have talked to a number of them. I do not agree with them, and that is that nurses today are becoming more commercialized than they ever were before, they do not look at the profession like they used to. I do not believe that, and I hope that this body here will stamp out that idea as much as they can as they go home to their cities wherever they come from, that nurses are just as interested and just as devoted, just as anxious to keep the profession the way it has been, rather than to let the idea go out that it has become simply and rudely speaking a commercial proposition.

One thing that I think of that must be done in order that more people will come into the nursing profession, there must be better provisions made for to take care of the nurses. Those of you who are older than some of the rest can realize what a change there has been with nurses in the past ten or fifteen or twenty years. Nurses were not looked upon then as they are today. We are gradually becoming better acquainted with nurses, we realize they are worthy and they are being better received than they were in those days that I speak about. We must provide places of recreation for nurses; we must provide better houses, better quarters for them to sleep; there must be less hours for work; there must be more interest taken in them; there must be some interest taken by boards of directors in nurses; we must make them feel that they are a part of the institution and without them the institutions cannot succeed.

I would like to see hospitals—and as the days go by states will restrict hospitals to where they shall be built, they must have ample grounds, they cannot be built down in the hearts of the city where there is no place for the nurses or those who are engaged in hospital work to go out and play or have recreation; there must be large space, ample light, ample heat, pleasant quarters to sleep in, as they must have pleasant places for recreation; those are some of the things that directors of hospitals are looking at today, and those are some of the things they realize must be done.

Now you know perhaps that here in this city which I am speaking about, nurses have been paid a meager amount of salary. A lady here spoke about what they were getting over in Europe. Some of them have not been getting much more than that here, when you compare the value of the money between here and
Europe, and what it gets. I think that nurses should be paid, if they are paid, higher stipends than they are getting at the present time.

Now I believe though that the schools that require nurses to pay tuition are getting the better class of students.

Now those are some of the things—I am unable myself to realize why it is so—but those are conditions that are confronting us, and I realize that where we are paying nurses, they should be paid a higher stipend than they are getting at the present time. We are having at our hospital like they are everywhere else, a hard time getting nurses. We have worked out all sorts of plans and we have worked out all sorts of schemes you may call them, but they have not any of them been successes. There has been some criticism in the past year and some of the speakers alluded to it here this evening that nurses perhaps were not so interested in their patients in their institutions as they had been previously. I believe perhaps that that is so but I also believe that that is a condition caused by the unrest that is confronting us today. I believe that those conditions will be righted, we are none of us satisfied with what we got, we all pay too much for what we buy, and we do not get enough for what we sell; that is the way we feel about it, but we are none of us satisfied with the conditions as they are.

We must be patient with the situation that is confronting us, we must work it out and I believe that we do well realize that when these days are over, that unrest for things will right themselves, and we will go back to working harmoniously, and that nurses will be just as desirable and just as many of them as there has been before.

There has been much unwise legislation passed in the various states. There has been no coöperation among the states to any valuable extent in order that uniform laws and uniform plans may be worked out.

I would like to see closer coöperation between directors of hospitals and the training end of the hospital in order that all over the country we may have uniform conditions and uniform laws and uniform plans. Let us all feel that we are working together not for any good that we may get out of it ourselves, because if that is the only thing we have in our work or in our life
there is not much use living—I have little use for the man or woman who has no desire in life but just helping themselves, there is not much satisfaction in that, but then the one who is helping the other fellow, trying to do good, trying to help, trying to help some one in trouble, those are the people that are getting the satisfaction in life and who when their life is ended can feel that they have had something in this world, have done something to make the world better, and no one is doing the world a greater amount of that than those who are in the profession that you are following from day to day, up-lifting, helping to eliminate, trying to make them better, trying to make them feel that the world is not bad, the world is good, and that there is much yet to be done and that we are a part of it and we can do it.

I want to say that what hospitals need is coöperation, coöperation between the nursing and the business end of the hospital, trying to show each other how they can help the other, trying to save, trying to be careful, trying to make everyone feel that they are a part of the institution with which they are connected, they are interested in seeing that it is a success, and if they have that spirit, have that coöperation, working on it harmoniously, that hospital sooner than any one else is going to come out and be a success and have all the help and all the students and all the physicians and all that they need.

I am glad to be here with you tonight, I hope you will pardon this rambling talk. I am glad you are here, glad you are in Kansas City, I hope your meeting will be a success and hope you will come back to Kansas City again, and I thank you very much for your attention.

Chairman Powell: Just a very few words before we leave the hospital and training school and have Miss Foley give us the main issue of the year in Public Health Nursing; I want to bring to you a message of a new development that is just being entered upon in the University of Minnesota in connection with its school of nursing, at this juncture.

(Miss Powell here reads paper as following.)
THE EDUCATION OF THE NURSE

BY RICHARD OLDING BEARD, M.D.

