition, neither the hospital authorities nor the medical staff gave this matter much thought.
But things are happening: (1) because of high cost of nurses in the home (not only the sum paid to them but for the food they eat) and because of the cost and scarcity of help, more people are coming to the hospitals; (2) because of the necessary increased hospital rates patients are expecting more care; (3) because of time consuming methods of feeding patients, innumerable examinations, consultations, experimental procedures and clinic teaching the students work is increased; (4) hours are shorter than twenty years ago; (5) private patients in the hospital are being specialised less; (6) the majority of schools are below their normal number of pupils.

As a consequence hospital authorities and physicians are beginning to hear complaints—and justified ones—of lack of care of their patients. The patient's complaint frequently ending with "The nurses are not to blame, they have more than they can do." As a result, during the last few months training school superintendents are beginning to hear from visiting men "Why do the nurses who are so badly needed by the patients have to do all this cleaning—why can’t someone else do it?" Or the superintendent of the hospital says "I don’t know where the money is coming from to pay people—but we must do something to get more nursing care."

To the visiting man’s question the answer is "Someone else can and should do this hospital housekeeping." The answer to the hospital superintendent’s question is not so easy and nowadays it is a pretty serious thing to create another payroll, it is a problem, for hospital bills must eventually be paid. But the true solution of any problem is the solution which brings a result that is normally right. No hospital trustees nor hospital superintendents worthy of the trust are consciously exploiting pupil nurses. But isn’t it exploitation when pupil nurses are used to perform work which has no educational value and which rightly belongs to a domestic. If the pupil is not relieved from this work because it costs money, isn't it exploitation? From the standpoint of cost—were our schools up to standard number—those now missing students would be fed, housed, laundered, and text-books and uniforms furnished, besides perhaps an allowance paid. These things would cost the hospital additional money although the overhead cost and cost of instruction would be little
affected. Why then is not the hospital justified in using that amount as a beginning? How many hospital superintendents have considered what the average nursing time is for each patient on a ward? If the schedule is an eight-hour day or a fifty-four hour week, each pupil is on a little less than eight hours as a daily average. If the schedule is two half days and two hours off other days, and a half hour allowed for each of two meals, the average is eight hours and ten minutes. It is therefore fair to say that each pupil is on duty eight hours. Given five nurses on a ward of twenty-five patients, each patient has one hour and thirty-six minutes of time. At least thirty-six minutes or one-third of the whole approximately is given to cleaning, running errands, admitting, discharging, transferring, answering telephones, making rounds with doctors, and answering questions of visitors, etc. This leaves one hour per day for care of the patient, for a convalescent patient it might suffice, but for a sick patient what is it? Is it not about time that we relieved the pupil nurses of some of the work they now do that patients may have better nursing care, and that the pupils may be better taught and being better taught have time to more nearly carry out the method of instruction? What can an instructor reply when pupils say “You tell me to do things just as I’m taught, how can I when the charge nurse tells me certain given things must be done before a set time?” Those of us who are honest say “We teach you the finished method, you haven’t time for all of these things, your success depends upon your wisdom in choosing the most important things to be done.”

To ascertain what some hospitals have done to relieve the pupil nurses in this direction, inquiries have been made of several schools reported to be using or about to use helpers. The result of these inquiries follow, but the committee would like to know of yet more experiences.

Information was obtained under the following headings:
1. Name, preferably ward or hospital helper, seems best not to use “nurse,” “attendant,” or “aide.”
2. Uniform, wash dress, overall apron, canteen apron, rubber heels.
3. Wages, influenced by those paid to the maids and orderlies, etc., in that particular institution. Usual prices, $30–$35 with maintenance—$50 without maintenance. One hospital is reported
as paying $75 without maintenance, another hospital reports
$2 a day and two meals.

4. Hours of work, eight to nine. Common schedules, 7 to 1—
4:30 to 6:30. One-half day off duty each week, and every other
Sunday off.

5. Prevention of pupil nurses from imposing on the helper.
(a) Teach pupils the value of this worker to the patients, the
institution and the pupil herself. (b) Build up a feeling of
responsibility on the part of the student for the proper working
out of this system. (c) Specify duties exactly. (d) The helper
responsible to head nurse only.

6. Preventing helper conflicting with maid. (a) The helper
is taking over work done by pupils so the maid would not look
upon the helper as her relief. (b) Define duties. (c) Plan so that
they seldom work in the same place at the same time. Many of
you will say "This is all very well but where is one to get these
helpers?" They are in some instances impossible to get. Those
hospitals which have employed married woman living in the vicin­
ity seem to have had the best results; to get a woman for only
four hours daily (hours when she could leave her own home) is
a help.

One superintendent employed more maids to do this work,
and made no attempt to create another group of workers; yet
other superintendents have felt that a given person might be
procured as a helper who would not come as a maid, and by
giving her another name it might help prevent conflict between
work of maid and helper.

Whether or no this helper can be obtained is not the most
important phase of this subject. The main issue to be desired
is that the public, the hospital trustees, and hospital superin­
tendent and the school superintendents may see the necessity
of working together to eliminate from the daily routine of a pupil
nurse those things which are of no educational value to her and
which also take from the hospital patient a part of the care to
which he is entitled. To bring about these two results will mean
advancement in the administration of our hospitals and schools.

LOUISE M. POWELL,
MAUDE LANDIS,
ELIZABETH C. BURGESS,
SALLIE JOHNSON, Chairman.
Miss Nutting: I am sure you will all be bristling with questions following this very interesting paper. In our efforts to relieve student nurses of some of the routine duties, a new type of worker has been introduced into the Nursing Service of hospitals. Her place, range of duties, title, salary, preparation, if any, for her work all should be defined and agreed upon, if she is to become a permanent factor in the situation as seems likely, and a good deal of judgment and discretion must be exercised in selecting the duties that are to be assigned to her. In discussing the matter perhaps we might start out with this premise: If there is a scarcity of domestic helpers of various kinds, there is a very much greater scarcity of educated women to enter our Schools of Nursing. We have long known that certain routine duties should be eliminated from the scheme of training, but it has required the pressure of shortage of nurses to bring this about. Some interesting experiments have been made during the past year. Would Miss Claribel Wheeler of the Mount Sinai Hospital, Cleveland, tell us what results she has had in employing ward helpers?

Miss Claribel Wheeler: In our hospital we have been employing ward helpers for the last two years, in practically all of our departments. On the private floors they assist in caring for the patients' rooms, the daily dusting, and the care of the flowers, and are responsible for the cleaning of the rooms after the patient leaves the hospital, under the supervision of the nurse in charge. They also assist in the serving of the trays, and the care of the linen. We use them in the supply room to fold and pull the gauze, and in the operating room to assist in making certain dressings and in cleaning instruments. We are only just beginning to use them on our general wards, and expect soon to have them in the admitting room where they will assist the nurse especially in the care of the patients' clothing.

We have experienced absolutely no difficulty, no trouble between this class of worker and the student nurse. We do not find that any of our nurses try to put any of their work upon the shoulders of the attendant. We also have no friction between her and the attendant. We do not call the person an attendant, we call her ward assistant. We have no difficulty between the ward assistants and the maids in the house, because the ward maids and the dietary maids are under the supervision of the
dietary department and the ward assistant is under the nurse department.

Miss Eldridge: I think Miss Coonihan of the Massachusetts Eye and Ear Infirmary, is employing continuously a staff of so-called attendants, and she has closely defined their work.

Miss Coonihan: We have employed attendants for twenty-five years. Ours is a peculiar problem; that is, affiliated and post-graduate nurses. Now very early the question of having post-graduate students doing ward work came up and it would have to be defined in some way, and the only definition of it is this; the post-graduate nurses are there for nursing only, and some other means would have to be taken for doing the ward work. We define an attendant in this way; she will do any part of the work of the hospital that does not concern a very sick patient. This is rather a wide distinction. For instance, we put her in a ward, she does dusting and sweeping and bedmaking of all patients who are not in bed, of all convalescents. She does all of the trays. I might say that this is a special hospital where the diets are not a serious question. She does all of the tray work, she takes care of patients' clothing and if not a stretcher case she dresses the patient. We use her in the nursery; she takes entire care of the babies who are not sick babies, so-called. She does all of the changing, gives a great many of the baths, looks after their heads, takes them out on the porch, plays with them and gives them exercise, etc.

We could not get the class of woman that we want if we called her a maid, she is a very superior woman in a great many cases. For instance, many, many times she is a woman who for some reason, age, education, or financial, cannot enter a training school.

She wears a brown uniform, the so-called household nursing uniform, with cap made of the same brown material with frill on it, which is very distinct from the nurses' uniform. She lives in the nurses' home; the only difference is that the attendants have double rooms. She eats in the nurse's dining room and in many cases eats at the same table with the nurses.

We say to the nurses entering "This girl is your helper. If you do not have her you are going to do her work; you are going to pick the work that is of educational value to you. Now it is your place to make the most of this girl. She is a younger sister;
she is a weaker sister and she is a sister who needs a hand to help her. She is helping you more than you can possibly help her. She is relieving you of the drudgery of your work so that you will have time to go on and do the things you want to do that are educational for you."

We have absolutely no trouble. We engage them for one year and they stay that year and very frequently stay very much longer. At the present time I have several who have been with me over three years. I should say that the average time of their stay was about two years. We encourage them to enter training schools if they have the personality, we plan for their future education, make arrangements for them to attend night schools, and have had special classes in the hospital for them.

Miss Nutting: Reports from Miss Huntley and others who have for some time been employing these helpers add substantially to the body of favorable opinion that has just been expressed.

The results so far seem to have been unexpectedly satisfactory and to provide no reasonable arguments against the use of such workers in hospital wards. We need to get their duties more clearly defined and the conditions under which they should work. Would it not be advisable for the Committee on Education to continue its work on this subject for another year?

Secretary Logan: I would like to move that this question be recommended for further study of the committee. (Motion seconded by Miss Giles.)

Miss Nutting: It has been moved and seconded that the subcommittee continue to work on this subject during the coming year. Motion carried.

Miss Eakins (Texas): I just wonder if it would be possible to use the high schools during the courses between the third and fourth year during the summer vacations and in school recess, and in that way interest the high school girls and find out whether they would be interested in the work after they finish the high school.

Secretary Logan: I want to say that we tried that in a very small way in Cincinnati, and of a total of six, two entered the regular course later, and one is a very fine pupil at the present time, and the other a graduate.
Miss Nutting: We have evidently another topic here, but I am afraid, in doing justice to the other subjects, before us, we may not be able to go further with this.

The Treasurer, Miss McMillan states that she is here at the desk and will be glad to accept dues.

The next report is that of the Sub-committee on University Schools of Nursing of which Miss Powell, University of Minnesota is chairman. In her absence the report will be read by the Secretary, Miss Logan.

REPORT OF SUB-COMMITTEE ON UNIVERSITY SCHOOLS OF NURSING

In November I was asked to act as Chairman of a sub-committee of the Education Committee of the League to get ready for publication a pamphlet dealing with affiliations existing at present between universities and schools of nursing, with especial attention directed to the combined Arts and Nursing courses.

The other members of the committee are Misses Logan, Wood, Landis, MacMillan and Stewart.

A general outline of the plan as proposed by the Chairman of the Education Committee was discussed at a meeting of the sub-committee held in New York in January. At this meeting a questionnaire was roughly drafted, afterwards put into shape and in March was sent to twenty-three schools. Fifteen replies have been received up to this time.

We have tried to tabulate such information as can be treated in this way in such form as to bring before you points of difference for discussion. We hope discussion will be frank and full, bringing out strong and weak points in the various courses shown here, for we wish in the pamphlet to make some definite recommendations concerning courses now given and those to be inaugurated.

Eight universities are at present actually giving the Arts and Nursing course leading to the degree B.S.

California, Cincinnati, Iowa and Minnesota have organized their nursing schools under the Medical School.

Michigan's school is under hospital control, the director of the hospital being the head of the school of nursing and representing
the school in the University. There is a movement on foot to make the superintendent of nurses a full professor, but even then the school will remain under its present direction.

California has an M.D. as director of its school of nursing.

Columbia, Northwestern and British Columbia, also the University of Washington offer the combined course and place the students in certain selected hospitals. These universities do not exercise any control over these hospitals.

In the schools organized under the medical school, problems concerning the school are handled in governing boards of the medical school recommendation being made by the Director of the school, or in committees appointed in the university for this purpose, with representation from departments interested.

Michigan and British Columbia seem to be the only ones whose problems are handled through the superintendent of the hospital.

In all schools, academic records are kept in university, hospital records in office of nursing school. Iowa, Minnesota and British Columbia keep complete records covering college and hospital work both in registrar's office and in the office of the school of nursing.

Credit for work done in other colleges and in professional schools is decided in each school apparently as the case merits. In California amount of credit is recommended by the State Board of Nurse Examiners for professional work done in another school. Cincinnati grants eight months time for four years college course. Minnesota grants nine months specialization for four years college course, and credit for all required subjects covered elsewhere seems to be general. Teachers College allows time credit 1-1½ years for professional work well done.

All universities require at least one year in residence for the degree.

Colorado reports "course offered first 1917—no students—affiliation more theoretical than practical so far, although we believe it will develop into a strong department."

Wisconsin reports no combined course.

Texas reports no combined course, but instruction in three-year course handled by medical department of the university.

Connecticut Training School maintained by New Haven Hospital, the teaching hospital of Yale University Medical School,
reports no combined course. Only connection lectures given by medical faculty.

Washington University, St. Louis, reports no combined course. Science courses in three-year course taught by medical school instructors, English courses taught in University.

University of Washington, Seattle, reports revision of course in process—will be two years in college followed by two years in hospital, followed by six months in college specializing. Three students now entered have finished two years college work, enter hospital June, 1920. Outline of course could not be secured. The university has no nursing school under its control.

