A STATEMENT OF THE RECEIPTS AND DISBURSEMENTS OF THE ISABEL HAMPTON ROBB MEMORIAL FUND

October 1, 1919, to May 22, 1920

Receipts

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance October 1, 1919</td>
<td>$1,941.38</td>
</tr>
<tr>
<td>Subscriptions received from Miss Riddle*</td>
<td>$349.67</td>
</tr>
<tr>
<td>Interest on account 7/1/19 to 12/31/19</td>
<td>23.46</td>
</tr>
<tr>
<td>Interest on securities:</td>
<td></td>
</tr>
<tr>
<td>U. S. A. Second Liberty Bonds (May and November)</td>
<td>$21.26</td>
</tr>
<tr>
<td>Cudahy Packing Co. (December)</td>
<td>75.00</td>
</tr>
<tr>
<td>Chicago Telephone Co. (December)</td>
<td>100.00</td>
</tr>
<tr>
<td>Swift &amp; Co. (January)</td>
<td>50.00</td>
</tr>
<tr>
<td>Chicago Rys Co. (August and February)</td>
<td>100.00</td>
</tr>
<tr>
<td>Commonwealth Edison Co. (March)</td>
<td>125.00</td>
</tr>
<tr>
<td>Commonwealth Electric Co. (March)</td>
<td>75.00</td>
</tr>
<tr>
<td>Peoples Gas Light &amp; Coke Co. (March)</td>
<td>50.00</td>
</tr>
<tr>
<td>City of Columbia, Mo. (April)</td>
<td>45.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>641.26</strong></td>
</tr>
</tbody>
</table>

Disbursements

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarship payments:</td>
<td></td>
</tr>
<tr>
<td>Claire S. Funk</td>
<td>$100.00</td>
</tr>
<tr>
<td>Laura F. Grant</td>
<td>100.00</td>
</tr>
<tr>
<td>Viana B. McCown</td>
<td>100.00</td>
</tr>
<tr>
<td>Millicent B. Northway</td>
<td>100.00</td>
</tr>
<tr>
<td>Helen E. Bond</td>
<td>100.00</td>
</tr>
<tr>
<td>Angela R. Mitchell</td>
<td>50.00</td>
</tr>
<tr>
<td>Elizabeth M. Meyer</td>
<td>100.00</td>
</tr>
<tr>
<td>Anna J. Haugan</td>
<td>100.00</td>
</tr>
<tr>
<td>Mary S. Young</td>
<td>100.00</td>
</tr>
<tr>
<td>Jessie E. Ryser</td>
<td>200.00</td>
</tr>
<tr>
<td>Commonwealth Trust Co., Boston, Mass., to reimburse McIsaac Fund...</td>
<td>$1,150.00</td>
</tr>
<tr>
<td>Payments to Katherine DeWitt</td>
<td>175.00</td>
</tr>
<tr>
<td>Payments to Merchants' Loan &amp; Trust Safe Deposit Co., rental of box</td>
<td>3.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,328.00</strong></td>
</tr>
</tbody>
</table>

* There may be added to this $42 received since.
**Investments of Isabel Hampton Robb Memorial Fund**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Name</th>
<th>Rate</th>
<th>Interest Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000</td>
<td>Swift &amp; Co.</td>
<td>5%</td>
<td>January 1 and July 1</td>
</tr>
<tr>
<td>2,000</td>
<td>Chicago Railways Co.</td>
<td>5%</td>
<td>February 1 and August 1</td>
</tr>
<tr>
<td>5,000</td>
<td>Commonwealth Edison Co.</td>
<td>5%</td>
<td>March 1 and September 1</td>
</tr>
<tr>
<td>3,000</td>
<td>Commonwealth Electric Co.</td>
<td>5%</td>
<td>March 1 and September 1</td>
</tr>
<tr>
<td>2,000</td>
<td>Peoples Gas.</td>
<td>5%</td>
<td>March 1 and September 1</td>
</tr>
<tr>
<td>2,000</td>
<td>Columbia, Mo.</td>
<td>4½%</td>
<td>April 1 and October 1</td>
</tr>
<tr>
<td>500</td>
<td>U.S.A. 2nd Liberty Loan</td>
<td>4¼%</td>
<td>May 15 and November 15</td>
</tr>
<tr>
<td>3,000</td>
<td>Cudahy Packing Co.</td>
<td>5%</td>
<td>June 1 and December 1</td>
</tr>
<tr>
<td>4,000</td>
<td>Chicago Telephone</td>
<td>5%</td>
<td>June 1 and December 1</td>
</tr>
</tbody>
</table>

**The McIsaac Fund**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1</td>
<td>January interest</td>
<td>$604.53</td>
</tr>
<tr>
<td>March</td>
<td>March interest</td>
<td>.98</td>
</tr>
<tr>
<td>April</td>
<td>April interest</td>
<td>.90</td>
</tr>
<tr>
<td>April</td>
<td>Deposited</td>
<td>60.00</td>
</tr>
<tr>
<td>Withdrew</td>
<td></td>
<td>100.00</td>
</tr>
<tr>
<td>May</td>
<td>May interest</td>
<td>.89</td>
</tr>
<tr>
<td>June 1</td>
<td>Bank Balance</td>
<td>$569.22</td>
</tr>
<tr>
<td>June</td>
<td>Deposited</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>At present in bank</td>
<td>$569.22</td>
</tr>
</tbody>
</table>

**Outstanding Notes**—from three holders of loans for $100 each at 2 per cent.

**Miss Clayton:** It will be remembered that two years ago we had reports from our Revision Committee. At that time the Committee hoped it would be dismissed, but we found further work and new problems. The Committee is now prepared with its final report, which we hope you will act upon at this time.

**Miss Greener:** At the first regular meeting, on Monday—you have on hand, I think, copies of the letter which was sent out—it was decided to ratify the first four changes which were suggested, and those changes have gone through finally. Now,
there are one or two other points which are coming up. Due to a printer's error there was a little mistake in this next article, and the next article should read as I will read it to you.

"That section 3 of Article 7 of the By-Laws," etc. Instead of reading as it does read there, "Duties of Officers" it should read "Board of Directors," "to be numbererd Section 4, and that the following new Section 4 be added."

It does not change the sense of what is to be added.

May I say, before we begin, that this has to do with the appointment of a permanent executive secretary, which it has been felt for a number of years is a very important point.

Section 5: 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 an appointment of an Executive Secretary as provided by this Section, the regular office of the Secretary shall not be filled by general election.

When these articles are revised, this will be changed to read:

The regular office of the Secretary shall be combined with that of the Treasurer, the title being "Secretary-Treasurer."

Our reason for making this change is that Mrs. Fox tells us that it will be much better, for the signing of papers, etc., if the Secretary-Treasurer have the combined appointment and the Executive Secretary be left free. We will then always have one unsalaried officer to sign papers.

I would like to move that the new section 3 to be added to Article 7 be accepted.

The motion was duly seconded.

The motion was carried.

Miss Greener: The next change which it is proposed to make is to change the matter of nominations, so that the whole League will be notified in advance what the ticket is to be for election.

At the present time, the report of the Nominating Committee is presented to the Board at its last meeting. I would like to read the present Article 6, Section 2.

Article 6, Section 2 read.
Now, it is proposed to change this by the following section:

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 name 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 made by ballot.

Madam President, I move we adopt this section.

The motion was seconded and carried.

Miss Greener: There are two other points I would like to bring before you. The matter of lay membership is a big question, and possibly too large a question to take up at so small a meeting. Madam President, I ask you what your opinion is on that matter.

Miss Clayton: I would ask the opinion of the assembly. The question of lay membership, you will remember, was brought up in Chicago, and was defeated. It has been brought up from time to time, and there should be a great deal of discussion before we introduce lay members to our Association. Is it better to wait until we have a larger representation of the League present, or shall we act upon it now?

Miss Lawler: I move that we take this question up when we have a larger representation present.

The motion was duly seconded and carried.

Miss Greener: I wish to move, Madam Chairman, that the Revision Committee be empowered to consult with their parliamentarian, Mrs. Fox, before presenting to the Board the completed copy of the constitution and by-laws as it will appear in print, regardless of what other changes may be made after this meeting officially by the League.

The motion was duly seconded and carried.

The meeting adjourned at 12.30 p.m.
Study: Boards of control.
Names usually given, in hospitals:
Board of directors. Chosen from board, Committees:
Board of managers. Standing.
Board of governors. Executive.
Board of commissioners. Special.
Board of trustees.
Hospitals through the boards are under:
1. Political control. Personnel varies as to length of service and as to amount of intelligence and interest.
   Types: State, municipal, county, special as tuberculosis, epileptic, etc.
   Usually not teaching institutions.
2. Philanthropic control.
   Usually not teaching institutions.
3. Church control.
   Members of board often restricted to members of the church represented.
   Usually not teaching institutions.
4. Under control of a medical school or university.
   An educational institution.
5. Controlled by a corporation of physicians.
   May or may not be incorporated for profit.
   Not usually a teaching institution.
6. Controlled by corporations as:
   Transportation company.
   Manufacturing company.
   Mining enterprises.
   Fraternal organizations for wage earners.
   Not usually a teaching institution.
Types:
General, admitting surgical, medical, obstetrical patients and children.
Special, admitting one classification of patients, as to diseases.
Charity, non-payment for care extended.
Part-pay, a partial payment for care extended.
Pay, patient paying full expenses and perhaps more than cost.
Educational.
Non-educational.
Efficiency:
Institutions controlled by boards with ideals or standards without the application of the principles of efficiency.
Institutions controlled by boards with ideals or standards with the application of the principles of efficiency.
Institutions controlled by boards without ideals or standards without the application of the principles of efficiency.
Institutions controlled by boards without ideals or standards with the application of the principles of efficiency.
Points to consider on the board of control:
Size. Small, with no committees.
Large, with special committees to study definite problems.
See Modern Hospital, July, 1920, pp. 13.
Appointments.
Self perpetuated.
New members appointed by members of board.
Causes for change:
Death.
Resignation.
Removal by request.
New members may be considered as to:
Special interests.
Special fitness and usefulness.
Possibility of financial contributions.
Mark of distinction.
Personnel:
Careful selection as Trustees.
Advisors.
Must have leisure to guide affairs.
Should have some hold-overs from year to year.
Men, Women, Mixed.
Meetings:
Monthly and annual reports, from all departments.
Time to study and compare results in similar institutions.

Functions of board of control:

a. To receive reports from all departments at regular meetings.
b. To form the policies of the hospital and direct its activities.
c. To establish and maintain educational standards for the school of nursing; to foster its growth and protect its interests.
d. To appoint a training school committee who will study the needs of the school and to interpret these needs to the board of control.
e. To secure financial support for the school and know that these funds are wisely and economically spent. To establish financial relationships with the students, such as tuition fees, loan funds, scholarships, etc.
f. To stand back of the superintendent, chosen by them.
g. May not exercise executive control.

Boards of control should realize that if they cheat the patients, the members of the executive, operating and maintenance staffs, by inferior food, housing or management, that their institution loses in reputation, money and in interest of the public. The hospital must justify the reasons for its existence.

Superintendent:

Person appointed as superintendent may be a lay-man, a medical man, or a clergyman. May act as business manager, with a directress of nurses, and heads of other departments.

Person appointed may be a graduate nurse, or a lay-woman with hospital experience. In the latter case, a graduate nurse is appointed as directress of nurses.

In the former, the graduate nurse must have had executive work and may carry the hospital as well as the school.
Attitude of superintendent toward board of control:
Must remember that the board of control is the permanent body, and that in the final analysis, carries the full responsibility.
That the position of superintendent is transitory.
That confidence in the superintendent must be established before any extensive changes can be planned and executed. This can be done by showing good judgment, avoiding making too many and too radical changes at the beginning of one's service, recognizing that there is much good in the institution and that it happened before she came, and keeping one's own counsel.
Deplore and correct any spirit of antagonism against previous superintendents.
Remember that the time of the superintendent belongs to the board of control and that if they fritter it away, that it is their responsibility.
Make no remarks but what any member of the board of control could hear.
Treat each member as a superior officer.
That there be no acceptance of gifts or favors to any degree beyond ordinary courtesy, from any member of the board.
That if any member of the board and the superintendent can not agree as to what was said in a previous interview, that no succeeding interview be held without a third party present.
Learn the strong members from the weak members of the board.
When planning changes, make up a constructive program and get the approval of the strong members of the board before placing it, as a whole, before the entire organization.
That the superintendent acts as a pivot between the entire hospital’s operating and maintenance staffs and the board, between the physicians and the patients, between the patients and the patient’s friends, and many times between the board and the business world.
That the reason the superintendent is the highest salaried person in the institution is because it is her responsibility to finish up or smooth out the friction places, either made by others or left undone.
Aggravating procedures sometimes followed by members of boards of control:

Board members visiting hospital at irregular hours and asking questions of employees either through interest or curiosity and reporting the replies to the board, as a whole, instead of to the superintendent.

Board members writing letters of complaint to superintendent or to nurses or employees, without adding a signature, or with a signature.

Board members giving orders to employees or student nurses, directly.

Visiting the patients in the wards with staff physicians, knowing the patient's diagnosis and treatment.

Purchasing unusable supplies.

Making arrangements with a new superintendent before the incumbent knows that she is not to be retained.

Criticizing a superintendent before the students or employees.

Calling a meeting of the employees or nurses, without the knowledge of the superintendent, taking them off duty for the same, thus leaving the patients without care for the time thus spent.

Unwilling to provide sufficient numbers of people to compass the conditions.

Refusal to have regular meetings for consideration of problems.

Unwilling to recognize the superintendent as an ex-officio member of the board.

Remedies:

The woman selected as superintendent must know the principles of business.

She must know her profession, its ideals, its standards.

That because she has had a training in a school for nurses, that that is one of her qualifications only and that she is a nurse, plus.

To possess a large supply of courage, common sense and tact, together with ideals and to keep the supply fresh and usable.
To insist that all complaints be made official and sent the superintendent.

That all reports and recommendations made by the superintendent be made in writing and sent to the board, even though the superintendent is present.

Insist that the members of the board go into session with the superintendent and hear and help solve a few of her problems.

**DISCUSSION**

**Question:** At present there is a very dear little woman on my board, and at times it is very annoying to have her come in and inspect as she does, going from drawer to drawer, shelf to shelf and from patient's room to patient's room. She, at times, will come without my knowledge, because in a small hospital, one has to be all over at all times. I would like a remedy.

**Miss Wheeler:** You say that she comes into the building at irregular times. Does she go to the office and through it, let you know that she is there, or does she come in and start to inspect without any person knowing she is in the building?

**Member:** She considers it her duty, as president of the board, to go through the hospital regularly once a month. She stops at the office and if I am not there, she will tell the bookkeeper to notify me and without waiting for me or for any graduate, she starts at the top floor, to go through.

**Member:** It would seem to me that the ethical thing to do would be for her to wait until you could be notified and go with her.

**Member:** Some of the members of my board felt that they had a right to go through the hospital with friends, alone and into every department. I frankly told her that visiting hours must be observed and that I must accompany her when she visited the hospital.

**Member:** We had a somewhat similar experience. On the visiting committee, however, we had a woman with a broad view of hospital service. She sensed the conditions, and was influential in making the other members see the ethical side of the situation.

**Member:** I feel that we should be very careful to avoid any remark or look which would convey to any member of the hospital family that we were aggravated or irritated by actions of a mem-
ber of the board as just quoted. It is not loyal, it may get turned or twisted when it is getting turned back to her.

Member: I think that this matter of going in to quiz the patients is much the same as when renting an apartment. After the family has moved in, it is not the landlord's business to go in and interfere with the family affairs.

Question: There is also the question in regard to the supplies. What about the board member who states that she, the superintendent, was given a dozen sheets last year and that they should last at least two years more. There is the member who can cook for her entire family on a four burner stove and considers it quite a sufficient size to cook the hospital meals on, perhaps a family of 50. Then there is the member who can plan for a family of six and wonders why the hospital family can not be carried on on the same basis.

Miss Wheeler: It is a matter of getting these women to think in a larger size. A matter of education. How shall that be done?

Member: The making of inventories, regularly, and having her compare them is a great help. Each month I mark various articles in the Modern Hospital and ask the different members to read them, and they do so.

The American Journal of Nursing and Modern Medicine can also be used in this way.

I think another plan is good, and that is bringing your problems to them. Let them know that you are depending upon them and ask for their help in solving big problems. They are very willing to learn and often make excellent assistants in things which the superintendent needs help with.

The women members of my board are of great help to me in getting household things which the men on the board would never know about.

Miss Wheeler: Many times when I have a real problem with a person, I find it good business to sit down with them and say, now please, this is the way this looks to me. I wonder if we cannot come to some common ground. It takes courage, it is hard to begin, but one often gets results.

Meeting adjourned, 5.30 p.m.
PROBLEMS IN TRAINING SCHOOL ADMINISTRATION

Thursday Morning Session, April 15, 1920.

The meeting was called to order by the President, Miss Clayton. Miss Clayton: Our subject this morning is “Problems in Training School Administration,” but we will take the first few minutes of the meeting to discuss further revision of our by-laws.

We have two other important subjects to consider in relation to the by-laws. The first is, shall we include lay membership or otherwise? We also have the question of reorganization of our state associations. Miss Greener, who is Chairman of the Committee, will take up this discussion.

Miss Greener: The notices that we sent out to the individual members of the League called your attention to the fact that lay membership would be brought up for your consideration. In order to make it possible for us to take up the discussion in concrete form, I wish to move the adoption of the following by-laws:

First, Article 2, on membership, to be amended so as to read as follows:

There shall be six classes of members: First, regular active members of the League; second, associate members through state organizations; third, life members; fourth, honorary members.

I wish to call your attention at this point to the fact that we have all of these memberships at the present time. There is no change there. The change has been made by adding: “Fifth: active lay members; sixth, contributing lay members.”

Following that there would have to be some changes in the numbering of the other sections so as to bring them into accord, but no changes in the actual text matter of the by-laws.

A new Section 9 defines active lay members as follows:

Active lay members shall be hospital or training school trustees, hospital superintendents, educators of 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 upon 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 defines contributing lay members, as follows:

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.

I move, Madam Chairman, that these changes be adopted.
The motion was seconded.

Miss Clayton: Now, it is open for your discussion. We hope you will discuss it very freely and ask any questions you may wish to ask. Miss Greener is here to help in our discussion.

Miss Greener: May I first say a few words, myself, Madam Chairman?

Miss Clayton: Certainly.

Miss Greener: I think the question of introducing a lay group into an organization like the National League of Nursing Education is one we should consider very carefully. I really believe that we have been a little too conservative about our membership. We are at the present time studying all kinds of plans for publicity. We do not know how to get our message about the needs of the training school across to the public, and incidentally, we do not take the surest method to get it across to the people who are most vitally concerned. Superintendents of training schools attend such meetings as these, and discuss our peculiar and individual problems. Before we come, probably most of us know what the problems of the rest of the group are going to be, because we know our own. Unfortunately, we have no personal representative from our training school with us to go back with us and say to the board: "Our school is not in line with the rest of the leading schools. Our superintendents of nurses is quite right when she says that certain changes are in order, and I learned by attending the recent meeting that we really must help her in every possible way if our school is to rank as one of the first
schools of the country." If the superintendent of nurses, herself, goes back with that kind of statement, I know of two or three cases where the board has made this comment: "I don't know whether it is a good thing to send our superintendent to such a meeting, because she comes back dissatisfied and full of new ideas."

Some of the most important and largest pieces of work accomplished during the war were those that were made possible because lay people took hold of them with nurses. Look at the National Committee for Women. That was composed very largely of lay members, as well as nurses. I think while we are talking so much about publicity and about how to get our message across to the public, we had better first get it across to our own boards and to the people who are vitally concerned with our various hospital organizations.

_Miss Logan:_ I want to say that this year we sent to the boards of trustees of every institution with which any member of this National League of Nursing Education is connected an invitation to attend this meeting, and we promised also in this invitation to arrange for special round-tables if desired. The response which your Secretary received has not been alarming, some three replies, I believe it was.

We have stressed and we did stress last year the need for more funds for running the National League of Nursing Education. It is one of our greatest needs, and we do hope very much for funds. The National Organization for Public Health Nursing has gotten a large amount of funds because of its lay membership. But after all, is that the first consideration? If we cannot get the interest of these people in any other way but through membership, perhaps it is the only way to get them, I don't know. I only submit for your consideration the analogy which we have in another organization at the present time.

The boards of trustees and the control of money of our small hospitals are in the hands of physicians. Do you wish them to come in and control the National League of Nursing Education by their voice? They may not have a vote, but you can control by voice and not by vote in this world. (Applause).

_Miss Greener:_ Madam Chairman, may I say that Miss Logan's first argument is an argument in favor of having lay membership
because if, after sending out those circulars and inviting people to attend the meetings, they have so little interest or understanding as to what they should do, it is time we reached out and made members of them. I am not very much afraid of anyone but nurses controlling the affairs of the League.

Miss Logan: That was not really my argument. It seems to me that we are an organization to develop nursing education.

The medical association, in charge of medical education, does not call in everybody to develop the medical education. It is technical education. We are a technical body, and it is for us to make the policies of nursing education. They do affect the people and the people are interested, but there are ways of getting that interest other than through membership.

President Clayton: Perhaps someone here has found that she can best get across to the public mind problems of nursing education if she has a board of managers who will support her in getting them across. But we have the two points of view. It is interesting to get both. We want the arguments for and against from everybody.

Miss Eakins: What is the experience of the National Organization for Public Health Nursing—what has it been, with lay membership? Have they not lay members?

President Clayton: They have a large lay membership. They have lay members on their executive board. Is there a member of the organization here who will speak for what it has done? They would not do without their lay membership.

Secretary Logan: May I say, Madam Chairman, that it is not analogous. They do not make policies of education as we do.

We are a technical body, and just as much as medical education is composed of the medical group and psychologists of the psychology group, and so on down through the list, it seems to me we should hold to our own group in forming policies of nursing education—consulting the wishes of the public, yes, but keeping to our own group.

Miss McMillan: Madam President, I am one of the people who cannot make up her mind as to just the right thing for the organization. Sometimes I feel it is a good thing to take lay members in, and I believe it is a very good thing if we get the right kind of lay members. Then, again, I think perhaps we are
not quite ready for it and it is a mistake to do it at once, and that we ought to consider the matter longer and all of us fully make up our minds before we take a step which means a very serious step for our National League of Nursing Education, and just for that reason, because I cannot decide, and it seems to me there are many others in the same position that I am, and it would appear an advisable thing not to take a decisive action at this meeting.

Miss Allison: Madam Chairman, I happen to come from a community which has worked very closely with lay members in the development of university affiliation and in various activities where the nurses and the lay people have cooperated very, very closely together, and I am quite certain that the progress made in nursing affairs in that community would not have been made to such an extent as it has, had it not been for the assistance, cooperation, interest and help which the lay members have shown at all times.

President Clayton: May we hear from some members of the League from schools smaller, perhaps, than the Lakeside Hospital, schools having boards of trustees composed of women entirely? That would help us, perhaps. Miss Irwin, would you tell us what you think about it?

Miss Irwin (Pennsylvania): We are very fortunate in having a nurse as the president of our board, and she understands the nursing problems thoroughly, and we haven't any trouble at all. She stands back of us in everything.

Miss Greener: Miss Irwin, may I ask whether that does not help to interpret the nursing ideal and the nursing idea to your board, the very fact that you have a nurse who has a definite position there, and is it not because of their intelligent understanding of your problems, because of that correlation, that you get such support?

Miss Irwin: Yes, I think it is.

President Clayton: Could we hear from Miss Sewell, of the Germantown Hospital, of Philadelphia? You know, Miss Sewell has a board of women whom she has been trying to educate.

Miss Sewell: Well, women boards can do a very great deal provided they are directed along the right lines, but I think they are very largely like a great number of school children. They want
to help, but sometimes they get very much in the way. But they are helping. We just have to pay no attention sometimes to their suggestions, turn a deaf ear and pretend that we understood in a different way, but the board does help and the board is understanding our problems, not only the women board, but our board of managers.

Miss McMillan: Well, Madam President, is not that quite a different proposition? It is unquestionable that the boards of the different institutions which we all represent are interested in their individual nurses' schools, and also that the lay people in the different communities can be worked up to take a very great interest in the nursing problems of those communities, and we hope that that will be developed more and more and more all the time, so that our schools, as individuals, will get stronger and this organization, through the increasing strength of individual schools, will get stronger and we will get lay support in that way. That is one question. And the other question, and the one which we are discussing, as I understand it, is whether we will take these lay people from all over the country into this organization and whether, in doing that, we would get the right type of lay people, and whether they would be so strong that they would control us, or whether we would be strong enough—which I think we ought to be—to influence them and direct their thoughts.

President Clayton: Certainly if superintendents have not been able to control their boards of managers and direct them, they would not be able to control the lay membership, and that is the point of relationship we are thinking of.

Secretary Logan: I feel very much like Miss McMillan, I am convinced neither one way nor the other. When I hear arguments for, I think there are a good many things in favor of it, and when I hear arguments against, I think there are a great many things against. I think it is a matter that will need our most careful consideration. We do need the help and the publicity and need the general public to know what we are doing and need them to help us, but, on the other hand, do we want them to frame our nursing policies? I think there are a good many things to be said on both sides.
Miss Lawler: Madam Chairman, one thing, it seems to me, we have to consider is, I think we have to feel that in the smaller meetings we get closer together and it is really of more benefit to us all, and if we do admit lay members and increase the number attending the meetings, will that not increase the number attending the meetings and make it difficult for those who want to speak to do so?

Miss Parsons: Madam Chairman, I wish to say that I think some way is absolutely essential, that we make the opportunity of interesting the lay people. To me it seems that the greatest obstacle in the path of progress is the indifference and ignorance of the lay people. It is borne in upon me strongly every few days, and particularly, it seems to me, ever since I came back from overseas, that our ability to go ahead and to make a definite stand as a definite profession is hindered because of the lack of proper legislation, of the things it is absolutely necessary for us to do if we are to accomplish what we hope to accomplish and what I believe it is our destiny to accomplish—that it is hindered because lay people actually know nothing about our policies. They know almost as little about our policies as does the medical profession. And I do not think the medical profession would ever know anything about them, because they have practically shut their ears—well, I guess there are exceptions—and until we get the lay people interested, and particularly the women of the country—and we cannot get them interested, I believe, unless we give them something to do, and we cannot give them anything to do unless they are in some way connected with the organization; I have found that you cannot even get nurses interested in our organization unless they have something to do, but if you make a nurse a secretary, or member of a committee, and put a burden on her, ordinarily she becomes an enthusiastic supporter of the work of the organization. I have not had time to study the plan as outlined by Miss Greener, but it seems to me that it is a wonderful piece of work, and for years I have been anxious that we should have some connection with lay people, because I think they would be very sympathetic with what we are trying to do, if we could only present our problems to them. So I am for some kind of revision of our constitution and by-laws so that we may have them working with us.
Miss McCleary: I am wondering, in opening our membership to lay members, if that would include the medical profession. I think those of us who have any experience with our legislatures realize that the mind of the public is very much confused whether or not the medical profession should control the policies of the nursing profession, of nursing education. Time and again we have been asked: “What do the doctors think about it,” and I am not just sure but that if we had a small group of lay people and we also had some very strong medical men members of our organization, but that our lay people would go home more confused than they are now when we try to report to them the policy of the organization.

Miss Murray: I would like to ask how many of us have really gone about interesting the lay people in the right way? Are we not, as nurses, responsible for the fact that they are not interested. How many of us have really gone to their meetings, and presented the invitation. Have we made our board of directors feel they are responsible. Perhaps they are open to suggestions of that kind now as never before, because, after all it is not only the nurses’ problem that they have not enough nurses to care for their operations properly; it is also the problem of the boards of directors of every institution. Would it not be wise, perhaps, to try to educate our boards of directors individually first, and get them ready to go into the national organization.

Miss Greener: May I say it is our hope to make some appeal within a short time for state funds to help the training schools in their struggle with their educational problems? Opening the doors of our League to lay members would make it possible for us to enroll into active membership many people who would be of the utmost value to us as educators and those who could help us with the solution of some of these problems. I do not think we would be overburdened with applications from doctors for membership, and if so, I think we must not forget that there are a great many doctors who have helped us wonderfully and done much for us in every way. Those who through lack of proper understanding or a lack of sympathy have misrepresented us are certainly decidedly in the minority.

I think it is better to assume that we have the good will of people and to further increase the amount of good will through
their intelligent understanding of our situation. There are very few boards where any member of the board has the very slightest, smallest thought that they are responsible in any way for the welfare of any other school or hospital than their own. That is what must teach them, and we must teach the public, that it is of great moment to them that we should train the young women who are going to do the public health work and the nursing work of this country in the proper way, make them feel that it is really something in which they must be interested; We can only do that by securing their active interest in some way through our organization. If we grant them membership without the privilege of voting on nursing affairs, I think we safeguard the situation for the present.

**Miss Clayton:** Miss Greener has just brought forward a point that I think we should take notice of. Miss Greener said that most of our boards of trustees were interested only in the hospital with which they are connected. Is it not true also that a great many of our nurses, a great many of our superintendents of training schools, are so overburdened that they, too, are only interested in the hospital to which they belong? They have no time for the large, public, universal interests of nursing education. That is not a criticism at all. It is simply a statement of the fact. Many of us are so overburdened with our own duties, or our own city, that we do not interest ourselves in the broader problems, and until we do it ourselves, are we, as a whole, as a National League of Nursing Education, ready to interest our boards in the larger problems, or will the fact that we are responsible for the education of our boards help us to be more interested, ourselves, in the larger problems?

**Miss Parsons:** I want to say that I know for a fact that there are several superintendents of training schools and superintendents of smaller hospitals who have wanted to create a woman's board to cooperate with the hospital and educational activity of the training school, and they have not been permitted to have it, because it is, I believe, the popular idea that women boards are nuisances, and aside from the help that they may give, they are often regarded as obstacles, and that is one thing that hinders many superintendents of training schools from getting their problems before their committees. And then another thing is,
when they have such a committee they are almost always society women, and they come for a meeting for an hour, and they have an engagement pulling them away, and it is difficult to get them to stop long enough. But I think many of them, if they had something to do in connection with our larger organizations, that there would be more interest and activity of such boards as those, that they would go into the organization and go to the meetings, and it would make for the dissemination of interest in our hospitals and in our training schools.

Miss Logan: Miss McCleary made the point that the public does look to the doctor for the policy in nursing education and not to the nurse as yet. We are just coming into our own. How many of the doctors on your board regard the nurse as a co-worker, or how many regard her as the hand-maiden of the doctor, I should like to ask.

And then the great, big general question is, how many of the doctors in this country feel that the nurse is the handmaiden of the doctor, not the servant of the public, to nurse the public in cooperation with the doctor? I do believe that we should protect our standards in nursing education until such time as the physician is as broad as some of the nurses are today. When the American Medical Association and the American College of Surgeons, open their doors to us,—we are seeking to enter universities, and some of our schools are entering by way of the college of medicine, and yet we have heard it said again and again that really medical education has no need for nursing, has no connection with the progress of nursing education, and yet, medical education has risen on the shoulders of nursing.

Miss Clayton: May we hear from Miss Jammé how the people along the western coast feel concerning the question of lay membership.

Miss Jamné: Madam Chairman, I believe that the people on the western coast would take this up very readily. I would like to tell you of a committee that is now existing in San Francisco which was created out of what they call the "nursing situation." There is a large national club of women called the Civic Center. It is a political club. It worked for women's suffrage, obtained it, and worked for all of the good things that we have in California in the way of protective legislation for women. They
held a meeting and brought up the question of the shortage of graduate nurses, conditions in the training schools and so forth, and appointed their committee to investigate the conditions, and they did that in connection with our office, the office of the Bureau. Out of this movement came a special committee of women of the Civic Center Club, boards of trustees of the different hospitals, physicians appointed by the County Medical Society, superintendents of training schools and representatives of the Nurses’ District Association. It is a large committee. It is now meeting every two weeks, and there are several subcommittees working on different problems. When I asked for representation on this committee of the League of Nursing Education, they said to me: “What is the League of Nursing Education?” Now, I think that question comes up very often amongst the laity, “What is the League of Nursing Education?” We know the League of Nursing Education very well, but I do not think we have given it out to the public sufficiently. They hardly know that we exist. I believe that when we do get lay members, influential women, in our League, that the gospel of the League of Nursing Education will go out to the public. Personally, I very strongly recommend that we have lay members, and if you decide upon that, I shall work very hard on the Pacific coast to see that that is done.