University of Minnesota

Only second in the interest of the medical profession to the education of the doctor is the education of the nurse. Striking is the similarity of the history of education in the two professions. Identical causes have been operative in the evolution of each.

From the domestic helper who has become increasingly inadequate to fulfill the needs of modern medicine in the care of the sick, to the practical or "experienced nurse," always a makeshift and often a menace to her patient, and on to the development of the highly trained nurse has been the tale of the progress of less than two generations of time; an evolution accomplished, so far, in the face of almost insuperable difficulties. And yet today with the avenues of opportunities opening wide before her, as they open to no other calling for women, the trained nurse, the right hand of the physician, the greatest economic asset of the hospital, the most essential factor in our relief agencies, the reliance of large numbers, as she should be of all classes of the people, in the event of sickness,—is scarce to the famine of the entire country.

For several years past there has been a break in the continuity of the ranks of the nursing profession. Now there is a very definite shortage of nurses to be met, medical societies, hospital associations, nursing organizations, physicians and individual nurses, together with the people at large, are asking themselves; "What is the matter?" They have been asking that question a long time and some of them, instead of meeting the issue squarely, have dodged it behind all sorts of expedients for the substitution of the cheap and inferior nurse, the nurses' side, etc. That something is the matter and that something charged up to the situation are not concerned with the matter at all, are alike true. The writer concerned with the study of nursing education for a number of years, does not find the problem easy of solution. Of certain principles, upon which its solution depends, we may rest assured. And first, its ultimate solution will be made by the great body of nurses themselves. It will not be found, nor will it be imposed upon them, by other and inter-related interests. It will not be
THE EDUCATION OF THE NURSE

reached through the medium of such local partisan-spirited controversies as recently have been staged in the State of Illinois—controversies which serve simply to becloud the public understanding, to create class feeling, and to embitter everybody concerned. It will not be settled by the creation of one type of nurses for the wealthy, and another type for the moderately circumstanced, and a third type for the indigent. The means and the mechanism must be found, either through State or social agencies, by which the highest order of nursing service will be available to all classes of the people alike.

Neither does the writer believe that the present situation can be understood by the medical profession or the public, saving in the light which a review of the history of nursing education affords. It briefly follows:

Initially, the rapid rise of population in America, the remarkable advances of modern medicine and the equally swift development of the modern hospital, created as active a demand for nurses as for doctors. The training of nurses as speedily and as easily as possible was the necessary response to this suddenly created need. It was essential, in fact, to the very life of the hospital. The private training school, attached to the hospital itself, and unattached to any teaching institution, was established as an economic arm of the hospital organization. The pupil nurse became the principal objective in the hospital administrative eye. Her service was the primary thing. Her education was a by-product of the arrangement.

As hospitals multiplied training schools, fit and unfit, multiplied with them. Their students were inevitably exploited for the benefit of the hospital they served and if there is any saving grace in hardship, the school experiences of the past may be classed among the disciplinary agencies by which the profession of nursing is coming into its own.

Undoubtedly these hospitals have rendered a public service, not only in their intra-mural nursing, but in their output of fairly trained women for private practice. For the time being, the denominational and later the municipal, hospital was the only mechanism available for the necessary supply of nurses for social uses. Multitudes of these schools still remain, sharing in the shortage of applicants for training—a shortage which, in the
light of their past affluence of pupil help, many of them find it
difficult to understand.

But in education, as in economics, deflation necessarily follows
upon inflation. A period of educational stock-taking has ensued
—a transition period marked by the old inevitable struggle be-
tween standards and opportunism, between professionalism and
commercialism, between temporary and ultimate gain. The
transition has been slow, because it has been moving squarely
against the vested interests of hospitals long in control of the
destinies of nursing education. The few leaders of the profession,
women of vision, long pointed their associates in the direction of
progress, but they found no open road. The way had to be
blazed. A new order must be established. Realizing the strength
that lies in union, they organized the alumna of the nursing schools
and the superintendents of these schools and gave them the poten-
tiality of corporate bodies.

They suggested the regulation of educational standards and the
licensure of trained nurses by state boards of examiners as a means
of establishing at least minimal requirements of training. Little
however, was actually done toward educational progress beyond
the extension of the course of training in certain schools to three
years and the offer, notably at Columbia University, of graduate
study for nurses. Some times the third year of training in the
schools meant better education for the nurse, some times it meant
merely longer service for the hospital.

Nevertheless, there were indications of the development of a
real group consciousness in the profession. The time was ripe for
reform, when suddenly the door of opportunity opened and in an
unaltogether unexpected quarter. A teaching hospital was pro-
vided by gift at the University of Minnesota and with it came the
inspiration to a University School of Nursing. The first school of
instruction for nurses under University ownership and control was
created. University requirements for admission were established;
classes were entered; an efficient Superintendent was placed at the
head of the School; a new era of University education for nurses
had begun.