University of Georgia is developing plan as follows: Women having had two years college work with chemistry, physics, sociology, etc., will be given two years in the hospital for which a diploma will be awarded. A fifth year spent majoring in institutional or public health work must be taken, for the five years the University will give the B.S. degree.

Letter sent to College of Pacific, San Jose, was returned.

No replies have been received from Simmons College, Boston; Indiana University; Leland Stanford University; Mills College, California; Ohio State University; University of Nebraska.

Respectfully submitted,

LOUISE M. POWELL,
Chairman.

Miss Nutting: While this is understood to be a preliminary and not a final report it presents a good deal of material for discussion. The relationships between universities and schools of nursing are not as yet, I believe, worked out in an entirely satisfactory way anywhere. Securing the cooperation of universities in our educational work does not mean the complete and final disposal of old difficulties, and it is quite certain to mean the addition of new ones. But the university does seem to lead us somewhere—to give us some assurances of the right kind of growth and progress for our schools, and to enable us to give our best efforts hopefully, instead of working with constant discouragement and sense of defeat, which so many of us have felt in trying to develop good educational work solely within our hospitals. We have seen no way open through it alone.
Whether our way in the future is to be largely through the university or not, no one of us is sure, but it is our great hope that it may be and every step in that direction should have our most intelligent consideration; our most careful weighing of the difficulties to be encountered; our fullest understanding of the benefits to be derived.

The subject is open for general discussion which will be greatly helped forward if the women present who are representing university schools of nursing will speak first. Will Mrs. Ethel Clark, University of Indiana, tell us something of the organization of her school and its place in the university?

Mrs. Clark: The school of nursing in Indiana University was organized in 1914 as a department of the Medical School. All students on admission matriculate into the College of Liberal Arts, with a minimum requirement, being a diploma from a commissioned high school. In 1915 there were 11 students, we now have 53, just about as many as can handle with our present capacity of 124 beds. It was rather difficult at first to have an Education Committee which would care for the special nursing educational problems in the same way that they care for the problems of the Medical School or any other school. That has now been adjusted. We have a special sub-committee of the Education Committee of the Medical School, of which I am a member, and problems of nursing education are fully discussed and receive just as much attention as the problems of any other department in the university.

We have been fortunate in that the university president and the trustees are tremendously interested in the school of nursing. They want to see it grow. I am now getting what I need except that my new nurses home has not quite materialized yet, but it will probably be started next year. About 53 per cent of our students have more than a high school education, quite a large number having their college degree before starting their nursing course, we are working on a five year course but it is not sufficiently crystallized for me to be able to report anything about it to you today. I hope very much to be able to do so at the next meeting of the League.

Miss Nutting: You see how widely the various plans may differ. There may apparently be credit in the four year college
course for eight or nine months of hospital training, rather irrespective of what has gone into it. There may be credited in the five-year college course, two years of hospital training.

Mrs. Clark: I believe that the five years’ course is the solution of the problem, and just gives us a little more time to work it out.

Miss Nutting: There seems to be a good deal of interest in this plan. Before proceeding with this discussion, we must ask Miss Parsons who is to conduct the round table on training school credit if she will be willing to give us a little more time, because of the importance of the subject. With her approval (which we now have) we will try to hear from a few more universities. Will Miss Welch of the University of Michigan, or in her absence, Miss Dora Barnes, tell us something of the work there?

Miss Barnes: I am sorry that Miss Welch is not here, because she knows so much more about the training school part of it. I have the department of public health and not the training school.

Chairman Nutting: Can you speak in a general way?

Miss Barnes: Yes; the plan of Michigan is to require three years’ academic work in the university, followed by two years in the training school, which will give the student the degree of Bachelor of Science unrestricted; and the diploma in nursing, academic in the university, is very narrowly defined, because the students must meet all the requirements for the bachelor’s degree, must have, in order to have the privilege of the combined course, a standing of B plus, must have done infirmary exterior work in her academic work in order to be allowed the privilege of the combined course.

The students will enter the nursing part of the course this coming fall and will then finish their work in the two years. The regular course is three years, requiring matriculation in the university. That is, no student is admitted to the university training school for nurses who is not eligible for admission to any other department of the university.

Chairman Nutting: Will Mrs. Harrar of the University of Iowa say a word about the work of the university school and its advantages?

Mrs. Harrar (Iowa): It is a five years’ course, and quite new, but we have a few students registered for it. We do not make
the requirement of the B plus grade in the Liberal Arts Depart­
ment. For we expect the student who comes in with a time
credit to come up to more than average; that is, come up to
about the average grade in her practice work.

We have a wartime regulation giving admission credit for col­
lege credit. One or two have not done just as fine work as some
of our high school students, but the others are exceptional stu­
dents and justify the experiment in every way. They are going
to make good women in our profession and going to help us.

Our students matriculate in the university. Their high school
or academic credentials are passed upon by the registrar. He
issues a card of admission, which is the justification to the super­
intendent of nurses to accept the student, providing the student
meets the training school requirements.

After the student is admitted this admission card is signed by
the superintendent of nurses and returned to the university.
The student graduates with the other students in the university
at the regular convocation time and is not expected to be absent
at graduation unless there is very good reason for it.

Miss Nutting: It places nur ing before hundreds of college
women in a new light and shows how interesting and important a
branch of women's work it is. As Mrs. Clark represents one of
the schools that has no difficulty in attracting enough good stu­
dents it would be helpful to know if she attributes it to the fact
that her school is part of a university?

Mrs. Clark: I believe the five years' course is the solution of the
problem.

Miss Nutting: May I speak here briefly on the scarcity of
applicants. While it is true that there is a widespread shortage
which is distressing in some places, not all schools and not all
parts of the country are as yet seriously affected. Reports for
instance from such Canadian schools as the Royal Victoria in
Montréal and from the Toronto General show the usual supply
of candidates. Perhaps Miss Gunn of Toronto who is present
will tell us about the situation there.

Miss Jean Gunn (Toronto): We have not had any difficulty so
far.

Miss Nutting: In this connection it is important to note that
while the number of applicants is smaller it is made up of better
qualified women. Letters to us frequently say, "We have never had such a good body of students. While the number we admit is smaller than usual, the proportion we are able to keep is relatively much larger than in previous years."

The wastage of probationers and pupil-nurses in our schools has long been a matter of serious concern, and calls down a good deal of criticism upon our system and methods. To go through the form of accepting or admitting 100 applicants with the intention of keeping not more than 50 or 60 per cent shows a large loss of time, effort and expense both on the part of the hospital and of the candidate. We shall want to find a better way than this.

In continuing the discussion on university schools may we ask Miss Jamme to tell us what is better done in California?

Miss Jamme: In California the affiliation between schools of nursing and universities was initiated in the state about 1916. We started first with the University of California and we had very good response from the regents of the university, as President Wheeler was very much interested in nursing problems. It started with a combined course of three years in the university, two years in the school of nursing, leading to the degree of B.S.

The University of California School of Nursing is a distinct part of the university. It has its own faculty and its own budget. It has as the head of the school at present Dr. Louise Morrow, a woman of very wide experience and sympathy in nursing. She is called the Director of Public Health and Social Service. Miss Greenwood is the Superintendent of Nursing. During the war it was impossible to get a woman as the head of the school who had an academic degree and the university was unwilling to put any one at the head of their school without a degree. I want to say that having Dr. Louise Morrow has brought the liaison, as we say in French, between the university and the school of nursing up in a remarkable way and certainly has strengthened it very much. Later on we will have a woman at the head of it with her academic degree.

The school started, as I have said, with three years in the university and two in the hospital. That has been changed during the last year. The students are matriculated in the university
and they take two years in the university and go over to the training school, which is across the bay, for two years, and return again for their last year. In that last year, that fifth year, they receive, if they are going into public health work, their public health course; so that at the end of five years, if they are going into public health work, which most people are doing, they will have their degree and their public health course.

They share in all the activities of the university and have their place on the campus.

At the University of Stanford the student has three years at Palo Alto, and then goes up to the school for two years. I wish that I could give you the number of students in both of those universities, but I am unable to do so, as I do not know; but it is increasing continually.

At Mills College, which is a woman's college, we have the same arrangement and the students go to the University of California or Stanford University for their training, and three years in those schools.

At Occidental College, near Pasadena, we have the same arrangement with the Pasadena Hospital. We are watching those courses very carefully in California. We are continually meeting with the president of the college and with the council and with people who have anything to do with the training of nurses in those particular schools, see that nothing occurs that will weaken either the work in the universities or in the colleges or in the schools. There has been in the Pacific College, in San Jose, an agreement made there that their students should go either to the Stanford or University College. So far there has been very little response from the Pacific at San Jose.

Those are all the colleges or universities that are doing anything. Miss Nutting: It is clear that efforts are being made in California to work out a comprehensive scheme which includes several hospitals and training schools. We shall all watch the progress here with great interest.

Now another meeting is due and we must proceed rapidly. Will Miss Wood of Barnes Hospital, Washington University, St. Louis, tell us something of the situation there?

Miss Wood: The Washington University Training School is a department of a medical school. Our students must all pass the
requirements of the university before entering the School of Nursing. The school furnishes the nursing service for three hospitals, and the expense of the school is borne by those three hospitals pro rata, according to the days of pupil nurse service in each one. Through this pupil nurse service we establish the debt of the hospital to the school of nursing.

One problem that comes up is a matter of teaching. We have met the enthusiasm of the medical staff that has been demonstrated in other universities. But I think that we cannot expect the best of the university instructors, whether they be from the medical school or from the general academic section, to know just what nurses need. And I feel with an A No. 1 theoretical instructor in the school we will really reach the best results, if she can make it her business, as she is doing, to follow up the work of the classroom instruction in the school.

A two years course in English was given when the school was first organized under the University, to supply a deficit in preliminary education. For a number of years the applicants have met the requirements in English and it has been given as an extra course, but it has proved of such distinct value to the student that we do not want to discontinue it.

Miss Nutting: Is there any one present from the State University of Washington? If not let me say that in the plan there as I understand it, the University undertakes to provide preparatory instruction (and perhaps more) for all the hospitals of approved standing in the state.

Now, interesting as our discussion has been it has left untouched a number of highly important, perhaps, indeed, vital problems in university relationship. The question of finances, for instance, and of the representation of the school of nursing on the university faculty, are typical. The school, of course, should be represented by the head, superintendent, principal, director, or dean—whatever may be her title—of the school of nursing who knows the work she directs, but the dean of the medical school or the superintendent of the hospital, may either of them at present claim and hold that office. This is but one of many issues which are now being settled either in a sound and just way, or are drifting along in a more or less haphazard fashion with no definite guiding policy.
We have reserved till the last a presentation of the unusual scheme of training offered in the School of Nursing and Health of the University of Cincinnati. Will Miss Logan whose creation it is, please tell us how the work is going?

Miss Logan: The medical schools of the country have a combination arts and medical course of two years pre-medical work in the former and two years of the medical course proper which lead to the B.S. degree, and granted, for instance, in our university, by the College of Liberal Arts.

I shall be very brief because I know you are all anxious to get to the next round-table. The students of the School of Nursing of the University of Cincinnati enter under the same regulations governing entrance requirements as do the students of the College of Liberal Arts, and it is from the combined credits in the School of Nursing and the College of Liberal Arts that the degree of B.S. is granted. This degree is granted upon the completion of three years, prescribed course in the School of Nursing and Health which counts as seventy-two credit hours or an equivalent of two academic years credit and two years actual work in the College of Liberal Arts itself with additional sixty-four credit hours, the latter is a prescribed course as is the premedic course and may be taken before or after the three years in the School of Nursing and Health.

In as much as students may take the two years in the Liberal Arts either before or after their course, all students who are registered in the School of Nursing and Health are, perforce, potential candidates acquiring credit toward the Bachelor of Science degree. The students who enter with advanced standing are rated according to the character of advanced standing they bring, as so much credit toward the seventy-two hours in the three years in the School of Nursing and Health or so much credit toward the sixty-four hours in the College of Liberal Arts or both. At the present time we have two candidates who actually take the B.S. degree this year, at least two more next year, the following year there will be more in number.

I want to say that we are a school in a medical college and we are governed in all respects as are all other colleges in the University. We report to the board of directors through the dean of the College of Medicine. The board of directors of the university
appoints the faculty of the School of Nursing and Health, our students graduate with the other students in the University of Cincinnati and are granted their diplomas of nursing and B.S. degrees at the regular commencement. Our students are an integral part of the academic and social life of the University, having representation on the editorial staff of the University News, and the Annual, etc.

Miss Nutting: In closing let me say that the first part of the program tomorrow morning will be devoted to a brief continuation of this discussion and will present the reports of two sub-committees; on State or Municipal Aid for Training Schools—Miss Jammé, chairman, and the Classification and Grading of Schools—Miss Gray, chairman.

After some announcements which the secretary wishes to make, the meeting will adjourn till tomorrow morning.

Tuesday Afternoon Session, April 13, 1920

The meeting was called to order at 2.30 p.m., by the President, Miss Clayton.

Miss Grace Watson, Educational Instructor of the Training School for Nurses, Philadelphia General Hospital, presided as Chairman of this session.

WHAT CAN BE DONE TO STIMULATE INTEREST IN CLASS-WORK AND KEEP THE STUDENT UP TO A GOOD STANDARD OF WORK

By KATHERINE INK
Visiting Instructor, New York City

The topic which has been assigned to me, "What can be done to stimulate interest in class-work and to keep students up to a good standard of work" presents many difficulties to my mind as I attempt to formulate an answer. The first part of the question, "What can be done to stimulate interest in class-work" has never been one of my problems, and the second "How to keep students up to a good standard of work" is a point on which I am seeking help, not attempting to give it. I can only tell you as briefly as possible some of the methods I have used during
the four years I have spent as a visiting instructor in various schools in New York City, which often differ materially in the class of students, their previous education and social background, as well as in the equipment of the class room, reference library, etc.