Miss McMillan: Madam Chairman, may I say one other thing that has just come to my mind? Would it be possible for us to experiment with the lay members through the local leagues of nursing education? Could not the different local leagues, in their various cities or states, invite the men or the women whom they want to be interested in nursing education into those local leagues and then let them come into the National League through the local leagues? I cannot see how any national organization can select men and women from all over the country and choose them wisely. I believe that the choice of the people who are going to be selected as lay members of this organization should come through the local organizations, because if we do not do that, we are going to make serious mistakes. The National Executive Committee, it does not matter how wise its members may be, cannot know the proper members to select in California or in Atlanta or in Washington or in Chicago. I think the choice of
representatives of lay people from Chicago ought to be made by the Chicago people and not by the National Executive Committee of this organization, and if we are going to have lay members, I would like that the decision be delayed at this time, so that we do not do anything that we will regret doing, and possibly work out lay membership in this way. There is no question but what we would get a great deal of valuable assistance from lay members in our different locations, and we cannot carry on our schools successfully without their understanding and their assistance, and we will have to educate these people locally before we do it nationally.

Miss Irwin: Madam Chairman, I said a few minutes ago the president of our board was a nurse. She was a nurse. She is no longer a nurse, but she is so much interested that she is attending this convention.

Miss Lawler: Madam Chairman, is it a question of selection? I can think of some who would be perfectly eligible that might not be desirable members, and how can they be excluded? Another thing: It has been said they would not have a vote, and therefore, could not control the policy. Do you think it is the vote which always controls the policy? Is it not the speaker? I can easily picture a meeting swayed by an eloquent speaker, and perhaps sorry afterwards that they had voted a certain way.

Miss Clayton: I know you all want to be able to discuss this question, and it is so important that it is almost impossible to stop the discussion. On the other hand, we have very little time left. Is there something else to be said for or against lay membership?

Secretary Logan: The question has been sent to the desk, "What is to be the percentage of lay membership?"

Miss Greener: Madam President, I think that the whole plan would have to be carefully considered and carefully safeguarded. If, in the judgment of the Executive Committee of the League, it seems necessary to refer, for instance, to local communities or local leagues for the safety of the National League in admitting lay members, some plan of that kind might be worked out. I would not consider for one moment that people who enter as lay members should be requested first to become a lay member of the local league. That would not be reasonable nor desirable for the
person interested. I think that we could in some way arrange that applicants might be endorsed by the local leagues in the vicinity from which they make their application, and of course the matter is in the hands of the Committee on Credentials and the Executive Committee to vote them in or vote them out, as they see fit. They offer their application paper, and then are elected or not elected to membership, as the board see fit. The matter is pretty well safeguarded.

I so fully realize the importance of the situation that I do not want to stand in the position of trying to force lay membership or to rush it through at this meeting. The more we consider it, the more we realize that it is a very serious proposition.

I do not think we need worry ourselves about the overwhelming numbers of lay people who are going to dash into our league as soon as they hear that the ranks are open. I think it will be the contrary. I believe that we will have to select the people we want to enroll as members, urge them to become members and try to develop their interest.

Miss Clayton: There is a motion before the house that we accept lay members. Is that your motion, Miss Greener?

Miss Greener: Yes.

Miss Clayton: The motion has been seconded. Are you ready for the question? We can leave this over another year. The League will meet again next year for any discussion of this matter. Or we can accept it now if you wish to do so.

Secretary Logan: I would like to move, as an amendment, Miss McMillan’s idea that such change be made in the constitution and by-laws as to empower local leagues to admit lay members if they so desire, so that the experiment can be made this year and report to the next meeting.

Miss Clayton: Do you accept that amendment, Miss Greener?

Miss Greener: I do not think I quite get the idea.

Miss Clayton: Will you repeat it, Miss Logan?

Secretary Logan: It was Miss McMillan’s idea that the local leagues take up the question and report at the next meeting. You see, in our national constitution and by-laws now, we make certain suggestions to the state and local leagues. We hamper them as to their membership. That is to say, they are not permitted to have lay members in the local leagues if they are to be
an affiliated organization with the National League. My motion as an amendment, was that we make such amendment to the constitution as will permit the local leagues to admit lay members if necessary.

Miss Greener: The people that I have in mind as lay members for our National League are people that should not be required necessarily to enter local leagues first, which makes a double membership and a division of interest. I would infinitely prefer to have the whole subject deferred rather than to weaken it by such an amendment as the one proposed, which I think would not be the best solution of the question.

Miss Taylor: I move an amendment that we leave the matter over until we meet next year, until the League meets alone next year, and to discuss this matter in full. In the meantime, to discuss the matter with our local leagues as much as possible, so that we will come prepared to say what everyone feels about this lay membership.

Miss Clayton: Do you accept this amendment?

Miss Greener: Madam Chairman, that would necessitate my withdrawing my motion. I will be very glad to withdraw my motion to act on these two by-laws this morning, and to change it to the motion proposed by Miss Taylor, that the whole subject of lay membership as proposed by the Revisions Committee this year be referred to the Executive Committee of the League with the understanding that it will be acted on definitely at next year's meeting, when we have more time for league matters.

Miss Clayton: Miss Greener withdraws her motion that this by-law be acted on at this meeting. Does Miss Burgess, the second, accept that withdrawal?

Miss Burgess: Yes.

Miss Clayton: And the new motion is—

Miss Greener: The new motion, if I have it right, is that the subject of lay membership as proposed by the Revisions Committee in the by-laws submitted by them to this League shall be referred to the executive body of the League for their consideration, with the understanding that the subject shall be brought up for a full vote of the League at the next meeting.

Miss Clayton: You have heard this motion. Is there a second to it?
The motion was seconded.

Miss Clayton: Is there any further discussion of it? Are you ready for the question? All in favor please signify by saying "aye" opposed, "no". The motion is carried. Our next question of re-organization to be brought up is the question of the state and local leagues, for the purpose of reducing the number of actual organizations. Miss Greener?

Miss Greener: 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 20, in New York City, was the abolishment of the state league as an independent organization, substituting for it the state council, which would be formed by representatives from each of the local leagues. A joint meeting of all local leagues could 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 would be elected and the presidents of local leagues, with the secretaries, if so desired, would form the entire body 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 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 in the National, doing away with the extra individual membership in the state leagues and the extra dues for same.

I might say that this plan was proposed at the January meeting of the Executive Committee of the League and while favorably considered, there was some objection on the part of those who did not like to forefeit the name "State League," although the name "State Council" was substituted for it, and as elimination of one group or the other seemed necessary an alternative plan was suggested which consisted of the elimination of the local leagues as separate organizations, leaving only the state leagues as units but encouraging and permitting the formation of small
groups throughout the state, functioning as the local leagues do at the present time and called sections. These sections should be managed and financed by the state league. There should be but one treasury for the entire state, and all dues should be paid in to the state. Organized sections requiring funds with which to conduct their activities would apply to the state treasurer for same. The stationery, printing and so forth should be taken care of through the state league and only state league stationery used for any purpose.

The second plan has the advantage of preserving the name of the state league. On the other hand, the first plan suggested would seem to be more simple, and the proposed name of Council of the State League fully as dignified a title as that of State League.

_Miss Clayton:_ You have heard the plan for reorganization of state leagues as presented by Miss Greener. Is there any discussion of this at this time?

_Miss McMillan:_ Madam President, as this also affects the state leagues, might I ask Miss Greener if it has been brought before the state leagues or not?

_Miss Greener:_ The matter was brought before the advisory council of the League which includes, of course, the presidents of state leagues, in January. There has not been an opportunity since this meeting started of presenting the plan to the presidents of the state leagues, and I am very sorry for that, because the plan should have been presented to them for their consideration and discussion before this morning’s session. However, there has not been an opportunity to do so in our over crowded program.

_Miss McMillan:_ Madam President, may I ask Miss Greener if there is any particular reason why this should be acted on today? If not, if we could take it back and discuss it, and not take up the very valuable time at this meeting, if Miss Greener approves that, I would suggest that we take that back to our leagues and let them come next year with some definite suggestion on the part of each league. Would that be an advisable thing to do?

_Miss Greener:_ That would be entirely satisfactory except for the fact that that was done last year, and this year a great many state League delegates are attending their meeting to find out what the plan of reorganization is to be. The matter can very
well be carried over another year if it seems desirable to do so. Possibly next year when we do have just the League meeting these matters can receive more definite attention.

Miss Clayton: It occurs to the Chair that this plan has not been sent to the State organizations. There were a number of state presidents present at the January meeting, and while it is true that many of the state leagues are asking for re-organization, it seems hardly proper that we do it this morning.

Miss Taylor: I think the second plan would be more satisfactory to us in Maryland. We have no local leagues, only the state local league and the other groups could form sections much more rapidly than the local leagues as described in the first plan. One thing, however, that a great many of the local leagues have been disturbed about is, their relationship to the National. I think that is one of the things we have never yet clearly defined—what is the relation of the local league or the state league to the National?

Miss Greener: Madam President, may I say this simplification of membership was intended just to answer that purpose. It seems very difficult with our supervisors, head nurses and various young graduates whom we wish to interest in the National League, to bridge them along the way and get them first in the local league, then in the state league and then in the National League, and if we do not do it that way we are doing it irregularly. If the various states think it is best to operate through one state league and not form a number of independent local leagues it would certainly tend to simplify membership. I think it is rather a good plan to get direct individual relationship into the National League through the state if possible.

Miss Taylor: Then, the present state leagues have no direct connection with the National League, except through the advisory council?

Miss Greener: And through their delegates. The individual members of either local or state leagues have no vote and no actual membership in the National, unless they have their own individual membership, except through their president and one delegate.

Secretary Logan: That leads to confusion, I may say as Secretary, in trying to increase the membership of the National League
which is now up to 919. So many times the answer came back: "I am a member of the state league and therefore of the National League." And with State League membership there did not seem to be any further desire or knowledge of the necessity for individual membership in the National League.

*Miss Clayton:* There is a great deal of confusion of the League organization and the American Nursing Association organization. Is there any further discussion of this membership plan?

*Miss Greener:* Madam President. Since we have not had the opportunity to discuss this before I move that copies of both plans be sent to the state presidents and that each state be requested to report in writing to the Executive Committee of the National League before the midwinter meeting as to their ideas or choice of plans in the matter of reorganization.

The motion carried.

*Miss Clayton:* We are now ready for the program of the morning, Miss Ada Belle McCleary, Superintendent of Nurses, Evanston Hospital, Evanston, Illinois, will act as Chairman of this session.

### WHAT CAN BE DONE TO ENCOURAGE GRADUATE NURSES TO REMAIN IN EXECUTIVE AND TEACHING WORK IN SCHOOLS OF NURSING

**By Carrie M. Hall**

_Superintendent of Nurses, Peter Bent Brigham Hospital, Boston, Massachusetts_

There are probably more open positions in hospitals waiting for the right nurses than there have ever been before. If these positions were ever satisfactorily filled, seemingly they are not today. The war and its aftermath have diverted many nurses formerly in institutional work to other lines of endeavor. Many have acquired the wanderlust and are still in various forms of foreign service. Hundreds of others have been tempted by the opportunities of public health nursing, than which there is little of more importance. Others have left the professional ranks for other occupations or for matrimony.
It is obvious that the waiting positions must be filled somehow. With the existing shortage of pupils in the training schools it is apparent that but a limited number of nurses can be graduated in the next few years. We must therefore “carry on,” with the material already existing and with such assistance as can come from the graduating classes in the near future.

This problem is not ours alone but is only one problem within the big problem of the shortage of workers in all lines of endeavor. How are we to meet our portion of it?

Heretofore, training school superintendents have constantly sacrificed their own interests and the interests of their schools, in their ambition to place young nurses in positions in which they might get the best opportunities for experience and advancement and to help them to develop along the lines for which they seem best fitted. Superintendents have wished to be of assistance to other institutions, and other lines of activity demanding the services of well-qualified nurses. Training school superintendents are finding that they cannot treat the demands that are made upon them for service with the same generosity with which they have previously treated them. The time has come when the training school must receive first consideration. If training schools are to continue to graduate year after year, young women with the right preparation to meet the demands in all the fields of nursing activity, particularly those of the public health field, which at present is making the biggest inroads upon the nursing resources of the country, then the training school superintendent must see to it that the very cream of the material which can be secured must be retained in the school to insure right influences and right teaching during the life of the pupil. The period of student service is the formative period. The pupil is young—averaging much younger than the student nurse did twenty-five years ago—and at a very impressionable period of her life. The training school holds the sacred trust of guiding and teaching that pupil during this formative period in the way which will best develop the abilities and qualities of that pupil and make her a useful member of society, and a skilled and intelligent nurse. To do this there must be the best type of women and nurses in our training schools in positions of responsibility and we must have them in pretty large numbers. They must be, not only in
the office of the superintendent of nurses and her assistants, but particularly in the positions of instructors who will teach and mould the minds of these young women, and in the heads of departments and as head nurses on the wards. This last group of hospital workers comes, perhaps, into more direct personal contact with the pupil nurse than any other individual. It is she, who daily and hourly has opportunities by word and act to stimulate, to direct, to aid, and to teach these pupils as no other individual has. Therefore, the training school superintendents must select the very best for her school, and then demand from hospital authorities the means to make these positions attractive.

The date of entrance of the probationer into the school of nursing is none too early to plant in her mind the seed which may develop into interest in institution work. The pupil enters the school at a time when she is susceptible in large degree to her surroundings and the new environment is like a new world to her. She looks with admiration upon the older pupils who seem to know nearly everything, while the officers of the school, instructors, and all “white” nurses are beings calculated to inspire awe. As the months advance she learns that these women are not omnipotent and that they occupy positions carrying only a shade more freedom than they themselves have. Should not then the institution position be made a very dignified one which will be so recognized by the pupil from the very day of her arrival?

When nurses are asked why they do not take up institution work, the reply almost invariably is “The pay is not enough and the hours are too long.” Analyzed, this does not always mean that the actual hours are too long but it does mean that the duty of the institution nurse is very confining. It means, usually, that she wants more Sunday time, more whole days off duty, and it is right that she should have them. The pay of the institution nurse should be adjusted on a basis of services rendered and commensurate with responsibilities carried, and not solely on the financial state of the hospital treasury. In addition to this, the graduate nurse should have good living quarters provided, quarters with more suites of rooms, with better opportunities for receiving visitors, with bathing facilities which are quite separate from those of the pupil nurse. It would be a very good thing, also, if hospital authorities in making provisions for nurses
would provide separate dining rooms for the graduate and permanent nursing staff. Instructors should always be provided, either with an office or sitting-room, or both—some suitable place in which they may meet their pupils for personal interviews and give assistance in their work, and not be forced to do this in their bed rooms or to have their bed rooms constantly littered with note-books and examination papers. Those schools which provide pleasant, agreeable living quarters with suitable libraries and recreation rooms are now the most successful ones in attracting the right nurses into the institution field.

If these things were provided it would help to dignify the position of the institution nurse in the eyes of the young pupil and would make her from the beginning of her training, ambitious to occupy such a position herself, and ambitious to prepare herself adequately that she might fill satisfactorily such an important position.

Perhaps the time is near at hand when the institution nurse may live outside the hospital. There are only a few, if any, of the graduate nursing posts which require the presence of a nurse in the hospital twenty-four hours per day or even twelve hours. How soon will it be possible to pay to the institution nurse such salary that she may be enabled to live outside the hospital walls, thus securing to her, freedom from hospital sights and sounds for a portion of each twenty-four hours and making it possible to secure something of a true home atmosphere now so lacking.

The disclosures which have recently been made in an investigation in New York State by a New York club woman, of commercial registries for nurses have been very illuminating as reported in recent journals. These facts have been borne out by statements made by directors of commercial registries at a conference recently held in Boston. These registries are enrolling nurses, some trained, some semi-trained and many so-called practical nurses or attendants, frequently without references or investigation. These registries charge the nurse a definite percentage on every case which is secured for her covering the entire period of the case, and frequently a bill is also sent to the family for securing the services of the nurse. It is obvious that it is to the interest of these registries to secure just as large wages as possible for these women in order that their profits may be
increased. It is difficult to understand how any self-respecting nurse with proper training could enroll in such a registry. Will not the right-minded, well-educated, properly-trained nurse resent being placed on a par with these untrained, semi-trained and ill-trained women, and will she not desert the field of private duty rather than be handled commercially by these unprofessional women, directors of such registries? And will not our fine body of well trained women who for terms of years have been engaged in private nursing, resent this forced competition with women who are satisfied with inferior training and with associations with these commercial registries? Is the time not ripe for some of our good schools to offer to these women the opportunity to return to the institutions and while offering them a fair salary for head nurse of supervisory work give them definite courses in the new hospital procedure, in the latest scientific disclosures, and in advanced nursing methods. Many of these women grow rusty after years of private duty and might welcome such a change if offered. At least a position of the institution nurse is a dignified one in most of our hospitals, when compared with this commercial aspect.

The idea of an exchange system of young graduates is not a new one. It would stimulate competition in senior classes if it were known that one or more of the members were to be selected for exchange service at the completion of the course. For such a plan it would be desirable that the schools which entered such an arrangement should be on about the same plane of excellence but located in different cities, or parts of the country. The term of service should be at least six months, preferably a year. The salary should be alike in both institutions. It would probably be undesirable to require the nurse to return to her home school at the expiration of her exchange service, as anything so binding would tend to make the plan unpopular. But it would stimulate an interest in the institution field and each year turn out a group with wider experience and broader vision than is secured from the same time spent in the home school.

The points that I have tried to make are four:

To provide suitable salaries, better living quarters, and more time off duty.
COOPERATION IN THE HOSPITAL

To render it possible for more of the permanent nurses in institutions to live outside the hospital, insuring pleasanter home life and freedom from hospital atmosphere.

To attract mature and properly trained graduates now in the private duty field to the institution by means of really valuable post-graduate courses. To stimulate an interest in institution work in the pupil and young graduate by a system of exchange service.

To accomplish all of these things money is needed—funds which can be administered by those whose interest is primarily for the training school. In other words our schools need endowments.

HOW CAN A MORE SATISFACTORY RELATIONSHIP AND COOPERATION BE ESTABLISHED BETWEEN THE NURSING AND OTHER DEPARTMENTS IN THE HOSPITAL

BY HELEN T. HOLIDAY
Superintendent of Nurses, Baptist Memorial Hospital, Dallas, Texas

(a) The general administration.
(b) The housekeeping and dietary departments.
(c) The medical department.

We are all familiar with the criticism that there is a lack of harmony between the various administrative departments in hospitals, and it is the object of this paper to bring about a helpful discussion of this problem. The conclusions drawn are based upon an investigation of the relationship existing in some ten or twelve of the representative hospitals in the country.

Perhaps one of the most perplexing problems dealt with during the past several years, because of war conditions, labor problems and increased cost of food, has been the dietary and housekeeping departments, and it is interesting to note the variety of methods of administration in the working out of these departments in the various hospitals.

Practically all of these hospitals have one central administration, being the superintendent of the hospital, to which all departments report. The dietary department in the majority of the hospitals investigated is directly under the superintendent of the
hospital and the dietitian makes her report to him. In most instances this is reported as being unsatisfactory. In several instances the information is given that the dietary department comes directly under the superintendent of the hospital, but in every way co-operates with the training school management, and is a very satisfactory arrangement. Again it is reported that this arrangement has caused a tendency to separate the dietary and housekeeping departments from the nursing department rather than working with it; that petty complaints go to the superintendent of the hospital which should be brought to the attention of the nursing department for adjustment or substantiated at the time. This constant reporting of often trivial and unjust complaints has had the tendency to prevent a proper co-operative spirit so necessary for the welfare of the institution.

The most satisfactory arrangement seems to be where the orders come from the ward through the head nurse to the superintendent of nurses, are signed by her, and passed on to the dietary department. If desired, these should have a final O.K. by the superintendent of the hospital.

A good plan in addition to this is reported by one hospital where the dietitian goes to the wards each day during the time meals are being served, and also consults with the head nurse regarding special orders for patients. This, of course, could only be partially covered in a very large institution, unless there were a sufficient number of assistant dietitians. The supervision of the serving of wards appears to be generally left to the head nurse which does not seem to be entirely satisfactory, her time is so often uncertain, the breakfast and noon meals being specially busy times on the wards. The need of the dietitian making rounds becomes more forceful when we get the complaint from one large institution that the dietary department has no first hand knowledge of the actual serving of the food to the patients, and so cannot see what adjustments are necessary. A method employed by one hospital as a means of linking up the preparation of diets with the serving of food to the patient is that of sending the student nurses from the kitchen where special orders are prepared, to assist at meal time in serving the trays in the ward diet kitchen. Again this would probably not be practical except in a medium sized institution.
Another difficulty presented by some hospitals is that of the dietitian cutting down orders, and the head nurse is left in the embarrassing position of making explanations to the patients. It might be added in this connection that the fault often lies with the purchasing agent, and in many instances the dietitian has difficulty in procuring either the supplies she orders, or is furnished material of inferior quality.

This question is also asked, "Shall the dietitian decide what shall be taught the nurses?" Practically all schools report that the course is outlined by the dietitian in consultation with the superintendent of the school of nursing and the instructor of nurses. The final decision rests with the superintendent of nurses. One hospital states that the dietitian feels she should have full authority in deciding the course. Certainly a very close cooperation should exist between the training school and the dietary department. The floor supervisors and the dietitian should work out a very definite method of preparation of nourishments and serving trays in the wards so that the theoretical instruction of the nurses and their practical work on the wards shall coincide.

I would call your attention just here to the fact that what has been so far presented has been chiefly from the standpoint of the nursing department. There is no doubt much to be said from both sides. Let me quote a paper by Miss Atwood in which she presented the problems of the dietitian and her relation to the hospital and training school.

There is little doubt that in many cases the relation of the dietitian to the hospital is not in all respects what is most desirable. The hospital has not called for the best development of the dietitian, nor has the dietitian in all cases prepared herself fully from the hospital standpoint for the work she undertakes to do. It is now not the mere matter of preparing three meals a day, but

First, of preparing these meals for three or four classes of individuals in normal health, all of whose occupation and food requirements differ.

Second, of preparing meals for the patients of the hospital, both private and public wards, whose diets may be as varied as their number. She must have also a thorough practical knowledge of raw foods and staple manufactured articles, with their relative value from the standpoint of utility, availability and price.

In smaller hospitals she is often asked to assume the housekeeping of the entire institution. Also of great importance is her relation to the training school as instructor of nurses in their theoretical work in foods and in practical cooking.
It is quite probably due to a lack of appreciation by many schools of the amount and nature of the work required of a dietitian, and to the placing of poorly prepared women in the position that much criticism has been heaped upon dietitians as a class.

Another criticism that comes to us from the dietitian's standpoint is the social isolation that she is forced into in many hospital positions. The nurses have their own interests, and are thoughtless about including the dietitian in the family life of the hospital, or perhaps in some cases openly antagonistic. So much for some of the failures of the nursing department, supervisors or student nurses to cooperate with the dietitian. Enough has been said to show that some definite policy should be worked out between all departments, where such an interdependence and interrelationship exists, as in the hospital organization we have under discussion.

I will only touch upon the housekeeping department. The greater number of hospitals report the housekeeping departments as being under the general administration and directly responsible to the superintendent, there being departmental heads for laundry, linen room, etc. In many instances, the pantries, kitchen maids, orderlies and porters come under the nursing service. It is felt that if the housekeeper could be given sufficient assistance to take the entire responsibility for seeing rooms are cleaned as they are vacated, also have control of all window washers and the cleaning force of the hospital other than that which of necessity falls to the nursing service, there would be a greater degree of efficiency with time for closer supervision of nursing procedures.

Nearly all the hospitals report a very harmonious relationship between the medical and nursing departments, the nursing department being as completely an independent department of the hospital, as is the medical department and that the relationship is one of cooperation.

Now as to the methods for promoting harmony in the working out of this complex hospital organization. Is not "coöperation" the only key to this problem? And how can this be obtained? The most logical procedure would, I think, be frequent conferences on all subjects to bring about an understanding by each department of the other's needs; to emphasize the fact that each is a unit, and that coöperation is necessary; that each unit is im-
important in itself and no one has the supremacy. Each unit should organize and conduct its own department, but hold conferences on differences of opinion, instead of criticism of each other's methods. It is, perhaps, needless to add that an open mind and willingness to see the other person's viewpoint are essential, and that in a hospital as in a family there must be reasonable yielding on all sides. The following suggestion has been made, which seems an excellent one. The organization of a committee composed of the superintendent of the hospital and his executive staff, the superintendent of nurses and her executive staff, and the chief of the dietary department. The heads of the various medical departments, or part of them could be called in at times to discuss problems relative to the welfare of all. Sometimes representatives of all the staff might meet together to discuss the big problems and then groups of others as necessary. This would mean real understanding. Reports should be presented, criticisms made and difficulties straightened out. First and last, close cooperation between the superintendent of the hospital and the superintendent of the school of nursing is essential.

Another policy is urged by one prominent superintendent of school for nurses, who though an earnest advocate of a central administration feels that even under a central administration, the heads of departments should have direct access in company with the superintendent of the institution to the trustees. That they should have an opportunity to present their problems first hand.

The details of administration will, of course, depend upon the size and type of the hospital, but the above principles will apply, and by giving an opportunity for discussion with those who have the authority to make needful changes, we will find the efficiency of each department increased. This will stimulate initiative and promote enthusiasm with the result, that many of the present problems will be solved and a better understanding and more harmonious relationship will exist between the hospital departments.

Miss Butler: When I was asked to open this discussion the only department, aside from nursing mentioned, was that relegated to the dietitian. I may seem to enlarge upon this, expecting others of you to pick up the threads when I stop for want of breath.
Neither did I quite see how we were to discuss this subject and make it of value to this group of women, vitally interested in hospital administration unless the opposing side was to be here. Starting out in search of information, I soon discovered that it was a much better plan to discuss intimately among ourselves where we could frankly allude to our own faults, and if we wish, tear the other side of the problem limb from limb.

A few years ago the dietitian was accountable to the hospital for two duties; the instruction of the pupil nurses in theory and simple cookery and the preparation of the private patient trays. The diets then were, in 99 per cent of the cases, classified as liquids, semi-solid or soft, light and house. Under the latter, anything was served from cabbage to canned lobster. We seldom saw the dietitian. She lived a secluded life somewhere in the lower regions. It was frequently an open disagreement as to whom she really was responsible. You are all familiar with the arguments on both sides of the situation. The head nurse was the supreme head of her department. I know, because I was one of that kind for a number of years. It was regarded as the faithful duty of the dietitian to carry out the orders as sent from the desk of the head nurse, and it was more harmonious if she did so.

A very great reaction has taken place following the progress not only of internal medicine but of surgery, where today, in the care of a case, whether medical or surgical, DIET is spelled with capitals. We are told in hospitals given over to research work, such as the Rockefeller Foundation, that the work (nursing I allude to), must be done by the most highly trained women and they allude particularly to the diets. We may well now discuss the question, what place is the dietitian to take in hospital administration, in direct service to the patient and to what extent shall the ward supervisor relegate to the dietitian, or share with her, the responsibility of the care of the patient? Can these two important women in hospital administration, work harmoniously, sharing the care of the patient and the responsibility of the results? Is the nurse going to continue to render her own intelligent service, not only to the patient, but to the doctor in charge, if the diet orders do not pass through her hands, if she does not daily examine trays, and instruct her pupil nurses in making intelligent
reports of the amount of intake, and noticed improvement, sta-
tionary or failing condition of the patient as related to the diet? Some change must take place if this shared service is to be ren-
dered. It is easy to say, "Well, after all, is it not largely a mat-
ter of personality?" It may be so, but we must then be ready to adjust this situation to take care of many personalities in order that hospital administration shall not suffer—nor the patient.

A hospital superintendent, perhaps the best known in the country, in discussing this phase of hospital administration with me this winter, assured me it was one of the vexed problems now before the different groups of people interested in advancing hos-
pital efficiency. Ours is not the only Round Table that will discuss it.

Before leaving this in your hands, left me briefly give you the dietitian's point of view. She claims: That many hospitals are satisfied with the undertrained dietitian. Then I asked the question "What do you consider the trained dietitian?" "The woman who has had four years special training and sometimes a fifth year!" "What does this training give her?" "Not only theory and practice in food and food preparation but a very thorough pathological course where in a laboratory she watches the development and progress of disease. Metabolism is A-B-C to the dietitian you know. A course in bed-side observation, accompanying the doctor on his rounds, ward preparation, as well as food preparation, of test meals, and so through the four years." This the dietitian says will give us a woman fit to assume her duties which she classified as "All matters pertaining to food and food administration." Again I asked the question, "Can you supply the demand for a woman with this training?" She replies with the question "Can you show me the hospital that will pay the salary of this woman?" And again, "How do you regard your relationship to the head nurse?" And she replies, "I am responsible to her as she is responsible to me. It should be my right to criticise the nursing as it affects the patient I am feeding." "You mean in the serving of diets" I asked. "No" she replies, "I mean in any nursing which I feel is contrary to the patient's improvement. I should be able to demand reports and have a thorough knowledge of the treatment and care the patient is getting whom I am expected to feed intelligently."
And here I leave the discussion in the hands of the group around this table. Far better efficiency, should such a woman become one of our staff? Should we make her department more efficient by increasing it, giving her both pupil nurses and pupil dietitians, the latter a class of women who have had theory but not practice? Is this simply a matter of coöperation or is it a graver matter of readjustment? I nearly forgot the last plea of the dietitian. She asks that in the life of the personnel of the ward the dietitian shall have social recognition with the head nurse.

HOW THE PROBLEM OF TRAINING COLORED NURSES CAN BE MET IN THE SOUTH

By CORNELIA ERSKINE

Superintendent of Nurses, University Hospital, Augusta, Georgia

About a year and a half ago when I took up the work at the University Hospital in Augusta I found to my great surprise that I was to have charge of a school for colored nurses as well as for white nurses. If I had been disappointed because I could not go into the war work and do more for my country the demands of these two groups, one the University School, and the other a group so entirely different were enough to satisfy my ardor as to volume of work.

My first year in Augusta, the last year of the war, was very unsatisfactory from a teaching point of view, as a sufficient graduate nurse staff was unobtainable, and qualified instructors could only be dreamed of. I therefore gave the pupils in both schools the best that I could and studied my problems. I noted the attitude of the colored nurses toward their work, their response to instruction, how they took correction, and the attitude of others toward them, and at the end of the year felt encouraged and stimulated to better effort in their behalf. We of course do not measure colored nurses by the same standards that we do white nurses, I find them, however, grateful for instruction, easily disciplined, and considering the fact that they come from an easy loving, care-free people with an indifference to responsibility they take their work seriously and rarely fail us when it is clearly understood what the duty is and that we are depending upon them.
In beginning my preparation for this paper I made an attempt to get information from some of the other colored schools, but received very poor response to my inquiries. I will therefore give a brief outline of the work as it is planned in our school, which though it does not meet our ideals is at least a beginning, I believe, in the right direction. The Lamar School of Nursing for Colored Women was opened about forty years ago—one of the first in the South. Like many pioneer undertakings its history records failures and successes—but the fact that it still lives proves the effort to have been of some worth. The school was taken over by the medical department of the University of Georgia in 1915, when the new hospital was built. One wing of the hospital is devoted to colored patients, cared for by colored nurses, the supervisors all being white nurses. The pupils of the white and colored schools come in contact only in the operating rooms and clinics, where everything is carefully planned by supervising nurses and each task definitely assigned. Our class work is of course entirely separate with one exception—both groups of nurses attend the lectures given by the doctors. I might say right here, however, that I am very doubtful as to the value of the lecture method in instructing colored nurses, but owing to the scarcity of teachers allowed it to continue during the past year.

The question, "How are colored nurses to be trained in the South," brings before us many problems of social and moral as well as educational interests. That colored nurses should be trained and well trained, is to my mind beyond a doubt. In order to realize the situation with which we have to cope we must take into consideration the fact that in many localities of the South the white and the black population represents a ratio of from one to one up to one to four, that the colored people are untaught in hygiene and right living and do not know the consequences of disease. They are the servants in the homes, who prepare the food and care for the children, and though there is a definite social line the disease that they may carry is no respecter of persons.