My experience has been limited to the first year students, since my work is teaching the sciences and so I get them when they first arrive, filled with interest and enthusiasm for the new profession they have chosen. Sometimes I fear we forget what a strain it is on the nervous system to become adjusted to hospital life, different in every way from the ordinary life at home or away at school. The instructor who realizes this and wins the confidence of her group in the first week she meets them, has done much to overcome difficulties.

Whatever may be said for military discipline on the hospital ward, and let us remember that it originated in Germany along with some other things, the value of which we are beginning to question, there is no place for it in the class-room. We gather about the table in the laboratory each one sitting wherever she chooses. Questions may be asked as we go along whenever a point is not made clear, and no one is obliged to rise before she can answer or ask a question. I have watched the same students in another class where they sat in straight rows in the order of the seniority, got up when they were called upon, laid down their books, put their hands behind them, a tense look on their faces and the answer to the question hopelessly forgotten by the time the preliminary proceedings were over. All spontaneity is gone and they are often too timid to ask for the explanation of what is not clear. I know this is true for they have come to me to get it all straightened out. The other day I was dissecting something in the laboratory and one student got so interested that she first knelt on her stool and finally quite unconsciously landed on the table. Did I speak to her? I did not, for in a minute or two she realized where she was, and down she climbed, carrying with her, however a point in anatomy which she will not soon forget.

What the student understands she will usually be interested in particularly after she sees its relation to the work as a whole. It is here that the instructor has much responsibility. If she likes the subject she is teaching, she can make it more vital, and as soon as the students go to the wards, they will come to class
with numberless illustrations of cases, so there is no difficulty in correlating theory and practice.

The method of approach to a new subject is important. We begin the anatomy and physiology with a discussion of evolution and the cell-theory which stimulates interest at once, next we take the origin of tissue, then the elementary tissues, going on to bone as one of the connective tissues. As soon as we finish bones and muscles, we go to the American Museum of Natural History, and no student has ever come away from the Darwin room and the paleontology laboratory without added interest in evolution and the wonderful development of the human body. Every effort should be made to show the relation between the theory in the class-room and the practice as it relates to the patient on the ward, in his home afterward as the visiting nurse sees him, and at his work which may here have been the cause of his stay in the hospital. After the students here studied the chemistry of muscle fatigue they can better understand Josephine Goldmark's *Fatigue and Efficiency* and get perhaps their first insight into the relationship between one's occupation and hours of labor, and health and happiness.

Upon the subject of outlines there may be a difference of opinion. One of my friends whose opinion I value very highly does not agree with me at all. She feels that the student should learn to organize her own work and not be given an outline or questions which she calls a "crutch or prop." It has been my experience that few students here have been taught how to study and then if one does not help them they will sit desolate by the wayside and get hopelessly discouraged as the work piles up. If they were doing the theoretical work alone, they might be left to dig things out for themselves, but even in the college I have noticed that the instructors who outline the course and give long lists of questions on which the student can base her review before examination do get better results. For this reason I consider the outlines a valuable asset, and I have one mimeographed for each student. They give in brief outline the topic to be discussed with sub-headings, followed by references, with pages indicated from books in their library. Below, the laboratory work for that topic is given and then a list of questions covering the most important points. In one or two schools where the educational
foundation of some of the students is weak, I have required answers to the questions to be written out, and it has certainly made a difference in their grasp of the material.

These outlines are pasted in the no. 6 loose leaf note-book at each class period and then any notes or drawings are added. The students do not take detailed notes during a lecture, because if every nerve is strained to write down all the instructor says, the main point is invariably lost. They may jot down a word or a sentence which they want to look up. If in the reference reading they come across some point they want to remember they put that in the note book, giving the name of the book, the author, and the page in the margin. In physiology a short written quiz is usually given when each biological system is finished, so the student reviews the material which may have covered several class periods, and gets a grasp of the topic as a whole before going on to the next. Of course these quizzes mean extra work for the instructor but the results justify them and the grades count in making out the average for the semester's work.

Home-made charts to supplement the oft-times meager equipment, black board drawings, specimens from the butcher for dissection as well as pathological specimens from the hospital and microscopic slides are all important and valuable. Nothing can take the place of laboratory work and quiz no matter how primitive it may be, and no instructor should wait for elaborate equipment before beginning it. I shall not soon forget the first course in chemistry which I gave in a 6 by 7 dressing-room and lavatory off the board-room. The student who had dissected a sheep-kidney identified the parts and worked out a diagram of the microscopic structure, will undoubtedly take a more intelligent interest in the next kidney or bladder case she has on the ward.

The order in which the subjects are taken up is also important, and after various experiments I have decided that it is wise to begin with chemistry since that is the basis of physiology, materia medica, and bacteriology to say nothing of cleaning processes which they get in household economics, and the different methods of sterilization and disinfection. Here, too, typed outlines are given with laboratory experiments. These are pasted in, leaving space to write up the experiments below. These must be carefully corrected, which again adds hours of work to the instruc-
tor's day, but it is only in this way that one discovers mistakes and misconceptions. Here again the list of questions helps the student to lay the emphasis on the most important points.

Better results are obtained by doing intensive work on a few subjects at a time, rather than starting many subjects and extending them over a longer period. In no school do I have less than four hours a week in physiology, and six hours are preferable. It is also well to spend a part of each class period in going over the advance material for the next lesson, explaining difficult points and emphasizing important features.

In hygiene and municipal sanitation as well as in the history of nursing the student is given with her typed outline of the course a list of topics from which she chooses one for a term paper. Each one is given a list of references from my own card index after she has made her choice of topic and with this list as the nucleus she goes to the public library and looks up her material. These papers are read before the class at the end of the course, and some of them are very well done.

One can never expect to have either interest or good scholarship if classes are held at night after a hard day's work, but fortunately that mediaeval system is being abolished in the schools which deserve that name. All of the hospitals in which I teach have an eight-hour day, and there is a very great difference in the quality of class-work and the fatigue of the students since this went into effect. A regular study hour during the day as a part of the day's schedule has helped to improve the quality of the work.

Any success which I have been able to attain, has been due in large measure to the understanding and cooperation of the Super-

intendent of Nurses, and at no time has that failed in any school. Standards can be only maintained when the student knows that the superintendent stands back of the instructor and is in sympathy with her aims. If a student fails she may be given an opportunity for a second examination, as is done at Teachers College, but if she fails again she must repeat the course. These repeaters do not add to the joy of one's work as I can testify, but they are "fearful examples to the young" and frequently do excellent work the second year, and strange to say seem to enjoy it. A certain instructor told me that she had flunked two stu-
dents in one school who were not only not compelled to repeat the work but were put in charge of wards the next year. Of course she realized that no proper standard could be kept up when the students all knew that, so she quite properly declined to take classes in that school again.

On the other hand no instructor can maintain the standard of her students who does not keep herself up to the mark. Students know well enough whether or not you like to teach, and whether you have spent time and energy on that topic in an effort to make it vital. No one should teach who does not like to teach and let no one come to Teachers College thinking that having led a strenuous life for many years in nursing, she will now take up teaching as an easy way of spending her declining years. Let me tell her now that it is hard work, but for one who likes to study and who is interested in people and their problems, it offers a rich return, not in money, but in some things which money can not buy.

THE ORGANIZATION AND CONDUCT OF A NURSING SCHOOL LIBRARY

By BLANCHE PFEFFERKORN

Assistant Professor of Nursing and Health, University of Cincinnati

But gentlemen, education does not cease when we leave school; education rightly considered is the work of a life and libraries are the school books of grown up men.

The above quotation is an extract from a speech made by Bulwer Lytton at Manchester, September 2, 1852 on the occasion of the opening of the first public library in England. So recent is the introduction of the public library, as the term is understood today, in Great Britain! Its beginning, in other countries dates around that same period. In the United States during the last half of the nineteenth century the great public library movement was inaugurated. Not that symbolic and written collections were unknown prior to that time. The history of the recording of the deeds of men, their observations and their feelings, and the assembling of such expression goes back to the very dawn of time. Through all the centuries men have
expressed their thoughts and emotions in some form or other; now scratched on bone and on bark, now painted on wood and later papyrus and parchment came into use. The Ten Commandments were graven on two tablets of stone. These remote inscriptions, unearthed from time to time, bear out on the part of ancient peoples the same desire to perpetuate truth and to assemble knowledge in physical form, as exists today. The libraries of Rome and Egypt were famous, and, who has not heard of the greatness of the library of Alexandria? Twenty-eight libraries are said to have existed in Rome in the fourth century and in the fifth century the Vatican Library was begun. Of priceless value are these relics of antiquity! They give an appreciation of past civilizations which might otherwise have been lost to the world. If, back in those dim ages, with crude and unfinished tools libraries were built, today, the library should approach a perfection of monumental usefulness. The present public library bespeaks itself.

To what extent have nursing schools profited by the public libraries, either through contact or imitation? Occasionally one finds an arrangement between a nursing school and a public library, whereby the school is supplied with reference and other books; also occasionally one finds a library in a nursing school equipped and purposefully administered, but this condition at the present time is not very general. The writer recalls seeing one nurses' home library with perfect appointments so far as tables, chairs, lights and bookcases were concerned, but not one book visible and at the time of visiting not one reader in the library. The book-cases were locked, and had doors of the art design glass type.

The room assigned for library use should be constructed with the greatest of care as to light, ventilation and coloring. It should be located in a quiet part of the building and large enough to allow for growth of the school. Its tables, chairs and bookcases should be selected from the standpoint of physical comfort, endurance and pleasing appearance. With respect to bookcases, if not built in the wall, the sectional type, not too high, is the most desirable. The standard library shelf is 3 feet long, by 10 inches high, by 8 inches deep by 1 inch thick. If the shelves are non-adjustable, a few sections should be provided with larger dimen-
sions to hold the large books. A section of seven shelves will hold approximately 200 books. A library table 3 feet by 5 or 6 feet is a good size, this will seat six to eight people. The chairs should be comfortable, and light enough to be easily moved. The librarian's desk should be in accord with the rest of the furniture and placed so as to allow supervision of the room. If space and funds will permit a magazine rack should be included. This will save table space. If the library is triple catalogued and has a large book content a catalogue case may be desirable. In the present nursing school library from one to three table catalogue files will in all probability meet the need.

Before a library is organized books must be collected. A library such as that of the Vatican which dates its collections back through centuries bears, in addition to an unusual historical interest, the rich charm of time. Our nursing school libraries are occasionally fortunate in rare possessions, but for the most part the accession of books is immediate and in the future. The richness with which a library fulfills its purpose is primarily dependent upon its collection of books. A list of reference books and sources of supply of pamphlets is appended to this paper; by no means complete and merely suggestive, with the hope that it may serve some little assistance.

The value of a library cannot be measured by its physical equipment or detail of organization. The type of library should largely govern the methods of organization adopted. The elaborate Dewey decimal system and the Cutter expansive system are hardly necessary in a library containing from one to two thousand volumes (and few nursing schools up to the present time exceed this number). An appreciation of these systems will however furnish an excellent basis from which to deduct a simpler and easily workable plan. A day spent in examining and studying the operation of a public library will prove highly profitable to one who is responsible for systematizing and directing library management.

The first step in organizing a library is the classifying of books. Classification of books has two objects, to serve the reader and to aid the librarian, and is determined either by likeness in subject or likeness in literary form. The classifying of books is by no means a simple matter and neither the title nor the table of con-
tents are always adequately descriptive for purposes of classification. The preface may help or it may be necessary to read portions or all of the book. Therefore, in classifying a book the first thing to know is the subject or subjects with which it deals. The next step is the adoption of some particular scheme to indicate the classification decided upon. A modification of the Dewey system which divides the field of knowledge into ten main classes may be applied. Following is an abridged scheme of the Dewey plan:

000-099 General works, that is books which treat of too many different subjects to be placed in any one group, as dictionaries, encyclopedias and bound magazines.

100-199 Philosophy.

200-299 Religion.

300-399 Sociology, including Economics, Government, Education and Sociology in its narrower sense.

400-499 Philology.

500-599 Science.

600-699 Useful arts, including Medicine, Engineering, Agriculture, Domestic Science.

700-799 Fine Arts.

800-899 Literature.

900-999 History.

To illustrate the Dewey plan, books on physics are given the number 530, chemistry 540. In the Cutter expansive classification the letters of the alphabet are used instead of figures. All books referring to one subject are shelved together, and in the large, and professional libraries, books dealing with such matters as science, in order of their receipt, other books alphabetically, according to surname of author. The former arrangements puts all of the latest books together at the end of each particular class, the latter is simpler and is recommended for all books in a nursing school library. If, with the alphabetical placing, a mark is desired to indicate the shelf position of the book, the first letter of the author's surname may be placed below the subject number. To completely carry out the scheme, it is necessary to add figures to the letter, in case there are several books on one subject by different authors where surnames begin with the same letter. The Cutter tables have been arranged to meet this exigency, but there is no reason why a small library should not work out its
own scheme of marks for shelf order. For example Chemistry by Bright might be marked $540_{B30}$, Chemistry by Brown $540_{B40}$. This mark in library terms is referred to as the "call number." In developing any scheme consideration and provision must be made for the future addition of books.

Another method of classification is by subject and perhaps at the present stage of nursing school library development is preferable, in that it is simple, effective and workable. This system puts all bacteriologies under the caption of "Bacteriology," all chemistries under the caption of "Chemistry," and shelves alphabetically according to surname of author. If desired, marking as above may be added to show the place of the book on the shelf.