As to the fitness of our candidates for training, probably less than 50 per cent actually qualify. They lack in the fundamental elementary subjects, their English is poor, they have had practically nothing in the sciences, and they of course come to us without
knowing how to study. The negro schools, largely of the vocational type, are not very carefully standardized, if standardized at all, and when an applicant represents herself to have had one, two or three years high school, or its equivalent we have had very little to guide us in accepting her as we do not know what her fitness may be.

How then, if we are to attempt to prepare them for so important a work as nursing are we to meet these problems? My experience, though limited, prompts me to suggest the following:

First: The establishment of a preliminary course in which we may test out their intelligence and fitness for the work, prepare them in English and composition and give something very simple in the sciences. In order to get in this preliminary work I am strongly in favor of making the course in the colored schools four years instead of three.

Second: During the first year I would carefully teach the household arts, giving them fundamental principles of cleaning. While in the white schools we are getting away from the scrubbing and scouring, and the ward helper has been quite firmly established to take the actual housework off the shoulders of our pupil nurses, I think it would be a great mistake not to teach these colored girls in a very practical way all of the cleaning processes, holding them responsible for the cleanliness of their wards. They have not previously been taught to see dirt, they do not know that it is a menace, and one little year will not be more than sufficient to train them so that they may overcome their early shiftless habits and begin a preparation for the more exacting duties of the trained nursing. Since the colored girl has a very limited knowledge of values she should be taught these very carefully and painstakingly, and given proper respect for hospital property. The colored nurse is not an unsatisfactory pupil, if taught right, though she may be a little slow, but we often find she has absorbed more than would appear from her quiet manner while in our presence. She is always courteous, willing, good natured, appreciative, and will try and try again if you have her confidence—and you do not go too far away before she has accomplished her task, but she must be supervised, and that carefully. Your methods of teaching must be simple and direct. If your class goes to sleep it is because you have not properly estimated their basis of
understanding, and they simply allow you to soar while they relax and remain on earth.

And a third suggestion: Each center of population having a hospital of one hundred beds or more should, I believe, train a group of colored nurses. So far as I have been able to ascertain we have not in the South sufficient schools for colored nurses, and a very large number of those that we have are not up to standard. Pupils are admitted without proper qualifications, the teaching is poor and the training incomplete, living conditions are not good, and because of the general lack of interest, they give up after a short period and go back to school teaching or sewing. Practically all of the large hospitals in the South provide separate wards for colored patients. This furnishes an admirable opportunity for the training of colored nurses. This combination of the white and the colored school in the same hospital furnishes another advantage. Why cannot we use some of our senior white students as teachers and executives in the colored school, and thereby serve the double purpose of furnishing a part of the instruction that is so much needed by the colored school and at the same time awaken an interest in teaching and executive work among our white pupils? This plan was, in fact, instituted in our school when it was taken over by the University, and while the arrangement is not working entirely to our satisfaction the experience is appreciated by our white senior nurses, and in this time of need gives to the colored school the added supervision that they require.

The trained colored attendant has been suggested, arranging a course of about two years with something in the art of nursing without the scientific instruction. Knowing my pupils as I do I would hesitate to institute such a course, as we have no law to govern the attendant, or the graduate nurse in fact, and I believe that it would lead to a worse condition than we now have with the unregistered colored graduate. It is not at all improbable that these poorly prepared colored women would go out into the homes and represent themselves to be regularly qualified graduates. Until we have laws controlling them I would not want to risk such an experiment in the name of our profession.

So far as I have been able to ascertain very few of the schools in the South have encouraged their graduates to register. If we
are to consider these as nursing schools we should bring them up to some kind of a standard, and though we acknowledge that we do not have sufficient candidates with even the minimum requirement in this state, which is the eighth grade, I believe that we have not offered the inducements that we should to colored women who have had educational advantages superior to some of their fellows. In order to make any headway in health teaching, and I am receiving many letters asking for colored nurses to do public health work (two of our own graduates are employed in the University public health service) we must secure the best qualified colored women that can be found, and we must then offer a course that will be a credit to our nursing schools, thereby protecting not only the young colored woman who wishes to take up training but ourselves as well. Since a large number of our training schools for white nurses now require full high school, and many are considering the plan that has recently been adopted by our own University School of giving credit for college work, it would seem as if we might have two grades of standardized schools in the South where we have this very large negro population to consider. Lincoln Hospital Training School for Colored Nurses, New York, reports that two-thirds of their graduates register, and that many are employed in the city public health service. Since my arrival in Atlanta I have received word from Freedman’s Hospital, Washington, D. C., stating that 95 per cent of their graduates register.

There is one very serious problem that confronts us in accepting colored women into the nursing profession. Notwithstanding the fact that the colored people are intensely religious, almost fanatical, we find them with an undeveloped moral sense. Therefore, though we teach them most carefully we risk much in sending them out as trained women to meet serious social problems that a nurse must meet. The type of the faithful old colored mammy we believe is still in existence, though she does not wear her turban, but her black face still shines and her white teeth glisten when she renders acceptable service to those whom she has learned to respect and admire. Considering the present shortage of nurses, and the demands from all quarters we feel that unless we use the material that we have ready at hand, and endeavoring with patience and care to mould character as we teach the art
of nursing that the race and humanity will be the losers. Social history teaches us that in order to lift any people to a higher plane we must be prepared to witness a reversion to past conditions again and again at the slightest wavering of the balance. We do not, when we read of the crime wave following the recent European War condemn these people as hopeless social outcasts. Can we therefore be too critical and too impatient because we see so little apparent progress in our black race?

Meeting adjourned at 11.30 a.m.

AMERICAN NURSES’ ASSOCIATION, NATIONAL LEAGUE OF NURSING EDUCATION, NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

JOINT SESSION—LEGISLATIVE

Thursday Afternoon Session, April 15, 1920

The meeting was called to order by the President of the American Nurses’ Association, Miss Noyes.

A short time was allowed for the pledging of subscriptions to the American Nurses’ Memorial, at Bordeaux, France.

Miss Jammé Chairman for the afternoon.

UNIFORM STATUTORY REQUIREMENTS FOR SCHOOLS OF NURSING AND FOR LICENSE TO PRACTICE NURSING

By ROBERTA M. WEST, R.N.

Superintendent of Nurses, Municipal Hospital, Philadelphia, Pennsylvania

Very important when framing any legislative act, is a phrasing that will not be ambiguous and yet will allow a broad interpretation. It goes without saying that lawyers are as diverse in their rulings as physicians are in their diagnoses. It is impossible to provide in any one act of assembly for all contingencies existing or likely to arise. A skeleton made up of personnel, duties of the examining board, physical requirements and educational, where states have and maintain standards in their secondary schools, penalties for infringements upon the law, a limited period
for registration, with provisions for re-registration, are indis-<ref>
</ref>sensable.

There will be less confusion if a separate act can be secured for the registered nurse and for the trained attendant; it will be wiser for certain reasons to have these acts legalized at different periods.

A separate curriculum may be possible in certain states, and if efforts to standardize all nursing education are to be successful they do need to be reinforced by clearly defined law.

At present, because some states are not stably standardized in their educational requirements, an entrance examination would seem necessary, and if simply enough outlined these present no bugbear to the woman who has not been well prepared or who has forgotten much of her preparatory schooling.

A minority can, in every state, defeat legislation if that minority can show that enforcement of standards will cause inconvenience and deprivation of liberty of choice in vocation, or act as an obstacle in the free exercise of the citizen's privileges.

The suggested points in drafting a legislation law are: 1. Object of the act: a. To provide for protection and care of the sick in the state of (blank). b. To provide for and regulate the examination and licensure of all persons caring for the sick as a business or for hire. c. To issue licenses to applicants to care for the sick, such as: 1. Registered nurses, 2. Trained attendants. (And it would seem a far wiser policy to separate at any rate your sections, if not your bills, and it might be a wiser provision to have a bill for licensed attendants introduced at another period in the session, have the two entirely separate and distinct so as to avoid confusion.) d. To formulate regulations for the registration and training of registered nurses and trained attendants. (It would seem also that that regulation should be kept separate, that the regulation for the registered nurse should be kept at any rate in a separate section, if not a separate law book, so that there should be no confusion in the minds of the public as to the status of the individual woman.) c. To provide penalties for any of the provisions of the act and to repeal all acts in conflict herewith.

Then of course the administration of the act must be provided for, the appointment of the members of the board. The matter
was discussed slightly this morning as to the constitutional rights of the Governor to appoint any one he pleases.

Examinations must be provided for in the act. They may not be confined to certain months in the year, but they may be mentioned as occurring twice in the year or say four times in the year, and you may provide for this by saying at a time and place selected by the Board.

It is well, always, not to tie yourself too closely to the legal declarations, otherwise you are going to be held up strictly if there is any one who wants to challenge your rights in the operation of the law. There must always be a waiver clause. As a majority of the states have registration, this waiver clause will need to be provided by only a very few.

Eligibility for examination is the next thing, and must be carefully studied. You must have that very carefully defined, otherwise you will have it contested by the attorney-generals of the various states. It is possible that you may have had the experience that we have had in Pennsylvania, the experience of having a very tender hearted attorney-general, who feels far more sympathy for the individual woman who is going to suffer by an examination, than he does for the schools that are trying to establish standards and that are working for the greatest good of the greatest number.

 Licenses must be also provided for in your bill, and it is necessary to provide for the status of an accredited school, to be able to say what constitutes an accredited school.

Within the same act it may be inserted, unless you can secure a separate one, what you propose to provide in the way of educational and institutional opportunities for the trained attendant or the licensed attendant. You must also, at that time, provide for the inspection of schools of nursing, and also, in that section or in that clause, the payment of expenses incurred by the inspector of training schools should be clearly stated. If you don't you are going to have extremely difficult financial problems to settle, without funds with which to do it.

You must also be clear in your definition of reciprocity, as to what it means, and upon what it is based; and necessarily you must provide for penalties, the penalties which are to be the result of infringement of the act.
You must also clearly define what would cause a revocation of the certificate. And lastly, it is only honest to provide for a report of your receipts and expenditures to some authorized body, whether it be your state treasurer, whether it be your state association of nurses or whether it be the auditor general of the state. That would have to be decided upon by a legal opinion.

The applicant for examination should be required to present evidence that she has received the instruction which is required by the act. It is going to be very difficult to make a legislative act which will serve all the states, because conditions vary not only because of the attitude of the legislatures, but because it is impossible in some of the states where the educational requirements are not great, where the educational opportunities are not uniform, to demand in any act of assembly an educational standard unless you discriminate against a large number of people.

Discussion followed regarding the necessity for compromise in dealing with legislatures; the necessity for amending nurse practice laws, because educational laws are changing continually; the qualifications which an applicant for registration should possess; the best way of dealing with an applicant whose training has been partly in an unaccredited school; the provisions for licensing attendants as embodied in the laws of New York, Pennsylvania and California; and the proposed law for regulating the work of practical nurses, in Arizona.

SECTION ON HEADQUARTERS

The meeting was called to order by the President, Miss Noyes, 4.45 p.m.

Miss Noyes: We have three rather important matters that we must present. I doubt if we can get them all in this afternoon. One is the question of a national headquarters, the other is that of revision of bylaws, and the other is the question of the platform of the American Nurses' Association for the coming year, which Miss Eldredge and her committee have been working upon. We will first hear the report of the Chairman of the Committee on National Headquarters, Miss Nutting.

Miss Nutting: I assume that I need not go into any details of the plan for national headquarters, inasmuch as this was sub-
mitted to the Board of Directors and was sent, I believe, to every state for consideration. I merely take up the question where we left off by simply saying that the Committee on Transfer appointed by the joint Board of Directors in the autumn to consider the work of the Bureau of Information and Advice established by the Red Cross, after careful study of the work of the Bureau, recommended to the joint Board of Directors that it be taken over by the three national associations as a part of the long projected scheme to provide a headquarters for their work.

The Directors finally approved the plan and referred it back to the state associations for action. As there were some points on which opinions varied, your committee was asked to continue in office, to increase its members and to appoint a sub-committee to go further into the question of details, especially that of budget. Miss Goodrich and Miss Clayton were added to the committee. Miss Ayres was made Chairman of the sub-committee to take up the question of possible headquarters in Chicago, for the midwest section. Miss Gray and Miss Eldredge were appointed a sub-committee to look further into the question of budget. At a recent meeting we took up the question about which there had been differences of opinion, namely, the place of the Red Cross in the headquarters, and decided that the plan originally submitted be altered to include only the three national associations, 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 Bureaus of a somewhat similar kind already in existence in New York City have presented a preliminary report, I understand, of probable cost of maintenance of the Headquarters which shows that the tentative budget as submitted in the original report of this committee in January was a reasonable estimate, and that the cost of such headquarters as then set forth would be virtually what had been presented.

These are the main facts in the situation.

Miss Noyes: You may be familiar with the plan that was sent out by the Secretary of the American Nurses' Association to all the state associations of the country. You have had time to study that plan, you have had time to think it over. The supplementary report given by the chairman of the committee, Miss
Nutting, has just been presented and contains very little in the way of changes or alterations or supplementary facts, except the omission of the words, "with the coöperation of the Red Cross."

Now before putting the matter to a vote I shall be very glad to have questions or discussion upon the matter. Are there any questions that any of you wish to ask? For I know quite well that you have asked a good many questions before you came to this meeting, possibly the situation has not been made entirely clear. Now is the time to ask the questions and clear up any mis-understandings or any lack of understanding before we put the matter to a vote.

Miss O'Halloran: How is this to be financed?

Miss Noyes: This question has been given some thought and I think possibly the Chairman of the Committee is better able to speak upon it than I.

Miss Nutting: I think that in such a plan the question of possible sources of income could only be outlined. It would hardly be possible, for instance, to go into small details of expense without the careful study of committees working closely with the treasurers of each association and a knowledge of the income of each association and its uses. This, our committee, naturally, did not have.

But we have some facts to work upon in the experience of the Red Cross for the past year in conducting the Bureau of Advice and Information. A part of its work shows over 2000 requests from hospitals and other institutions for nurses and the placement in response of several hundred nurses in positions. The Bureau has had offices, equipment, clerical aid, and office directors, and this has cost approximately $13,000 for the year.

But we are including in our national headquarters not only such a bureau, but also the offices of the secretaries of the three national associations. And here, let me say that the League for instance cannot go on with a voluntary secretary. Our members, no matter how willing and generous, should no longer be expected to undertake the very heavy and continuous work which now devolves upon the secretary, nor should we ask any member to make her busy office the headquarters of this large professional association, and keep there the records, reports, and correspondence which an organization of such standing and twenty-five years of work naturally has.
A Bureau of Publications which would provide editorial and business offices for the present journals of our associations and later for the new ones which are certain to develop, such, for instance, as the educational journal which our training schools have long needed, and which surely ought to come into existence soon. This bureau would also issue the various pamphlets, reprints, etc., which two, at least, of our associations are getting out. Eventually it is hoped that a good working reference library and reading room will be centered there.

Now, just what proportion each of our three associations will agree to contribute to the maintenance of such a center for their activities has not yet been determined, but the League, presumably, when its new by-laws go into effect will have increased dues, and we hope increased membership, and an income probably of about $6000. It seems reasonable to suppose that the League could contribute some where about $3000 or $4000 for the salary in part, at least, of a secretary, and for its share of the other expenses. As to the Journal, a few months ago it offered $1500 annually for the editor of the proposed 16-page section to be devoted to the League for educational purposes. That offer, I believe, no longer stands, but it will in some form undoubtedly have to be renewed. The Journal already pays rent for an office in New York, and small as that may be, it would help.

What the American Nurses' Association will do, we do not as yet know, but undoubtedly it will meet fully its share of the necessary expenses.

To return to the largest expense, that of the important Bureau of Advice and Placement, we have several possible ways of meeting this to choose from. It has generally been the custom for such Bureaus to charge fees to those seeking help and to charge either fees, or a percentage on salary of the position secured, to the person seeking work. We have not thought for a moment of adopting either of these methods, but have considered rather something in the way of a form of sustaining membership which would bring hospitals and training schools to our support by means of annual subscriptions or dues. There are over 700 hospitals in the eleven eastern states alone, among those whom the Bureau is intended to benefit, and at the rate of a $10 annual subscription, from each, we might have in the vicinity of $7000 through that source.
Finally, we have the assurance of the Red Cross that it will contribute its share, and a generous one to the support of the headquarters. Altogether it is obvious that sufficient sources of income are well within our reach if we are willing to work energetically enough to secure them; and that will depend upon whether we really want such a headquarters.

Miss Noyes: It will be very difficult for the American Nurses' Association to state in definite terms what it can give. For example, the American Nurses' Association has contributed toward an Interstate Secretary for the past year. This amount might possibly be diverted toward national headquarters and its maintenance or the maintenance of a representative at national headquarters. It is very difficult to state, as Miss Nutting said—and I think you will agree with me—the exact amounts that may available from our two organizations and other sources. That would have to be worked out. There does seem to be enough in sight at least to warrant the beginning of a national headquarters.

Now are there other questions aside from this? Miss Nutting gave a very comprehensive picture, I think, of resources and possible avenues of income.

Miss Duncan: I would like to ask why they left out the cooperation of the Red Cross and then later on make a statement that the Red Cross is willing to help them finance it for a certain period of time.

Miss Noyes: The Chairman of the Committee can answer that, perhaps, better than I can.

Miss Nutting: I will try, but am by no means sure that I can do so. When this plan was presented at the joint meeting of the Boards of Directors it met, I think, with pretty general approval except on one point, and that was the place given to the Nursing Department of the Red Cross in the general scheme, which put it temporarily on a virtual equality with the three National Organizations in the conduct of the Headquarters. There was anxiety expressed by some members lest this should lead this to become a dominating influence in the direction of the work.

While I did not share that anxiety, I have at times in the past felt deeply concerned on that question. But in regard to this particular situation, I did not share it at all, and for these reasons:
We have, as an entire profession, been working during the past few years in the closest and most continuous cooperation with the Red Cross. We have helped forward its work, I assume, willingly, and we have accepted from it, I assume, gladly, large sums of money in aid of our educational and other activities. We have indeed sought such aid repeatedly. To hesitate about accepting it in this instance because it implied a share in the development and conduct of the institution it proposes to benefit seemed to me neither just nor sensible. Since, however, there were those who felt strongly on the subject, and since one of the main objects of the creation of our headquarters was to bring us all more closely together in our work, we were unwilling to allow this to become a matter of controversy. It was, therefore, decided that the Nursing Department of the Red Cross should not be included in this organization of Nursing Associations, but that its financial cooperation should be accepted. The Director of the Department of Nursing felt that the Red Cross would be ready to aid in this way, irrespective of any place in the general scheme of organization. This is the situation as I have understood it, and I trust it is presented correctly.

Miss Barnes: In that connection may I ask if the service that Miss Nutting spoke of would be largely limited to the institutions in the east.

Miss Noyes: Not necessarily. The work that has been done by the Bureau of Information of the Red Cross has not been restricted to any part of the United States. Approximately 8000 nurses have passed through that Bureau and we have placed 1800 nurses with institutions in this country. That is a notable contribution for one year, and certainly it is about the clearest demonstration of the need of such an office as we could possibly give.

This is equally true of the Visiting Nurse Associations. We have linked up about 1100 nurses with visiting nurse associations all over the United States. But this plan which Miss Nutting has presented also includes the development of branch offices in other parts of the United States; and the committee is already working on such an office in Chicago. Just what the mechanical relationship of this office to a national office will be, has not been determined, it would have to be worked out. Every thing must have a beginning, and the question is whether we really want
headquarters. I believe there is no question but that we need them, whether we are quite ready, and whether we want them under the conditions that have been presented is the question.

Miss Allison: I should like to ask if the state associations and therefore the alumnae associations will be levied upon to bear a share of the expense.

Miss Nutting: No plan has been worked out as yet, whether or not our national headquarters would call in any way upon the various states for assistance would be a question for the future to decide; but in the original plan, this was not thought of so far as I know, excepting possibly as such help might come indirectly through the American Nurses' Association.

Miss Mueller: Did I understand Miss Nutting's report to say that the Red Cross would be willing to help finance the affair if we refused their cooperation in every other way?

Miss Nutting: That was, I believe, the opinion of the Director of the Department of Nursing.

Miss Noyes: Inasmuch as the Red Cross would profit by such a national headquarters—for we would expect to look to it for nursing personnel for our health work and other activities—Therefore why should we not contribute to its support? If this plan is important to the development of the nursing profession of this country, the Red Cross will be interested also in its development.

Miss Nutting: May I supplement that by saying that for several years we have been thinking and talking of such center as this headquarters may be for the activities of our societies which are so interdependent in their work. Take, for instance, the League of Nursing Education which in its several hundred members, is representative of all the more important training schools of the country. The league should have an office which would be the center of authoritative information concerning the educational system which it represents, and it should, of course, have a permanent executive secretary, who would be widely informed upon such educational problems and nursing affairs generally.

At present, the officers of the League change frequently, which is right as a general principle, but the office, so far as we have any, changes with each secretary, every two or three years, and all records, reports, publications, etc., have to be transported halfway across the continent every two or three years. Some center
for the work of the League in a city which is in itself a center, not only of nursing activities, but of travel, where people are constantly coming and going is urgently needed. There must be a place to which those interested in training schools and in nursing and seeking advice, can turn for accurate and reliable information. There must be a place from which a constant and fresh stream of useful information can be supplied to our professional women. We cannot create this without some effort and sacrifice and that will be just in proportion to our real live interest in our work and our belief in the headquarters as one of the measures for improving and advancing it.

Miss Noyes: I have a recent letter from Miss Palmer in which she says: "There has been much that we have been doing in this office that has become much of a burden to me which I shall be more than pleased to turn over to the national headquarters where ever established." We have accomplished through the Red Cross Bureau of Information many things which did not belong specially to us. For example, we assisted in the work of the survey that Miss Wheeler has been making. We have circulated information concerning the post-graduate courses in nursing, almost everything that you can possibly think of has been referred to this bureau. We also helped to place about four hundred students that had been accepted by the Army School of Nursing, that could not be used by them at the time the armistice was signed. So that from all quarters of the country work has come into this Bureau, simply because there was such a place and because it was known.

Now personally I should feel that we were losing the greatest opportunity that had ever been given us as a nursing organization to lose that accumulated interest, that accumulated information and the centralization at one given point of the interests of our profession. Think of this great American Nurses' Association, with about 40,000 members, without national headquarters. The American Medical Association established national headquarters almost at once and the National Organization of Public Health Nursing, which has about 6000 or 7000 members, did the same. And yet here we, with all of our great interests, are still without national headquarters, with a Secretary here, in one place, and a National League secretary first in Cincinnati, then
in New York and then some place else, our interests scattered. As we scatter our interests we dissipate our resources, there is no question about this. It does not sound really like very good business, looking at it from that point alone.

Miss McMillan: Madam President, I move that we accept the report of the Committee on National Headquarters and authorize the organization of the headquarters.

Miss Noyes: You have heard the motion made by Miss McMillan and seconded by Miss Harry, all those in favor of national headquarters and this motion as it stands will express it by saying aye; opposed.

The motion was carried.

The meeting adjourned.

CONFERENCE ON ADMINISTRATION PROBLEMS,
SCHOOLS OF NURSING

Thursday, April 15, 1920, 4:30 p.m.

Miss Mary C. Wheeler, R.N., Chairman.

Study: Personnel.

In the organization of the hospitals and schools of nursing, it is necessary to group persons.

1. Executive personnel. Consists of:
   - Board of control, with its organization, including committees.
   - Superintendent of hospital.
   - Directress of nurses.
   - Superintendent and directress, in one person.
   - Assistant superintendents.
   - Heads of departments.
   These should know the policies of the institution and be ready to further them and exact the acknowledged standards.

2. Operating personnel. Consists of:
   - Supervisors.
   - Head nurses.
   - One, Two, Three-year students.
   - Affiliated students.
Postgraduate students.
Attendants.
Orderlies.
This group follows the plans of the executive personnel.

3. Maintenance personnel. Consists of:
   Director of the home.
   Stewardess and helpers.
   Office force.
   Housekeeper and helpers.
   Laundress and helpers.
   Engineer and helpers.
   Janitor and helpers.

This group care for the health and vigor of the operating group and a few of the executive group.

In selecting persons to fill positions of trust, there are a few qualities which are usually required, especially in choosing the superintendent. As many as possible should have average ability.

Avoid selecting a woman who is below 80 per cent in health.
Avoid the woman who in unable to sleep.
Select the woman who is able to act vigorously and continuously, in emergencies.
Select the woman who has insisted on keeping her mind adaptable and alert, keen of observation, clear thinking and well balanced.
Select the woman who is not too young and not too old.
One who has courage and determination.
One who has the ability to close her mind against non-essentials and able to focus her mind on the task.
One who has poise and is calm in appearance.
One whose personal appearance is good, wholesome looking.
One who shows self control.
One who is a leader and not a driver; one who says "let us" and not "you do," knowing every part of her profession.
One who can scent trouble and anticipates the remedy before the trouble is present. One who anticipates comforts and necessities.
One who can hear patiently what subordinates have to say. Hear both sides of a story before judgment is cast.
One who can hold down dissatisfaction to the greatest extent.
One who is loyal.
One who is able to give decisions. A decision to be valued and respected requires:
1. The ability to acquire important facts.
2. The capacity to weigh these facts without prejudice and make a decision.
3. Sufficient strength of character to carry out one's mental determination.
One who recognizes the fact that the majority of people about her are contributing much toward her efficiency. Inter-dependent.
One who recognizes that trouble almost always starts when some person takes a position from which her pride will not let her recede, even when her judgment tells her to retreat.
One who can control temper, avoiding the hasty look or act or word.
One who can dissipate gloom and bring cheeriness and healthymindedness.
One who can meet trying situations with patience, judgment, tact, fairness and an appreciation of the other person's point of view.
One who can read humans.

Positions:
There are two ways of getting positions:
 a. Seeking a position oneself.
 b. Being sought.
Any person, in a position, is either an asset or a detriment to the organization.
It is much easier to get a person into a position than to get them out of a position and still have them pleasant about it.
 a. Seeking a position oneself.
    Sending a letter of inquiry to an institution.
    Sending a letter to some person who may know of an opportunity.
    Advertising in a reputable journal.
Application to a registry, occupational bureau, employment bureau.
Ask for a personal interview with a superintendent.
Send in an application on a form provided by various institutions.
b. Being sought is much more complimentary than seeking a position.

In both cases it is well for the committee and the applicant to have a personal interview, even though it may mean some expense to either party.

It should be designated by the committee what the position offers in constructive opportunity, and the aims and hopes of the board of control are.

The applicant will be considered as to the foregoing qualifications as well as a knowledge of her experiences which fit her for the position under consideration.

Knowing the demands to be met, knowing one's own ability, the decision must come from the applicant of her willingness to attempt the service, feeling that she can meet the demands. She can consider the question, "knowing all of the conditions and qualifications, would I hire myself for that service?"

Consideration of salary and living conditions enter into the agreement, but should, by no means, be the first consideration.

Mistakes made in considering positions.
Producing quantities of references at first interview.
Question as to the number of hours off duty.
Question as to what salary one is to get, inferring by look or word that they can do much better at some other place.
Asking how much "gentleman company" one is allowed to have.
Having intimate friends in the same service.
A mother desiring to bring a son or daughter with her.
A history showing that many changes had been made.
No proof that they were "indispensable" in their last position.
After an agreeable interview, not answering as to a decision, for a rather long period of time.
Keeping in positions:
The qualifications which were considered valuable assets to the committee should be continued and increased and not allowed to rust.
One should be instrumental in bringing new ideas, interests and improvements to the service. A position should always be better for one having been in it.
One should assist in keeping the machinery smooth, not upsetting it.
One should ask for such things as will fit into the big improvements, and ask for reasonable things, only.
One should be slow in making changes, unless one positively knows what the results will be.

How long to remain in a position:
"When a man gets as far in your organization as you can take him in salary and responsibility, one of three things happens:
1. Keep him on the same salary and the same job.
2. Fire him.
3. Help find another and better position.
Stagnation is bad." System.
One should not leave a position, voluntarily, while there are still big problems partly solved.
If the service finally means just to keep the organization going, and one has been in the position for at least five years, and the Board of Control still wants you, then go while the going is good. If one is still young, then there is the opportunity of meeting a set of bigger problems, and growing thereby.

End of an engagement:
a. Leaving from one's own choice.
b. Being retired.
Leaving a position from choice, usually means that something more interesting has been presented; that one has met the immediate problems, and feels justified in turning things over to some other leader.
Being retired, discharged or asked to resign, means that there has been a certain amount of friction or discontent on the part of the Board, for the services rendered.
In either case, a written resignation should be given to the board of control, for their action, when it comes from the superintendent.

In positions of less rank, the resignation goes through the superintendent to the board.

There are the persons who retire hastily; they receive a telegram and walk away as easily as if they were going to dinner, taking no pains to turn over their responsibilities. These persons have a way of being ready within an hour of receiving the telegram, making one think that their packing had been previously done as well as the telegram arranged for.

There are those who are needed at home, but fail to announce that they will be unable to return, for several weeks.

There are those, who consider it ethical to take all records with them or else destroy them, leaving nothing for the new person to start with, as a background.

There are those who influence other graduates and employees to go with them and thus leave the whole place uncared for until the emergency is temporarily met.

Any person who has not been in a position for some little time, is a loss to the hospital; there has been loss of time in securing some more valuable person or possibly losing a good opportunity by the position being filled; time lost in training; time and temper lost by their mistakes.

If a person is unjustly discharged, there is a great strain felt by the others in the service and efficiency declines.

In any case, a nurse should leave any position in a dignified manner.

She should let it be known that she is leaving, but not necessarily the reason why. She should have the time of leaving, as to month, understood by her superior officer. She should report to her superior officer just prior to leaving and leave a forwarding address in the office. She should keep her knowledge of conditions and of folks to herself.
Should the person leaving be the superintendent, then she should insist that an auditor make a report to the board of control of the finances handled by her, as she should insist that they be audited before she accepted the position.

All records, books, keys, supplies, etc. should be handed over to her successor and her successor should be introduced to all persons with whom she shall have dealings.

Whenever possible, all graduates should remain in hospital service throughout the teaching year.

Question: Do you think that it is improper to ask concerning hours on duty and salary, while the position is being considered?

Answer: No, but not that it should be the first consideration. The salary is an important consideration but the opportunities of the position and the fitness for it are more important. The board of control will find a way of making a salary commensurate, usually, providing they get results in their hospital. It is a question of "making good" first, and the salary usually follows, as a compliment. Our positions should carry dignified salaries.

DISCUSSION. EXAMPLE 1

Hospital with a board of directors, a doctor was president of the board and chief of staff. Without any apparent occasion, he went to the office of the superintendent one Sunday night and said, Miss So-and-So, we have decided that we do not want you any longer. We do not like your personality and we want you to go right away.

The superintendent desired to remain and turn over the hospital responsibilities to her successor, but was not allowed to do so.

Member: There are many superintendents who are meeting just such irregular conditions.

Answer: That is just the reason we should study our relations to boards of control, study to make ourselves good business women.
A case in which the superintendent of the hospital would dismiss the superintendent of nurses with as little ceremony as he would dismiss a maid.

Meeting adjourned. 5.20 p.m.

**AMERICAN NURSES' ASSOCIATION, NATIONAL LEAGUE OF NURSING EDUCATION, NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING**

**JOINT SESSION**

*Friday Morning, April 16, 1920*

The meeting called to order at 9.40 a.m. by the president, Miss Clayton.

**THE INTRODUCTION OF PUBLIC HEALTH NURSING INTO THE TRAINING OF THE STUDENT NURSE, FROM THE STANDPOINT OF PUBLIC HEALTH NURSING**

*By Harriet Frost*

*Visiting Nurse Association of Philadelphia*

Every year more and more training schools are coming into line and giving their students the benefit of their experience with public health agencies. Training schools that at first felt it was an impossibility are finding that it can be done, and while they start often with only one student at a time, they find that they can gradually do more.

The details of affiliation will probably be discussed by Miss Goodrich later, so I am not going to touch upon those. The essential things, from a public health point of view, that we need in giving this experience to students from the training schools is first of all a teaching district, a certain district set apart for the use of the students, under the direction of a teacher who is responsible for the directions given to the students for the type of work which they do and for seeing that they get from the experience what they should have.
It also means that there must be a sufficient staff of nurses, nurses on the staff of the visiting nurses assigned who can carry forward the work and who can give stability to the teaching districts.

One objection which has been raised to the using of a certain district for teaching is that it is very difficult to do your public health nursing properly when you have a shifting staff of nurses, as your student nurses would naturally be, coming for two or four months at a time. This necessitates having a larger staff of nurses in your teaching district than elsewhere in your visiting nurse society. Usually your teaching district, however large that district may be, is divided up into sub-districts, and in each one of those sub-districts we have a supervisory or staff nurse, one who is responsible for that district, for a certain number of students under her or assisting her. She is the one who gives stability to that district, so that the people do not feel that they are constantly having new nurses.

The question has been asked as to how the staff nurses receive this proposition and how they like to do the teaching work. I think that as a rule they like it very much when they once become accustomed to it; and in your staff of nurses you always have the opportunity of selecting the ones that you feel are most suitable for this teaching work, giving them that responsibility.

The staff nurses as a rule like having the student nurses with them. Recently we had to add to our district, that is, to send students into a district which had not had them before. The supervisor came to me very shortly and said she had no idea what a difference it would make in her staff of nurses to have some student nurses introduced; that it had really jacked up her whole body of nurses in a wonderful way, that it had had a real reviving effect on her whole staff of nurses.

The question of the maintenance of these nurses and the preparation of the course of instruction, etc., I will not touch upon, as Miss Goodrich will probably take that up.

Just a few words that it seems to me would be helpful to us to discuss, now that we take the superintendents of training schools and the public health nurses, is first of all the question of shortage of nurses. The hospital superintendents almost invariably tell us that the reason they cannot accomplish this affiliation is not
because they do not appreciate the value of it—I am sure they do and they want to do it—but it is on account of the shortage of nurses. Now I think we have to be very honest with ourselves as public health nurses. Are we doing anything to help about this shortage of nurses, or are we just leaving it as a proposition that is up to the hospital superintendents entirely? There should be a great deal that we could do. We should interest ourselves in getting nurses to enter the training schools. And surely we have an opportunity of doing that in our work; and I wonder if we are all doing as much of that as we should do. The get-rich-quick proposition is nothing to the get-nurses-quick proposition that we have had put up to us recently. And we do have to think ahead and realize that we cannot keep drawing upon the training schools for nurses unless we do something to help them in this recruiting of nurses to enter the training schools.

Then with regard to the training of nurses, after all that is a subject in which all nurses should be interested. It is not something that should be left entirely to the training school superintendents. They should have our interest and support. Are we staying outside of the training schools waiting for them to send us out a finished product of a nurse and then grumbling because that product is not finished according to our own ideas and is not quite ready to take up the work we want? Now if we are doing that—and I am afraid that in some instances we are—it seems to me it is time that we studied this question of the training of nurses to see it in its whole and not just to think of it as a source of public health nursing.

It seems to me there is no body of women that deserves more respect and admiration than the women that are guiding the training schools and have guided them during the last few years and are doing such wonderful things for them. It seems to me they must be a very self-controlled lot of women, too, because nobody gets up to speak on the subject of nursing nowadays without starting to tell the training school superintendents how they should train the nurses, and the fact that there has been no violence, no bomb throwing, proves that they are a very self-restrained, self-controlled lot of women, and they are polite too.

Now in respect to that, there are certain points in the nurses' training that we as public health nurses feel should be empha-
sized, and I am sure you will all pardon me if I mention this again. I think I fully realize that you know these deficiencies in the nurses’ training yourselves. In the first place, in regard to the training of nurses in the diseases of children, we find that in public health work so much of it is work with children that the nurses do need increased opportunities for training along that line, particularly as many of them are going into rural communities, and they must accept a great deal of responsibility in regard to the treatment of children, and not only of sick children but of well children; for many nurses who are fully qualified to take care of sick children are truly stumped when they are asked something about the care of well children, particularly along the lines of diet. When a mother asks a nurse just what she should feed her baby at certain stages the nurse is often at a loss, because she has so little experience with well children.

Then increased training in obstetrics, so that the nurse who goes into a rural community or who goes out to do public health nursing, feels that she can handle an obstetrical case in the home with no facilities. It is quite a different proposition for a well equipped delivery room in a hospital. Nevertheless, if a nurse has sufficient and thorough training in the hospital she can carry that over into any situation. We recently had an example of that with one of the nurses from one of the training schools who entered a home and found a patient suffering from a severe post-partum hemorrhage. She was unable to get any assistance for some little while and it was wonderful the work that that nurse did. When the doctor arrived shortly after he said, “There is nothing left for me to do. You have actually saved that woman’s life.” Now that nurse realized in this emergency that she should take what she had—she had had good training in her hospital. She carried that over into the home where she had absolutely nothing to work with, nobody to help her except one hysterical old woman; and yet she could apply what she had learned in the hospital and apply it quickly. And she was simply thrilled when she came back with the feeling that she did have the ability to handle a difficult situation of that kind. Most of the nurses who come from the training schools have it. They perhaps do not realize it until they are called upon to use it.
The need for more training in contagious diseases hardly needs to be emphasized, for we are all seeing it every day, and particularly since the treatment of contagious diseases is to be included in visiting nursing. Heretofore visiting nurses have been shut out or have stayed out of homes where there was any contagious disease, but now they are more and more going into it, and it is the feeling that they are not prepared and that they really do not know that part of nursing that makes it much more difficult for them to start with that work.

Then further training in the care of tuberculous patients is very much needed in the public health work, as it is in all work; and also training in the care of mental cases.

Now with regard to training in public health work which we are asking to have in the nurses' course of training. Are we looking upon that as merely a batch of different material that is added to the nurses' training? If we are regarding it in that light we might very well leave it out and let her take it in post-graduate work after her graduation. But if we think of it as something that is interwoven in the fabric of her training we cannot afford to omit it. It is something that influences her work wherever she expects to do it. She will be a better hospital nurse for this experience and this training; she will be a better private duty nurse; she will carry this experience into her other work. It seems to me there is nothing that is more important for us to emphasize than just that one thing, that this affiliation, this training is not expected to make public health nurses of the nurses, but it is expected to give them a public health point of view that we need, no matter what kind of nursing we are going to do.

Therefore if public health nurses, those who are interested in training in public health, would learn to look at the nurses' training as a whole, not to look at any one part, thinking that this part is more important than that, but to see the relationship of one part to another, it seems to me it would help a great deal in this question of affiliation with training schools.

Another point to be considered is that this affiliation is not for the purpose of securing nurses for the field of public health work. We hear a great deal about the lure of public health nursing. And certainly there is a great attraction and a lure to it. But why cannot that be carried over, why isn't it carried over into
other nursing as soon as the nurses get what we call the public health point of view?

After all what is it that grips nurses so about public health work? Some will tell us that it is shorter hours, having the night's sleep, being able to live in your own home; that there is a constant change about it, that you are seeing different patients every day. Those things, of course, do have some influence. But the nurses who go into public health work for those reasons very quickly drop out. They soon fall by the wayside. But the nurses who go on feel that the chief attraction of public health work is the real grip that you get upon human lives. And we can get that just as well in any other kind of nursing if we have the public health point of view, the desire to carry something over to all of our patients, and that it is not a question merely of taking care of sick people, but that it is a question of carrying a message and health and prevention to all our patients, no matter where they may be; and that in the home of the wealthy patient the private duty nurse has just as much opportunity of protecting public health as she has in the slums of the city or in a rural district.

So that the hope of our nurses is not necessarily for more nurses to do the public health work, but it is a sincere wish that all nurses be public health nurses in whatever kind of work they are going.

THE INTRODUCTION OF PUBLIC HEALTH NURSING INTO THE TRAINING OF THE STUDENT NURSE—WHAT HAS BEEN DONE IN ONE CENTER THROUGH THE COOPERATION OF NURSING SCHOOLS, A VISITING NURSING ASSOCIATION AND A COLLEGE

By ANNIE W. GOODRICH

Director of Nurses, Henry Street Settlement, New York City

My subject as it appears on the program presents two distinct though closely related topics to either of which might be devoted all the time assigned me. I shall, therefore, but outline briefly the student courses, with the details of which I am only superficially conversant; and then beg to discuss quite informally the wider aspects of the question in which I am deeply interested and
which I feel my twenty or more years' connection with schools of nursing and my recent, if brief, association with the so-called public health field, may justify at least my voicing an opinion if not conceiving that I have a message for all my colleagues wherever their interest in nursing lies.

The last monthly report of the Visiting Nurse Service administered by the Henry Street Settlement, New York City, presented sixty-three student nurses. These students are not placed in one center only, as indicated by the title of this paper. The city is districted from the Battery to the Bronx, with at present sixteen centers of the organization, to seven of which students are assigned. These students fall into three groups: the graduate group now numbering fourteen, taking eleven or more points at the Teachers' College and giving from twenty-three to twenty-five hours in the field, and two groups of under-graduate students: one numbering approximately ten, coming for one month's experience in outdoor maternity service, which includes prenatal care, attendance at the time of delivery and post-partum care, following a two months' experience in the Manhattan Maternity Hospital. These students continue their theoretical courses at the Manhattan Maternity Hospital and give approximately thirty hours in the field. The second under-graduate group numbers approximately thirty-six, and these students come to us for a period of four months from the following hospitals: the Newton Hospital, Massachusetts; the Presbyterian, the Post-Graduate, St. Vincent's and Bellevue, New York, and from the Army School of Nursing. These students take three courses at Teachers' College: the principles of public health nursing, home-making adjustments in social work, and the principles of modern social work. They give twenty-five to thirty hours in the field.

The question of the expense of these students is somewhat involved. When the four-months group first came to us, the Visiting Nurse Association met the complete expense, which at that time, between three and four years ago, was estimated at $350 per student for the four-months course. This was a pretty heavy burden of expense to assume for students who were giving only from twenty-five to thirty hours in the field. Gradually a larger and larger proportion of the expense, however, has been assumed by the schools from which these students have come, until now
the maintenance expense is being almost wholly met for the students from New York schools, and the out-of-town school is meeting the tuition fees and such expense as may arise through sickness of the students and is expecting to later meet the cost of maintenance. The Manhattan Maternity Hospital is paying the Visiting Nurse Association approximately $9 a month per student. The total expense of the Army School of Nursing students, which, because of certain regulations, the medical department of the army could not meet, has been assumed by the Red Cross. The expense of these students, with the increased cost of living, has been estimated as $400 for the four months, exclusive of the overhead cost of supervision, et cetera.

The report of the month of April shows that of the 28,255 visits made by the entire staff, 6,490 were made by the students. This it will be noticed, was only about one-fourth of the whole number made; but it is, I think, a fair proportion, for it must be understood that included in the field experience are conferences, demonstrations and discussions with the educational director and supervisors. Another factor in the lowering of the number of visits, is the maternity experience, as at the time of the birth, the students sometimes remain one, two, three and even five hours in the home.

I am hoping that later we can discuss in detail the result of the student experiment, as seen through the eyes of the supervisors, several of whom are with us, and our educational director. They come more closely in contact with the student group than I do and can speak from actual experience of the adjustment of the regular members of the staff to the students and of the many other problems. May I say, however, that when those students first came, it was the thought that each should have, as does the regular member of the staff, her own district. But the problems arising from the frequent changes necessitated by the brief period of field experience, made this arrangement unsatisfactory from the standpoint of the patient, and not even very satisfactory, for various reasons, for the student; therefore it has been generally arranged that a student shall fall under a regular member of the staff and that this staff member shall become the immediate—if we might so term it—supervisor of the student, giving her such cases as will afford the most complete and valuable experience.
May we now lay aside the question of this concrete experience and turn to the question of the relations of the field of public health to the schools of nursing, and indeed to the whole field of nursing?

A recent writer recalls, that “The Concord philosopher said, ‘We should keep our heads in solitude and our hands in society’” and adds the writer, “our heads may acquire sympathy but only our hands can complete the current of understanding.” The thought commends itself to workers in the social field and preeminently to nurses, though we are constrained to question whether the proposed isolation of the head was for the purpose of acquiring sympathy or for the opportunity thereby afforded of a study leading to the solution of the problems in which hands plunged into society inevitably find themselves involved. Certain it is that in the isolation of the laboratory rather than in the field of activity has the underlying cause, so essential to its obliteration, of any given evil, been found. Is it not also true that the one has pointed the way to the other?

Modern education in medicine demands, and certainly should demand not less in nursing education, the school, the laboratory and the experience in the field itself. Today the school of nursing can no more be isolated from the educational system of the country than from its laboratory, the hospital; nor can it, with the growing appreciation of the place of concrete experience in the acquisition, retention and application of knowledge, be isolated from the field itself, as expressed through the individual’s life and environment in the community.

When I desire to portray the most complete and modern scheme of medical education, I turn inevitably to the city of Boston and Harvard University. I wish this picture might burn itself into your minds as it has into mine. Here we find a school of medicine, of pharmacy and of dentistry; a museum filled from top to bottom with the most carefully prepared specimens; a chain of hospitals, constantly enlarging—general, children’s, infants’, psychopathic, maternity (soon to be erected), cancer, research—brought together in close proximity that there may be no waste of time—for study by experts and for the preparation of experts in the health field. And back of that chain of hospitals, are those not less important laboratories of a great city—its homes, its
schools, its factories and its institutions for recreation. It is the most complete plan that one can imagine—with one exception, and you know what that exception is.

It is true that there are nurses in every one of the hospitals; but there is no school where all this wealth of knowledge is available for the students in nursing in the same manner that it is provided for the students in these other schools; and yet, without the nurses, these hospitals could not function effectively for the care of the sick; they could not function as a teaching field; the message of these experts could not be carried, as it is now carried, into the tenements, industries and homes of that crowded city and out beyond into the sparsely settled districts of the earth.

It is time we arose and demanded that the intelligent women of Massachusetts, should in turn arise and demand that the professional preparation of nurses be as definitely provided for at Harvard University, as is the professional preparation of the other groups of health workers.

Reduced to its simplest term, the field of nursing is:

1. The dealing with the physical disabilities of individuals, whether in groups, as at clinics or in hospital wards, or in the individual's home.

2. The treatment of the causes of these physical disabilities arising through the individual himself or his environment, as expressed through his home, his occupation or his recreation.

Whatever the goal for the product of the schools of nursing in the past, in the future the nurse cannot practice her profession without prevention as the keynote of her interpretation of her function.

Says Sir George Newman,1

The fundamental fact which underlies the foundation of preventive medicine, is the healthy individual. Environments, infections and accidents of life and disease undoubtedly exert direct or indirect effect upon him; but it is his own body, with its growth and development, its resistant soil, its natural power of defense, which form the basis of health and scientific prevention. . . . If we would be really a strong and virile race, we require more children and healthier children as its foundation.

---

1 The Public Health Nurse, April issue, article entitled “Preventive Medicine,” 295.
In other words, if our goal is the healthy individual, we must begin before the birth of the child with the parents, in order that this child’s introduction into the world may be under the best possible auspices. We must follow this child through the early years until it enters the school; we must follow it into the school and into the occupational field and back again to the home. We can never let this child go from the time of its birth until its death, because “The child is father to the man,” and not less the man is father to the child.

My purpose in emphasizing this is that I cannot and will not accept that the public health nurse is a different person from any other nurse. I conceive that we are absolutely blind if we do not see that no nurse in the future can be effectively trained, it matters not where she ministers, if she has not the first, a sound, fundamental education in the sciences—as sound a fundamental education as the dentist, as the pharmacist, as the social worker who is not a nurse, or as many people indeed who enter the various fields of business, selecting, of course, those sciences directly relating to the profession which she is to practice. I should say that the nurse’s preparation should be infinitely sounder and wider, because she is dealing with the most important factor in our economic success, in every success which the world holds dear; she is dealing directly with that creation through which life functions to its greater end. We can build submarines and aeroplanes and spend millions of dollars doing it; we can establish great business enterprises and spend millions of dollars doing it; but for the preparation of those most closely concerned in the development or the well being of those who build the aeroplanes, who advance business and who make the great scientific discoveries, without whom indeed, there would be no world progress, we find it difficult to obtain the most insignificant appropriations and are confronted with a great intolerance in our efforts to increase their sum of knowledge. But these facts, for facts they are, should not prevent our making unceasing efforts to obtain the sound, fundamental education we know to be necessary. Upon the details of this education I know I need not dwell, since there are many present who are far more competent than I to outline the course.
The second factor in the nurse's training, and certainly not less important than the educational foundation, is the definite period and comprehensive experience in those situations that affect the individual's health. No nurse today should graduate from any school of nursing who has not had a very thorough preparation in the care of the child. I am of the opinion that we will very soon require that every nurse have a more extensive preparation in the care and knowledge of the normal child than is required for the sick child today, for I believe that the understanding of the normal being is more important in these days of preventive medicine than is the knowledge of the abnormal. Again I will not take time to enumerate the varieties of disease or the situations that bear directly or indirectly upon the individual's health in which experience should be provided. With these you are as conversant as I am. In this connection, however, because of frequent and just criticism of the inadequacy of the preparation of the graduate nurses in the various specialties, there is a point I desire to make; namely, that we must not forget that this change in the field of medicine is a process of evolution. Curative medicine abounds and has abounded for many years with preventive measures and procedures. The modern methods of dealing with contagion in the general hospital are making more possible the prevention of contagion in the home. It is true that there are few nurses equipped with the modern methods of dealing with obstetrics but that is because the results obtainable through early supervision and instruction of the mother have only recently been appreciated. In the future, with the very definite evidence of the lowering maternity and infant mortality, through such methods, it is hardly conceivable that any course in obstetrics shall be given that will not provide instruction in all the details of procedure included in what may be designated as a complete maternity protection. There are still, however, a considerable number of obstetricians who have not accepted these newer ideas and literally hundreds of general practitioners who do not.

What has been said of the maternity field, may, I presume, be said of many of the specialists. When I went through the camp hospitals a comparatively few months ago, I did not find that all of the practitioners had accepted the modern thought
relating to contagion. Quite the contrary. It was the exception when the regulations permitted that the nurse could go from case to case, as we now believe and accept in the main that it was safe to do. In a discussion in New York City recently, a number of well known practitioners were not at one as to the method of procedure.

Again in the field of mental hygiene. The community at large has not been accepted, would, indeed, be shocked at some of the conclusions of the psychiatrists. As one of the evidences of the failure of the community at large to grasp the trend of thought, which in the case of the expert has become an accepted fact, may I give one little illustration: As one of the objects of interest in Atlanta, our attention is called to the United States Penitentiary described as "one of the largest and costliest prisons established by the Federal Government. Over 1000 inmates are in prison and as many more can be accommodated when present additions are completed." A twentieth century triumph! Jails, prisons, penitentiaries, almshouses and lunatic asylums are monuments to society's failures—no matter how admirably planned and constructed—not to society's successes, and of this the psychiatrist is fully aware, and the gloom of the thought that these are still being erected is, at least, lessened by one who writes: "A few hundred years ago every insane man was treated as a criminal. A hundred years from today every criminal will be treated as a diseased person."

It would be a pity if we all knew everything there was to know about everything, for then what would become of the experts? These experts, I believe I am correct in stating, laid the foundation of their knowledge in the hospital. What is the function of the expert, of the specialist in any given field? It is, as we see it, to weigh, to test, to add or to discard, as the case may be, in order to reach conclusions based on scientific methods of experimentation and to report on these conclusions, disseminating them as widely as possible. The experts are the leaders in the magnificent quest of humanity for the underlying science, which means the truth of life. I see no effective undertaking, organization or institution without its group of experts for each of the divisions into which the work falls.
Even as the mightiest vessel, directed by the most highly-qualified commander, as it draws near a well known coast, stops to take the pilot aboard, so I see them, as it were at the shoulder of each worker, directing their eyes, too apt to be concentrated on the matter in hand, to a wider vision to a greater end. In the case of one organization alone, we see the opportunity of directing workers who came in contact with 50,833 individuals in one year and since the average number of contacts with each individual is five—254,165 opportunities of observation and direction in those homes and of those individuals most prone to fall victims to the evils, physical, moral and mental of our social system.

When I recall that there are in this country 3000 schools of nursing, and that each of these schools through its laboratory, the hospital, deals with the actual human problem, the opportunity for constructive work seems incredibly vast, provided the education of these students is properly directed and that means that this education must proceed under skilled guidance through all the various phases of health and sickness.

You may contend that that is an impossible program. Do not believe this. It is not so. Let me give you one illustration of the effective effort of one superintendent of nurses to encompass this experience for her students in the maternity field. Miss Cadmus, the Superintendent of Nurses of the Manhattan Maternity Hospital of New York City, deeply interested in the extraordinary results obtained through prenatal instruction and supervision of expectant mothers, learning that the Visiting Nurse Association was instituting an experiment in what was designated as a complete maternity protection program in one locality of the city, desired to have her students benefit by this experience. Her first thought was that the schools would send the students for an extra month. She communicated with them and several so agreed, but others wrote that much as they would like to do it, they could not see their way clear to arrange for this extended absence. As student after student returned impressed with the important bearing of this course upon their knowledge of obstetrics, Miss Cadmus was not satisfied to limit the experience to those students who came for the extra month, and she asked if we would be willing to take all of the students at the end of the
second month. Do you realize the readjustment that had to take place in an institution to which students from twenty-six schools came and for a period of only three months? The burden of that readjustment fell—and fell heavily—on the Manhattan Maternity Hospital and Miss Cadmus with her assistant, Miss Dowling, spent days, and I assure you a good part of many nights, to bring about the change which would enable them, without too much disturbance of the hospital system, to arrange to send every one of their students for the third month in the maternity outdoor service. Today, all the Manhattan Maternity Hospital students obtain this experience.

Now long ago, seeking for information as to their reactions to this experiment, I went over some forty records of those students, each student having been asked to indicate briefly her impression. I was interested to note that there were two statements that appeared in them almost without exception. One was that it was the most interesting and valuable period of their experience in the training school; and the second that they could not sufficiently emphasize how much the appreciation of the patients to whom they served meant to them. "Through our hands we complete the current of human understanding." Through their hands they were connecting so effectively with the sick to whom they were called in our vast city, that they themselves were impressed with the gratitude, trust and appreciation of people, many of whom cannot speak the English language. "Almost, nurse, when I see what you did for my wife, I might believe there is a God." Another point of some interest was that although they had heard that such conditions existed they did not believe it. Going into those homes they saw things they had never dreamed were really anything more than the highly-colored presentations of some emotional record. You have listened, I am sure, those of you who have gone from section to section at the Convention, and especially those who have attended the public health sessions, to similar revelations of all that that outside field means. You must have been thrilled by the presentation of the nurse who reported the work which is being done in the Indian reservation and again, although you are probably familiar with them, by the statistics relating to the maternity field, results which make it almost a crime for us not to give to every student
in nursing this complete experience. There were 502 closed cases revealing one death, when the mortality of mothers of the country at large is one death out of every 150 to 200. One death of a child out of 88, when the mortality of infants of the country at large is one out of every 36. These are but a few examples, but these results are constantly repeated wherever this intensive work is done, wherever we get into the factories and into the shops and into the homes and deal with these problems, we change the situation. May I say that constantly before me is the fact that cases are reported year after year, where the child has pneumonia once and twice and three times even in a winter and I presume the third time usually to die; and yet we do not seem to think that we should have found some way of preventing that second and third attack of pneumonia. In your own families may I ask if you recall many instances where a friend or a child or any one that you knew had pneumonia two and three times a winter? I do not, and I have lived many years in the hospital ward. It was rather a revelation to me that it even occasionally happened. As I think back to the early days of hospital social service, I recall that one of the rather dramatic illustrations of the purpose and results that would be obtained from hospital social service, was that of the child that came into the ward suffering from malnutrition; that was put on a proper diet and recovered, leaving the institution a picture of health, but shortly returned suffering again from malnutrition, the resistance still lower, and probably the second time to die. "Here," they said, "is evidence of what we might prevent if we reached into the home." The constantly lowering summer sickness of children in New York City is evidence of the soundness of their contention.

I am afraid I have taken too much time and I have discussed the subject, I am aware, in a scattered way. But the message that I want to leave with you is that our problem is not the preparation of more nurses for the public health field, but the preparation of all nurses for the field of preventive medicine. Our contention is that the profound importance of preventive medicine makes it imperative that every member of the groups that deal with the health of the community, whether their contact is limited to the treatment of a physical disability of one individual or whether they function as teachers, supervisors or
head nurses in the wards of the hospitals or in the outside field, shall be familiar through actual experience not alone with the physical aspects of the case, but with all contributing factors as expressed through the individual's occupation, recreation and home. Our goal is the healthy individual. Our goal means a better world, through the gradual obliteration of suffering, through the lessening of illness and its attendant evils. I am looking forward frankly to the day when doctors and nurses may be abolished and their places taken by dietitians, sanitarians and dental hygienists.

Miss Clayton: Nothing can be added to the words Miss Goodrich has given us. The only thing we can all do is to go home and carry her message with us and see to it that her message reaches many other people through us.

We are sure many of you have questions you would like to ask Miss Goodrich, or discussion of this most important topic. Perhaps Miss Hudson has something to say of the work they are doing on this line.

Miss Hudson: As the Chairman said at the closing of Miss Goodrich's speech, there was really nothing more that could be said.

I would like to say just one or two words about the experience that the introduction of the student work has given to our staff. Miss Frost emphasized that in speaking of the introduction of the students into their various districts. We found very early in the educational work in our association that it was impossible to carry the work on by appointing a supervisor who would have entire charge and direction of the student work. It meant in the first place a very large group of supervisors and it was difficult to get them. We did take the ones who were specially prepared, and after working with the staff under their direction we are able to handle quite a large group of students in a field which before that time had handled only perhaps three or four. For instance, in one district which two years ago was staffed by one supervisor and four or five nurses, we are at the present time carrying a staff of seventeen students under the direction of two supervisors. Each staff nurse is taking the responsibility for one or two student nurses; and as I said in the beginning, we are very,
very pleased to see the interest and the inspiration which the work of that student nurse has brought to the staff nurses. I think probably our supervisors of staff might be able to tell you much more definitely about that than I can.

There are one or two other points that came to my mind as Miss Goodrich was speaking, a quotation that I have taken, an extract from one of the letters that was sent to me by a pupil nurse. She says:

This experience opened so many experiences to me in all branches of the nursing field, showed me the phases of life so unknown to me before, that I consider it one of the most important parts of my whole training.

In talking with the students about the value of this experience, they all felt that it was due to the fact largely that they know the conditions from which the patients came and the conditions to which they had to return after they had been cared for in the hospital. One student in the City Hospital was assigned to care for a patient who had been operated on for varicose veins. While she was in the hospital the student had instructed the patient before she left, as the doctor had directed, about resting during the day, about keeping her leg elevated so that the condition would have every chance to improve when she returned to her home. Very soon after the student nurse came to our field she was asked to call on this patient, the diagnosis being surgical treatment, and so she found the woman in a home where it was absolutely impossible for her to have carried out the instructions of the nurse and the doctor, unless some work had been done in the home to make the conditions satisfactory for the woman to carry out the instructions. And the student nurse said, "If I had only known the conditions to which that woman was returning or if I had thought about that I would have tried to help her much more." Other students said, "If we knew the conditions from which the patient came we would not be so displeased when a patient is sent to the ward in a very filthy condition, with very dirty clothes, but we would realize that it was because of the patient's home conditions, that the patient came to us in such a state, and we would have been a much more sympathetic worker on the ward than we were."
Those are just a few examples, I think, in the experience of nursing; that they make them feel the importance of knowing the whole field and the underlying causes that bring the patients to them in the condition in which they do.

Then Miss Frost and Miss Goodrich have also emphasized the point that many of our students are as yet unprepared to take the responsibilities that are required, especially in the prenatal field, in the communicable disease field, in the school work and in the industrial work. And yet it seems to me the whole nursing experience in the training school would be so much richer. For instance, her dispensary experience at the present time in some of our institutions is not a very large part of the nurse's course. The dispensary experience would be so valuable to her if she knew that in the work she was doing with school children, many of the eye conditions, many of the skin conditions, which she rarely sees on the hospital ward, would form a very large part of the work that she would be asked to do in school nursing; and the nurse who is going into industrial work would realize during the time, for instance, that she was taking bandaging lessons, that there was very great need of the nurse becoming skilled in putting on a finger bandage when she renders first aid in an industrial plant; the worker would go back to his work with bandage over it so that his efficiency would be affected to the very least extent. And then if, as I have said, we knew all the time we were in our hospital course, that conditions on the outside were largely at fault in bringing our patients to the hospital in the conditions in which we receive them, and if we knew that in going back those patients were not going to be able to make the adjustments that they should make unless we did more teaching in the hospital. I might say that one of the weakest points we find among the students when they come to us is their inability to teach in the home. They can go into the home and can do the thing themselves and frequently say, "I would rather do the thing than to ask any person to help me do it." But they also realize very soon that unless some person else can do that thing, the patient is not going to receive the care and instruction that he should receive; and they also realize that unless they teach in the home; unless they teach how the toothbrush should be cared for as well as to how the toothbrush should be used, they are not going to
be able to get results, but we will still be going around objecting to your retiring, as we have done for some time.

So that it seems to me that if we could do more teaching on the wards of the hospital we could feel that when the patient leaves the ward or goes home he is going to carry out the health habits that they carried out while they were with us. I think we would be very much surprised if we followed those patients into the home and saw how soon they gave up the habits that we tried to form in the hospital.

Miss Clayton: May we hear from some of the supervisors who have been following the work of the students in the district, or also from some of the superintendents of hospitals who have seen the result of this work on the students when they returned to the hospital?

Miss Barnes: Several times I have had reported to me a point that I assume may be of much interest. The fact that third year students who come into the course in public health nursing and return to their hospitals for the finish of their work bring with themselves a new interest in their patients and disseminate something of that interest in the condition of the patients from which they came and to which they are going back that proves helpful to all the work of the hospital as well as to the individual nurses.

Miss Eldredge: I think perhaps that brings up the problem we discussed the other day at Miss Parsons' round-table on the teaching of ethics and professional problems. And it was brought out there quite clearly that in some schools they did do what some of us advocated very strongly: send the nurse wherever possible during her probationary period, not to do any work, but to go with the nurse into the home, so that she did have an idea of where those patients came from and something of the social surroundings before she began her work. And I believe that would be very profitable for her work in training, and would make her more social minded when she went to take her public health work.

Miss Helena McMillan (Chicago): I would like to speak on the point that Miss Eldredge makes, of sending the probationary nurses to the district home. When the school with which I am at present was organized we established that method for several years, and we finally changed it, sending the older student nurses
into the district home instead of the probationer. And I think that if this method is to be used in the probationary course it should be used at the end of six months, certainly not with the young nurse during her first, second or even third month. The effect on the young woman is not entirely satisfactory, and I believe that the results for her as well as for those homes and the people with whom she would come in contact would be much better if that service were delayed a little later.

Miss Jean Gunn (Toronto): I might say on this point that we send our senior nurses to the department of public health for a period of two months, so that the public health training in the senior year is taken care of in that way. But in addition, in the hospital that I represent, the Toronto General Hospital, we have sent the probationers, after their second month in the hospital, to the social service department for one week. They go in groups of two or three to this department. The morning is spent in the dispensary, in the outdoor clinic. They visit each clinic in turn. They see the patients as they come to the outdoor. They are at the desk where the social worker talks to the patients. In the afternoon they visit in the homes with the social workers. They only do observation work. They have no responsibility whatever, and have no direct contact with the patient.

Then in addition to that we have two preliminary courses, a series of twelve lectures for probationers. In the twelve lectures we try to bring to them the work of our own social service department; also the work that is being done in the city, to give them an outlook on the city problem; and in addition to that we devote six lectures to the foreigner. That is, we have one lecture on the different nationalities. So that quite often in dealing with the pupil nurse, a great many of them come to our hospitals never having met any one who did not speak the English language, and they are not very sympathetic with the foreigner. We have found that after we have given this course of lectures to the probation class, that they have a great deal more sympathy with the foreigner in our wards. So that coupled up with this second year of observation work we give this course of twelve lectures, which is just an insight into the social conditions in that form before she assumes regular duty on the wards.
Miss Clayton: Is Miss Grant here?

Miss Goodrich: I hoped Miss Grant would say just a word to us. She is one of our supervisors and she has given much thought to the introduction of the student to the field.

Miss Grant: The only thing I can say on this subject is that my privilege is very great to come so near to the person in the field, to get back from them what they met in the field. I think that my position gives me a very great privilege, but as for any light on the subject, I do not think there is a thing I can say after hearing what Miss Goodrich and Miss Hudson have said.