The place for marking the book is next selected and whether the marking be made on the page opposite the table of contents, on the inner side of the front cover or elsewhere is negligible, but it is important that all books be marked uniformly. In addition to the writing of the symbol or caption, which should be plain and legible, the book should be stamped with the name of the school. For this purpose the inner side of the front cover is used and in addition, immediately over the first chapter heading and at the bottom of some other page, page one hundred being a good selection. Outside labels with the call number may be applied, but these tend to come off with handling unless carefully shellacked.

Following classification comes cataloguing. A catalogue to a library bears the same relation as an index to a book. A complete catalogue should answer the questions (1) Has the library a book or books by a certain author? (2) Has the library a book by a given title? (3) What book has the library on a particular subject?

The standard catalogue card is 3 by 5 inches. Ruling is arbitrary but is desirable, in that it serves as a guide for indentation and gives uniformity. A card rules with two vertical lines, the first $\frac{3}{4}$ inch to the left, the second $1\frac{1}{2}$ inch and one horizontal line $\frac{3}{8}$ inch from the top, makes a practical form of good appearance. All writing should be legible and good ink used. Before beginning the catalogue, decide upon the information to be written on the card, this information being selected upon the principle of
greatest usefulness. Ordinarily the author’s card contains the classification caption or symbol, the author’s name inverted, the title, the edition (if other than the first edition), publisher, place and date of publication, the number of volumes (if the book is in more than one volume) and the number of copies with the date received. If books are received through various channels, as is often the case in nursing school libraries, a statement might be added as to source. More complete information includes the number of pages, the abbreviation “il” to indicate illustrations and map, when the book contains maps. In public libraries one author card is made out for each copy. The placing of the total number of copies on one card is advantageous in that it gives compiled information on any one book. Following is a sample of the author type of card (see fig. 1):

<table>
<thead>
<tr>
<th>Bact.</th>
<th>Jordan, Edwin O.</th>
</tr>
</thead>
<tbody>
<tr>
<td>J 40</td>
<td>General Bacteriology Saunders Phila</td>
</tr>
<tr>
<td></td>
<td>2 copies 4 ed. 1914 647 P. il.</td>
</tr>
<tr>
<td></td>
<td>4 copies 6 ed. 1918 691 P. il.</td>
</tr>
</tbody>
</table>

Fig. 1

A title card includes the classification mark, the title, the author’s name inverted (see fig. 2).

Subject cards are not necessary for all books, such as novels, unless historical novels, books of essays, poetry, etc., unless a collection on a particular subject. It may be necessary to catalogue one book under several subject headings. A subject card contains the classification mark, the subject heading, in red ink, the author’s name inverted and below the author’s name, the title (see fig. 3).
Sometimes it is necessary to cross reference cards. For instance if a book has a joint authorship, two cards will be helpful, one for each author. A librarian who is keenly interested can do much in the way of adding to the usefulness and accessibility of the library by skillful cataloguing. All cards are filed in alphabetical order by the first word on the top line of the card whether author, subject or title. Guides should be arranged at an average distance of an inch apart. This makes the handling of the catalogue much easier.

The record of books loaned may be kept on cards or in a book. If the card system is used, paste a book pocket on the inner side
of the back cover 4 by 4 inches. In each pocket put a book card 3 by 5 inches on which have been written the author's surname, brief title and classification mark and three columns for writing date due, borrower's name, and date returned. Each borrower is given a similar card with borrower's name inverted on the top line and two columns headed date due and date returned. A statement of the rules governing the withdrawal of books on the outside of the card pocket is a good plan. When the book is in the library, the book card is in the book pocket. When Anna Brown borrows a book the card is taken out, Anna Brown's name and date due written on it and then filed alphabetically by author's name behind a guide card marked with the date due. The date due is also written upon Anna Brown's card which is placed in the book pocket. When Anna Brown returns the book, look in the book file under date due, remove book card, write date returned and return to book pocket. Also write date returned on Anna Brown's card and return to borrower. When books are not returned on date of expiration the book cards are removed and filed alphabetically by title in "fine file."

Perhaps a simpler loan system is the use of a book ruled with the following captions:

- Date borrowed—Librarian (that is the name of the initials of the librarian who gives out the book)—Title—Author's name—Date returned—Librarian (name or initial of librarian receiving book)—Borrower's name. The librarian makes all entries except the borrower's name which is made by the borrower herself. A daily list of fines on books overdue is made out and kept on the librarian's desk. When an overdue book is returned a record is made in a different part of the loan book or in another book kept especially for fine records, under the following headings: Name of borrower—Page of Loan Book—Title of book—Name of author—Fine due—Fine paid—Date paid—Name of librarian (receiving fine).

A record of the periodicals received is kept on cards. The name of the magazine is written across the top, price may be added, also whether monthly, quarterly, etc. Below is the form commonly used. As each magazine comes in it is recorded under the appropriate month column.
Clippings, pictures and especially pamphlets play a large part in the education of today. A large collection of pamphlets can readily be assembled but their usefulness is in proportion to their easy accessibility. The same general principles of classifying obtain with pamphlets as with books. First they must be classified as to subject matter, next given a classification mark. The subject classification mark will be found most satisfactory in a small library. Instead of being shelved pamphlets are kept in vertical files or folders, those coming under the same classification being kept together. The pamphlet is stamped on the front with the school mark and marked in the left hand upper corner with the subject classification. A figure may be added to indicate the accession number of the pamphlet in its particular folder. On the outside of the folder or box should be clearly written the subject of its contents and below the titles of the pamphlets and their respective numbers beginning with one.

The cataloguing of pamphlets is less easily defined than that of books. When the pamphlet is issued as a periodical the record of the complete series may be kept on one card. Otherwise it is well to make out a separate card for each pamphlet. The author type of card is justified if the pamphlets are marked with subject classification. If not the subject card will be found more useful. In cataloguing pamphlets it is frequently necessary for purposes of description to vary or modify the form. The cards are arranged
alphabetically according to subject classification and should be kept in a separate file marked "Pamphlet file" (see fig. 4):

<table>
<thead>
<tr>
<th>Hygiene</th>
<th>Fischer, Irving</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Life Extension</td>
</tr>
<tr>
<td></td>
<td>Vassar College, Poughkeepsie, N. Y. 1917</td>
</tr>
<tr>
<td></td>
<td>1 copy</td>
</tr>
</tbody>
</table>

Fig. 4

For the efficiency of a library a librarian should be in constant attendance. This is important from various angles; in order that the student may have help and that the resources of the library be kept intact and in order. Under such conditions it is possible to have open shelves, which allow the student to make her own selection slowly and deliberately, thus improving her acquaintance with the library content and sources of information. Otherwise the cases are generally kept locked and the books given out at stated intervals. This is not ideal but even such an arrangement is an approach toward the goal.

The upkeep of a library merits careful consideration. How are books to be added, magazines supplied? A library should represent a growing institution, increased in a systematic manner and not dependent for expansion upon occasional or haphazard gifts. In this, as with other departments of the nursing school, the question is solved by endowment. Under such conditions a budget is available and profitable growth can occur.

One of the model libraries in nursing schools is the Sol. W. Levi Memorial Library in the School of Nursing and Health of the University of Cincinnati. This library was established through the interest and generosity of Mrs. Charles Schram, who gave one thousand dollars for the purchase of books, and who has yearly subscribed two hundred dollars or more, one hundred of which
is used for magazines and the balance for books. An experience, covering five years or more, has demonstrated that the principles upon which the library was organized are both effective and workable. Its operations are included in the various phases of this paper, but with the belief that a concrete application will possibly be of benefit to some other school about to organize its library a brief résumé is herewith given.

The content of the library includes 655 volumes of reference books, 757 volumes of fiction, essays, poetry, etc., and a large collection of valuable pamphlets and magazines to be bound. The book classification is made according to subject, that is, the books are classified under a specific subject as Hygiene, Materia Medica, etc., and are shelved alphabetically according to surname of author. The marking is made on the inner side of the front cover in the upper right-hand corner. The book is further stamped with the name of the school, as already described. Two separate catalogues of the author type are kept, one for reference books and one for all books other than reference. The record of books loaned, returned and fined are kept by the book method. All books other than reference may be taken out for one week and renewed at the end of that time for another week. Reference books may be reserved at any time during the day, withdrawn at 9.00 p.m. and returned at 7.00 a.m. the following day. Students who owe fines forfeit the privilege of taking books out of the library until fines are paid. Magazines are recorded and pamphlets, clippings, etc., are classified, catalogued and kept in folders, following the plan outlined in a preceding paragraph. Professional and scientific magazines are filed for binding. Other magazines, except the latest issue, circulate under the same conditions as fiction. The library is open daily from 7.00 a.m. to 10.00 p.m., Sunday from 4.00 p.m. to 10.00 p.m. A librarian is in constant attendance, the fifteen hours being covered by two librarians. As stated above the supply of books has been yearly augmented by Mrs. Charles Schram, and in addition a limited number is obtained through city funds, and small collections have from time to time been received from other friends. Quite recently Mrs. Schram, anxious that the growth of the library should continue uninterrupted in the years to come, generously offered to provide an endowment, so its future is now safe and secure with great opportunity for development.
Briefly summarized the purpose of a school library is as follows: it should provide an adequate supply of reference books, both from the standpoint of the teacher and the student; it should be a source of ready information on topics akin to the school program and on subjects cultural and of current interest. It should serve with our broader conceptions of education as a place for mental recreation as well as intellectual expansion. This implies books other than reference and magazines other than professional and scientific. It should be organized and conducted so that to all it is an open sesame and upon all it floods its light. Who has ever examined a public library without being overwhelmingly impressed by the magnitude of its offering! Cannot our nursing school libraries be miniature parallels in plan and purpose? They can.

STATE BOARD EXAMINATIONS: WHAT ARE THEIR COMMON DEFECTS AND HOW CAN THEY BE IMPROVED

By KATE DOUGLAS
Assistant Inspector, Nurse Training Schools, California

It is now seventeen years since the first bills for registration of nurses were passed, due to the necessity for providing a means of legal distinction between the properly trained and the untrained nurse. These have been so evidently productive of results that only three states today are without laws.

All our laws require an examination, following the expiration of the waiver. Few have clauses providing for reciprocity, or recognition of the R.N., on the basis of laws having equal requirements, thereby usually making examinations necessary each time her work takes a nurse into another state. As a result we have been establishing not only the machinery for examinations and registration, but occupied in our efforts to make more or less uniform the contents of our curricula in our nursing schools. While the results considered as a whole have been good in the educational development of nursing, can we feel that our examinations for registration are fulfilling their function satisfactorily, namely to learn whether a nurse is fitted to carry on the practice of her profession as a graduate nurse?
Such examinations mean creation of boards of examiners, which may be composed of nurses, physicians and nurses, or physicians only, with the resulting variability in the conducting of these examinations. The fact that because of the inequality in our laws, the registration of the nurse rests with boards, varying in each state in their methods of examining, would seem to emphasize the need for some national qualities which would be within the possibility of recognition by all states.

The state examination is practically a permit to practice, for, whether our law is obligatory or not, the R.N. is demanded as a qualification for many desirable positions. The nurse who fails in her state examinations is therefore barred from the most promising openings in her profession.

An examination is any means that may be employed by authorized individuals to discover whether the person being examined is properly qualified and whether the preparatory work has been completed with a sufficient degree of efficiency. When we examine, we hope to test whether certain work has been accomplished; our examinations are intended, or should be, to test whether graduates have a comprehensive grasp, not of petty details, but of the general outline of our subjects; whether they know the relations of the various parts to one another as a whole or not.

As to the value of examinations in general, a great deal has been said and written about their faults and failures. Some even going so far as to assert that they should not exist, claiming that examinations are misleading. The incompetence of government clerks, selected by examination, is well known. Examinations, as indicated by various tests made by educators, admit failures and exclude successes, and are therefore rarely considered as indication of the knowledge of those who take them.

Thomas Edison invariably failed in his examinations. Charles W. Eliot, declared once that while president of Harvard he could not pass entrance examination into that University. Herbert Spencer said in reviewing his long life, "I never could pass any prescribed examination, they are fundamentally vicious." The Japanese government, after sending many boys to be educated to foreign institutions decided to ask for an examination by which they could select youths of promise, who were worth the expense of this training. Inquiry was sent to each univer-
sity which had received the young Japanese as follows: "What examination can we give our youth, so as to select those of greater promise for future service?" All the universities answering but one returned replied to the effect that they did not know of any such examination. One university, with characteristic German system appointed a committee of the faculty to investigate and report. They sent to the library for all biographies of eminent men, and when they made their report, they said, "The one most prevalent characteristic of men of mark is that they could not pass their examinations." What can we conclude? Is this the result of the method used rather than the fact of examinations or not?

What arguments for examinations have we? We need a test in ability and examinations are given on the basis that what one knows, can be written quickly and clearly. But is this true?

We must have our examinations and therefore it is necessary to learn wherein lies the responsibility for our poor results, which no one can deny that we seem to secure. Are our examinations at fault, or does the difficulty go further back, namely to our instruction? Are they a test of a nurse's ability, if an instructor, throughout her teaching, has obscured, confused, and most important, been lacking in sufficient illustrations. How can we expect graduates to pass, and even more, how can we hold them responsible under such conditions? But on the other hand, it is clearly evident that our examinations cannot be a test of knowledge of the nurse, as indicated by the results, as it would seem to be hardly possible for our teaching to be so radically at fault as to succeed in inculcating so little knowledge as is sometimes apparently divulged in our examinations, except in the subject of ethics and allied topics. Here, it would seem that instruction must be lacking, as many, in fact the majority, have never heard of nursing organizations or journals. Another result in our nurses is the development of too little initiative, and students are crammed with facts, with the result that they are too little able to think and to apply intelligently their knowledge. Again, when the examination is arranged by outside individuals, as ours are, they are not familiar with what the instructor has taught. Perhaps we should know what the instructor has taught by means of our inspections, but we do not always know how it was taught,
nor should a nurse be failed because she wrote what she was taught, not what she should have been taught. This argument would appear in one sense to be the main cause of failures. It is this that impels James Seth of Cornell to conclude that outside examinations are almost an unmitigated evil. The opinion of teachers in Germany is that they are almost universally against the practice of using state examinations to determine a candidate's fitness.