Miss Goodrich: I think there is an aspect of the subject that Miss Grant could touch on, as she has had it much in mind, namely, the very definite relation of the student's general and professional preparation to her contribution to the Public Health field. She once said that she would like to have some students from various schools come before her without knowing at all where they came from or their background of general preparation and experience for she believed that she could not only name their schools but that she could determine pretty accurately whether before entering the field they had been teachers or had had those underlying sciences, psychology, bacteriology, etc.; so definite was the return from this kind of preparation. She has emphasized more than once the need not of more supervisors, but of a regular staff each member of which was as highly equipped as any supervisor.

Miss Gardner: I just want to say one thing. I think as much importance as the field of experience that we offer to the young student is the teacher that we offer to her. I think if we offer her a member of the regular staff, then I think as superintendents of the Visiting Nurses' Association it is our duty to see that the members of the regular staff have teaching ability. That is so often the trouble in affiliation. The pupil goes out and gets very good experience. She sees the patient in the home; she sees all that is being done; but there is no relation between her theoretical and the practical work. I do not know whether other people have had that experience, but I think it is often the difficulty, that the body of nurses, particularly in the smaller organizations, where teaching has not been sufficiently developed, that the pupil does not get the best in that particular line. I think the home is the laboratory, that the teaching proposition can only
be done there. But it can only be done properly if we have in our Visiting Nurses’ Organization teachers fit to teach the student. I am speaking now of the more developed organizations, where teaching has been carried to a point on a small organization which picks up one or two students and perhaps has not given particular thought to that point.

Miss Clayton: Are there further questions some one would like to present to Miss Goodrich concerning this subject?

Miss Margaret Wheeler: I would like to ask Miss Goodrich if there is anything which this body of nurses can do to open up Harvard University to the School of Nursing.

Miss Goodrich: Harvard University should listen to a great body of women gathered together to consider the problems of their field in an effort to render a better public service. It seems to me that the Massachusetts nurses might appeal to the lay women in Boston, who have for years been doing such constructive work in the field of health. It might be advisable to present a petition to the authorities of Harvard. The opening of the doors of a university, that is known not only throughout the United States but the world, would mean much to nursing. But of course you know that the establishment of a school presupposes an endowment. I do not think that Massachusetts should wait for the Rockefeller or Carnegie or any other foundation for such an endowment. There is wealth in Boston and in Massachusetts, quite a good deal. I personally believe that it would be a very good thing if this organization sent a plea to the women citizens of Massachusetts, urging their interest in this matter.

Miss Margaret Wheeler: Would the nurses like to consider a resolution from this body to the President of the Women’s Clubs of Massachusetts?

Miss Clayton: If you have a resolution we will consider it.

Miss Wheeler: I move that this body send a resolution to the President of the Women’s Clubs of Massachusetts requesting that some effort be made requesting Harvard University to open its doors to a school of nursing, the title of which shall be determined by the American Nurses’ Association, the League for Nursing Education and the National Organization for Public Health Nursing.
Miss Clayton: You have heard this motion. Is there a second?
The motion was seconded by Miss Taylor, of Newton, Massachusetts.

Miss O'Brien: I think we have a prominent citizen of Boston here in this audience, Miss Gertrude Peabody, who is on the Advisory Committee of the School for Public Health Nursing; and I wonder whether she might not be called upon to say what she thought Harvard might do, and what Harvard is already, perhaps, thinking about it.

Miss Gertrude Peabody (Boston): I have not realized until this was suggested that it was up to the women of Boston. I think it is a little cruel to call upon me to speak before this group of professional women, even for a word.

I know that Miss Strong is developing a School of Public Health Nursing in connection of the Inspector of District Nursing Association of Simmons College, which is situated near the Harvard Medical School. She has had, of course, in mind to make an affiliation as close as possible. The first step was accomplished last year when the Department of Industrial Hygiene, I think it is called—at the Harvard Medical school accepted for this course two nurses who are there now. They are college graduates and hospital graduates, which of course they have to be, to go to Harvard Medical School. Miss Strong has outlined a five year course for the training of nurses which should include public health nursing and different specialties. And this will utilize the hospitals which Miss Goodrich has referred to, which are conceded to be the medical school, but that is as far as it has gone; but we hope that the affiliation will be made closer. Having been brought up all my life in the shadow of Harvard University I appreciate the difficulties of creating a reform quite so quickly as this.

Miss Clayton: I think Miss Goodrich has a different problem in her mind that she will tell us.

Miss Goodrich: It would be difficult to go into all or any, perhaps, of the details of such a plan. But it seems to me quite obvious that a school of nursing connected with Harvard University would attract many hundreds of college women. We have many hundreds of college women now in the nursing field. The Vassar Training Camp, for instance, required that every
student who took the course should be a college graduate. It is true that a large number of these students fell out when the war ceased, but many are still remaining. I am sure that if there was a course provided which commended itself to the more highly educated women that we would find many of them turning to the field of nursing.

The twentieth century woman—and I think the man—is deeply interested in social problems. They want something in life which really seems worth while. Nursing, has always made an appeal to women, and many highly educated women have been willing to accept the heavy physical and mental demands imposed because of the satisfaction of the field.

I have no doubt, Miss Peabody, that if Harvard University opened its doors it would have an enormous effect all over this country both on the type and number of women who enter the nursing field. We are never going to call women into the field of nursing through any commercial attraction, it has got to depend for its supply upon that type of student mind that demands some definite results, not in money but in actual betterment of human life.

We have, haven't we, changed our point of view concerning human life? We no longer live to die. We live to make some contribution to the lives of those who follow, to build up something more splendid still in this beautiful world, and all our knowledge is to that end.

Men have seen something very magnificent in war, and women are seeing something very magnificent in peace. Peace is a constructive program; war is a destructive program. The constructive program of peace emphasizes the sacredness of man. The nurse's function is the conservation of human life, the knowledge she seeks is to that end. No institution of learning should close the door to a profession that has as its goal the better development of the human being. I think, however, that this motion or resolution should be very carefully considered and should be referred to a committee.

Miss Wilson: May I ask if the Massachusetts State Nurses' Association and other bodies of nurses in Massachusetts could not be approached in regard to introducing this matter to Harvard College?
Miss Clayton: Does any one wish to reply to that? The question is, could not the nurses of Massachusetts and other nursing bodies of Massachusetts approach the women of that state?

Miss Goodrich: I should like to answer that. It is, of course, I think, the duty of nurses to stand back of all these progressive movements, and especially is it the duty of the State Associations. Sometimes however, a group of persons who are outside can bring greater pressure than the body whose interests are concerned. Of course it must be understood that all are working together. On the other hand the health of the community concerns not only nurses but every one. And it particularly concerns the women. Therefore it seems to me, that while all the nurses should be interested and should bring all the pressure possible, assistance should be sought from the lay women, particularly those who are related to members of society connected with the university.

Miss Sarah Parsons (Boston): Madam Chairman, may I make an amendment to the motion that was before the floor, to the effect that the Chair appoint a committee to consider carefully this resolution, which may be authorized to formulate in any way which seems wisest?

Miss Goodrich: I would second that amendment.

Miss Clayton: You have heard the amendment to the motion, that the Chair appoint a special committee to consider the resolution that has been offered. Is there any objection? We will vote upon the question as amended. Are you ready for the question? All those in favor of this amended motion please signify by saying aye; all opposed. It is carried.

We will act upon the first motion. All in favor signify by saying aye; all opposed. It is carried.

We haven't time for further discussion of any of these questions, as we have other topics upon our program. The next speaker upon our program is Miss Agnes Sharp, Secretary for Professional Students of the National Board, Young Women's Christian Association, New York City. Miss Sharp will speak to us of the Young Women's Christian Association in its relation to the nursing profession.
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION IN ITS RELATION TO STUDENT NURSES IN THE NURSING PROFESSION

By AGNES A. SHARPE

Secretary for Professional Students National Board, Y. W. C. A.

For the past fifty years your profession has concerned itself with making the lives of individuals possible, safe, normal and attractive. An increasing emphasis has been put on environment, so that now you are concerning yourselves not only with the normal development of a human being but with all the circumstances which surround life. All your experiments, investigations and activities point to the one ideal, that the members of the nursing profession will do all in their power to give every one an equal chance at life. Your goal is not perfect machines in a regulated universe. Rather the goal of the profession is sound bodies that the people of the United States shall be able to live lives full of happiness.

Young women who enter nurses' training schools to learn to make life full and rich for others must face abnormal and trying situations from the first. Any student body in any type of institution of learning is an isolated group with concentrated interests. All students are theorizing about their place in the systems of the world and learning how to effectively assume responsibility. I do not need to dwell upon the abnormalities in the life of student nurses. You all know the ideals at entering a training school, you know something of a well rounded daily life through ability to plan ahead. You know the greater abnormality is that these students are constantly seeing the wrecks of life, the abnormal parts of life, defects of life. Of course an exception is the point you have been making all the morning, about the new emphasis on the preventive medicine of the public health work.

I want to mention, moreover, the very great strain that is made on the philosophy and religious conviction of nurses when they come into a training school. The type of woman Miss Goodrich and the rest of you people say you want as nurses is one that has ideals, who comes from cultivated and refined homes, girls who have had education and privileges. These girls from
the background of altruism with those ideals which make them go into your profession, come with a certain philosophy of life, and the first thing they see is pain and suffering, which is not caused by the individual who is suffering. They see poverty and deprivation with apparently no explainable reason, and they see death in the way that they have never thought of before. The philosophy and religion that they came into the training school with is put to the test, and if they have no normal expression, if they have no way of finding a practicable philosophy and religion for themselves they become either totally confused or they chuck the whole thing.

In other words, the thing I am pleading for in the life of the training school—and I am probably one of those persons who tries to teach the director how to run her school when I do not know anything about it—is the normal side of life.

The main thing for the nurse is not self-perfection, not to be perfect. The constant tendency is to perfect the course. There are more and more things put into the curriculum every day until sometimes we wonder whether there is time to put in anything. You are going towards one goal, and that is perfection in your profession. It is the same thing in every profession. The one thing I want to be is the finest kind of nurse, or the finest kind of association secretary, or the finest kind of teacher that can be. But we must first of all be women, we have to be a citizen, and then professionally well trained. And the finest nurse is the one who is the combination of all.

In the past, student organization, any sort of student activity in the nurse training school, has not been encouraged. There was a time when there was a danger of conflict in the ideas of student discipline and student initiative; so the pupil who was bent on being a nurse had just one thing to do, and that was to become a nurse. The normal and natural outlets of expression were not possible.

Now with the shortening of hours, the raising of professional ideals and the making of training schools into schools rather than just accessories to a hospital, these other things are to be encouraged. I want to give you my experience of the reactions of students in these organizations. I want to bring to you, if I can, the fact that pupil nurses are just like students of any
college, and student nurses express themselves as college students do under the same circumstances. In support of these statements I want to tell you of a response that came to the Student Volunteer Movement Convention in December. A great many of you people had representatives there and you know about it.

The Student Volunteer Movement is a missionary movement and this is the first time it opened its convention to student nurses, as a branch of higher education. I thought probably there would be a few nurses come, I thought if they did they would be the type of person we always call "missionaries," and so I went to Des Moines expecting that. Seventy one nurses from thirty-four training schools from Seattle to New York, came to that convention. That meant they were not only relieved for their time, it meant that the money had to be raised to send those nurses. It meant that they had to have interest enough to say that they wanted to go to a missionary convention.

There were at that convention 8000 students from 1000 institutions, and the pupil nurses took their part. The nurses were untiring in their attendance at the convention sessions. I was worn out at the end of the meeting and they were not. The student nurses reacted as all students do. They spent one afternoon making all sorts of resolutions. They made more resolutions, I think, probably, than any other group in the whole convention. (Laughter.) They resolved to thank the Student Volunteer Movement for recognizing them as a branch of higher education. That brings the first point that I want to make, that they want to be a part of the educational program of the United States. They resolved that they would like to have the Public Health Nurse and the American Journal of Nursing publish facts and information about the profession in other countries, China, India and others besides America. That brings another point that I want to make, that they are interested in the world, as they call it, the outside world.

Those students went back to the training schools and told other student nurses of the convention. They went out and spoke in churches and community meetings, just as other students did. You would not have been able to tell them from the other students at Des Moines, and they acted more like students than the students themselves.
In giving my experience with student nurses in training schools I am not going to use the names of hospitals, because the superintendents might like to claim these things in a different light than I am going to tell them. I am going to bring it to you from a different angle, my angle, as I work with them all over the country. I am going to name a part of the country when I give you facts.

I was dining with a group of pupil nurses and assistant instructors in one of the big hospitals in the East after this Des Moines conference. We were discussing the next convention, the part the nurses would have on the program, how the section for nurses could be improved and the whole program more interesting from the nurses’ point of view. After we talked on that point, and they did not seem very interested, because of course they were not going to be there as students any more, they suggested the convention be held biennially, instead of once in four years, so that each generation of nurses might attend.

The student organization in this eastern school is the Student Government. In the minds of many of the students it has become just a body of students to make rules to punish the rest of them. Those were mostly college girls in the student government organization and had been at this Des Moines convention. They said, “Last week we had a student meeting of the Student Government Council, and we decided there was not enough of social and religious life in the training school. We decided that the student government organization should not be looked down on as a punishment organization; so we thought a good thing to save ourselves from both those dilemmas would be to arrange social and religious activities in the student government organization, thereby doing the two things in one.” I never heard of that combination before and I do not know how it would work. It seemed to me that this was a great reaction from the Student Volunteer Movement Convention.

In the middle west I went to what they called a Cabinet Meeting. A cabinet is a group of pupil nurses, a chairman, committee and four officers. They meet together every so often and plan the program of the Y. W. C. A., in the training schools. Of those eleven girls I think all except one were college girls. They said in that school, which is one of the finest in the country and has all
the advantages of money and privileges, "It seems to us that the pupils in the school are more frivolous than they used to be, and a program has got to be full of pep and enthusiasm all the time or they did not come." The pupils were not interested any more in small functions, so-called social things and teas.

At this school they have the eight-hour day and ideal conditions. I talked to them about women in factories. I asked them if they could prove by their practice that an eight-hour day made life richer and fuller. Then I talked to them of the sex question, saying that they who know ought to be the leaders of women in this movement. You would have enjoyed seeing them assume the responsibilities of leadership.

I went from there to the regular weekly meeting of a Y. W. C. A. in a university hospital. The meeting was as well planned and executed as any student gathering I have ever seen. After the meeting they had a mission study class.

On the Pacific Coast I attended the cabinet meetings of a university hospital. It was opened by devotions led by a junior student. She was so fearless and natural in leading the other students in worship that it was an inspiration. At this meeting the chairman of the committees, social, athletic, meetings, excursions, publicity, membership, religious and social, gave their plans for the year. There were plans enough for two or three years. I find that current events are most popular; that news items posted by the Publicity Committee are favored; that excursions to places of interest, particularly social settlements, are well attended.

One of the superintendents said, after I had talked to her a while about what was done in other parts of the country, "Before I went overseas we had a student government and while I was gone it deteriorated and now the girls don't want it." Then we talked about some other things and then she said, "I have given concerts and dramatic entertainments, but I have to drag the girls to them. They would not react like students in other places."

About two days later we were talking again and she told me about a plan the girls had gotten for themselves. They had come to her and she gave them her permission and she said to them, "I think you will, however, appreciate not wanting to
invite the general public.” But they did invite the general public and the general public came. The superintendent said they gave a very fine play and raised the money that they wanted, that they might give a dance for the seniors.

So I think the two things protect each other. If you give student activities into student hands with a string to them nothing will happen. If you let pupils manage activities themselves, develop student initiative, you will have successful plans which, develop your students.

I want to quote to you what I have heard since I came to this convention. I have only been able to go to three sessions, because laryngitis overtook me, but I want to bring certain things to you.

In the industrial session they said, “We do not get the social viewpoint in our training schools.”

Another nurse in the industrial session said, “A nurse would not go from private duty into industrial nursing.”

Then I went to the rural section and I heard this: “Increase the confidence of a nurse in herself, she has it in her work.” Then a second quotation: “Rural nurses must learn to cooperate with all other rural workers.” Then I went to the public health section, and this is what they want of their nurses: “We must have women with a big vision and organizing ability.” These are the demands that you want pupil nurses to go out to fill. First of all: social viewpoint; second: confidence in themselves; third: ability to cooperate; fourth: vision; and fifth: organizing ability. These are things that can be taught only up to a certain point. These qualities must be acquired through self-expression and practice.

There are three ways possible of getting these things that you want nurses to have. A nurse or any one may be born with them to a certain extent; second, she may take a post-graduate course and get practical knowledge and experience and learn them in that way; or she may gain them during her student days through opportunity for individual initiative that has come to her. I believe that pupil nurses will develop these qualifications in student days if given the chance, just as every other student on every other campus does. The volunteer activities, which are the natural expression of students, will bring out these qualities. Because I believe this last statement so firmly, and because I
know the Young Women's Christian Association can help students in gaining these qualifications, I am happy to work among pupil nurses in training schools.

We have talked about the spirit of service, we have talked about the recruiting and we have said that women no longer have the same spirit of wanting to go into nursing for the service of humanity. Miss Goodrich has said that the only type of woman we need is that woman. I might say I believe people are not doing as many things as they used to, but the facts disprove that. Every college and university campus in the United States is overcrowded. Those women students go there and they earn their way through college. So it is not that there is a shortage of people wanting to do things. It is a case of proving to these women that the nursing profession is real service to the world.

The woman nowadays, the twentieth century woman, somebody called her, wants to give her life in the fullest way. She wants to serve not for a short time but for a lifetime. She wants to serve normally, live normally. She wants to live in the fullest way; and if we can prove to her that the nursing profession is one means of doing it, then it will be just as the colleges are in this new influx. Young women have decided that the best way to serve the world now is to get a complete education, so they have overcrowded the colleges. If we can prove to them that one of the best ways to serve the world is the nursing profession, then that would be our recruiting argument.

I want to answer some of your questions before you ask them, because that will save time. You want to know what the Young Women's Christian Association in the training school is. It is an organization of the student body with its purpose to develop the mental, physical and spiritual sides of its members. I am not interested in running over the country organizing the Young Women's Christian Associations in training schools. I am not in the least caring for numbers of figures. The thing I am interested in primarily, just as you are, is that the life of the pupil nurse, shall be full and shall be rich, life-giving and normal. The Young Women's Christian Association or any sort of student organization in a training school, be it student government, dramatic club or music club or anything else, has to be an answer
to an expressed desire. It cannot be a thing that is handed to the students. They must take the initiative and carry it through.

The Young Women's Christian Association is an organization which for fifty years has been found to fill student needs. The organization is truly an association of women with a four-fold program. It has a social and recreational program. Some of you people will say that you don't need that. It has the religious program. It is a non-denominational organization. It has an educational program; and by that I mean other than the nursing profession. In other words, there are things, while you are nurses, that you want to know about outside the profession. There is the service element, the service program of the association, which I believe is essential even to nursing. You spend all your time in serving others just as I do in my profession, yet our work is apt to become stereotyped. And as you, if I am not actually conscious of my part in lifting the burdens in the world, I am not doing my best in my profession.

The Young Women's Christian Association is simply an organization of the training school which comes after the request of the students and the advice of the superintendent, and is always run by the students with the advice of the superintendent. Do you want to know where it is going on? We are working among pupil nurses in New York, Boston, Philadelphia, Chicago, Iowa City, Ann Arbor, Minneapolis and San Francisco. And you will want to know what the Young Women's Christian Association is doing about recruiting. We have a Vocational Guidance Department which has conferences for high school and college girls, during which nursing as a profession is presented, and at summer conferences where thousands of girls go every summer.
The meeting was called to order by the president, Miss Clayton, at 3.45 p.m.

STUDENT GOVERNMENT

By JEAN I. GUNN, R.N.

Toronto General Hospital, Toronto, Canada

Student government was organized in the Toronto General Hospital in 1917. The students asked to have it for one year, on trial. As a beginning, we held a mass meeting of the students and they appointed a committee to take up the matter and to draft a constitution and by-laws, which would be presented to the whole group of students for adoption. When the committee started to draw up the constitution and by-laws, it was necessary to put all our former rules and regulations in the scrapbasket, for once these new rules were adopted it was really up to the students to see that they were enforced.

The organization as finally adopted was as follows: They call it the Student Government Association of the School for Nurses. The superintendent of the school is honorary president; in addition they have a president and a vice president, elected by the school, who are members of the senior class. The secretary-treasurer is elected and may be a member of any class. The students enter the school in two sections, spring and fall. Each section of each class appointed one member to the Student Council. This member then stands responsible to the council for her section, whatever class she may be in. She is also the class officer for her section. In addition to these members of the council there is one appointed as convener of the Social Committee. In the beginning, the convener of the Social Committee was not
a member of the Student Council, but in one of their revisions they made her a member, because they thought it would bring her work more closely in touch with that of the Student Council. In addition to this organization of the students themselves, there is a Committee of Appeal, which consists of the assistant superintendent of nurses and three head nurses, members of the graduate nurses' staff. Those three head nurses are appointed by the head nurses' group in the hospital.

The duties of the council are primarily to look after the government of the residence life of the pupils and everything in the residence life is left to it. For the routine enforcement of discipline in the school, the member from each class section, who is called a proctor, appoints each week two monitors, posting their names. Each proctor is responsible for a certain section of the nurse's residence and that is her special domain in which to maintain discipline. The monitors are directly responsible for the enforcement of the rules during their week of service.

The Student Council meets every month; the student body as a whole meets every three months, but they may call a special meeting at any time, and very often do.

The Social Committee is responsible for the social life of the students and for any social function they may wish to have in their residence life. They always take it up with me, but I take no responsibility. They make their own plans and carry them out. We have found that they are very much more interested in their social life when they feel responsible for it. That is one of the differences I have noticed in the school since student government was adopted.

I think starting student government is at first an uphill task, because you have in every school students who are indifferent to it. They do not care very much whether they are being controlled by the training school office or whether they have a Student Council, and they go the way of least resistance. I think in trying to establish student government, if you have direct opposition, you are going to come out very much better in the end than if you have indifference because that is a very hard thing to overcome. You really have to have the cooperation of the majority of the students; I do not think we shall ever reach the point where we shall have the active cooperation of every
student, but one of the first essentials is to have most of the students really want it.

One of the greatest difficulties we had was with the graduate nurses. There are nurses, I hope there are not many, but they do exist, who think that what was good enough for them in their student days is good enough for the students now, and they are more or less reluctant to approve of new methods. It is difficult to really educate the graduate nurses as to what we mean by student government. The students adapt themselves to it more easily than do the graduates, but unless you have the cooperation of the graduates, it is difficult to make a success of student government, and getting their cooperation and their active understanding is sometimes rather uphill work. Once they grasp the idea, they are a great asset to the pupils in enforcing it, but there are many little ways in which a graduate nurse may infringe the rules of student government without really feeling that she has done so, and those little things are very irritating to the student body. We have to work out a very sympathetic understanding with the graduates in the hospital. I think I cannot overemphasize that point, because it is one that is often overlooked.

Another matter of very great importance is having the pupils take the initial responsibility. We have only to look over our nurses' associations to find that many graduates do not take individual responsibility in their association work, so it is only logical to expect students to be rather indifferent about taking any responsibility. I believe that is one thing that student government will help to overcome. If we can encourage our students during their student days to take individual responsibility they will not give up the good habit when they graduate and pass on to be members of some other organization.

One rule that the students have in their Council is that no student is allowed to refuse to do anything she is asked to do. That was thought to be a very important rule to enforce. I am sure you have all had the experience of asking nurses to do things and finding nobody who wants to do it. So the understanding was in the beginning that anything a student was asked to do, whether to hold office, to serve on a committee, or to do any special piece of work, she is not allowed to refuse, by the rules of the organization of which she is a member. That has helped a good deal in developing individual responsibility.
We have not reached the point yet where every nurse in the training school feels the responsibility for student government, but I think we are getting nearer to that point, because we have had student government now since 1917, and pupils entering the school come into the student government plan and are not conscious of any other, so they naturally fit into the scheme. We have had very much less difficulty during the past year.

Of course the Student Council sometimes has difficulty in enforcing the rules. It is very difficult for any group of students chosen from a larger body to enforce discipline that every nurse knows should be enforced, and the student body had, in the beginning, quite a little difficulty with some students who felt that they were not very much in sympathy.

On one occasion it was necessary for the Council to drop from membership a student who persisted in breaking the rules of the Student Government Association. This student then came under the direct control of the officers of the school and was deprived of all the privileges that had been granted under the new system. In this way it was possible to support the Council and to make the students realize that each individual gains something from holding membership in the Students’ Association. Of course this appeal is a selfish one, but the only one successful in some cases.

In the student government as it is worked out in our school, I think the nurses have—I do not want to say a higher sense of honor, because I do not know that they have—but I might say a more active sense of honor than they had before. In the days before we had the student government the students, if they came in a little late and the training school office did not know about it, did not feel in honor bound to come and tell me personally that they were ten minutes late coming in, and I do not think they really thought that was dishonorable. They did not give it very much thought. Now every one knows that if she comes in late, she has to report to her proctor, and so on, and it makes them think about those little things very much more than they ever thought before.

It has also, undoubtedly, developed their initiative, and that is one of the things we need to develop in our training of nurses. Any training that turns out nurses all alike is not training as we would wish it to be.
It has also developed their executive ability; it has given them more poise, more self-confidence. It has developed a very much better understanding between the students and the graduate nurses on the staff. I think the graduate nurse is beginning to look on the pupil nurse as a student, and that is a great asset.

It also encourages free discussion of all difficulties in training school life, in their student days. If we want to get near our students, I really think we have to know their difficulties and we have to have them feel that we sympathize with them. To us their difficulties may seem very small, very trivial, but if we will look back at our student days, we will realize that to us they were real difficulties and real problems.

I can say with the greatest confidence that it has developed much better discipline in the school than we ever had before, and I think that is due to what I said a few moments ago, that the students feel the responsibility to their fellow students far more than they feel it to the training school office and the officers of the school.

Another thing that it has done for the students, is to give them a distinct training in parliamentary procedure. They conduct their meetings in a very parliamentary way. It also makes them feel that they are a part of the association, and they enter into the discussion very much more freely than one would think. This is developing more and more as we go along. We find that discussion in their general meetings is really very general, and that is one thing that we need to develop in our graduate nurses' associations. In a convention such as this, one outstanding feature is that so few nurses enter into the discussion.

The Social Committee has been a very great asset to the residence life of the pupils. The old saying that everybody's business is nobody's business applies to this. In a school where you have not a Social Committee, or where there is no one personally responsible for fostering the social life, very little is done, because everybody waits for somebody else to do it. Where there is a social committee, it is its responsibility to organize social functions for the nurses. I do not mean formal receptions and that sort of thing, although they have them, but simple musicales and things that they may easily have in their residence life. We have had also more recreation among the pupils. I think they
have played tennis more since we have had a social committee than ever before, because the Social Committee in the spring organized a tennis club, and there is just a little spur behind the nurses to make use of the tennis courts.

It has also been the instrument, if I may use that word, of developing our library, because in getting very much interested in home life, the nurses have more and more felt the need of a library. We had this year a donation given us for that purpose. In the old days, although the superintendent of nurses or some member of the graduate staff would have enjoyed compiling the list of books for that library, it was now all done by the students, and anything the students have to do, they take much more interest in. They then know that those books are in the library and that they have asked for them, and it stimulates their interest very greatly.

I may say in passing that a student of our school attended the Student Volunteer convention and as a result, we have organized, recently, the Y. W. C. A. work in the school. That has all been done by the students, assisted by the officials of the Y. W. C. A. in the city. The student body, as a whole, asked to have something more in their student life than they were having. They felt that they needed something of a religious nature in their student days. For that reason, first of all, they started a simple song service on Sunday evening for the nurses who were on in the late afternoon hours, but it has developed now into the Y. W. C. A. sending in leaders for study groups which meet once a week.

If any of you are thinking of developing student government, there are a great many things that will discourage you, and I think one reason student government has not succeeded in some schools is because the students have not been given full authority. If you give student government with a string on it, I think it is impossible to make a success of it. The students lose interest, they feel that they are allowed to settle things that do not matter, but when it comes to some important decision it is taken over by the officials of the hospital. I think one of the things that is hardest to do is to give the council full authority in the residence life, because every superintendent of nurses feels that she can settle the difficulty much better than the Student Council can,
and there is a tendency on the part of the superintendent to unconsciously exercise the authority that she always exercised in the past. If that is done, the plan is doomed to failure from the beginning.

In educating the graduate nurses on the staff, the superintendent of nurses should not fail to educate herself, and I may say that is one of the hardest things that she has to do. She has to get an entirely different viewpoint of the students' life, and it is not easy after a superintendent has controlled a school for years, to suddenly change her ideas. But you have to start with an open mind on the part of the superintendent of nurses or the student government is not likely to succeed.

If student government is organized in any school, if the superintendent of nurses has an open mind and gives the students full control of their residence life, full control of any question that may arise, and if the active cooperation of the graduate nurses is secured, I feel sure that the plan for student government will prove successful. I feel very strongly that if we trust our students they will not fail us.

REPORT ON THE PROGRESS OF THE ARMY SCHOOL OF NURSING

By JULIA C. STIMSON
Superintendent Army Nurse Corps and Dean of the Army School of Nursing

The Army School of Nursing really belongs to all of you because, without your support and cooperation it could not be where it is now nor have its present promise for the future. Miss Goodrich is the one person who should be reporting on the School because she had the responsibility of working through all the early difficulties of the organization and the success it has had is due to her efforts.

The school was organized nearly two years ago in thirty-one different camps. On account of war conditions that fact presented many difficulties and required many changes. It was not possible always to make the transfer of the students with a very definite plan in view and it was not always possible to avoid transferring some students very often. But now that problem
In a few days, the students work has been concentrated into four large general hospitals: Letterman, Sheridan, Walter Reed and Fox Hills. We have in the school now 568 students. During the past winter over half of the students have been on duty in civilian hospitals for their affiliated courses. They have been located in thirty-one civilian hospitals scattered from Boston and New York to San Francisco. By July 1, 350 students will have completed their affiliations in pediatrics, gynecology and obstetrics. Forty-five will have, in addition, completed four months work in public health, some at the Henry Street Settlement and some with the Philadelphia Visiting Nurses' Association.

We have many problems to deal with—particularly problems of mechanism. The students could not be members of the Army Nurse Corps because they were not graduate nurses. Therefore they have had to have the status of civilian employee of the Medical Department, and the question of moving them from place to place has presented many difficulties. These however have been worked out.

The school is going to be permanent but at present is not going to be changed from its present status, although we hope in time that it will be part of the Army Nurse Corps. Our students are not under any obligation to enter the Army Nurse Corps after they graduate, but we are hoping they will. Many have already signified their desire to do so. The advantages of having them do so are of course obvious.

The adjustments of some of our problems could never have been worked out had we not received the help of the superintendents of the splendid schools to which we have sent our students. We are also tremendously grateful for the care given our sick students and there has been a high rate of sickness among them, owing I believe to the change of environment and work. After life in the camps, it has been difficult to become adjusted to the cities.

We are making the school permanent because there is a very definite plan to make the Army an educational institution. Walter Reed Hospital at Washington is to be the center for the Army Medical School, The Army Dental School and the School of Nursing. It will have absolutely unlimited resources in the way of real financial support and equipment and of teaching
material, and also of competent teachers. The instructors and professors—the officers—are tremendously interested in the work and have given such support to the school and to the nurse instructors that we are assured of their continued interest.

Many of the army hospitals from which students have been withdrawn have asked us if we could not send them more students. We hope to make the Army School of Nursing a model school to demonstrate what can be done by the government in this line.

THE NATIONAL PROBLEM OF DEMAND AND SUPPLY OF NURSING SERVICE

By CHRISTOPHER G. PARNALL, M.D.

Ann Arbor, Michigan

In offering this discussion of a very comprehensive subject, it must be understood at the outset that I claim no special knowledge which qualifies me particularly to pose as an authority. I have been requested to present a paper and in doing so, I expect to disclose such ignorance as will create the necessity of compelling you to bring out the real facts. I find innumerable statistics upon the subject which might be used to prove any one of various theories but which are of doubtful value because they are usually based upon fallacious assumptions.