The wide range in the educational preparation required for entrance into our nursing schools makes it very difficult to secure such examination papers as indicate the candidate's knowledge, for the reason that many are so poorly written that it is impossible to extract any definite meaning from them.

Traditional examinations fail because of the impossibility of giving fair test questions, and in determining their exact value to the nurse from the answer. The mind back of the answer should be known. At present, ours is the traditional method of question and answer. A definite number of questions is made out and these questions are issues of life and death. A hundred questions might be asked, but the same lack of true examining power in the questions would be evident. It is also contended that frequently that the questions are not well selected and do not pertain to essentials. Text-book questions are almost exclusively used, which means memory questions and not intelligence questions. Too frequently they consist of medical questions and are not confined to the nursing phase, and when the question does involve nursing care, the nurse rarely describes nursing procedure, but confines her answer to medical treatment. The subjects themselves are not separated, but are combined: in fact, one question may involve knowledge acquired in the work of several subjects.

The use of former examination questions in class work and review in the hospital is in practice because of the impression that these will be used at the time of the examination, thus excluding many important points. We repeatedly hear, "Nothing has been asked that I studied, these are all questions on points I never reviewed."

There is a great difference between auditory and optical, or visual thinking. Some are poor in non-visual thinking, but in
the written examination, they are favored. Many adults are auditory and non-visual, writing slowly and carefully and must hear to comprehend. Others must have things written out for them. But in our examinations, no opportunity is given the auditory thinker. Nor is opportunity given the motor-minded, as in the majority of cases, the practical examination is not given as a separate procedure, but is combined with the written examination, under the heading of outlining nursing care.

We are originally and essentially hearers and doers of the word and fact and it is necessary for us to get away from mere readings and writings, using our eyes and ears and giving actual manipulations before the eyes of the examiners. The best doers and talkers may fail in written examinations, and yet be more competent and better informed than many who pass. We are all familiar with the type of student who does excellent practical nursing, but is poor in class work. Should she not have an opportunity in this most important examination?

The single test, as used by us, commonly does not indicate the true mental status of knowledge of an individual, but instead, we need a number of separate measurements. How can a nurse, writing for two days, even on simple questions, be tested on what she is supposed to have learned covering a period of three years? This should be done in other ways than writing.

It is manifestly impossible to give a test which shall cover the whole ground of a nurse's knowledge—in other words—we cannot ask her the questions which will determine how many facts, or habits or concepts she has, and how many which she should have learned are absent from her mind. Anyone may have an unusually large number of valuable facts stored in his memory and yet have no good habits and no valuable concepts. So we are reduced to the expedient of asking her a few questions, and calculating from her answers to these the probable extent of her knowledge. Another defect or criticism is that our examinations as a rule, are prepared for the average nurse, who is a graduate of the average school. What opportunity then is there for the nurse of greater ability to indicate her possession of it?

Hygiene is concerned both with the direct results of examination in its bearing upon the health and with certain secondary and indirect results, and one defect of the long written examination
is in the reaction against health, which is evidenced according to experimental tests in loss of weight. Worry has an injurious effect upon our nutritional processes and upon sleep. Unfavorable changes in the blood have also been found, as in tests made, the proportion of haemoglobin was found decreased. Indirectly, we have a reaction in a confusion of associations and errors, with the result that the examination had injured the character of the performance, and especially in the case of poor pupils.

No allowances is made for nervousness, illness, temperamental condition, but the same measuring rod is applied to all. Those taking the examinations are working under pressure, frequently becoming nervous and confused, and consequently unable to do themselves justice, while others, who have no real grasp of the subject, are able by cramming, to write excellent papers. We are all familiar with the type of student who does poor daily work and passes well in examinations and vice versa. Other definite evils are discouragement and fear of examinations, which often hinder the best work. Cramming which makes machines instead of thinkers sometimes fatigues the mind so that even the memory and machinery of the cramming fail them at the examination, and at the best, cramming is temporary knowledge only. Even dishonesty may be included here as an evil, as the possibility of its being resorted to for the sake of the mark to be secured is a factor to be considered. Again, there is the injustice, through honors decided by the fraction of a per cent, which may cause some bitter feeling.

In addition we have the variability of judgments and the personal equation of the markers, which enter in largely as is indicated by investigations. Thus, in marking the same examination, the grading of one marker may differ from that of another to such an extent as to invalidate completely the gradings of a large number of candidates. Great variability of grades assigned to the same examination papers by different examiners is the rule. Examiners gradually acquire pet aversions among errors that students are prone to make, and to magnify favorite excellencies, finally in time, losing a just perception of the weight of errors and of the values of the answers. No two examiners give the same mark; in fact, one examiner probably would not be consistent herself in her marking, as if she read and remarked the examina-
tion paper two or three times, without reference to the first rating, there would undoubtedly be a decided variation in the credit given. Tests have proven that marks assigned to examination papers are often unreliable; the final grading depending, not only upon the subject matter but upon the person who grades the paper.

Conditions which contribute to the inaccuracy in marking the papers are error due to the unequal value of the questions, as seldom two examiners estimate the difficulty of the question alike. The rate of doing work is neglected and the slow person receives relatively the same grade as one who answers easily, as only the quality of the answer is considered. Therefore, the rating received is not a true measure of ability, as the first contributes to inaccuracy in marking and the second fact means that the examination paper is frequently not a true record of the nurse's ability. Again, a wide range of topics included within an examination makes rating have an indefinite meaning, as we usually cover many fields or points within a subject.

The examination should be a test of the student's ability to use what she has been studying. The examination is a test also of efficient teaching, but unless that teacher is the examiner, her teaching is ruined by the examination, and for this reason, many believe that the cramming process brings the best results in an examination.

As extended study of this has resulted in the statement that there is no proof that the written examination tests the teaching or the school. Educators are fast coming to a recognition of the fact that examinations, as at present conducted, are of doubtful value. Every examination result depends upon the instruction that preceded it; the nature of the questions; the nature of the subject matter, and other factors involved with the method of giving the examination, and upon the scale of excellencies used in grading.

It is unprofitable to seek a remedy in any modification of the examination along conventional lines. The examination should consist, not merely in reproducing knowledge acquired, but in making practical applications of this knowledge. This examination is the best means of information as to how far the work of the teacher is successful, and our examinations may be said to
establish a standard at which both instructors and students may aim. Such an examination should be an important test of the quality of work, not only of the graduate but of the instructor.

Some methods by which we may determine a nurse’s knowledge, skill and ability is the only thing to be considered as a fair test under these conditions.

Is it enough for us to know that a nurse has some definite knowledge concerning a few definite points, or are there other factors to be considered? We say that a nurse must possess certain qualifications or traits or abilities in order to be a successful nurse. How much do we take these things into consideration in our state board examinations? Do we know whether a nurse is able to observe; has she skill; does she use judgment; has she adaptability; is she able to reason, and does she show evidence of being able to meet and cope satisfactorily with the many emergencies, developments and other unforeseen conditions continually arising in our work, in whatever field it may lie? An examination, in order to examine, must give information as to the fitness, or status, or condition for which the examination is written.

In order to accomplish this, the examination given each applicant should be of three types; oral, written and practical, and of such a character as to determine the fitness of the applicant to practice professional nursing. It should be a comprehensive examination, testing what the graduate remembers; what she understands, and how well she can really use what she has learned in solving problems, or explaining new situations. An examination is a test of a nurse’s ability to apply her professional knowledge in her nursing care. Nursing is an applied art, and the nurse should learn her sciences with direct reference to this use. Practical procedures in the examination are necessary to cover this phase of our work.

In our written examinations, care in framing questions should be exercised, stating a condition, and asking for nursing care involved in same.

Instead of our old-time memory tests, so-called thought examinations might be substituted, in which books are used and pupils are permitted to answer each question with the text book open before them. This would appear to be an easy matter, but in cases where it has been worked out, the consensus of opinion is
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that quite the opposite is true. Cramming in this case would be a disadvantage rather than an advantage, as it would react against clear thinking. Thinking is what we want, not memory. For the benefit of the nurse who is not a clear thinker, some memory questions could be thrown in to be answered without books. Being given both thought and memory questions, not only does the slow and dull nurse have an opportunity, but the bright candidate, who perhaps at the same time is not a student.

Error, due to unequal value of the questions can be reduced by determining approximately the relative value from the ratio of the number of correct answers to the number of wrong ones. The rate at which the nurse works should be recognized, particularly when the answers are automatic. If an answer needs to be reasoned out, the time taken is not so important, but it should not be entirely neglected.

There should be a systematic plan in marking papers. The indefiniteness of the meaning of the examination marks can further be reduced by confining the questions to one or two topics as, in medical nursing, confining the examination questions to nephritis and pneumonia.

In marking, instead of giving the examination a numerical grade, the examiner might be requested to answer the following questions:

1. Does the candidate show sufficient knowledge of the subject to practice as a graduate nurse?
2. Does the book suggest good or poor training, or that she has made full use of her opportunities?
3. Is the book passable or a failure?
4. What does she do best?
5. Characteristics of the book, as, neatness, accuracy, correct spelling, punctuation, sense of order and arrangement, reasoning power, memory, ability to apply knowledge should be given consideration.
6. The characteristics that are the opposite of these just mentioned should be considered also.

Practically within the past five or seven years an entirely new series of instruments for estimating personal efficiency and educational measurements has been available. These tests have been brought into use as a result of various experiments which have
been worked out in different fields. Evidence has been collected that in college examinations, the examination system is wrong in forty-seven times out of fifty. The student who barely passes later securing the highest marks in his class work and the one who enters with the highest grade, proving a very poor student, the conclusion is that the best may be barred out altogether. The so-called intelligence test has been applied in various ways to the fields of education and Thorndyke declares that “providing an efficient inspection and rating of the candidate’s school career is used, an adequate psychological test is better, hour for hour spent, or dollar for dollar spent than customary examination.” But how far this test could be used in our examinations would be a difficult question for anyone but an expert to consider or decide.

Only very recently, have scientific workers begun to appreciate fully the importance of intelligence tests in educational procedure and the testing procedure has been more or less technical. It is the confident prediction of many students of the subject that before long, intelligence tests will become a matter of necessity for general purposes. The Civil Service Commissions, which have used the written examination, which is absolutely alike for all those taking it, and for which is allowed exactly the same amount of time, and other groups giving general examinations, are endeavoring to secure standard mental tests to use in this work. The drawback for such a method in our work is that our examinations are given to learn the definite amount of knowledge at the present, not to learn the intelligence or ability to qualify at some future date. However, this method is considered of such value that the National Civil Service Commission had appointed a commission to form a National Bureau of Standard Examination tests.

In giving general examinations to groups of teachers, the method followed, in some cases, is to secure a number of references from which a summary is made; to give a written examination which is corrected by two people. In addition there are several committees of three to four members each, and each candidate is examined orally by a committee. This committee takes into consideration the manner of expressing themselves, neatness, and personality. Problems are also given, the solutions of which
would indicate judgment, knowledge and initiative on the part of the one being examined. Each examiner on the committee grades the candidates independently and the average is taken of these marks. The rating then is the average between the oral examination and the summary of the references. The written examination secures a very high mark, three to five points may be added to the rating secured. If the marks of the written examination are very low, the same amount may be deducted, otherwise, there is no change made in the rating. Needless to say, the candidate is unaware of the fact that her written examination has practically no value in her rating secured, which is based practically on, as stated above, the oral examination and the summary of reference which are secured directly by the examiner, not offered by the candidate. This is a very definite proof of the general opinion held of the written examination.

But in spite of their limitations, although examinations as conducted fail to determine with even a fair degree of accuracy the fitness of candidates, they are of value. Examinations must always be necessary when no other adequate means exist whereby the fitness of the graduate can be determined. Our examinations, if wisely and fairly conducted, should be the standard by which the public will judge of the work of the nursing schools and of the nurse. It is for us to see, therefore, that these examinations are conducted so as to secure such results.

Examinations mean a finding out and so long as any constructive work is done, it is essential that the work shall be investigated and scrutinized to see whether it is well done or not. With examinations therefore, we shall have to do as long as we live and a method that has the fewest defects should be selected. Our examiners should bear in mind the possible injury and injustice done a nurse by her failure, as the examination for registration is of great importance to many nurses and means that unless they successfully pass it there may be no position offered or they may be dismissed from the position they hold, or they may be barred out from many desirable openings. Apart from the consequences likely to result from failure to pass, the examination is a trying ordeal. The fact that our courses of training are not yet perfected should not be forgotten.
In spite of our defects, unsolved problems and even failures in this effort, we have traveled far in our machinery for giving examinations but believe that at present, with our wide range in accredited schools, whose graduates are eligible for state registration that we are not carrying out our duties to the best of our ability unless our examinations fit all types. We are an educational group, and as such, should concern ourselves with the big questions in education today, one of the most vital, being this very question of examination.

After announcements made by the secretary, the meeting adjourned.

Wednesday Morning Session, April 14, 1920

The meeting was called to order at 9.30 a.m., by Miss Nutting. Miss Nutting: The meeting will please come to order. Before taking up the regular program we are asked to devote a little time to further discussions of university schools. Will Miss Martha Eakins, University of Texas tell us briefly of its School of Nursing?