However, from the records and from the experiences of those who are capable of drawing correct conclusions, it can safely be stated that there exists, at the present time, a shortage, the country over, in nursing service. Yet figures would seem to indicate that there are more pupils in training at the present time than ever before in the history of the profession of nursing. Apparently there never has been an adequate supply of nurses and the demand at the present time surely is greater in comparison with the supply than ever before. The shortage is, after all, then, a relative shortage. It is probably true that during the past year fewer young women entered training schools than in the year preceding which, of course, may be explained by the withdrawal of the incentive of the desire for service, inspired by patriotic motives.
We must bend our energies toward remedying this condition, even though the shortage of nurses be relative, as the demand for skilled nursing is sure for some time to exceed the supply. Doubtless large numbers of new hospitals will be established because of the now generally accepted view that the hospital is the place in which to treat the sick. Such an attitude on the part of people generally toward the hospital will, in a measure, assist in solving the problem of furnishing adequate nursing service, for after all, the keenest demand in the past has been for nursing service in individual homes.

A number of plans have been proposed, some of them are good; most of them, ignoring the fundamental facts are, in my opinion, bad. First of all is the unwise proposal to shorten the period of nurses' training, in the hope that more nurses in this way could be prepared for their professional work. While it is conceded by those familiar with nurses' education that much of the time spent in the school is wasted as far as the actual training of the student is concerned, it is just as apparent, on the other hand, that the average nurse of today is not properly prepared. Rather than to shorten the time, we should emphasize the importance of utilizing it to the best advantage.

Some have advocated the lowering of standards of entrance to the training schools. Such a policy would prove a boomerang. It is inconceivable to any thoughtful person that it would result other than disastrously. Young women ill prepared might be attracted to be sure, but certainly those who are adequately educated could only be repelled, and it is important, in this connection, to recognize the fact that ambition to enter the nursing profession comes with increased enlightenment and intelligent desire to be of service to humanity. Larger numbers of recruits can hence be expected from the more highly educated group of inspired young women than from the class actuated largely by less noble considerations. That this contention is correct is, to my mind, borne out by the fact that a greater shortage in the domestic division of the hospital exists than in the nursing department. Young women are not seeking inferior positions in the service of the hospital for they can earn more money outside and under more agreeable surroundings. Student nurses will do maids' work because they are inspired with a higher motive.
than mere pecuniary gain. The natural result is that most hospitals are taking advantage of the altruistic attitude of the nurses in order to help tide over the period of shortage of domestic help.

While discussing this point, I beg to suggest to you that the shortage is as great in other lines as it is in nursing. Schools have had to be closed on account of the lack of teachers, farms are standing uncultivated because of the inability of the owners to secure labor, communities are raising bonuses to induce physicians to come to them, and managers of industry, college professors, lawyers and clergymen are dictating their inspirations to mechanical contraptions because of the scarcity and high cost of stenographers. The shortage of nurses then is only an item in a general dearth of workers in many fields of endeavor and it is not to be expected that any remedy or combination of remedies is going to give immediate relief. That a readjustment must come I have no doubt, and that we should suggest remedial measures with caution is a large part of the message that I wish here to bring to you.

Another proposal put forth by representative members of the nursing and medical professions with a fervor which after developments will, I believe, hardly justify, is to establish a second class of nurses. The trained attendant, in the minds of some of my good friends, will furnish the conclusion of our "film" of tragic trouble which will permit us to "live happily ever after." If there were any remote probability that the creation of a second class of nurses would supply the demand for nursing service, I should be the first to advocate the innovation, but I am not able sufficiently to perceive the light to see anything but an opposite result than the one we all desire, if we give ourselves up to the unqualified advocacy of this expedient. There is undoubtedly a place for the attendant and the ward maid but it is not in the field of nursing, that is, if my conception of the field of nursing is correct. As well to advocate a second and inferior class of medical attendant to take the place of the competent physician or to urge the creation of a new worker in the field of theology to supply the need for the inspired clergyman; such a worker to be known, perhaps, as a spiritual advisor, second class, or something more euphonious but all to the same purpose. The attendant
may assist the nurse, may substitute for her in emergency, but she

What then is to be done which will hold out any hope of success

may never take her place or fulfill her obligations.

in supplying the demand for nurses? That the demand is rela-

tive, as before mentioned, is of no consequence. We need more

Let us return to fundamental facts. At the present time in

nurses and in the future we shall need increasingly more nurses.

this country innumerable opportunities are open to young women,

Let us return to fundamental facts. At the present time in

especially to young women with education, ability and vision.
The institutions of learning are over-crowded. Might it not be

this country innumerable opportunities are open to young women,

logical to assume that if the training school becomes an institution

especially to young women with education, ability and vision.
The institutions of learning are over-crowded. Might it not be

of learning, it will attract such numbers of the right kind of young

logical to assume that if the training school becomes an institution

women that we shall suffer an embarrassment of riches? If the

of learning, it will attract such numbers of the right kind of young

training school actually becomes primarily an educational insti-

women that we shall suffer an embarrassment of riches? If the

tution and, through adequate publicity, young women can be

training school actually becomes primarily an educational insti-

made to realize that in the nurses’ training they will obtain a

tution and, through adequate publicity, young women can be

liberal education, most of our difficulties will disappear. In this

made to realize that in the nurses’ training they will obtain a

connection the policy of the army in securing nursing service is

connection the policy of the army in securing nursing service is

well worth serious study. Nurses were needed and needed badly.

well worth serious study. Nurses were needed and needed badly.

There were those who held that the only solution to the problem

There were those who held that the only solution to the problem

was to recruit enormous numbers of young women who could

was to recruit enormous numbers of young women who could

serve, picturesquely of course, as nurses’ aids. Fortunately

serve, picturesquely of course, as nurses’ aids. Fortunately

there were those in control whose judgment was not befogged

there were those in control whose judgment was not befogged

by the clamor for an immediate solution to the problem as it

by the clamor for an immediate solution to the problem as it

existed two years ago. The problem could not be solved imme-

existed two years ago. The problem could not be solved imme-

diately, any more than it can be now. However, it was solved

diately, any more than it can be now. However, it was solved

expeditiously and logically by recognizing the underlying prob-

expeditiously and logically by recognizing the underlying prob-

lems. The standards were not lowered and the outcome was

lems. The standards were not lowered and the outcome was

most successful. The combination which secured the result was

most successful. The combination which secured the result was

the assurance given that a liberal education would be furnished

the assurance given that a liberal education would be furnished

and the means taken to make this policy known to the young

and the means taken to make this policy known to the young

women of the country who wanted to be of service to humanity

women of the country who wanted to be of service to humanity

and who had the necessary qualifications to serve intelligently.

and who had the necessary qualifications to serve intelligently.

In order to arrive at a reasonable conclusion regarding the

In order to arrive at a reasonable conclusion regarding the

necessary educational qualifications of the nurse, one should

necessary educational qualifications of the nurse, one should

have a somewhat intimate knowledge of the development of

have a somewhat intimate knowledge of the development of

nursing education in the last twenty years. Nursing has received

nursing education in the last twenty years. Nursing has received

recognition as a distinct profession only within recent years and

recognition as a distinct profession only within recent years and

it is quite to be expected that in the ranks of the profession itself,
to say nothing of those outside, there may be widely divergent views as to the future preparation and qualifications of the representative nurse. It has been intimated, even by those who are nurses, that we have gone too far in an attempt to exalt nursing as a profession; that nurses have disqualified themselves by over-education to do the things that nurses are expected to do. Personally I cannot subscribe to any such view. It has been my experience that, with few exceptions, women who have been the most highly educated are the most ready to assume the obligations to which nurses should subscribe. If I interpret my experience erroneously, then all of the efforts to raise the standards of nursing service and the educational qualifications of the nurses are worse than wasted and you who are here may get what consolation you may out of the satisfaction that comes from an honest desire to have been of service, but, having been misguided, you have failed in your mission. Certainly no greater degree of altruism has been shown by any group of men or women than has been apparent on the part of the leaders in nursing of this country. Surely this spirit of service to others has been worthy and just as surely has it not been unfruitful. While it is true that we are in a transition period, the future will justify all of the labor and thought that you have given to establish nursing on an enduring basis.

As I see it, the nursing of the future will be radically different from present or past practice. The change will undoubtedly be for the better, both for nurses and for the public generally. Coincidentally, there will be a radical re-arrangement of the methods of medical practice. The physician of the future cannot give the service which will be expected and which he is capable of rendering if he works alone. Individualism in medicine must give way to cooperative effort. No one man can cover the whole broad field of medicine and there is a tendency, already apparent, for the best medical men to gather themselves into groups and in this way enable themselves to render a service to the public that they would be incapable of providing if the individuals of the group worked alone. This is what we have come to term "group practice." In effect, it is medical team work. As this type of practice develops, it is inevitable that something must be supplied to take the place of the service formerly rendered by the
family physician. To my mind, this service has not altogether been medical and it is quite reasonable to believe that the thoroughly qualified nurse, either in the capacity of a visiting nurse or on private duty, may supplant, at least in part, the family medical attendant. She will, of course, operate under the direction of competent medical advisors and in no sense can she be regarded as usurping the proper functions of the thoroughly competent physician. The time has passed when any individual may, irrespective of his ailment, demand the undivided attention of a trained nurse. As with the medical practice of the future, so in the practice of nursing, individuals must gather in groups in order more effectively to conserve effort and give service. Such groups both medical and nursing undoubtedly, will gather about the hospitals, community health centers and private headquarters from which their influence and their efforts will be directed in service to the community and to the individuals composing it. In developing such a plan for the nursing service of the future, certain analogies may be assumed to the practice of medicine. Here, I grant, is a field for two classes of nurses but in the same sense as there are two classes of doctors. As we have the practitioner of medicine, we will have the practitioner of nursing; corresponding with the specialist in medicine and the teachers in the medical schools, will be the nurses in executive positions, in specialized public health nursing, in institutional work and in nursing education. In other words, instead of a second class of so-called "junior" nurses, I would advocate a class of super-nurses, women with superior education and enlightened views, capable of directing programs of health conservation and of education for the people at large.

I would urge the importance of legislation, designed primarily to protect the public, defining the practice of nursing and forbidding anyone except a registered nurse to engage in the practice of nursing. Similar legislation has been enacted in practically every state in the case of the practice of medicine. With higher, rather than lower standards adopted and with the necessary legislation here suggested, the attendant may with safety to the public enter the field. The attendant should in no way be regarded as a nurse. In effect, she should be a domestic with knowledge of the rudiments of nursing and able, under the direc-
RECRUITING OF STUDENT NURSES

By KATHERINE OLMSTEAD
Executive Secretary, Central Council for Nursing Education

The shortage of workers. It is true that there is a shortage of nurses. There is undoubtedly, as Dr. Parnell has said, a shortage in all the professions, in all the occupations into which women

tion of a trained nurse, to give such service as is demanded in the home. People who are seriously ill should be treated in hospitals where nursing service is available. The attendant should furnish domestic service wherever it is needed in households in which people may be ill or from which those who do the housekeeping have been removed to hospitals for treatment. In no event must she assume, without supervision, to render nursing service any more than the nurse should assume the prerogatives of the physician.

To you, who have made the long struggle which has brought the profession of nursing to its present honorable position, I would say that there is no cause for discouragement. It will take time and continued effort to accomplish all of the things that you want to do and that you have planned to carry out. Nursing education must continue to evolve further. The training will inevitably be changed. The special education of the nurse will begin, not in the hospital, but in the college or special school where the time is given over entirely to preliminary instruction. In her first year of special training, the nurse need not necessarily see the inside of a hospital, if such preliminary training is properly designed to meet the after needs. Hospital service will, in effect, represent only the practical training of the nurse. The hospital will get better results and the student an infinitely better education. Perhaps I am over-confident in the prospects for the future but I know that those of you who are most forward looking agree with me. After all, your profession, like all others, needs members with vision who are not visionary and who, with an insight into the future, will maintain, without giving ground to movements which at the moment may seem expedient, a firm determination to establish on a strong foundation the profession for which you have given so abundantly and sacrificed so much.

THE RECRUITING OF STUDENT NURSES
are entering. We know that twenty-five years ago there were exactly two occupations for women, nursing and teaching. At the last census in 1910 we found that there were three hundred occupations in which women were engaged, and since the war that number has been more than tripled.

There is besides a wave of influence going over this country which makes everybody want a quick and large money return for service. We are finding that in vocational conferences this influence has affected not only the business men and women, but the young girls entering a life profession. Young women can, after a six month's course in a business college, with very little experience enter less laborious fields at the same remuneration and shorter hours than can a registered nurse. You will realize that to a certain large group of our young women this makes a very strong appeal.

We are finding another condition that is healthy. The women's colleges, especially throughout the middle west, are crowded. In one small women's college in Illinois fifty-eight young women were turned away last year because there was not room enough to take care of them in the college. So that there is a tendency toward higher education on the part of young women.

With those two things in our minds we can classify our young women into two groups: one group affected with the desire to get money and what money brings—clothes, finery and pleasure; the other group—those who are eager for a higher education, who are eager to know the joys of service. Those of you who were at the Des Moines Student Volunteer meeting last winter will remember those 5000 young women, eager and anxious to hear about how they could be of the greatest service to humanity whether in China or Africa, or here in America. You will realize that there is still a large group of our young American women who want to do the kind of work that nursing offers.

*Purpose of the Central Council.* Now what are we going to do as nurses? Do we want the first group in our training schools or do we want the other group? In Chicago and in the surrounding states we have decided that we want the latter group of young women and we are going to get them into the training schools; not into every training school, but into the best schools for nurses in that part of the country. We are trying to mobilize our
forces and we have formed what we call a Central Council for Nursing Education. It originally started with the lay boards of some of Chicago's best training schools. These men and women, realizing that they needed more student nurses, held meetings and decided to form a Council. They wanted to disseminate knowledge throughout Illinois and the central west about nursing education, to overcome the newspaper publicity that has been given to short courses. We can do it. We have never yet tried to get the finest and best things about our nursing profession before the public. These spectacular short courses where a thousand women are turned out in a few weeks calling themselves public health nurses, and graduate nurses, have news value and it gets into the newspapers. What we are going to do is to get good facts and also do things which have news value. We are going to try to talk, not alone to students of the high schools and colleges, but to groups of young women who are in business. We want to meet the parents through women's clubs, to meet fathers through business clubs, and try to create a wave of sentiment for the better and higher type of nursing education.

Throughout some of our central states the hospitals are very much interested in the recruiting for their own schools. Some of our states are already beginning to form councils and committees for this work and are recruiting for all the accredited schools in their state. This may be all right if you are absolutely sure that all the accredited schools in your state meet with the best educational requirements, but I doubt if such conditions exist in many states. I do not believe campaigns of this kind can be successful, because I doubt if there is a thinking woman in our profession who will go out and urge keen young high school and college girls to enter the profession under the handicap of a poor inadequate training. If we are going to try to attract the finest type of young women, we must see that they get into good schools. If we have an organization strong enough, and if we can mobilize our own forces effectively, those training schools which are not really educational institutions and are not attempting to be, will either be starved for lack of pupil nurses or else they will raise their standards in order to be able to attract the better group of young women.
Types of publicity. We know we have been too quiet in the past. We have not carried out our nursing propaganda work with a sufficient amount of publicity. There are several kinds of publicity. Some of our best and biggest and finest pieces of work have had a certain amount of dignified publicity connected with them and it has not hurt them in the least. The publicity that we are going to carry on will take the form of lectures to different groups of people. The postal card which you have seen will be sent to all the young women having had high school or college education (or its equivalent) throughout the central states. When they write in to the Central Council for information on nursing as a profession, leaflets and literature on nursing will be sent to them. At present we are getting a pamphlet printed. Have any of you ever compared the catalogues from nurses training schools and those from clubs and schools and colleges? They are just as different as black from white. In the college and school catalogues you see the most attractive pictures—recreation, parks, playing and fun,—and in ours we show the style of buildings, and what the hospital board is doing. You can’t expect young women to enter our training schools if we do not make them attractive and if we do not give them a proper knowledge about the training which they are going to get.

These pamphlets we are going to get out describing the opportunities in our training schools we hope will be very effective. We must portray our profession attractively and in a dignified manner, placing emphasis on the educational value of the training. In order to keep these pamphlets up to date we will have loose leaves for each hospital that enters the Council, prepared with our assistance, with pictures of its training school and a statement of its requirements. These will be put in the pamphlets that will be sent out for general distribution.

We know that we must have some way of bringing before mothers and fathers the real life of the students of our training schools. They have the most exaggerated ideas about what goes on there. Whose fault is it? It is our fault largely. When I was a pupil nurse my pet story when I went visiting was to tell how a D. T. patient chases me all around the ward. Pupil nurses do not realize what harm they are doing to the profession by
RECRUITING OF STUDENT NURSES

such stories, but we must make them see that this kind of thing gives an entirely wrong impression about our schools, and that they can do more than anyone else to change this impression if they will only tell the true and fine things about their life and work in the hospital. If every pupil nurse could be inspired to send a postal card or write an encouraging letter to every girl friend of hers who is of proper age to go into training school, it would help a great deal.

I am very much in favor of the moving picture as a means of bringing before the people some visual conception of what is actually being done in nursing. It would make a deeper impression than anything else. A good moving picture of nurses' training schools would have a powerful effect throughout the country. But it must be a real picture, not a fancy one. It must show the real life of the student nurse and do it in an artistic way.

There is one thing that we must get rid of, this bugbear of hard work and drudgery and over-fatigue that has become firmly associated in the public mind with schools for nurses. The only way to change that impression is to change conditions—not in one or two schools, but in all schools for nurses.

Financial support. Now all this publicity work is expensive. We are sending out thousands of leaflets, pictures and post cards into the central states and we expect to get a number of replies. We are hoping to have each state organize its own forces, and to send members to the Central Council which will serve as a coordinating agency. People will be much more likely to join their own state organization than the Central Council. So we want to make a central organization, composed of state units, each state to be divided into congressional districts; in each congressional district an active group of hospital board members, and nurses and others ready to recruit. We send into those congressional districts lecturers and all the assistance that we can give them. Public health nurses, hospitals and private duty nurses prepare lectures that they give in their hospitals, or just suggestions for lectures. Then when we in our central office receive a letter sent from a little place out in Wisconsin or Iowa, we will refer that young woman to her local committee, and they will get in touch with her and we will get in touch with her, and in that way we hope to really get them into the hospital training schools.
The expense of this movement is borne by the hospitals which have joined the Council, and they of course, receive the greatest benefits from it. But we believe that it will also help in raising the whole standard of Nursing Education by informing the public so that it will be better able to discriminate between good and poor schools for nurses.

Miss Noyes: One year ago today Miss Delano, the first Chairman of the National Committee, died at Savenay, France. Miss Delano served for nine years in this capacity, entirely as a volunteer. She was also the first Director of the Department of Nursing and served in that capacity for a year and a half, or until her death. It is due to her patience and foresight and vision that the Red Cross Nursing Service was placed upon the sound basis upon which it now rests.

While memorial services were held all over the United States shortly following her death, it is fitting that we once more pay tribute to her and to the other nurses who made the supreme sacrifice during the war. You have taken part in the contributions to the American Nurses' Memorial Fund to establish a school to carry on the work of nursing on a proper basis in a proper environment in France. This is as much a memorial to Miss Delano as to the other nurses who died, but I am sure you will be glad to know that a committee has been appointed to develop a plan for a special memorial to Miss Delano. These plans have not been developed very far, but at least a beginning has been made, but we feel very strongly that we should not act hastily, that we should take sufficient time to develop a plan that would be fitting and would be in accordance and in proportion to the individual and the work that she accomplished. You will hear about this plan later and you will be asked to take part in it, for I know there is no member of the Red Cross Nursing Service or of the American Nurses' Association who will not want to help.

In the prospective history of the Red Cross Nursing Service will be mentioned the names of four hundred nurses who have rendered distinguished service in some form or other. Some have received the distinguished service cross of the United States, others the Royal Red Cross of Great Britain, or the Croix de
Guerre of France or the citations and decorations of Belgium, Russia, the Balkan States, Italy and Greece. Such a list, however, can only serve as an index to the heroism of American nurses whose greatest acts of bravery will probably remain unrecorded except in the hearts of the soldiers and sailors to whom they have ministered, because no commanding officer happened to be present at the time. Greater honor than these bits of silk and gold have come to two hundred and forty-four American Red Cross Nurses—death in line of duty. This service flag of the Department of Nursing bears two hundred and forty-four golden stars, one of which shines in the memory of Miss Delano. Will you stand for a moment.

Miss Anna B. Duncan: I have a resolution to offer. In view of the fact that there have appeared in the public press at different times, statements that both ex-service men and women are in favor of a flat cash bonus for all those who served in the world war, irrespective of whether they need it or not, and whereas a large majority of the nurses who served in the war are unalterably opposed to such a step, it is urged that the three organizations now in convention assembled, place the nursing profession on record on this matter.

We, who represent the Jane A. Delano Post No. 344 of the American Legion of New York, composed of nearly 800 nurses, ask your commendation if not your endorsement of the resolution unanimously adopted by that Post. It is as follows:

Resolution

WHEREAS any service performed for their country by the Nurses of the Jane A. Delano Post No. 344 was done so willingly; and,

WHEREAS, the disabled men or women need much more than the government has granted them to date; and,

WHEREAS, the nurses feel that no amount of money could begin to compensate them for their services and would only tend to cheapen said services, be it,

Resolved, that the Jane A. Delano Post No. 344 of the American Legion goes on record as being unalterably opposed to the granting of a flat cash bonus to all ex-service men and women, but is heartily in favor of granting long term loans and land grants, and such increases in payments to the disabled men and women as is consistent with the country's resources—the latter plan being one which will allow the recipient to work out his or
her problem and retain their self-respect, without imposing on the state and federal authorities a debt which they are in no position to meet without burdening the already over-burdened public.

I would move that the three organizations here assembled endorse this resolution of the Jane A. Delano Post No. 344. This motion duly seconded was accepted.
The meeting adjourned.

CONFERENCE ON TRAINING SCHOOL PROBLEMS

AMERICAN NURSES ASSOCIATION, ATLANTA, GEORGIA

4.30 p.m. Friday, April 16, 1920

Mary C. Wheeler, Chairman

Study: Training School Courtesies.
Many of our hospitals have lost friends and influence and money through some act of discourtesy. The board of control is, many times, unaware of such discourtesies, as well as their representative, who is in the building.

Many times the persons, on duty, mean to extend no discourtesy, but have either failed to be corrected or shown such resentment after being corrected, that it is much easier to endure than to correct.

Patients, patients friends, attending physicians and the entire corp of workers come into close contact in hospitals, and mostly under abnormal conditions, therefore courtesy should be accented.

The patient either voluntarily enters, or is brought in by some conveyance.
The first discourtesy extended to this patient and the friends is, many times, a close, over-heated, disagreeable odor. This is accepted as a part of the program. As good housekeepers, why is it not within our province to demand and work for an agreeable first impression, rather than this type?

The patient and the friends coming to the hospital are, usually, very much self-centered; they want to be shown immediate attention, in a cheerful, kindly manner. Their first impressions received from the cleanliness, cheerfulness, system and spirit of helpfulness, are of very great value in putting the hospital service in its right place, in their minds.
The telephone may be used as an instrument of courtesy. If it is not so used, a definite program should be enforced until the right telephone habit is established.

Some of the things which correct telephone etiquette should correct, are:

- The speech not being clear, therefore almost impossible to understand.
- Repeating a sentence, once or several times, before the listener has a chance to reply, without interruption.
- The reply one gets, “Wait a minute” and then holds a busy person or wire for ten minutes, before the real message is given.
- Some persons never wait for the end of the conversation, but slam the receiver onto the hook, before one’s “Thank you” or “Good morning” has been spoken.
- Sometimes, hospital affairs or personal affairs of patients are talked over the telephone, before visitors. With the use of a small amount of imagination, the mosaic of conversation can be well put together. This is, by no means, always the fault of the person talking; persons may have crowded into the room; the architect may have had no hospital sense, when the plans were made, and the building committee also inexperienced.

Unauthorized persons may give out information as to accidents, police cases, etc., to newspapers, lawyers, etc.

The problem of visitors, their reception, their guidance and disposal, requires diplomatic treatment. For the persons who think, courtesy means much for the reputation of the institution; for the person who thinks in a language different from ours, courtesy will often take away a large amount of the horror of a new and queer place.

It may take time and effort to attempt to extend a six months post-graduate course in one afternoon; it may be most inconvenient to meet graciously a representative of a wholesale house, just in town for that day; the representative from a publishing firm who brings you the new books and wants your order; but it pays to give as much as possible, and the law of compensation is a very fair and valuable one.
There is another way of touching the public, and that is through public occasions, when nurses are critically judged. There may be groups of nurses, in uniform, in attendance at public services or memorial exercises, at graduation exercises and, alas, in parades. Poor manners shown in actions and a failure to extend a word of appreciation to all who made the occasion “a brilliant success” are not easily overlooked.

A small courtesy, in the form of a letter, written at the end of a student’s course, to the alumnae or physician who was influential in getting the student into the school, saying that she has finished and has done well and bespeak for her their further consideration, is valuable.

Occasionally we find members of the attending staff feeling hurt because no person has met them at the front door, relieved them of their hat and coat and allowed them to go up in the elevator, by themselves. It is very true that a suitable place should be arranged for the attending staff, as a coat room, as a consultation and wash rooms, etc. It is also true that many of them extend but little courtesy to the floor supervisor, as they seem to expect the supervisor to feel their presence even in a patient’s room, when they have not reported that they are even in the hospital.

The graduate nurses on special duty show many discourteies to the hospital, in that they may not report to the office when coming on a case and when leaving it; that they give absent treatment to their patients; that they wear but the semblance of the uniform which seemed precious to them, up to the day previous; that they are careless with the supplies of the institutions; in that they often set a very poor example of training, to the student body. The hospital is sometimes failing in its responsibilities to the graduate special, in that it does not plan for necessary supplies and relief; that it provides no special sleeping cot and no dressing rooms; that it does not see that she is in receipt of the proper remuneration.

A discourtesy to the institution by both the graduate and the student is sometimes shown by their being familiar with the household workers, forgetting their place.

Graduate staff nurses forget to report where they are going and just the time they do fail, they are usually needed. They
forget to report when they may be expected to return from vacations, short trips, etc., and forget to speak to the head of the residence after they do return.

A much appreciated courtesy, with a busy executive, is the asking of a direct question and a hesitation at the end of the question long enough, so that one can reply. Many times, questions are asked, followed directly with proposed solutions, none of which may be the desired answer, of the executive. This means getting the line of thought straightened out in the mind of the one who questions, takes time and leads one to the discourtesy of breaking in, with a reply.

There is the problem of two persons talking at the same time, perhaps on different tangents of the same subject, one finally stopping, from a sense of courtesy or respect, and the other continuing as if there was nothing out of the way.

There is the person who never seems to hear the end of a sentence before the word "what?" is spoken, or the person, speaking, is interrupted by that little word.

There is the person who idly picks up your letter from the desk and reads it; who always turns the head, when passing a room, instead of looking straight ahead unless she is to enter the room; who "borrows" clothes, books, money or jewelry; who calls one "Dearie, "Honey," "Child," or uses last names.

There is the person whose table manners often need supporting by the elbows; who begins to tell hospital news at the table and makes it necessary that some persuasive mortal remind her of her etiquette by remarking "did you know that it is snowing in Denver?"

There is the self-centered woman who is always asking for the thing she is interested in to be considered from a little different view from the routine, forgetting the proper time to approach persons.

There are appreciated courtesies extended to the executives and graduates who may have lived in the nurses residence for some years—some thoughtful actions. Courtesies which make the pleasant remembrances, for our guests.

Study: Reasons for the Shortage of Student Nurses.

1. Within the last three years, the many changes in the executives and teachers, in the schools.
2. The results of the National Counsel of Defense efforts to get students into the schools, were that many students entered but did not remain after the signing of the armistice. Students who leave a school are almost always a detriment to a good reputation.

3. The large number of women who entered into the Vassar experiment, would not have ordinarily entered the field of nursing. When they entered the civilian school, they did not like the service and left. Many have been careless in their criticisms.

4. The Army School of Nursing took a large number of students from the civilian schools. Many of them have left their affiliated schools and have not been careful in their criticisms.

5. The stay-in-school movement has been pushed. Our colleges and universities are full of students.

6. The American family is much smaller than it used to be. There are not as many girls in a family.

7. Immigration has almost ceased and if the home is to be carried on, the girls in the family are to be depended upon to help.

8. The city home and the school are not developing young women to take responsibility in the care and comfort of others. They do not seem to be fond of doing a finished piece of work for the joy of accomplishment.

9. There are more openings for women in either trained or untrained fields; the social worker, the dietitian, the occupational therapist; the secretarial, stenographic, librarian, the general office positions have paid large salaries for but little preparation.

10. Because of the large number of young women, in the past, to draw upon, the executives found it easier to replenish than to develop the students. Every one, discarded, unjustly, has not helped that individual's expression of her sentiments against training.

11. The majority of schools of nursing have not been schools. They have been a way of getting the work done in the most efficient manner at the least expense. Young women are not willing to give that much to the public or to earn money for the institution and have nothing more than an experience when finished.
12. The schools are attempting to solve a very difficult problem, because they are attempting to give a college education at the same time the woman is earning her way through. Physically she is not fit to use her brain to advantage if she has been on duty almost all of the day; the duplication of effort in her laboratory has used up her energy or the pressure has been too great for her mental attitude when caring for her patient.

13. When the third year was added to the course of training, it was done with the expectation of shortening the hours on duty and of giving her some special form of preparation. In many instances the hours on duty have been shortened; the special forms of training have not been satisfactorily worked out, as yet.

DISCUSSION.

Question: Would it be an advantage to increase the allowance or to decrease it?
A comparatively few schools have a tuition fee.
A few schools make no allowance.
The majority of schools make a small allowance.
A few have recently increased the allowance.
None reported having lessened the allowance.
In discussing the problem of shortage in numbers of students with a senior class, two suggestions were made, as possible helps: a larger allowance and more late permissions.

Question: How many late permissions do you allow?
Answer: Probationary period, none.
Balance of first year, one a month, not after midnight.
Second year, two each month, not after midnight.
Third year, once each week, not after midnight.

Question: Do you allow them uniforms as well as the allowance?
Answer: Yes, we do. Then we can control it.
If the student leaves the school she turns in her uniform to the director of the home.
At the end of her training, she turns in all of her uniforms except her graduating uniform.
We do not furnish books, except reference books.
We do not furnish shoes. We do not have a definite make of shoe.
Do you vaccinate your students against typhoid? Yes.
Do you permit them to wear class rings? No.
Do you allow wrist watches? It is against the rules to wear them.
Do you allow short sleeves? No.
Which is the best collar to have worn? The bishop collar is the trimmest, most military, the most dignified collar. The Red Cross collar is the most comfortable for summer wear.
Do you keep the uniforms in repair? Yes.
Do you furnish the probationer's uniform? No.
If the probationer is accepted, a bib is sewn on the original apron.
Question asked as to the manner in which probationers were accepted.
Details given.
Explanation of the badges given to each student.
Do you have student government? The Class of 1922 have started it.
Does the school meet the expenses of the social activities? Many times, yes. Special class parties, no.
How do you discipline your students? Various ways. By reports, by individual conversations, by promises, by having them teach, by writing a thesis, by giving explanations, suspension, by sending them away from the school.
Discussion as to men's and women's boards.
Discussion as to how and what to teach in ethics.
What is taught them re private duty?
Are they given any office work?
Are the nurses registered just as soon as possible after finishing?
Encouraged to do so.
The meeting was called to order by the President, Miss Clay­
ton at 8.15 p.m.

SCHOOL OF NURSES WITH UNIVERSITY AFFILIATION

By Dr. W. P. MorrIill

University Hospital, Augusta, Georgia

So much has been written by those more competent than I
that it is with a great deal of diffidence that I have consented to
speak here tonight. But it has been said that "fools rush in
where angels fear to tread" and I will let that be my apology.
Perhaps however the perspective of distance may have given
me some thought that the astigmatism of proximity has denied
others. And if I can contribute even the widows mite toward
the solution of this problem whose importance is the raison d'etre
of this magnificent body of women, I will feel justified in my
temerity.

Most of us have seen nursing elevate itself from a trade to an
art and we are now seeing it gain its proper recognition as a pro­
fession. "The gentle art of making the patient comfortable in
bed" may still be a part of its aim but we are not satisfied with
than any longer. Woman suffrage and prohibition we have
attained, prophylaxis we are concentrating on and peace may
come, when we have educated the rest of the world—and Germany.