Miss Eakins: Just at the present time, we have mostly difficulties at the University of Texas. The main university is at Austin, and the medical school and school of nursing is in Galveston, and Austin is a night's journey from Galveston, so that that makes a considerable difficulty. The school of public health nursing, which has just been started in Austin, is, of course, a night's journey away from the school of nursing, but we are hoping very much to send some of our senior students for the last six or eight months of their course, to the University at Austin, for the public health course. We hope to have that started next February.

We have one difficulty, which is that the school is partly under the university and partly under the hospital. We feel that it would be much better if it were entirely under the university. I feel that the social activities of the nurses, especially in the university hospital, are just as important as their educational activities, and we are trying to pay a good deal of attention to that. It is probably more important with us, as we are living in a
somewhat isolated district, so that most of the recreation for the nurses is entirely within the university. The town affords very little recreation for them.

Miss Nutting: You made one interesting point a moment ago, Miss Eakins, you said you felt it would be better if the university controlled the situation from beginning to end. Why do you think that, may I ask?

Miss Eakins: If there is perfect cooperation between the board of your hospital and the university, perhaps it might not be so important. I think in all instances a school which has dual control is harder to manage than where the control is just single. Also, in the past our hospitals have always thought of the school as a source from which to get the nursing done, whereas the university will think more of the educational side, and when you have the dual control it makes it somewhat harder.

We hope to cover the theory of their real nursing course in five college terms, instead of six college terms. With the three years, they would have six college terms, and those who go to take the public health course, we hope to give them five college terms, so that in February of their last year, they will be ready to go to Austin, and then they will have their theory from February until June, and from June until October, when they finish, have their field work of the public health course, giving them eight months. The arrangements for this are not yet completed, but we hope very much to put it through.

Miss Nutting: Would that mean that you virtually provide one college year for public health training in theory and practice?

Miss Eakins: Yes.

Miss Nutting: We must keep in mind the difference between the college year of about eight months and the hospital year of eleven months or over. Two years of hospital training are equal to very nearly three years of college work in point of time.

Perhaps Miss Erskine of the University of Georgia, will tell us what the University of the State in which we are being so hospitably entertained is doing for the education of nurses.

Miss Erskine: It has been so very recent that we have hardly made our plan as yet. The plan was in prospect when I came to the university a year and a half ago, and it is only just within the past few months that the university has taken it up and put
through a plan whereby we can enter students who have had some college training and give them credit in our school of nursing and have them work up to a B.S. degree. The last year of this course will be a special training in either institutional or public health work. They will elect whichever of the courses they choose. The hospital will also have a group of students who may not work for this degree, and the course is really only in outline and not a very perfect one as yet. I only want to say that we have it and we are working on it, but further than that, I am afraid I cannot contribute very much.

Miss Nutting: Are there any other questions? If not, will Miss McCleary of Evanston, Illinois, tell us about the relationship of her school to the Northwestern University?

Miss McCleary: All of our students are registered at the University. We use the same credential form that the university uses, and at the time that we had under discussion this closer affiliation with the university, I presented to the committee our educational certificate, using their form, which seemed to be the thing that made the impression that our schools were prepared for university work. They had been under the impression that most of the young women in our training schools were either grammar school students or perhaps had had one or two years of high school, but when they found that they were ready for university work, we had no difficulty in breaking down that little barrier.

We also find that our students do as good work as the regular college students do, and that, again, has broken down a great deal of prejudice against nursing and we find that we have had a new source of supply in drawing students to our school.

However, the great benefit that I have observed has been the effect upon our own hospital board. I think that for the first time they are beginning to consider that we have a nurses' school. Henceforth it has simply been an adjunct to the hospital whereby the nursing service was performed for the benefit of the hospital, but they are proud of the record which the school is making and they do look upon it as an educational institution.

Miss Nutting: Miss McCleary makes the interesting point that the College draws students to the School of Nursing. Now, while the Northwestern University is connected organically with the Evanston Hospital School of Nursing, it has also some rela-
tionships with several others. Perhaps some one from Wesley Hospital will tell us what the connection actually is.

Miss Erlanson (Wesley Hospital): We just have our work there at the university. You see, we have the medical college next to Wesley, and that is how we happen to take our studies in bacteriology and chemistry and dietetics over at Northwestern.

Miss Nutting: There are three subjects, then?

Miss Erlanson: We have four subjects—anatomy, chemistry, bacteriology and dietetics.

Miss Nutting: You find that a great help?

Miss Erlanson: Yes. We have had that for many years.

Miss Nutting: I recall recently that Wesley Hospital had no difficulty in securing enough good applicants, that all were high school graduates, or virtually that.

Miss Erlanson: Yes, high school is our requirement. About three-fourths of them are college girls.

Miss Nutting: There are some prominent schools of nursing now engaged in working out plans for University connections. Will Miss Landis tell us something of the plans of the Connecticut Training School at New Haven?

Miss Landis: Our school for nurses is in a transition stage. I do not know what time the transition may require, but we are not, apparently, much nearer the goal than some eighteen or twenty months ago.

The Connecticut Training School for Nurses is the school for nurses of the New Haven Hospital, which is the teaching hospital of Yale University. It is incorporated separately from the hospital, and it offers that advantage, that if there is to be a development, an educational development, independent of the hospital, as time might indicate to be necessary, it will be favorable for that reason. It has a small endowment, some fifty thousand dollars, which is given to the New Haven Hospital, the New Haven Hospital maintaining the training school.

The relation of the training school to the university is only theoretically true, Yale University, having only men in its undergraduate school. Women are allowed in the graduate school, but until we can have academic graduates in our school we are not eligible to become one of its departments, unless some exception might be made. That exception is possible, if we could obtain an endowment.
At present, we are being instructed in subjects other than nursing—by the faculty of the medical school. The medical school is not at all anxious to include us as a part of their organization. The university is quite friendly to us, and if we had an endowment there would be no difficulty for the university accepting us. The fact of this very definite interest, hardly relationship; that the university bears to us has been quite favorable in our securing students of a better type. We do state that we have the full high school educational requirement. As that was just begun some eighteen months ago, we have had to make exceptions that have been very definitely considered and decided on by a committee that have the well-being of the training school in mind. We have succeeded, so far, in this short time in having about 75 per cent of our students of high school qualification. In fact, we have very few who do make application, of lower qualifications, because it has become rather generally known that the instruction given by the members of the faculty will not allow of those with less preparation.

The students are very much interested. They have the same opportunities, laboratory opportunities, as those enjoyed by the students of the medical school. We have all the contents of those laboratories at our disposal. We have had no unfriendliness in securing definite recitation times or laboratory periods. The Dean, who is very friendly to our training school, takes us into consideration in making out the program.

We have not, as yet, had opportunity to consider credits, I mean it has not become necessary, although in the consideration of our curriculum, we little by little do make those requirements higher, and the content of the courses move nearer what would be expected in an educational institution. While, of course, we may have some difficulties, or rather, the way is not always smooth, and sometimes the need of our nurses in the wards does offset the educational advantages that they might enjoy, but we realize, little by little, that our students are commencing to have a keener interest in the educational development, and these could hardly now be any definite opposition, any opposition that would mean a great deal to the school, but that the students and the alumnæ would support us, the training school board would support us, in securing the educational privileges which we now
enjoy. At first, perhaps not appreciating it, there were not so many who would have taken the stand that they will today, but I think that the very fact that they are considered students is making our students more interested in their work; they are taking on a dignity and a professional attitude that is quite pleasing, and I think it speaks well for the future development of the school.

Miss Nutting: Miss Landis gives us a very interesting picture of the way in which the Connecticut Training School is working out its problem and she emphasizes some important points. The first is the imperative need of an endowment for the school of nursing as the only way of securing freedom for the proper development of its work, and another is the futility as a rule of trying to teach the sciences, physiology, bacteriology, chemistry, etc., to students who have had but one or two years of high school.

We have for some years been looking forward hopefully to seeing an alliance between the Western Reserve University in Cleveland and the Lakeside Training School. Would Miss Allison tell us what the outlook is there?

Miss Allison: The plan which we are considering in Cleveland is a central school, a five-year course, of which all schools matriculating with the university can have the benefit. The plan is that the students go first to the university for two years, back into the training school for two years, and the fifth year a combination of the school and the university.

I might say a word about the university district teaching center in Cleveland, which is a part of the university. That is a decided asset in connection with the proposed affiliation.

Our problem is the need for a million dollars, and on account of an extensive building program being proposed in Cleveland, that small matter of one million dollars is delaying the matter, but the people in Cleveland are very enthusiastic. The university is not only willing, but I think almost as interested and enthusiastic as we are about it. We know it is a certainty, and it is just a mere question of time. The university is overcrowded, and were it not for that point I think the matter could have been started perhaps with a few students. We are considering our class work through the professors of the university, getting their cooperation in selecting the best teachers for our nurses. We
are having anatomy and physiology and some of the sciences taught in the medical schools; we are bringing university people who are interested in the university training school to speak to our board at every possible opportunity, and I think we don't lose many opportunities to bring the matter to the minds of our board.

Miss Nutting: I always feel hopeful about the results of any undertaking in Cleveland with its great wealth, its fine public spirit and its special interest in nursing work of all kinds. We should not have to wait long for the establishment of a university school there.

We would like to hear about the connection between Simmons College and the Massachusetts General Hospital but Miss Parsons is not here to tell us.

I believe that this completes the picture of existing connections between universities and schools of nursing. Before passing on to the next subject may I sum up the situation briefly and say that we are all perfectly well aware that growth in this direction is bound in the very nature of things to be slow. It is clear that it will be a good many years before any appreciable number of our schools will either come under university direction or will establish really satisfactory working relationships with them.

To meet the present needs in our profession we are requiring that approximately 15,000 young women shall enter our schools of nursing, each year, and it is obvious that it will be some time before any large number of these will wish or will be able to enter for the five-year combined course of training in nursing which offers the best plan we have so far been able to work out. At present the proportion of students in university schools would hardly be more than 3 per cent of the whole number.

We need therefore to realize that university schools are not likely to arise rapidly all over the country but we need equally to realize that the movement is of enormous importance to our future and to devote ourselves assiduously to studying the new situation in which it places us, the new problems it calls upon us to solve. It is entirely certain that we cannot long continue to conduct our schools of nursing on the old basis of almost pure apprenticeship. The disheartened women who have been struggling valiantly with this system for the past twenty-five or thirty
years know well that it cannot survive. Its day is past, and we must build on such parts of our structure as are sound, a new and equitable system that will guarantee the maintenance of modern educational methods in this most important of women's professions.

Summing up, let me say that first the university school does interest a large number of better educated women and that any university cooperation increases the number of well-qualified candidates for admission to our schools. Do we want these better educated women in our 2000 hospitals and training schools as superintendents, principals, assistants, supervisors, and teachers? We must employ at least 10,000 nurses in those capacities and I imagine no one present would dissent from the statement that we are suffering for better qualified women in all of these posts. In addition we need inspectors of training schools in many states, and in forty-six states we have boards of examiners, made up largely of nurses, who should all be well-educated as well as well trained professional women. We have also many state, county, and local associations to handle, journals to edit and conduct and text-books to write. We have in fact to maintain all of the activities and interests that belong to an important modern profession; and in addition to all of these we have the great new (but, for us, very, very, old) field of public health, in state, city and country.

There seems to be actually no place for a nurse without a substantial educational background. The demands upon her knowledge, intelligence and initiative are too many and too searching to be met by manual skill and devoted labor alone. We cannot, therefore, accept an educational system in our schools of nursing, which is not able to draw into them women of good educational preparation, since that provides the foundation stone of all our subsequent work. There is hardly any future open to the young woman with but one or two years of high school, or any real progress possible for her without going backward to make up her educational deficiencies after her training—an expensive and difficult task.

Not only, however, does the university connection with training schools, even when slight, widen the sphere of interest in nursing among potential candidates of good qualifications; not
only does it provide an incomparably better quality of teaching in the sciences and other subjects fundamental to nursing, but it does help to secure better conditions for student nurses in hospitals. It is helping to make clear that students must have time to study if they are to be students and not employees, and that the presence of students in any institution cannot take the place of a permanent and considerable staff of salaried workers.

Probably most hospitals of standing are now employing full staffs of salaried head and supervising nurses in their wards and other departments and are not placing student nurses in such positions except in times of emergency and for short periods. Among these are some whose night-staffs are partially or wholly made up of salaried nurses. Others have an entire staff of graduate nurses for the private services and assign no students to special duty in them.

The university further enables us to include some suitable preparation for public health work. It is about the only place, in fact, where the kind of teaching needed can be secured.

Finally, relationship with the university does dignify our work not only in the eyes of the world, but in solid reality. The sounder basis of knowledge which it gives and requires, places our practical work upon a better and firmer foundation—increases our efficiency, our interest and our desire for improvement and progress. It gives us hope for the future instead of stagnation and satisfaction with ourselves and things as they are.

The Committee on Education will continue its work on this subject and we will want to hear of every advance in this direction that is being made.

The next number on the program is the report of the special Committee on State and Municipal Aid for Training Schools—Miss Jammé—Chairman.

Miss Jammé: Madam Chairman, I am very sorry that this committee has not a report to make at this time. The committee was very recently appointed and the members have not been able to get together and outline the plan of action for obtaining state and municipal aid for our training schools. The committee appointed is as follows: Miss Taylor and Miss Burgess from the Education Committee; Miss Crandall, Miss Goodrich, Miss McCleary and Miss Greener from the League at large.
It is the plan of the committee to meet here and outline the plan of action between now and the next meeting of our body. Undoubtedly, you will hear from this committee quite frequently as soon as it commences to move, and we will want all of the help possible in all the states, in order to get material together and see just how this can be done.

I would like to read from a letter which Miss Nutting gave me just shortly after the appointment of the committee. She says:

I have long felt that there was a perfectly good source of help from which we ought to be able to secure some assistance for our training schools. Nurses are public servants in a big sense of the term, and most particularly those in the public health field, in which the numbers are so rapidly increasing. In view of this fact, our states and municipalities really face as much of an obligation to give them adequate preparation as they do to train teachers.

When we consider that in our states the legislatures appropriate millions of dollars every year for education, that not one cent of that money goes into our training schools, and yet we are turning out student nurses from our schools who are to become as much a public servant as a teacher, also that in our universities large sums are appropriated for the training of medical students, agricultural students and others, and not one cent is appropriated for the training school, we are forced to the realization that this situation must be changed.

We have not one endowed training school. Our training schools have been worked on the basis of the apprenticeship system, and the students have worked their way through; we have had volunteer teachers, as Miss Nutting said this morning; we haven't any money for instructors, as many as we would want, nor the proper staff to conduct the teaching of our students. My attention was called to that in a very particular way a few years ago, when I met a board of directors of a hospital, when I was petitioning to have an instructor put in on the staff at the modest salary of seventy-five dollars a month. On that board were women who were worth, in the aggregate, not less than ten million dollars, and yet, for hours, I had to sit there before that committee and beg that they would put in an instructor on their staff at seventy-five dollars a month.
It is that which confronts us in our work, in every state, we are not able to secure the number of teachers in our hospitals in order to conduct our training schools as schools.

I think the struggle to present before our people the idea that our training schools are schools is something that we have got to tackle in every one of our states.

At the present moment, we hear a great deal of the so-called shortage of students and the desire to lower the standards of admission to our training schools in order that we may get more students. That is not the way in which it will have to be done, and we can only do it through having our schools placed on a school basis, having our boards of education in our states and our universities recognize our schools as schools.

Now, this committee is going to be an active committee, and I am going to make them work very hard, and I hope that by the time we come together again, we will have a very concrete, good, workable plan, and already some schools receiving state aid, at least state aid, if not university aid.

Miss Nutting: It would be almost impossible to exaggerate the importance for us of this subject since our schools can never be conducted upon a right ethical basis until they are placed upon a sound economic foundation. The existing economic relationship of training schools to hospitals will afford an interesting study for future historians. It will also present a very noble and beautiful picture of the extraordinary services in the care of the sick which student nurses in our hospitals have carried on with such devotion day and night for the past fifty years. This country little realizes the value of the contribution to public welfare from the economic standpoint alone, which the student nurses in its hospitals have made, but some day undoubtedly an attempt will be made to measure it.

Meanwhile the idea of state and municipal aid for the education of nurses is a sound one and Miss Jammé's committee has obviously some important work to do. It will doubtless shortly outline a plan of work which the League can ask one or two states or communities to undertake as an experiment. If the effort to secure financial aid for the educational work of hospital training schools succeeds in these places, the idea will probably spread pretty rapidly, and we may need to be vigilant in seeing to it
that such aid is directed only toward those hospitals which can provide adequate clinical opportunities, and facilities for training under satisfactory conditions.

This would be a matter with which our State Leagues and Boards of Examiners would have to concern themselves.

The next subject on our program is one in which you will all be interested. It is the report of our sub-committee on the Classification and Grading of Training Schools for Nurses. We have long needed to have available for public uses some authoritative information as to the relative quality and value of the professional training offered in our various schools of nursing. The very fact that we have so many of them, of such widely varying standards and differing markedly in methods from all other educational systems, is confusing to the public mind. We found this lack of usable information about training schools a really grave matter during the war when we were appealing widely to the public to aid us in securing applicants. There are, of course, certain old established training schools of high standing pretty well-known throughout the country, but beyond this, there was nothing available but printed lists of schools which gave no clear guidance whatever as to the actual state of things within them. It is true, I believe, that in one state, the Board of Nurse Examiners or some other authorized body, removed from its list at this time, eight or nine training schools rather than be responsible for inducing young women to enter them. People everywhere were at a loss then, and they are now, for such information as will enable them to distinguish between good schools and poor schools. They can only seek private advice and we know that this cannot always be relied upon. Other professions have had to find some way of providing reliable information for the public, and medicine, in particular, has very carefully graded its schools into Class A, Class B, and so on.

The Committee on Education, therefore, feeling that efforts to classify our schools of nursing should be no longer deferred, appointed a sub-committee with Miss Gray as chairman, to take hold of the matter. We feel at the outset that the first steps must be to secure the full agreement of the members of the League as to the basis upon which such a classification can be reached. In other words, that each of you would entirely agree as to what
should constitute a Class A school, even if in so doing your own school is ruled out of that class. One superintendent said to me recently "My own school would probably not come into Class A, but I know of nothing which would bring it there more quickly than to present my Board a printed list showing that it was not in Class A."

Miss Gray, Chairman of the sub-committee has worked out a plan which she will now present.

REPORT OF CLASSIFICATION COMMITTEE

We have reached a stage in our growth where some standard by which to classify nursing schools is as necessary to us as the standards set by the dictionary are to the student of English.

If at some time in the future it is possible to have a book for handy reference that will enable the busy superintendent to classify her own school according to the accepted standards of the League, and at the same time to measure its strong and weak points impartially and accurately, it will probably prove a most effective weapon in the hands of those who are working for better schools and better educated nurses, which in time means better care for the sick.

The committee who consented to undertake this task did so with much reluctance (for it fairly bristles with difficulties), and a very strong conviction that the only classification that would meet our needs, and prove of value, would be one which was worked out from the assembling of information that expresses the ideas and ideals of women who are actually struggling with the problems of nursing schools, and who represent the different types of schools we find in our midst.

We want information from the small school that provides adequate experience by means of many affiliations, as well as the large school that finds all classes of cases within the walls of one institution; from the private hospital that is not run for profit, as well as from the municipal hospital supported by public taxes. It is hoped that each individual will draw upon her own experience, and not necessarily allow her answers to be influenced by her present connection.
In other words we want your fullest cooperation in order that our study shall be as practical as possible, and shall represent the ideals of the League members, and not of any one group.

The first task undertaken by your committee was to assemble data regarding the score cards used in various forms of work. We were familiar with the use of such cards for grading schools, colleges and hospitals, but were unprepared to find how extensively they are used for grading industrial plants and their varied output, as well as agricultural products.

After some study of the problem presented the committee decided that the annual meeting of the National League furnished a unique opportunity for discussion, and we felt that the most effective way to get the consensus of opinion of the members was by means of a questionnaire, which it has been most difficult to limit to a reasonable length. We have tried to confine our questions to vital points and have therefore passed over many details that are of interest and importance, but not essential in this preliminary survey.

The plan has been that each one would take this questionnaire away with her and would spend some time and thought in answering the questions, and then, return to the Chairman of the Committee, at 132 East 45th Street, not later than June 1.

The chairman will be very glad to furnish additional copies of this, and very glad if you will have as much discussion as possible. We hope it may furnish a basis for discussion in small local meetings, and thus reach some who may not be present at this meeting.

The answers to many of the questions hinge upon the standard set for a Grade A school which will be rated at 100 per cent. This makes the first question somewhat of a key question.

During the war, when the nursing committee of the Council of National Defense was trying to assign pupils to nursing schools in all parts of the United States, it was found extremely difficult to get information about these schools that was accurate, fair and trustworthy. It is probable that such information exists but if it does it is widely scattered and not readily available for use. Moreover, when such information is wanted it usually is wanted promptly. Accordingly, a sub-committee appointed by the Educational Committee of the National League is attempting the task of working out something approximating a score card
to be used by the Training School Inspectors in various states so that we may in time assemble the information that will place a school automatically in one of four (?) groups: A, B, C, D. In order to make this as democratic as possible the plan is to work out the score cards for the different groups from answers obtained from about three hundred schools representing various types in different parts of the country. For instance, it is proposed to build the standard for a Grade A school from the answers to the following questions, plus any suggestions that may be offered and prove of practical value.

1. Should Grade A include the leading schools now in existence, or should it set a standard (similar to the Standard Curriculum) for us to work up to? It is probable that many schools now in existence have some of the essentials that it will be decided to require of Grade A schools, but is it likely that any one will have all of them?............
2. Should Grade B include the highest schools we now have or a second grade?........................................
3. Should Grade C include second grade schools or average schools?....
4. Should Grade D include average schools, or a poor grade?............
5. Will four groups be enough, or would you include a fifth?............
6. If you include a fifth, how designate?............................... (The following questions refer to Grade A school)
1. Should Grade A school have definite support other than just dependence on the hospital?.................................
2. When not independent of the hospital in any other way, should it have a separate budget?........................................
3. What type of hospital building?........................................
   Fireproof?.......... Meeting modern sanitary requirements?
4. What type of hospital?........ General municipal?..................
   General endowed?........ Special, such as Mental and children?
5. What is the minimum capacity?........ Public wards?.............
   Private rooms?........................................................
6. What services should it include and approximate time for each? (before answering this, see question 9).

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<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Time</th>
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<tbody>
<tr>
<td>Acute</td>
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<td>Sub-acute</td>
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<td>Surgical</td>
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<td>Infants</td>
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### Twenty-Sixth Annual Convention

**Male** | **Female** | **Time**
---|---|---
Children | Acute | (Acute)
| Sub-acute | (Sub-acute)
| Chronic |  | 
Venereal |  |  
Skin |  |  
Ear, eye, nose and throat |  |  
Specialising patients:  
Mental and nervous | Acute |  
| Sub-acute |  
Communicable |  |  
Out patient |  |  
Operating room |  |  
Obstetrical | How long before delivery |  
| How long after delivery |  
Gynecological | Acute |  
| Sub-acute |  
Night duty—How much each year?...How long at a time? |  |  
Social service |  |  
Public health |  |  
Affiliations |  |  
What records would you require of the affiliated school? |  |  
What records would you consider it essential to submit to the affiliated school? |  |  

7. What preparation would you consider essential for the following members of the faculty of such a school, and what salaries adequate?

<table>
<thead>
<tr>
<th>Role</th>
<th>Preparation</th>
<th>Experience</th>
<th>Salary</th>
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</thead>
<tbody>
<tr>
<td>Principal and superintendent of nurses</td>
<td>Academic</td>
<td>Professional</td>
<td>Postgraduate</td>
</tr>
<tr>
<td>Assistant superintendents</td>
<td>Academic</td>
<td>Professional</td>
<td>Postgraduate</td>
</tr>
<tr>
<td>Assistant principal</td>
<td>Academic</td>
<td>Professional</td>
<td>Postgraduate</td>
</tr>
<tr>
<td>Instructor elementary science</td>
<td>Academic</td>
<td>Professional</td>
<td>Postgraduate</td>
</tr>
</tbody>
</table>
Instructor practical nursing

How many classes should each instructor be required to teach?
Should she have any other duties besides teaching?

Supervisors

Should other paid instructors be provided?
Are doctors or outside lecturers paid?—If so, how much?
Should medical staff assist in teaching?
If so, are they paid?

Head Nurses

Do head nurses teach?—If so, where?

Social director

Outline duties

Dietitian

Outline duties

8. How many and what type of instructors would you consider necessary for a school conducted in connection with a Hospital of
(a) 100 beds
(b) 200 beds
(c) 500 beds
(d) The number of beds you have decided as necessary for a Grade A school.
TWENTY-SIXTH ANNUAL CONVENTION

9. What length of training should be the minimum?

10. How long a preparatory course?
   (a) Daily hours in wards?
   (b) Daily hours in class?

11. Number of hours in hospital per day after preparatory course?
    Number of hours in classes?
    Time of day?...Any classes at night?
    Number of hours in study?
    Number of hours in recreation?
    Time of off duty in each week?
    Vacation each year?
    Allowance for sick time?

12. What curriculum should we consider as necessary?
    (a) Standard
    (b) State
    (c) Modified
    Would you require introductory courses in public health?
    Would you require introductory courses in institutional work?

13. Would you require tuition fees?
    Would you furnish books?...Uniforms?

14. Would you grant an allowance?...How much?

15. What should be the Educational Requirement for entrance?
    What should be the age?
    What should be the health requirement?
    Would you require a physical examination after entrance?
    Would you require a physical examination during training?
    How often?...When?
    Would you require any other credentials?
    From whom?
    What would you consider adequate provision for proper care of sick nurses?

16. What would you consider the minimum number of class-rooms, laboratories and equipment for teaching?
    (a) Assembly rooms?
    (b) Lecture and demonstration rooms?
    (c) Laboratories
       | Science?
       | Dietetics?
    Annual appropriation for equipment
    (d) Library?
    Annual appropriation for books and magazines
    (e) Reference reading or study rooms?