The financial struggle for existence on the part of hospitals
lacking proper endowment has until quite recently put the pupil
nurse on a plane half servant and half pupil. Maid's work
beyond that necessary for training, the use of pupils as specials
and the many similar professional indignities, usually made neces­
sary by the attitude of lay boards, have often accentuated the
servant half to such an extent as to blast the bud of professional
spirit and thus do society an irreparable injury in preventing the
proper development not of the individual alone but of the whole profession.

But the lessons of the war, the general wave of efficiency methods spreading over the country are beginning to have their effects. The field of the nurse is becoming much broader and this extension carries with it the necessity of broader training and the realization that hospital service cheap in price is sure to be expensive in results. True we have for many years advocated higher requirements, better training, and more of an educational spirit in our training schools, but we have had first to educate the public and the demonstrations both of the need and the possibilities of better training have helped toward attaining our aim.

The seeds planted by the many noble women who have steadfastly set their eyes on the much-to-be-desired goal, are now finding a more fertile soil and we can at last see a definite promise of the fruition of these hopes.

But this change in the attitude of the public, this acquiescence with our demands, brings to us as teachers and hospital executives a serious, even the gratefully accepted, responsibility. During the propaganda stage we are prone to become over enthusiastic and promise much, but now we are offered the realization of our dreams and we must work to carefully prepared plans if we are not to fail in the duty we have so willingly obligated ourselves to perform. Fortunately for us who are just beginning in making nurses training an education for a profession, rather than an apprenticeship for a trade, there have been a few pioneers who will be able, we hope, to guard us from many of the pitfalls that beset our path.

I am conscious that there has been on the part of certain hospital authorities some hesitancy in raising entrance requirements in the fear that it would so decrease the number of applicants as to cripple the work of the hospital. Likewise the small training schools in the private hospitals have truly said that they could not provide facilities which would attract women who had what we are coming to consider proper preliminary training. However, as this plea is, in reality, a confession that they cannot provide facilities with which to properly care for their patients, I, for one, have never taken it very seriously.
Another objection that has found many advocates is that there are many girls with all the temperamental and physical qualities for nursing, who are not financially able to meet the requirements of preliminary college work and the non earning period of their training. This has a very familiar sound to those of us who went through the campaign for higher standards in medical education. It never seems to have occurred to these objectors that perhaps the public as potential patients might have some interests or rights in the matter. With the development of motor transportation and the resulting good roads movement the need for small community hospitals except for emergencies is rapidly disappearing; there never was any need for two or three hospitals in towns of 10,000 to 25,000 population, and it is from these unnecessary hospitals that most of the objections arise. In medical education we simply proceeded to put the weaker medical schools out of business, and actually decreased year by year the total number of graduates.

But the present problem is not so simple; we need not only better nurses but more nurses, and while we will all agree that many so called training schools could go out of business without material injury to the public interest we must provide some improvement before we proceed against them. We will not find any solution in revolution; evolution alone will find it.

No one denies that a five-year course will give us better nurses. Few can see how it will give us more. But it will. Not today or next week perhaps, but this is too serious a matter to be influenced by opportunist policies. We are hearing on all sides the complaint of lack of applicants for training. But is this complaint from the schools having the highest standards. To some extent perhaps in certain areas where the demand is out of proportion to the tributary population; but in general the scarcity is most seriously felt in the medium sized and small hospitals and in those in which teaching is distinctly a side line.

On the other hand the universities are everywhere experiencing great difficulty in accommodating the students who desire to matriculate in the academic departments. The trend of the times is for more and better educational facilities and we must look well to our curriculum or we will be followers not leaders.
The lessons of the great war have taught the public the power of organized effort and they are hospitalizing more than ever, and the value of public health nursing, and we cannot get supervisors for this field, to say nothing of trained staff nurses. The day of state medicine is on us and a demand not now satisfied promises to become even greater. We are fast leaving behind the day of individual effort and being forced to organized effort and this brings, as its natural result, the demand for the more highly trained nurse, not for her individual effort alone but as the executive and teacher. It will likely be many years before we can eliminate the small poorly supported hospital, but that only makes our duty the more definite, the duty to train women along the broadest lines as missionaries to go into the smaller schools as superintendents and teachers, and by sheer force of trained ability lift them to a higher plane.

It will result in nursing as it has in medicine. The young medical graduates who have the vision to see the value of a hospital service have become the reservoir from which we are drawing the staffs of our hospitals. So in nursing the women who are sufficiently serious in their work to see the value of higher training will be the reservoir from which we draw our executives and public health nurses.

The difficulties in the way of affiliation I regard as overestimated. Of course there must be labor pains at the birth of a new system and growing pains during its development but that must be expected and accepted. There are in every community a number of young women who have sufficient independence of spirit to prepare themselves for a life of service and have the means to provide for the expense of proper preliminary education. The appeal to this type of woman lies in establishing nursing as a real profession, a part of the aristocracy of brains.

The actual arrangement of a proper curriculum presents some difficulties which however I think will be quite easily soluble in most cases. The relative location of the training school and the academic institution with which it desires to affiliate will be one of the prime difficulties in many cases. When the two institutions are widely separated it will of course be necessary for the training school and the academic institution to arrange a definite curriculum to be carried out more or less independently by each,
and adhere closely to this curriculum. If, on the other hand, the two institutions are located on the same campus, or as at Ann Arbor, in easy walking distance it may be desirable to continue some of the academic work over into the nursing years or to give some of the subjects now given in the training school in the academic years.

Even though the academic institutions may be unwilling to institute special courses preparatory for nursing, I feel that any of our better balanced institutions have courses already in the curriculum which will meet our purpose. I am one of those who regard cultural features of the preliminary training as quite as much value as the purely technical. Those who are more insistent on the technical features will likely encounter rather more difficulty than those who do not lay so much stress on it.

With the raising of our entrance requirements we must be prepared to accept a rather shorter period devoted to practical ward work, as we must assume that the pupil by reason of her mental training will learn more rapidly and we must acquire more and more the point of view of the teacher. Likewise in our training school discipline we must realize that we are dealing with more mature minds and if the preliminary training in the academic course has been worth anything, it will have developed a greater sense of responsibility which we must not dull by unwisely harsh discipline but rather develop it by a wise and liberal system of student government.

The question of conferring a degree on completion of the course is a problem too that deserves some special consideration. Training schools unless integral parts of universities will not, of course have that privilege and universities will be unwilling to accept two years in training schools as equivalent to two years in the class room. For this reason we must devise something more than the ordinary training school curriculum before we can ask for a degree for our graduates. If we will put our supervisor-ship, social service and public health nursing departments on an educational basis or arrange affiliations for a third year, or what would amount to a post graduate nursing year; I think we can then fairly expect the university in whose academic department they have spent two years to confer a degree on those who complete this third nursing year with credit.
This arrangement is well illustrated by the system we are instituting here in the University of Georgia. In the matter of relative location conditions could not be worse. Due to lack of dormitory facilities the University does not accept women for the first or second year college work, but does admit a certain number of women as special students, and accepts into its third year class women who have completed two years of collegiate work in certain accredited schools.

The combined course in science and nursing leading to the degree of Bachelor of Science has a requirement of:

A. Two years of college work consisting of history, English, social science, chemistry, biology, bacteriology, and home economics.

B. Two years as pupil nurse at the conclusion of which the pupil is given her diploma in nursing.

C. A fifth or postgraduate nursing year with special training in institutional service and public health nursing, one to be taken as a major of 9 months duration, the other as a minor of three months duration.

The University Hospital is fortunate in that it is on the same campus with the Medical Department of the University of Georgia, and the Medical Department has an arrangement with the city of Augusta whereby it carries on all the purely professional functions of the health department. This enables the College to organize a School of Public Health Nursing using the city of Augusta for field training and in connection therewith the hospital has a Public Health Nursing Department which covers all the public health, school, and industrial nursing in a city of 65,000. This enables the hospital to offer to its pupils thorough training in public health nursing or by service in the various supervisorships, a thorough training in institutional service. It is believed that the requirements of training both in institutional service and public health work will produce a well rounded graduate, well fitted for the type of work she has selected.

Of course not all schools can arrange for public health nursing under their own control but even if it must be done by affiliation, it should be arranged in some manner and in an organization approved by the university granting the degree if a degree is offered, even though the candidate never expects to enter public
health nursing, it is unreasonable to expect a university to grant a degree unless the candidate has had at least an introduction to this very important and rapidly growing field.

In conclusion I must say that I believe we are on the verge of developments in nursing beyond our fondest dreams. To many of you who have worked in season and out, for higher standards and higher ideals I extend my heartiest congratulations, on those who have not been so long in this noble work, I enjoin the same patience and perseverance which has made such a wonderful meeting as this possible, and to the officers and members of these three great allied organizations I must express my gratitude for the honor and privilege of meeting with you. May God reward your devotion to the cause of humanity.

Miss Clayton: We may consider ourselves fortunate in having heard two papers in one day from state universities, words of appreciations of the school of nursing hospital affiliation.

There is a message we all want to take home with us, a message we want to give to all of those at home with whom we shall come in contact, and that message is, what is the outlook of nursing? We have no one in our country today so well prepared to give us that message as Miss Nutting.

THE OUTLOOK IN NURSING

By M. ADELAIDE NUTTING

In common with a good many other bodies of workers in what may be called the “essential industries” of life, the nurses of this country are today passing through a difficult and trying period.

It would be strange, indeed, if such a body as we here represent should have escaped wholly the great unrest and anxiety which is troubling the world today, since our work is not only bound up with the most vital things in human life, but our workers are widely distributed among its fundamental social institutions, and every day activities, its homes, schools, hospitals, factories. We must, it appears, always and inevitably be affected by any widely pervading social attitude or movement, and we in our turn must in some similar measure affect them. Prohibition and woman suffrage are two of the recent great social movements which will
profoundly affect the future of nursing. The efforts of our fellow-workers in various branches of industry to secure an eight-hour day have undoubtedly strengthened our own attempts to secure shorter hours for both student and graduate nurses. On the other hand, our requirements for admission to schools of nursing must have a distinct effect upon the education of young women throughout the country (and indeed eventually throughout other countries). Our requirements, for instance, may either induce them to stay in high school or to drop out of it at any stage before their training there is complete, and it may thus be the means of starting them in their work in life with most doors of advancement firmly closed.

It is this conviction, strengthened during the war, of the inter-relation of all things, and the certainty that our own difficulties are shared by and react upon others in a peculiarly close and intimate way that urges, in a time like this of anxiety and doubt, the great necessity of examining ourselves and the situations in which we are involved with exceeding care and conscience. We must give great heed to the various panaceas that are suggested lest in our eagerness to find immediate relief we seek remedies which relieve for the moment, but do not reach to the heart of our trouble, and, therefore, afford no security whatever for the future well-being of our work and workers.

Whichever way we turn we see dangers ahead. It is certain that changes must be made in the conduct of our schools, but great care must be taken lest these imperil the good standards in our work, which have taken years to build up and establish. On the other hand, we must avoid the equally dangerous way of clinging rigidly to the things with which we are familiar when the time has come to abandon them and seek new methods.

What are the difficulties which press most heavily upon us at the moment? I imagine there might be some differences of opinion, but the heads of hospitals and training schools would probably say unhesitatingly that the most serious difficulty is shortage of applicants for admission to their schools; physicians would insist that it is shortage of graduate nurses; and public health workers would urge that 50,000 public health nurses are needed immediately.
Among nurses there is an unusual amount of unrest and of dissatisfaction with things as they are. There is much genuine anxiety that something shall be done to improve the conditions of training and subsequent work and life, and to lift nursing from the area of constant criticism and petty controversy which impairs its usefulness and weakens the strength and courage of its workers. From these workers within the field, but from a much wider circle outside of it, there is an increasing volume of critical opinion on the present system of training, its standards, methods, and results.

Reduced to their simplest terms, the difficulties seem to be—a scarcity of applicants for training, which creates a serious problem in hospitals, and a shortage of graduate nurses which presents a trying situation for the sick in their homes. Beyond this there is a deeper issue, which is not a matter of numbers, but of quality, and that is the inadequate supply of nurses of high enough educational and other qualifications to take the lead, to direct, teach and supervise in hospitals, training schools, and in the public health field.

To state these problems is to realize at once that there is nothing essentially new about any of them except in the matter of degree. They are virtually the same old problems with which we have been contending for years. Take, for instance, our shortage of applicants. I can remember no time in the past twenty-five years when we had not this problem to deal with, and it was inevitable, I think, that it should exist when we were trying to meet the demands of a hospital development so overwhelming as that which actually created for its needs 697 training schools for nurses within a period of ten years (from 1900 to 1910). Look back as you will through the pages of our journals, through the reports of our associations, and over your own immediate experience and observation, and you will find, I am confident, that the difficulty in securing enough applicants of suitable qualifications to provide an adequate student nursing service for our many hospitals has been an ever present one. It is mentioned and discussed again and again. Moreover, it should be remembered that this growth of training schools is still going on and our demand is a progressively enlarging one.
It is true that certain training schools have been comparatively free from anxiety on the score of applicants but that number has never been large, and it is true today, even with the acute shortage, that some of these schools have about the usual number of applicants. But our deficiency in applicants, on the whole, appears as a fairly constant problem from which we have at no time been entirely free.

The stimulus in nursing aroused by the special efforts made during the war brought a greatly increased number of students into our training schools. These are not permitted to return gradually to former normal conditions, but are hurried from a state of comparative affluence in students to poverty by the disturbed conditions resulting from the war and pervading almost the entire working world. This is creating an extreme shortage of workers, which in some occupations and professions is much more acute and distressing than in our own.

There is a shortage of teachers, physicians, of trained clerical workers of all kinds, of engineers, of librarians, always of clergymen, and probably of pharmacists or we would not find glowing articles pointing out how excellent a profession it is for women. The shortage of physicians in rural districts is very serious. Out of fifty-eight requests recently received from such sections the New York State Department of Health could find only five physicians willing to settle in them, and the reasons given along with the condition of highways, lack of plumbing and heating, was the "lack of trained nurses." In Massachusetts this shortage of physicians is said to be even greater. The Associated Technologists recently at a meeting in Philadelphia discussed the very grave problems caused by the "appalling shortage of trained men" in their line of work.

But the conspicuous example of shortage of trained workers, one which has filled the press for several months, is that of teachers, which is authoritatively stated to exist in an acute form in every state. The National Education Association reported recently that nearly a million children are out of schools because teachers cannot be found for them. In New York alone, which employs over 23,000 teachers, there have been a thousand resignations within the past five months. The normal training schools are said to be unable to attract more than a small fraction of the
recruits needed for this service each year. In discussing the problem, expert educators speak of the present critical situation as due to the war, but they go further, they state clearly that it is primarily due to social and economic conditions which were already in evidence long before the war began, and sooner or later would have produced the present results.

It is obvious that nursing is only one among many important occupations which finds itself unable to meet the demands of the day, and the question that is most pertinent therefore at the moment and of particular interest to me, is how these other numerous occupations and professions are proposing to solve their problems of shortage. As far as can be discovered their efforts all center and converge in one direction. Everywhere they appear to be, to so improve the conditions under which each particular branch of work is carried on that it may offer a more attractive and worth while field of activity to whoever contemplates entering it. Everywhere they are planning to provide better and sounder training for the workers in order that the service they may give to the community will be of a kind to command increased public respect, opportunities for progress and promotion, and appropriate reward, and consequently greater satisfaction, freedom, and happiness in work.

In teaching, for example, it is urged that the present low educational requirements for entrance to teaching be made universally higher, the course of professional training for teachers be lengthened and improved and more widely applied in order that better and more effective work may be done in our public schools, and the workers attain a higher status.

As to physicians, whatever may be done to meet the shortage in rural districts or elsewhere, there is nothing much more unlikely than that medical education will permit any of its present high standards to be lowered the smallest fraction for that purpose.

Turning to professional engineers, we find improvements and advances in their training urged, not only because of shortage, but as Mr. Hoover interestingly points out, of the greater rôle that 100,000 professional engineers must in the future play in solving national problems.

Might we not assume that our 100,000 professional nurses have also an important part to play in the solution of some of
our national problems, and that the education and training which are to fit them to play that rôle well are therefore matters of national concern, and may we not draw from the collective wisdom of workers in older occupations than ours, of longer and wider experience than we possess in attempting to meet the same difficulties. Surely we are justified in expecting that such efforts would help us to answer at least partially the questions arising in our own field.

It seems clear that while there are doubtless temporary measures to be taken that might tide us over the present insufficiency in numbers of applicants, there is but one by which we may hope to remove it and that is by removing the causes. The most casual study of our situation shows unmistakably that nursing stands in much greater need than most other professions of marked improvements in standards of education, in methods of training, in requirements for entrance to its schools of nursing and in appropriate compensation for its workers.

Giving every possible recognition to the advances that have been made during the past decade or two, and by what superhuman effort only those women know who have carried them through against the inherent difficulties which the system almost automatically opposes, and allowing for all of the peculiarly valuable aspects of our practical training, its richness in realities, it is probably true that our educational weaknesses are among the chief causes for our insufficiency of applicants, and in particular for the scanty supply of the better qualified women for whom we are everywhere suffering. Any attempts, therefore, to meet the present difficulties by lowering any of our present inadequate and hardly won standards will only ensure the continuation of those difficulties and render it absolutely certain that we shall have to deal with them in a more aggravated form later on.

When sixty years ago Florence Nightingale founded the first training school for nurses, she opened up a whole new world to women. To thousands of them, women of unusual character and ability, it gave free outlet to humanitarian and religious impulses and offered a wide field for their practical energies and capacities. Apart from teaching, there were then and for a good many years after, no occupations to compete with nursing. Today there are literally hundreds of them offering many attrac-
tions. They open up quite as large opportunities for useful service, provide freer and often more congenial conditions of life and work, and are reached in most instances, by a much less laborious, severe and prolonged process of training.

At the time that Miss Nightingale was evolving this system of training, the economic conditions of the day made long hours of work, and low wages, particularly for women, accepted conditions. The traditions of the free service of the religious orders which hospitals had long enjoyed strengthened this attitude and made it difficult for them to get a correct point of view on the value of nurses' work.

As to an educational point of view, in so far as nurses are concerned, hospitals never did get that and they have not got it yet, though they control one of the largest educational systems in existence. Meanwhile during the last half century almost all educational systems and theories have changed radically, and the apprenticeship method upon which nursing was originally based has been virtually abandoned for years. Obsolete elsewhere, it still survives, however, in schools of nursing, and to this fact may be traced most of those weaknesses in our present methods of training which we ourselves deplore, but are powerless at present to alter materially or permanently. Until the commercial value of the student nurse to the hospital is entirely eliminated from the question, and that task is going to be, as William James said of the war to end war, "no holiday excursion," we shall be working under a system in which the educational interests of the training school will be in perpetual conflict with the economic interests of the hospital.

How to lift this important branch of women's education from its present state of weakness and insecurity, and to place it where it will not be the storm center of those conflicts, is our ever present and increasingly urgent problem, and it is my belief that in solving this, we shall also solve in a considerable measure the problem of scarcity of applicants. The first steps toward any real solution must obviously lie in efforts to secure funds for the separate maintenance of training schools either through endowments or state or municipal aid, and through such changes in form of government and policies as will fundamentally alter their relation to hospitals and free them to work out their own prob-
lems. Some beginnings in the direction of a sounder educational and economic policy have been made in the schools of nursing which have recently been established in connection with a few well-known universities.

Following in the footsteps of the University of Minnesota which ten years ago led the movement in this direction, we can now point to a number of schools of nursing, fifteen or twenty perhaps, carried on either under the direction of universities or in more or less extensive cooperation with them, and to a healthy growing interest in this new relationship. We are happy to know that the University of Georgia is included among those sharing this important forward educational movement and we do not forget that there is another prominent university, Emory University, in this city which has before it an unusually promising opportunity to share also in the development of better training for nurses.

The writer believes that the education of nurses will eventually have a considerable place in the work of the universities of the country; that schools of nursing will be gradually developed in a good many of them which in general plan and arrangement may be not unlike our schools of engineering. There would be an interesting parallel in the methods by which nurses might be prepared for the different branches of their work and those which have been developed for the training of mining, chemical, mechanical, electrical, sanitary and civil engineers.

The training of all of these rests upon a fairly uniform common scientific and cultural foundation, covering well defined ground, but at a given stage the training branches off and a special curriculum is provided for each group made up of such subjects as are best calculated to equip them for the special lines they propose to work in.

In some such manner apparently the training of nurses must be shaped in order to prepare them adequately for the various specialized fields of work into which they are called—each with its own peculiar needs of a particular kind of knowledge and skill —yet all resting upon a common foundation of education and hospital training. This need for differentiation stands out clearly in the public health nursing field, which embraces within itself many highly specialized branches, such as pre-natal work and maternity work, infant hygiene, school nursing, industrial nursing, mental hygiene, etc.
The opportunities for working out such a scheme of training can all be found in many places throughout the country. There are hundred of universities, thousands of hospitals and training schools and an infinite variety of existing health agencies which under proper direction could easily unite to provide for the training of nurses, that which no one of them alone can give. It should not be difficult to extend pretty widely here the principle of cooperation for educational purposes, which is well established in other professional branches and has made already a fair start in nursing. There is an interesting diversity in the methods by which such cooperation may be worked out as the recent plans for the Harvard Engineering School show and as the University of Cincinnati has shown for years in many of its departments, including the young School of Nursing and Health which is conducting an interesting and important experiment of this nature.

Significant, however, for the future of our work as this new line of advance may prove to be, we must not overestimate its present importance or dimensions, but realize that our great efforts must for some time to come be directed toward the necessary improvements in the hundreds of hospital training schools which form the bulk of our educational system. These schools, 1,586 of them are now listed as accredited schools, have at all times about 50,000 student nurses in training and they graduate approximately 15,000 nurses each year.

What can be done to ensure the keeping up of this large supply of students? For it is clear that it must not only be maintained but increased if we are to meet at all adequately the insistent demands of the public for a good many more nurses, as well as for a much better educated and trained body than are now issuing from our schools. The problem does not limit itself to hospitals which need the students for their nursing service, but it does center there since hospitals control the entire educational system in nursing and consequently the product both in amount and in character is at present determined by them. The public has nowhere else to turn to supply its needs, and these are great in every single branch of nursing. Our private registries report thousands of unanswered calls yearly. None of our hospitals and training schools can secure enough properly equipped nurses for staff appointments as head nurses, supervisors, assistants, an
instructors. It is looked upon as little short of a calamity when an able superintendent of nurses resigns her position, so great is the difficulty in filling her place. As for the public health field, keeping pace with its requirements is out of the questions, but it should be remembered that here an enormous stimulation has been carried on for some time which was bound to result in demands which could not be met.

Nor should we forget in considering the whole present situation that we are not able as yet to call upon our normal supply. A good many unusual conditions have played a part in reducing considerably the number of graduate nurses available at present for what are known as the regular fields of work. The Red Cross, for instance, has drawn extensively (and selectively as well) from the general supply in organizing and developing the very large nursing personnel which its numerous activities require. And in the extraordinary tasks to which they have been called during the past few years, war and epidemic have taken a heavy toll of our members. So the problem before us appears to be not merely to keep up to ordinary standards the number of students entering our schools of nursing, but to attract a considerably larger number in order that the vacancies in our ranks through death and disability may be filled, and the growing volume of appeals for nurses may be answered in some satisfactory measure.

There is but one way through which we can hope to accomplish this, and that is by removing the defects in our training schools of whatever nature which are keeping young women out of them. There is no other possible remedy for our troubles, and it means unmistakably a genuine and sincere effort at real reforms and probably some fundamental changes in our present ways of working. To the careful study through trained investigators of our whole educational system which is now being conducted by a committee at the instance of the Rockefeller Foundation, we are justified in expecting a body of expert information and advice which will guide us in effecting such reforms as may be necessary.

There are certain improvements, however, that we should be able to make without waiting for suggestions from any source, and it is encouraging to realize that some of these are taking place in schools of nursing all over the country, even under the stress of scarcity of students and a positive famine in about every other kind of worker.
The worst evil we have had to deal with, the excessively long hours of duty for student nurses (and for graduate nurses too, for that matter), though still widely prevalent, is slowly giving way to pressure of public opinion, and recent statistics show that during the past year the number of schools adopting the eight-hour day has greatly increased. It exists in some form or another in about 200 schools, and its introduction into a good many others is stated to be delayed only by the present scarcity of applicants. Curiously enough, while the shortage of students delays this reform, it hastens others, for, in order to conserve the student nurses' time and strength for the nursing which she alone can do, many of the routine household tasks, which have hitherto made a heavy drain upon her best energies, are now being transferred to others. It is astonishing and encouraging to see what can be done in this way when necessity requires it. It turns out to be quite easy after all for hospitals to conclude that ward helpers of various kinds may take over a considerable proportion of that miscellaneous assortment of tasks which for years have been assigned to student nurses as a systematic part of their training and called "good experience for them." The shorter hours and elimination of this routine house-work will do much to make our methods of training attract and satisfy the intelligent young women who are so greatly needed in every branch of nursing and public health work.

The next serious weakness with which we have to contend lies in the character and amount of teaching provided for student nurses. There is urgent need of better work in this direction, of a wider range of subjects more thoroughly handled, better equipment in the way of class rooms, laboratories, libraries, etc., just such provisions in fact for teaching as are commonly found in all other professional schools. The practical training in the wards requires more careful supervision of an instructive kind and there is crying need for a more just apportionment of the student's time in the different services. Statistics show how heavily one service may overbalance another, and how constantly the private wards mean merely a repetition of ground already covered in the free wards.

Beyond this we need to set ourselves deliberately to work to provide for our students a happier and freer home-life than they
now have. There is a whole range of interesting possibilities in this direction which might be worked out to the great benefit of the students. Entering as they now do at a much younger period than formerly (our system was created for mature women —they were preferred in the early days, and the entrance age was about twenty-five years), it is essential if we want a healthy minded student body who will maintain a good morale, that abundant wholesome recreation should be available. It is needed to offset the serious trend, the severe exactions, and the abnormal atmosphere and conditions of hospital life.

But by far—very far—the greatest need that we now face is that reasonable educational requirements shall be steadily upheld. We are moving in that direction, but very slowly, and it is a fundamental matter that calls for constant vigilance. The nurse who has not had at least a high school education or a full equivalent, even though her professional training has been excellent in character and has covered three full years, and even though she has genuine natural ability, finds many doors to advancement in her work firmly closed. The barriers to progress, which a deficient general education sets up, are among the most distressing and most discouraging problems which nurses of today individually and collectively are facing.

It would be true to say that the quality of our work throughout and its standing in public estimation will be determined by the admission requirements to our training schools. It will rise in pretty direct proportion to the degree of general education on which our professional training is based. A body of highly qualified workers will tend to create the conditions under which they can work effectively, they will command a larger public respect, and the branch of human activity which they represent will seem a desirable and promising one to enter, and will draw a larger and a superior body of women to it.

It is evident that any effort to meet the shortage of applicants by lowering the requirements for admission, or the standards of training would be a most shortsighted and unstatesmanlike policy, destructive to the future of our schools. Instead, therefore, of considering such measures in the hope of securing relief through them, let us urge forward with all our energy every possible improvement which can be brought about in our training schools,
in our hospitals, and in the conditions controlling our professional life and work, in order that the educated young womanhood of this country may turn eagerly toward nursing instead of away from it.

So far we have dealt with the shortage of applicants and with efforts to remedy it through finding and removing the causes. I am inclined to think we should apply the same method to the shortage of graduate nurses, and try to find out why women who have trained for nursing are leaving that field for other occupations. There must be reasons why nurses are deserting the ranks to become anaesthetists, laboratory and X-ray workers, history takers and office assistants and secretaries to doctors and dentists (a whole class full of dental hygienists in training at a certain college were found to be nurses). Few, if any, of these occupations require a trained nurse to perform them and if there is any way of making it possible for these valuable women to continue in the work which they alone can do, we should try to discover it.

It appears to be true that a good many nurses who love their work and would prefer to continue in it feel it to be necessary to turn to another occupation, which permits them to have some sort of home life, and a normal relation to the rest of the world. Private nurses find these very difficult to maintain, and they are of course entirely out of the question at present for hospital and training school workers. Yet there is a gleam of light in this direction, for some instructors in training schools are living in their own homes and so are social service workers, and there appears to be no insuperable reason why certain other members of the staff might not do so.

In thus attempting to review the situation in nursing, the problems of the moment because of their urgency have naturally taken a large place. So constantly indeed do they occupy our thought that it is difficult to prevent them from obscuring the real issues. They confuse our judgment. We should take a longer view, and in that perspective realize that we are probably reaping exactly what we have sown, and that if we hope for a better harvest in the future then our sowing must be of a different character. We must get rid of the antiquated ideas and methods that encumber us, and face the facts in our present situation squarely, no matter
where they lead us. At no time in the troubled history of our work in this country have we needed higher courage, more wisdom and greater faith than at present. But somehow when I look back over our achievements during the past twenty years and realize that they were brought to pass under difficulties which liken them to the tasks of Sisyphus, I am confident of our ability to solve aright, given freedom to do so, the critical problems of our work and its future, for it is obvious that our training schools are steadily, even if slowly, becoming better organized and equipped, hours of duty are shortening, good homes for students are arising, and a freer and wiser discipline in student life is gradually developing. Improvements are taking place in the quality of teaching, university schools of nursing and also the special courses in public health work, opening up in various places, are building up a new and wider interest in nursing and a more correct conception of its values and its needs. And further, there is much definite evidence to show that our long struggles for better educational standards are bringing results, for school after school report that a steadily increasing number among its entering students are young women of excellent educational and other qualifications.

Nor are these advances limited to the schools. The deep and unflagging interest of the entire profession in the improvement of nursing through better methods of education and training is shown in the work of their associations, national, state, local, in their vigilant and vigorous efforts to uphold good standards for the care of the sick through appropriate legislation; and in their publications of various kinds.

Perhaps nowhere is it more clearly shown than in the establishment of the large scholarship funds, created by nurses for each other's help—the Isabel Hampton Robb Fund, a permanent fund, the income providing several scholarships annually, and the special funds of the Red Cross, and the National Organization of Public Health Nursing.

It is, I think, of considerable significance that when American nurses wished to establish a memorial to their sisters who died in the service during the war, they made it a living memorial testifying to their belief in the supreme importance of education. It is dedicated to the education of future nurses in France to per-
petuate there the system to which we owe our great allegiance, and to take the form of a building called the Florence Nightingale School for Nurses, to be established in connection with the Maison de Sante Protestante at Bordeaux. The sum which the nurses of this country have so far given is about $45,000 or approximately 500,000 francs.

Professionally, nursing has moved out onto a broader stage. In certain phases of its work, most notably in public health nursing, it has set up an entirely new group of relationships which are making searching demands upon our collective ability, wisdom and statesmanship. The nurses who represent us here have met the situation with large vision, abounding energy, and a fine progressive public spirit. They have made a great and much needed contribution to the development of our work and at the right moment.

As to the rank and file of the nurses of this country, they have passed in swift succession during the past few years through the awful tests brought on by the war, and the epidemics. To the courage, endurance and fine spirit of devotion with which they as a body have met these crises no poor words of ours can ever pay a fitting tribute.

If the outlook for the future of nursing may be in any measure forecast from the work of the past, from the strivings and aspirations as well as from the actual labors of nurses, we are, I think, justified in looking forward to the inevitable changes before us, confident that they will ultimately be worked out with no sacrifice of our cherished ideals and principles.

REPORT ON THE BILL, RANK FOR NURSES

The Jones-Raker bill for Rank for Nurses is now law. On May 27, the Conference Committee reached a final agreement on all issues of army reorganization and made their report, which contained the following sentence: “The provision for the relative rank of nurses was agreed to, it being contained in both bills.” The report was agreed to by the House on May 28, and by the Senate on May 29. On June 4, the President signed the bill, which went into effect immediately.
The Conference Committee used the phraseology of the original Jones-Raker bill with the exception of the last clause. For this it substituted the sentence: "The Secretary of War shall make the necessary regulations prescribing the rights and privileges conferred by such relative rank." Such language occurs frequently in Army and Navy legislation and I am advised that it is hardly likely to be construed unfavorably to our interests.

To the hundreds of persons, nurses, doctors and lay persons, who by their unselfish and spirited cooperation have made this law, the National Committee to Secure Rank for Nurses proudly acknowledges its indebtedness and gives unmeasured thanks.