17. How many patients should one pupil be required to care for?

   Medical
   | Acute
   | Sub-acute
   | Chronic

   Surgical
   | Acute
   | Sub-acute
   | Chronic
<table>
<thead>
<tr>
<th>Services</th>
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</thead>
<tbody>
<tr>
<td>Obstetrical</td>
</tr>
<tr>
<td>Before delivery</td>
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<tr>
<td>After delivery</td>
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<tr>
<td>Gynecological</td>
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<td>Acute</td>
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<td>Communicable</td>
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<tr>
<td>Night duty</td>
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<tr>
<td>Specializing patients</td>
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</tbody>
</table>

18. What, from above, should be the average of nurses to
   | Acute |
   | Sub-acute |
   | Chronic |

19. What should be the proportion of head nurses to pupils?
20. What should be the proportion of supervisors to pupils?
21. What proportion of orderlies is required for assistance with care of male patients?
22. What proportion of orderlies is required for general utility service?
23. What proportion of maids for assisting with care of female patients?
24. What proportion of maids for cleaning, etc.?
25. What proportion of maids for assisting with care of female patients?
26. What proportion of maids for cleaning, etc.?
27. What proportion of maids for assisting with care of female patients?
28. What proportion of maids for cleaning, etc.?
30. Covered connection with hospital?
   | (a) Number of sitting-rooms? |
   | (b) Number of single bedrooms |
   | (c) Number of double bedrooms |
   | (d) Number of bathrooms (in proportion to those using them) |
   | (e) Number of toilets (in proportion to those using them) |
   | (f) Is there a laundry for nurses' use? |
   | (g) Is there a gymnasium? |
   | (h) Are special sleeping rooms provided for night nurses? |
   | (i) Is there a suitable place for recreation? |
   | (j) Is there a place for nurses to cook? |
31. Meals served in Hospital dining room or residence?
   | (a) Round tables |
   | (b) Number of pupils per table |
   | (c) Service Cafeteria |
   | (d) Number of pupils per table |
   | (e) Service Cafeteria |
   | (f) Number of pupils per table |
   | (g) Service Cafeteria |
   | (h) Number of pupils per table |
   | (i) Service Cafeteria |
27. What type of government should be in force in a Grade A school?
   (a) Military
   (b) Student
   (c) Cooperative

(Please classify under one of three heads and explain briefly your conception of it.)

Miss Nutting: I am very glad to hear that applause because Miss Gray has given some good stiff work to getting all this material assembled and in shape to present in order that the standards ultimately adopted may be settled by you.

Miss Dillard: The small hospitals never will be put in Class A, because we will not have the finances to do it.

Miss Nutting: Our small hospitals have a very difficult problem to meet in the conduct of their schools. They seldom offer, in their clinical experience, opportunity for the study of a sufficient range and variety of disease. They can usually however strengthen and enlarge their work by good affiliations and they can maintain a good quality of actual nursing work.

Miss Van Vort: In question No. 4 we see, "What type of hospital—General Municipal, or General Endowed." The hospital I represent would not come under either of those types, it gives a general service, but is a private paying institution, and I am required to live within our income. Under what classification would this hospital be placed?

Miss Nutting: I think that is open to discussion. The serious difficulty appears to me to be in expecting very small hospitals to conduct the full three year course that even the larger and best equipped hospitals are handling with difficulty. It is not that the small hospital could not do excellent work for a shorter period.

The point Miss Van Vort has raised is one which Miss Gray may like to answer. If, in the opinion of the majority, any other classification is needed, it will, of course, be included.

Miss Gray: We have tried to leave this whole matter open for discussion and I ask you whether we shall need to include another group, and I should be very glad to have suggestions if there is something which we have left out. We also ask what shall be the minimum capacity. We have not decided on the capacity of this Grade A school, it is to be decided by the answers to all of
these questions and we hope there will be just as many answers from the smaller hospitals as the larger ones. Moreover, as I read this paper I wonder how many feel that there are any schools that would measure up to Grade A. Is it not probable that almost all of the schools will fall into one of the other classes? There is nothing more helpful to a superintendent than to be able to go before her Board and say: "We are in Grade B or C not because a committee decided we should be there, but because the consensus of opinion of the National League is that our school automatically goes there." That is a very potent weapon in the hands of the superintendent who knows how to use it.

Miss Nutting: It is always a pleasure to agree with my friends and colleagues, but it is sometimes necessary to differ, and I can hardly agree with Miss Gray on that point. I should find it an equal stimulus, if I were in a school which found itself in that classification of Grade A; I should feel that I had the responsibility of the world on my shoulders to stay there and to live up to the expectations of the country and give just as good and useful an example of good work as I possibly could. I should be very, very careful, I think, not to fall below Grade A in any little particular if I could help myself, and I am sure the stimulus in this direction would be pretty large.

Miss Kimball: May I ask what is considered a small school?

Miss Nutting: A good many states have put themselves on record on that very point, and they have said either thirty or fifty beds as the case might be. There have been attempts to set a standard below which a hospital was too small to become a school. It is not of course a question of beds but the daily average number of patients. I should think this might be a very fruitful subject for discussion.

Miss Gray: It may be that we should need to improve on this question and ask for the average number of patients. We were thinking of beds in terms of patients.

Miss Nutting: I think you probably would want to ask what is the minimum bed capacity which should be considered, and the minimum average of patients.

Miss Kimball: Our state requires an average of twenty patients a day for an accredited school, but that does not say that it is a small school.
Miss Dillard: We all want our school to be in Grade A of course. I thought an average of fifty patients a day was a very small hospital.

Miss Murray: We have in Pennsylvania sixty-eight hospitals with a daily average of less than fifty patients but we also have more affiliations than any other state.

Miss Nutting: If you had an affiliation with twenty-five beds you have increased the capacity of your school by twenty-five beds. The patient capacity in its relation to grade is the subject before you. I think it is a question entirely to be decided by the members of the league present now or at some other date. Miss Wheeler, what do you think on this subject?

Miss Wheeler: We have in the accredited list 1286 schools and a large majority of these report a daily average of less than 100 patients. We did not ask for the bed capacity, we asked for the daily average.

Miss Nutting: The general feeling would be that a hospital with a daily average of 100 patients affords a very good opportunity for training. It is when a hospital gets down to a much smaller proportion that we think of it as unsuitable for training. How can this be clarified, Miss Gray?

Miss Gray: Shall we change question no. 5 from “What is the minimum capacity?” to “What would be the minimum average number of patients?” or “the minimum number of patients” for a Grade A school?

Miss Hulke: If a hospital has an extra mural department, what allowance in the average number of patients would be made? I had in mind the out-patient department in an obstetrical hospital where 50 per cent of the patients are in the homes. How would this be handled by this classification?

Miss Gray: This committee does not attempt to answer the questions but it would seem that this might come under the public health service. It would hardly be fair to consider these patients as anything but out-patients.

Miss Nutting: I think we should want to consider the matter very carefully before deciding to accept work in patients’ homes as a substitute for hospital training in any required branch of nursing service. We have had in the past a long and serious experience with sending students out into places where their work
could never be adequately supervised and great abuses arose from it which were difficult to control. We should be glad to hear from anyone who has tried this method of training in maternity nursing.

Miss Greener: I should like to say that in some of the large hospitals in New York City we have a similar plan. The Manhattan Maternity Hospital gives three months obstetrical training in the wards of the hospital and a fourth month in the out-door department, which is optional with the schools which send their students. That is a very important part of a nurse's training and as it is a regular part of her obstetrical course it must be properly included. On the other hand the work of the out-door dispensary, that is not connected with the hospital is a different matter. If the training is given to the student as a part of her regular training, it should be included as in the dispensaries connected with the large hospitals in New York having a daily average of 800 patients, students get a very valuable training, but we should not expect to include those 800 patients in our daily average.

Miss Nutting: One part of the training is distinctly a student nurse's training in regular general nursing. The other part becomes the training for a special field of work, public health work, and there are really two questions.

Miss McDonald: A hospital equipped with a large out-patient department is rather more valuable than the one which has not that department.

Miss Nutting: I think that is unquestionable. Now, the point at issue is whether you will accept this report as a basis for classification of schools of nursing. Of course, any questions of general policy not included may be added—such, for instance, as the one Miss Van Vort has raised, as to whether there should be another classification for private hospitals which are neither general municipal, or endowed hospitals.

Miss Gray: Would it be practicable to add to question 4, "Private"? It has been suggested that we should differentiate between the hospital that is self supporting and the one that is not; making two headings, a self supporting private hospital and one that is run for profit. We would be very glad to add this type of hospital if we get sufficient number of answers to justify us in so doing.
Miss Nutting: May I say further that elaborate as this scheme may seem, you would merely need to glance at the score cards used by inspectors of high schools, for instance, or of dairies—or of some factories, to see how comparatively simple this plan in its working out will eventually be.

There is one question I would like to take this opportunity of bringing before the members and that relates to training school budgets. It would be interesting to know how many of the schools represented have a separate budget from that of the hospital which the head of the school prepares and presents.

Miss Wheeler: I make out a budget for all nursing departments, which includes the expenses for the school for the year, for the instructors, lecturers, the record books and anything which we need in our work.

Miss Clark: Our school has a budget which goes to the board of trustees every year with the budgets from the other schools of the University. This is just for the nursing school and has nothing whatever to do with the hospital. My salary, for instance, is divided between the school of nursing budget and the administrative.

Miss MacDonald: A small budget in our school has been offered to the trustees for the first time this year. It does not include the salaries, just the running expenses of the school.

Miss Logan: Our arrangement at the School of Nursing and Health at the University of Cincinnati is somewhat similar to that in the Indiana School of Nursing. We send in semiannually to the board of directors of the university, a budget specially for the school. It contains half of the salaries of part of the members of the faculty of the school of nursing and the full salaries of half the members of the faculty of the school of nursing as well as other items for the maintenance of the school. The balance of the school budget goes into the nursing department of the hospital.

Miss Welsh (University of Michigan Training School): Our budget includes every department of the school, all the equipment and the maintenance of the student nurses. All of these expenses are included in the budget and it goes in to the university through the hospital, but it goes in as a separate budget.

Miss Nutting: It seems to me essential that the nursing departments of hospitals should work out their own budgets. The head
of the school is the only person who really knows what is needed in the department she represents.

There is an interesting point brought forward as to ward capacity. It is said that smaller wards than the older type of twenty-four to twenty-eight beds are now being built. As small wards are usually more costly to administer than large, this would affect the total cost of administration.

Miss Maxwell: I think for special phases they are talking the small ward very much; for general phases, not so much.

Miss Logan: I think there is very little development along the line of the small ward at present, except as Miss Maxwell says, for special phases.

Miss Nutting: Another matter is that of the social director who has been added to the staff in a few training schools during the past few years, and seems to have filled a useful office. There has been some question as to whether a body of fairly mature women studying for a profession needed social directors, and yet it appears to be clear that the schools that have had them do not want to be without them.

Miss Gray, would you speak of the introductory courses for public health nursing?

Miss Gray: In question 12 we ask what curriculum we should consider as necessary—the Standard Curriculum, the State Curriculum, or a modification of the standard or of the State. Then we ask: “Would you require introductory courses in public health?” and “Would you require introductory courses in institutional work?” By that we mean whether these should be considered elective, whether one or both should be required, and how much time should be given to each course. May I suggest that in connection with the discussion on the size of public wards the word “size” be added after “public wards” to question 5.

Miss Nutting: There are two “five’s” in that page. That is the lower “five”?

The time has now come to close our part of the program and for you to decide whether you wish to accept the report of the Committee as a basis for the future classification of schools. You will see that it gives an opportunity for every member to record her opinion on every aspect of the work. This should result in placing her school in the grade in which she feels it ought to go.
I do not believe we could have found a more just way of handling this problem. The report is before you for action.

_Miss McMillan:_ Madam President, I move that this report of the committee be accepted, with the suggestions that have been offered from the floor.

Motion seconded and carried.

At this point, the League went into a business session with the president, Miss Clayton, presiding.

_Miss Clayton:_ We will call to order the adjourned meeting, may we have the report of the Isabel Hampton Robb Memorial Committee.

**REPORT OF ISABEL HAMPTON ROBB MEMORIAL COMMITTEE**

The Isabel Hampton Robb Memorial Fund Committee begs to report that it has held the usual meetings during the year.

To fill the vacant places in the Committee caused by the death of one of our oldest members, Miss Jane Delano, and by the resignation of Miss Georgia Nevins, the following were elected: Miss Helena M. McMillan, Superintendent of Nurses, Presbyterian Hospital, Chicago, and Miss Cecilia Evans, Director of Instruction in Public Health Nursing, Western Reserve University, Cleveland, Ohio.

Miss Evans was among the first nurses to hold one of our scholarships.

Miss Noyes was elected to fill the vacancy in the Executive Committee, and the other officers were re-elected from the previous year.

The usual announcements have been sent out and a good number of applications received. Because of the generous provision for scholarships for public health nurses made by the Red Cross, and the National Organization for Public Health Nursing, the Committee decided to devote its scholarships to nurses wishing to prepare for teaching in training schools. The need for instructors in our schools throughout the country is very great, and the Committee believed that it could best contribute to the improvement of education in nursing by helping to supply this need. (During the year additional resources for those wishing...
to teach, have been made available through a special fund for scholarships for instructors offered by the Red Cross.)

The Committee wishes to acknowledge with appreciation the return of a scholarship awarded some years ago to Miss Bessie Amerman, now Mrs. Fred Haasis. The return was accompanied with the stipulation that the scholarship be given to a nurse preparing for the public health field, preferably from the Henry Street Settlement.

The scholarships for the year 1919–20 were awarded to eleven candidates for work at Teachers College:

Helen A. Bond, Maryland
Elizabeth H. Cannon, South Carolina
Mrs. Claire S. Funk, New York
Laura H. Grant, California
Anna J. Haugan, South Dakota
Viana B. McKown, Illinois
Elizabeth M. Meyer, Virginia
Angela M. Mitchell, Maryland
Mrs. Millicent B. Northway, Wisconsin
Mrs. Jessie E. Ryser, Canada
Mary S. Young, Pennsylvania

At its autumn meeting, the Committee decided that as the current year marked the tenth year since Isabel Robb's death and the founding of the Scholarship Fund in her memory, it would be appropriate to publish a brief report of the work of the Committee with the list of scholarship holders. Pressure of work has prevented the Secretary from completing this in time for this Convention, but it will be finished and issued during the current year.

The McLsaac Fund has made two loans of one hundred dollars each to approved candidates to enable them to pursue their studies.

The Treasurer's report is appended.

M. Adelaide Nutting,
Chairman.