HELEN HOY GREELEY,
Counsel.

NATIONAL LEAGUE OF NURSING EDUCATION

CLOSING SESSION

Saturday, April 17, 1920

The meeting was called to order at 9.00 a.m. by the President, Miss Clayton. Reports of Round Tables.

TRAINING SCHOOL CREDITS

Conducted by Miss Parsons.
Three subjects were discussed:
(a) Credits between schools of nursing.
(b) Credits for practical work.
(c) Credits for college training.
The following is a summary of the discussion:
Sufficient allowance is not as yet given the student for her work both in theory and practice when transfer is made from one school to another. In many instances when transfer is desired the consideration given is neither generous nor fair.

Miss Jammé reported that on the west coast the applicant is passed upon by the board of examiners and the school accepts the student, upon the basis of credits allowed.

But one school, the School of Nursing and Health of the University of Cincinnati, reported a system by which nursing prac-
tice on the wards is given definite credit. Miss Logan stated that in this school one hour credit is given for one month's ward practice. That is the ratio given in laboratory courses, one hour credit for three hours laboratory work for one semester. It is calculated that the student nurse gives one and one-half hours daily to "new problems," this aggregates forty-five hours in one month and can be evaluated on the same basis: one hour credit for three hours of work for a period of fifteen weeks.

There is as yet no definite means of deciding credit for practice work of the student, transferring from one school to another, other than estimate made by the superintendent, training school committee, on board of examiners as reported on the west coast.

Reports from schools regarding credits for college work varied. One school reported no credit for college course but that the student is exempt from courses completed in college and this time is given for optional work. In some other schools credit is given on the basis of two months for each college year or eight months for a full course of college, this reducing the time required to secure a nursing diploma to two years four months.

**HOW CAN SCHEDULE FOR CLASSES AND LECTURE WORK BE ARRANGED TO FIT IN WITH WARD ROUTINE AND NURSES’ HOURS?**

Conducted by Miss Lawler, Superintendent of Nurses, Johns Hopkins Hospital, Baltimore, Maryland.

Discussion opened by Miss Lawler.

With the establishment of the eight-hour day in so many schools, additional class periods have been made necessary. An explanation of the arrangement of hours at Johns Hopkins is the use of the 7.00-11.00 a.m.—7.00-11.00 p.m. hours, with other groups of hours to fill in, for example:

- An intermediate nurse probably 7-1 and 5-7.
- A senior nurse 7-9 and 1-7.

These are hours on duty. The hours are posted by the head nurse on the ward who is kept informed of the class schedule for the day by the pupils.

Greater number of senior classes are at 5.00 p.m. on account of operating room work. The night nurse usually has class at 4.00
or 5.00 p.m. The junior nurses posted seven hours in ward because of classes. Preparatory school six hours or less.

It is very necessary to have the class schedule posted well ahead and see that at least fifteen minutes is allowed between classes to enable nurses to relieve each other and give report of ward. Another arrangement of hours given by Miss Guy of Louisville provides three shifts.

First shift—means three hours off and relief for classes.

Second shift—3-11 on and nurses come on one hour later if class.

Third shift—11-7 on night nurses.

Night lunches formed another problem. At Johns Hopkins it is served 12.30, 1.00 and 1.30. Extra night nurses are required to relieve each other. At Massachusetts General, dinner at 10.30 p.m. served to night nurses going on and a lunch of crackers or toast and cocoa allowed in wards at 4.00 or 5.00 a.m.

An estimate of the additional nurses necessary to institute an eight-hour day or fifty-two hour week was given on a basis of school of fifty nurses—six additional nurses—Miss Parsons gave estimate of one additional nurse on twenty-bed ward. Hospitals having two night supervisors alternate hours—one goes on at 7.00 p.m. one night and at 9.00 p.m. next and is allowed one night off each week by relieving each other. A schedule of hours for wards of twenty-eight patients is attached, used at Johns Hopkins Hospital.

A discussion of the care of contagious diseases followed—showing that the majority of hospitals use no fumigation but depend on scrubbing with soap and water and use of disinfectants. The nurses wear cap and gown in the caring of contagious disease, but are not isolated from the Nurses’ Home and attend classes without any elaborate process of cleaning up as in the past.

The Providence City Hospital reports the same nurse caring for various contagious diseases and using different cap and gown for different disease.

Results have been most satisfactory. No infection being carried by this method of nursing.
The head nurse and supervisor

1. The qualifications, age and experience.

The conclusions were that the more mature woman of experience was the most valuable from the hospital standpoint, and that it was necessary to have women of experience in the obstetrical department, children’s wards and in the surgery. There is a place for the young graduate who shows executive and teaching ability, provided she may have close supervision. Mrs. Maxwell, Presbyterian Hospital, New York City, said that “the young nurse is enthusiastic and does good work.” It is highly important that a head nurse or supervisor possess teaching ability and interest in student nurses.

2. Difficulties in securing and retaining properly qualified head nurses.

Nearly all hospitals are having trouble in securing women for these positions, as other fields of nursing are offering greater opportunities.

3. In answer to the questions as to what is being done to make the life of supervisors and head nurses more attractive.

Miss Greener of Mount Sinai Hospital, New York City, said that “they were not doing very much, but that in a large school in a city like New York, the nurses found their own entertainment.” However, she felt that something should be done in smaller institutions. Among the things that were reported in other institutions were, giving the head nurse a definite place in the dining room, allowing her the privilege of attending lectures given to the students, chaperoning dances and parties, urging her to join the Women’s Clubs of the city so that she may have some outside associations.

4. Salaries.

It was found that in the hospitals represented, the minimum was $50 per month, the maximum $100 per month, and for supervisors from $80 to $125 per month. They were raised in different institutions at periods of six months and one year, until the maximum is reached. It was the consensus of opinion that these salaries are inadequate.
5. Conferences with head nurses.
These are being conducted in many hospitals, and are held weekly, semi-monthly and monthly. In some instances they are held with the heads of departments, in others with the superintendent of nurses and in some places the head nurses meet by themselves and conduct their own conferences. In a few schools the conferences are made social occasions.

6. If a head nurse is a graduate from another school, she is made familiar with the nursing technique, by having typewritten copies of the procedures given her, in other instances typewritten copies are placed on each ward for reference, and in some institutions the teacher of practical nursing is made responsible for making them acquainted with it.

7. Very few hospitals have eight hour duty for head nurses, although extra time is given, such as one whole day out of every ten, one day per month; in one hospital they are on duty every third Sunday only. It was suggested that it might be well for them to live outside the hospital, thus getting entirely away from the work while off duty.

II. Ward teaching

1. The supervision of nursing procedures on the ward in most of our schools is under the instructor of practical nursing, from two to six months. It is then the responsibility of the head nurse. Unless the practical instructor however, follows up and observes the technique of the older students, there is danger of methods being changed. Miss Maxwell said that “the head nurse had little time for teaching, on account of the demands made upon her by the medical profession. That the afternoon was the only time she had to teach, and that this period was taken up with visiting hours for the patients and her own time off duty.” The function of the head nurse, is, however, that of a teacher and she should exercise this function constantly. She is responsible for the technique of the students on her ward. It is absolutely essential that there must be the closest cooperation between the instructor of practical nursing and the head nurse.

In the Massachusetts General and Rochester General Hospital the senior pupils who have elected teaching, become the assistants
of the instructor of practical nursing. They assist not only in teaching, but in follow up work on the wards.

   a. In the Massachusetts General Hospital and in several other schools, clinics are conducted on the wards by physicians. This seems to have proved a very valuable method of teaching and is not objected to by the patients.
   b. Lakeside Hospital, Cleveland, and other schools use the case study method.
   c. Mount Sinai Hospital, Cleveland, in the senior year, has practical demonstrations given by students. Before the demonstration the student gives the anatomy and physiology of the part of the body upon which she is working, and after the demonstration she is questioned as to any drugs which she may have mentioned, and thus correlating anatomy and physiology and materia medica with her practical nursing.

THE TEACHING OF ETHICS

Conducted by Sarah E. Parsons.

A spirited discussion on the subject was carried on for an hour and a half. The following points were made:

1. That there is a great similarity of problems in all parts of the country. That there has been inferiority in the teaching of ethics. That it is time to get together on the subject and to teach appreciation and standards. That this should begin from the first day of training. That supervisors and head nurses are teachers, whether they wish it or not.

2. That ethics be taught from three standpoints; from the point of view of duty, of opportunity, of responsibility.

3. That etiquette and ethics are related. That good manners promote good morals.

4. That a modified form of student government is of great value in the ethical standards.

5. That the formation of right habits be encouraged. Also the breaking off of bad habits.

6. That the youth of pupils provides a period when they are susceptible to good influences. That it is possible to reach them through a desire for success, and what is known as the hungering
and thirsting for righteousness really is right doing and that pupils can be approached on these grounds.

7. That a free discussion of the problems with the pupils is a good thing. That they be made to understand the value of efficiency records. One superintendent states, that at the beginning of every class in ethics for ten minutes she conducts what is known as "over the desk," which is a discussion of problems which come to her from day to day.

8. That several states have included the subject of ethics in state board examinations, as a means of pointing out the importance of ethical teaching. It was shown that this has revealed the fact, the students still have little knowledge of ethics or nursing organizations. It was pointed out, that the lack of ethics is due in part to lack of early home training, rather than professional training, and that point was emphasized that more attention be paid to the kind of woman selected for the school of nursing from the point of view of morals and ethics, as well as education.

9. That ethics be taught systematically from the beginning of the training and carried on through each year of the course. That in order to avoid teaching, which resembles preaching, that free discussion be encouraged in classes, also in class organizations, and that papers and written lessons be utilized from time to time including problems to be worked out.

10. It was also shown that teaching of ethics can scarcely be divorced from the teaching of science and that most theoretical instructors inculcate ethical principles in the minds of their students during their theoretical courses. That value of teaching of psychology and sociology was emphasized.

It was pointed out that the teaching of the history of nursing and biographies of the nurses who have been prominent in developing the profession be studied. That the following books be read. Adams, Democracy and Social Ethics; Cabot, Social Service; Materlinck, Life of the Bee; Roice, Loyalty.

That this centennial year of Florence Nightingale be utilized in stimulating special ethical teaching through reading along these lines and through the collection of books and pictures of all our leaders.
HOW CAN WE IMPROVE THE TEACHINGS OF SCIENCES IN TRAINING SCHOOLS

Conducted by Miss Amy P. Miller, Instructor, Johns Hopkins Hospital Training School, Baltimore, Maryland.

Subject I. The teaching of anatomy and physiology

Discussion opened by Miss Hawkinson, Instructor, Massachusetts General Hospital, Boston, Massachusetts. The opinion being expressed that the subject was best taught by the nurse instructor, thereby bringing about the better application of the work to the needs of the student as adapted to the care of the patient. A period of eighty to ninety hours was given to the subject, one half the time being given to laboratory work. This consists of work with the microscopic study of tissues, dissection of animal organs, and the attendance of the students at autopsies, especially arranged for nurses, twice during the course. The pathologist being called upon to assist with this part of the instruction.

Miss Watson, Instructor, Philadelphia General Hospital, Philadelphia, Pennsylvania, advocated the same method of teaching by lectures, giving text-book references, review work with the frequent use of microscopes. Students are required to make drawings of specimens. The course is supplemented by six lectures and demonstrations in experimental physiology given by a doctor.

Miss Ramsay, Lakeside Hospital, Cleveland, Ohio, advised that the nurse instructor should have her laboratory work in physiology supplemented by experiments done by the doctor. Miss Fouriner and Miss McKaskie both practice the taking of students to autopsies during their course of anatomy and physiology.

Miss Stewart, Charlestown Hospital, Boston, Massachusetts, in connection with her teaching, spoke of the method of live animal experimentation, demonstrating the circulation in the mesentery of a guinea pig and other experiments of the same nature, this assistance being conducted by the doctor.
Anatomy and physiology were taught as separate subjects in several schools, but the practice was not thought to be advantageous by the instructors themselves in those schools.

Miss Gaggs, Louisville, Kentucky, spoke of the teaching in her school of anatomy and physiology as being carried on throughout the first, second, and third years for two hours weekly.

Subject II. Bacteriology

There were about nine instructors present who themselves taught bacteriology, the other schools represented having the subject taught by a doctor.

Miss Watson, Philadelphia General Hospital, Philadelphia, Pennsylvania, gives a course in bacteriology of sixteen hours in the preliminary period and thirty-four hours in the junior year making a total of fifty hours given to the subject.

Miss Allison, Rhode Island, gives twelve hours class work with the instructor and twelve hours laboratory work with the doctor.

Miss Peterson, Indiana University Hospital, Indianapolis, Indiana, reported eighteen hours of class room work and twelve hours of laboratory work in the medical school laboratories. She also reported better equipment for her student nurses for laboratory work than any other training school, having seventeen microscopes belonging to the training school, giving a microscope for each pupil in the class.

Miss Watson, Philadelphia General Hospital, reported the next best equipment having one microscope between two pupils for class room work.

Miss Ramsay, Lakeside Hospital, Cleveland, Ohio, reported interesting case work with the pupil nurses in connection with bacteriology and materia medica, bringing reports of cases in the hospital to the class room.

Subject III. Chemistry

Chemistry was thought by the majority of the instructors present to be a necessary subject taught in the preliminary course. One instructor from Detroit spoke of an excellent course of forty-eight hours in chemistry being given in the Technical High
School of that city, where the various training schools for nurses availed themselves of the opportunity to embrace the course.

Miss Miller, Johns Hopkins Hospital, Baltimore, Maryland, felt that it was of great importance to emphasize the value of laboratory work in connection with the teaching of the sciences, and that increasing demand should be made upon the hospital for equipment to carry on such work.

**HOW CAN AFFILIATIONS BE PRACTICALLY WORKED OUT BETWEEN SCHOOLS OF NURSING AND PUBLIC HEALTH ORGANIZATIONS**

Conducted by Rose Z. Van Vort, Richmond, Virginia.

That it would be a difficult course to arrange for all students was very clearly brought out. The student must have had her training in obstetrics and pediatrics and must have had four years of high school as a background before she can be considered eligible to the four months' courses as outlined by Miss Goodrich, Miss Frost of Pennsylvania, and Miss Thomson of Illinois.

Miss Lord of Rhode Island gave the outline as suggested by Miss Gardner in her book *The Public Health Nurse*.

Some schools have affiliation with their local Instructive District Nurses Association, the nurses in these instances working under the direction of an instructor as assistant to a staff nurse. They have about three hours class work during the week and attend the conferences of the S. O. C. The length of these courses vary from two to three months. The students are maintained by their own schools, but the car fare and equipment are provided by the Instructive District Nurses Association.

Miss Goodrich called attention to the rapidly increasing student body at the Henry Street Settlement House, and further added that the schools offering a public health course will secure more students. It would be a valuable addition to any curriculum.

Miss Tucker stated that public health organizations are increasing their facilities and will lend every effort to create some way to insure affiliation with training schools that measure up to the standards required.
THE CURRICULUM FOR THE FIVE YEAR COURSE

Conducted by Laura R. Logan, School of Nursing and Health, University of Cincinnati, Cincinnati, Ohio.

The Round Table on the curriculum for the five year course was well attended. Discussion centered around the following points:

1. The content of the course.
2. The distribution of theory and practice.
3. The system of credits.
4. Relation of the students to other students in the university.

Upon request the Chairman explained the five-year combined Liberal Arts and Nursing course at the University of Cincinnati as follows:

All students entering the school of nursing must matriculate in the university with the same unit entrance requirements as students in the College of Liberal Arts.

In the three years' professional course the theory and practice are so balanced that upon its completion the University grants the usual diploma of graduate nurse and gives, in addition, two years of credit toward the degree of Bachelor of Science. The diplomas of nursing are granted at the regular university commencement with the other degrees and diplomas granted to students in the other colleges and professional schools. The course in the College of Liberal Arts for the two additional years, besides the required program of: Chemistry, 10 hours; English, 6 hours; Zoology, 10 hours; offers a wide range of electives in: psychology, economics, social science, political science, history, modern language, chemistry, philosophy, English, physics, mathematics, zoology and botany. This makes it possible to adjust the student's program to the needs of pre-nursing or post-nursing; and yet it is restricted enough so that all the courses have some direct bearing upon the problems of public health, institutional management, and nursing in general.

Credit is given in the three-years' professional course on the same unit basis as in other university departments, one unit for one recitation or credit hour per week, for one term of fifteen weeks. Each month of cooperative nursing practice on the wards under teaching supervision has been credited as one such
unit except for the probation term, when the four months of nursing practice count only as one unit.

The regular three-year program for the diploma of nursing on this basis totals seventy-two credit hours, the exact equivalent in credit hours of two years in the College of Liberal Arts. The seventy-two hours include fifty credit hours in class work and not less than twenty-two in practice on the ward, out-patient, dispensary, and other services.

Each year is divided into three terms of four months each and the student nurse is freed from ward duty for the first semester following probation and for one semester in the second year for full academic work. Throughout the balance of the course four lectures a week in subjects fundamental to nursing and health are given coördinately with the different types of nursing practice in progress. The terms of nursing practice are so arranged as to permit each student to elect four months in the third year in the theory and practice of public health nursing, hospital and training school administration, or in any other branch of nursing in which there is a wish to specialize.

During the probation term, instruction is given the student only as follows: Lectures and demonstrations in elementary principles of nursing, forty-five hours; lectures on history and ethics of nursing, fifteen hours; lectures on personal and hospital hygiene, fifteen hours each; lectures in elements of cookery, fifteen hours, and laboratory forty-five hours; and lectures on introductory anatomy and physiology, fifteen hours.

In this probation period the coördinating ward practice—six to eight hours daily—begins very early in the term; as soon, indeed, as the student has been taught bed-making and the simple beginnings of personal and ward hygiene. She takes over new nursing procedures from time to time as she receives instruction therein. All the time she is becoming oriented to the atmosphere of the hospital and the problems of nursing amid the conditions in which she wishes to become efficient, and where her eagerness to be at the bedside can best be utilized for drill in the acquisition of skill in the more simple, monotonous ward procedures. This use of the probation period seems to be the best method educationally. This early, practical ward work motivates the more thorough-going theoretical courses as no other
plan can hope to do. Moreover, this arrangement is the more economical one, for it affords a working basis for guidance in the early elimination from the course of the unfit, before funds and a large amount of time and energy have been expended in giving fuller academic work to the candidate who may later prove unable to make the adjustment to the actual work of nursing, or whose chances for success and ability to assume responsibility in the more skilled and professional care of the patient are slight.

The advantages of alternating semesters of practical work with semesters of study which are free from the fatigue of ward duty are obvious. The groups relieved from the burden of wardwork are able to carry well-rounded courses worthy of university credit, courses which give the student good habits of study and a fair background for her future work. In planning the eight-hour working day in the hospital this scheme of terms off duty for theoretical courses also proves more elastic and economical both from the point of view of ward management and that of cost of instruction. It requires less repetition of courses and less juggling of time and students to insure class work at hours when the student is sufficiently rested to profit by instruction. It also makes the planning of vacations possible with the regular number of staff and students.

During the first study period the course given is:

<table>
<thead>
<tr>
<th>Lectures</th>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hour</td>
<td>Hours</td>
</tr>
<tr>
<td>1. Chemistry                                      45</td>
<td>90</td>
</tr>
<tr>
<td>2. Anatomy and physiology                         45</td>
<td>60</td>
</tr>
<tr>
<td>3. Solutions and introduction to drugs             30</td>
<td>45</td>
</tr>
<tr>
<td>4. Medical nursing—lectures and demonstrations     45</td>
<td></td>
</tr>
<tr>
<td>5. Surgical nursing—lectures and demonstrations     45</td>
<td></td>
</tr>
</tbody>
</table>

During the second study period the course given is:

<table>
<thead>
<tr>
<th>Lectures</th>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hour</td>
<td>Hours</td>
</tr>
<tr>
<td>1. Bacteriology and hygiene lectures               30</td>
<td>45</td>
</tr>
<tr>
<td>2. Pharmacology and therapeutics                    30</td>
<td></td>
</tr>
<tr>
<td>3. Social science lectures                          60</td>
<td></td>
</tr>
<tr>
<td>4. Psychology lectures                              45</td>
<td></td>
</tr>
<tr>
<td>5. Foods and nutrition lectures                     30</td>
<td>45</td>
</tr>
</tbody>
</table>

During the periods of ward practice every day of the student's time must be carefully planned. The variety of training which can be satisfactorily given is one of the strongest points in the
plan. We feel that no students should be denied, in addition to the usually required branches of nursing, training in the nursing of contagious diseases, in skin and venereal diseases, in mental and nervous diseases, and in public health field work, so the course as given to every student in the school is divided among the various services as follows:

- Introduction to general nursing care: 4 months
- Medical wards: 2 months
- Surgical wards: 2 months
- Pediatric wards: 2 months
- Contagious wards: 2 months
- Orthopedic ward and gymnasium: 1 month
- Admitting pavilion and social service: 1½ months
- Eye, ear, nose and throat, skin and venereal: 1 month
- Hospital diet and milk laboratories: 1 month
- Operating pavilion: 1½ months
- Gynecological wards: 1 month
- Obstetrical wards: 2 months
- Psychopathic and neurological wards: 2 months
- Elective in Hospital administration, or Field work in public health nursing, or Selected ward practice: 4 months

The lectures which coordinate directly with this nursing practice experience are planned to give the student a better working knowledge of her cases and opportunity to consider the community aspect of each disease. As given to each student these lectures are as follows:

- Elementary principles of nursing (in probation period) includes demonstrations: 45 lectures
- Orthopedics, genito urinary and general surgery and gynecology: 15 lectures
- Pediatric nursing: 15 lectures
- Eye, ear, nose and throat, skin and venereal diseases: 15 lectures
- Mechanotherapy: 15 lectures
- Obstetrics: 15 lectures
- Contagious diseases: 15 lectures
- Introduction to public health nursing: 15 lectures
- History and ethics of nursing (in probation period): 15 lectures
- Psychiatric and neurological nursing: 15 lectures
- Medical nursing lectures and demonstrations (first study period): 45 lectures
Surgical nursing lectures and demonstrations (first study period) ........................................... 45
Pathology ................................................................................................................................. 15
Preventive medicine and nursing ................................................................. 15

It is assumed that, after two years and eight months so spent, the student nurse is ready to profit by a wise selection of four months, specialization in the public health nursing field, or hospital and training school administration, and the corresponding elective courses have been arranged as follows: Invalid occupation, advanced courses in public health nursing, journal club, teaching of public health, nursing methods, and hospital organization and training school administration.

Miss Clayton: We would like to ratify the action of the joint committee on the Conference on Hospital Service at this meeting. Miss Wheeler will read that action.

Miss Wheeler: This meeting of the American Conference on Hospital Service was held in Chicago March, 3, 1920, and I was appointed from the League to attend this meeting. The matter was brought up for discussion in the joint boards yesterday morning and accepted, with the necessity of ratification by the League as a part of that, before action could on to further this committee report.

This committee is to make a report at the meeting in Montreal, October 4, 1920, on an outline which was suggested yesterday and which was practically taken care of. The object is nursing care to be extended to the members of each community, and to the young of that community, and a study was to be made of all the resources of training women and young men, giving an outline of all kinds of training now being given, not only in our training schools, but the courses in the high schools, and the Red Cross extension courses, the result of the short course and correspondence course and the fields of nursing, as in private duty and executive positions and public health positions and the special fields. The result of this was asked for at this conference to be held in October. The question came, how was this to be furthered?

The Nursing Committee as appointed by this conference is composed of Colonel Graham, Miss Doyle, Father Burke, Dr. Burlingham, of St. Louis, Miss Leonora Thompson and myself. The question came how far we could extend the investigation in
answer to this request and how would we have means to further the same. And as the League is a member or one of the group of the fourteen organizations making up this hospital conference, what responsibility we have in making a definite report of the study of the conditions. I have been told this morning there is a possible sum of money, which may be used in making such a survey, and if it is possible to use this money for this purpose, how far will the League back this committee in making a complete survey of the nursing resources to enable us to make a definite report to this conference on hospital service.

Miss Parsons: May I ask Miss Wheeler if she sees any overlapping of this survey with that of the committee working under the Rockefeller Foundation? For I understand that the committee now investigating the field for the training of public health nurses has accepted the responsibility of the field for the training of nurses.

Miss Nutting: I think possibly I might be able to answer that question in a general way. I do not believe that committee would ever go into any such comprehensive survey. I think it would study a group of typical schools, it would not undertake to study 1500 or 2000 schools, but something like 100, such studies are to be made by a series study of a number of different institutions and a number of groups rather than a distinctive survey of the nursing organizations of the country. Miss Burgess has been working with the committee and its plans and methods and while she could not speak in detail, she could probably confirm that point of view.

Miss Burgess: I think so, decidedly. The type of study started in connection with this work has simply taken in its relation to the hospitals. It has taken a large number of schools of different types and taken it very thoroughly, and that would be the possible idea in extending this work.

Miss Nutting: But at the same time I am quite confident if such a study could be made the committee would be glad to have it to turn to for information, because it is seeking information.

I move that the report of this committee be accepted, or Miss Wheeler’s report be accepted, and that the plan submitted by the Conference for the Committee of Nursing Resources be accepted.

This motion, duly seconded, was accepted.
Miss Parsons: Madam Chairman, when the Interstate Secretary visited our locality I had the pleasure of hearing one of her talks. I found it wonderfully inspiring and comprehensive, and since then I have had people from several different states come and say, “How can we let Miss Eldredge go? Even if the Journal cannot afford to continue to pay part of her expenses why can’t the money be raised so that we shall not lose her services?”

In talking with some of the members, we have thought if Miss Eldredge should be multiplied about five times and we could have five executive secretaries to take the gospel of nursing education and nursing service to different parts of the country, saving the waste of very long journeys and getting even more thoroughly into the remote parts where exist lots of nurses, that we could advance our cause immeasurably. So I want to ask if there is not some way in which we could secure at least the services of Miss Eldredge, if we could not take it under consideration, and before she commits herself to something else at the end of her service, be able to see whether or not we could continue the service, and whether we could not agree to ask the Rockefeller Foundation if it might subsidize the service of four or five executive secretaries to promote the cause of health in general.

Miss Clayton: You have heard Miss Parsons’ suggestion. Is there further discussion of this question of the Interstate Secretary?

Miss Clark: I would like to add my word for the Interstate Secretary. I think perhaps those of us who are more remote from the great nursing centers feel the need for such help to a greater extent than those who are more fortunate. In Indiana we have a very large number of small schools that need greatly to be improved; and if we have somebody coming with authority from the National Organization she is able to put things over that we cannot, even though we talk about them the year around. I feel that we should make every effort to continue the service of the Interstate Secretary.

Miss McKenna: I think if there is ever a time in the nursing readjustments that Miss Eldredge is needed now is the time. With all that is happening and what it may mean in the states, I feel that Miss Eldredge is of such value that we should not think of her retiring at this time. In South Carolina we were so impressed with what she brought to us. She is coming again this
year, and I feel this time that something must be done to keep
the remote sections of the country linked up with the associations
and with the League of Education. It would be rather surprising
to you women in larger sections to know how much is needed
along the line of education, not only physicians and lay people,
but many of our nurses don't know very much about the Ameri-
can Nurses' Association nor the Journal nor all those other
things which we should make every effort to support at this
particular time in our history.

Miss Jammé: I think we are all perfectly agreed that we want
Miss Eldredge. I think the question is how can we have Miss
Eldredge and how can we finance it?

Miss Nutting: If this body moves, could this matter not be
brought to the joint Board of Directors from the League, and
request them to find some way of carrying it through?

Miss Jammé: Yes, a recommendation could come from this
body.

Miss McMillan: I move that the League put itself on record
as disapproving of the discontinuance of the services of Miss
Eldredge and that it recommend to the joint Board of Directors
that some means be found of continuing her services.

This motion duly seconded, was accepted.

RESOLUTIONS

The following resolutions were passed by the National Organ-
ization of Nurses of the United States, Atlanta, Georgia, April
12-17, 1920:

WHEREAS: The meeting of the National Organization of Nurses of the
United States (American Nurses' Association, National League of Nurs-
ing Education, National Organization for Public Health Nursing) held in
Atlanta, Georgia, in 1920 has been a most interesting and profitable one
and has given us an opportunity to enjoy the charming hospitality for which
the South is noted; therefore be it,

Resolved: That our cordial thanks be extended to Miss Martha I. Gilt-
ner, Chairman of the Committee on Arrangements, and to all those who
so ably assisted her.

To Miss Van de Vrede and the Publicity department of the Southern
Division of the American Red Cross. To the citizens of Atlanta who so
generosously put their automobiles at the service of the nurses on Sunday
afternoon and to the hostess of the delightful tea party which followed.
Our grateful thanks are extended to the Rev. C. B. Wilmer of St. Luke's Church for the Invocation which gave us strength and courage for the work which lay before us.

To the mayor of Atlanta who so graciously welcomed us to his city at our opening meeting.

To Miss Mary Keip, chairman of the Music Committee, and through her to the musicians who contributed to our pleasure.

To Mr. Morse the song leader at Camp Gordon for his inspiring leadership in community singing.

To Mrs. A. P. Coles, Chairman Atlanta City Federal Women's Clubs, and to all who assisted her in making the reception a memorable and happy occasion.

To Colonel Bratton, Commandant, and Miss Agnes Agnew, Chief Nurse at Fort MacPherson, for much hospitality extended to the nurses, and for the delightful entertainment of Friday.

To Dr. Ham for his great kindness in placing the tabernacle at our disposal and to the City Council for the use of the Auditorium.

To the Young Men's Christian Association and to the Young Women's Christian Association for their hospitality, and to the ladies of the St. Luke's Guild for the delicious lunches which they served.

To Mr. Jameson and his Boy Scouts for their helpfulness, and to the citizens who opened their homes, donated flowers, and in numberless ways added to our comfort and pleasure.

We most earnestly thank the members of the Atlanta Press who have given such generous and full reviews of our proceedings day by day.

WHEREAS: This Convention was called together to deliberate upon the problem of nursing education and by conference to assist those assembled in the wisest solution thereof and the best practical application to meet individual needs.

WHEREAS: The help derived from such conference has been due in large measure to the months of untiring thought and effort on the part of the Program Committee.

Be it therefore Resolved: That we record our appreciation thereof to Miss Effie Taylor, the Chairman of the Committee, and her associates, and also to those of this Committee who have contributed by their scholarly papers and discussions to the success of these meetings.

WHEREAS: The National League of Nursing Education in order to best organize its educational policies, and guide not only the various training schools in the country in their individual problems, but more especially to establish our education aims for the profession of nursing, has appointed a Committee on Education for special deliberation and conduct of their problem.

WHEREAS: This Educational Committee has been guided by the able direction of Miss Nutting.
Be it therefore Resolved: That this Association put itself on record and hereby publicly declare its appreciation of what Miss Nutting by her wisdom, untiring effort and vision, has helped the organization to accomplish, in the advancement of nursing education.

Upon motion the report of the Resolution Committee was accepted and placed on file.

REPORT OF THE TELLERS

Your tellers respectfully submit the following report of ballots cast:

Whole number of ballots cast .................................................. 93
Whole number of valid ballots cast ......................................... 91
For President Anna C. Jamnæ (California) .......................... 90
For First Vice President Louise M. Powell (Minnesota) ...... 90
For Second Vice President Isabel M. Stewart (New York) .... 92
For Secretary Alice H. Flash (California) ......................... 91
For Treasurer Bena M. Henderson (Illinois) ..................... 89

Directors for one year

Elizabeth Greener (New York) ........................................... 49
Mary C. McKenna (South Carolina) .................................... 64
Martha M. Russell (Colorado) ......................................... 79
S. Lillian Clayton (Pennsylvania) ...................................... 89
Laura R. Logan (Ohio) ................................................... 90

Directors elected

Mary C. McKenna (South Carolina)
Martha M. Russell (Colorado)
S. Lillian Clayton (Pennsylvania)
Laura R. Logan (Ohio)

MARTHA S. J. EAKINS, Chairman,
GRACE E. ALLISON,
HELEN T. HOLLIDAY,
ELIZABETH PUISE,
MARY L. FRANCIS  j  Per
NELLIE HAWKINSON  j  M. E. J. Eakins

After the introduction of the new officers the convention adjourned to meet in Kansas City, Missouri, during the month of April, 1921.