In the eleven years following that event, the idea of the school of
nursing attached to a major teaching institution, using the hospi-
tal as its laboratory of training, has budded like Aaron’s rod with
multiplying leaves of promise. Six great Universities have followed in the footsteps of Minnesota. Everywhere negotations for affiliation have been in the air. The movement has given a new impetus to nursing education and, if there is today a temporary halt in the progress of the new order, we may nevertheless rest assured that in this as in every other product of evolitional development "what is good is permanent."

Then came the Great World War, with its call for nurses, the world over, such as had never been heard before. Trained women were enlisted in large numbers. New demands were made upon them. Their fitness,—their training were tested out in the crucibles of the great occasion. New visions of their latent possibilities rose before their eyes. New avenues of opportunity opened up. The fit among them grew in mental stature. The unfit had an awakening to the faults of their training, to their own needs of growth. Initial fitness, adequate preparation, were the new standards set before these women by the war. They returned to their own country with the sense of a new future and undoubtedly they have conveyed a measure of that sense to their sister nurses. A reorganizing profession is the result. In the ranks of already trained women in nursing the present situation, the social unrest, the readjustment of themselves to a new outlook, is something for which it is sufficiently easy to account. Human elements everywhere are in solution. Their re-crystallization is a matter of time.

But what of the new-comers, the neophytes of nursing? What of the definite shortage of applicants for registration in the Schools? It is not enough to say, in answer to these pertinent queries, that many more avenues of opportunity are opening to women. True,—and there are many more women entering into them. Not for a moment may he who knows nurses admit that women are any less anxious than in the past to enter a calling of service; that they are daunted at its threshold by the thought of personal or social sacrifice. Greatly as training to the point of efficiency has changed the social status of the nurse, it remains true that the nursing of the sick and the injured is a phase of the fundamental function of womanhood. The testimony of the long sacrificial past of woman to her capacity for sacrifice and service forever holds good.
Nor has the entrant into the profession of nursing, who must necessarily weigh the economic prospects of her future, any good cause to doubt the adequacy of her material rewards of service, whether in private or public employ. The laborer in this field who is worthy of her hire is paid, as she should be paid, well.

It is more to the point to note that nursing is a profession suddenly widening out into a number of diverse callings, that broad paths of opportunity are opening up to trained women for which they cannot be trained fast enough or well enough in very short order. Community nursing, visiting nursing, public school nursing, infant and child welfare work, medical social service, industrial and mercantile nursing, institutional management, organized clinics, superadded to private practice, are calling for women, as trained and super-trained nurses, to answer to their needs. It is in nowise strange that these new conditions should give pause to the student who thinks of entertaining a vocation and lead her to say, in hesitation over the prospect: "Who is sufficient for these things?"

And does not this carry with it a pregnant suggestion of certain, at least of the causes which underlie the present situation in nursing? Is not the answer to this educational problem to be found in the personal status of the questioner at the door of her own future,—a status which she shares with constantly increasing groups of young women who are seeking a vocation? There are many of them, these girls who desire to do things. They are doing their own thinking today,—thinking that has hitherto been done for them. The experiences, the tragic experiences, of the recent past of the world have borne in upon them two things: the essential of fitness and the essential of fit preparation for the world's work. With less of self-assurance and with more of self-confidence they are asking themselves two questions: "Am I adequate to the job? Is the job adequate for me?"

When it comes to the question of nursing as a vocation, they find certain conflicting elements entering into the problem. An educational past of unsatisfactory savor in the schools of training. A demand for 3 years of devotion to training, the expenditure of which may or may not be justified by the quid pro quo. A vista of possibilities in nursing in which advanced training will be required and for which a broader basis of preliminary education
should be laid. And when it comes to the selection of a school, in which her vocation is to be learned, there is room, again, for due hesitation. Is the direction of the School in the hands of those who cherish the ideals and maintain the standards of nursing education? Does it exist for the sake of the hospital it serves or for the sake of the student it trains? These are questions which past history justifies. If the record of an available school warrants the suggestion that its pupils satisfy the hospital’s hunger for help rather than their hunger for an adequate education, the chances are good that the inquiring student may hesitate at the threshold of her undertaking; that she may pause to consider whether she herself is adequate to such a test—whether a calling which must be entered by ways so devious is adequate to her. And if, in ignorance or in despite of these conditions, she enters training is it likely that the spirit of exploited service in many such schools will prove compatible with the spirit of social service which has inspired her choice? Is it not possible that the measure of hardness with which the graduated nurse now and then takes her toll of the public may be at one with the hardness in which the hospital has taken toll of her. If she has been trained rather than educated, who is to blame if she has gained in technique and lost in culture.

That the scarcity of registrants is not chargeable to the educational requirements of the Schools is shown by the discovery that it is the inferior schools which most severely suffer a lack of applicants and the University Schools which often have had to establish a limit of registration.

There is hope in the pending report of the survey of the Schools of Nursing under direction of the Rockefeller Foundation. It should serve to suggest reasonable standards of preparation and education for the profession of nursing. It should give a powerful impetus to the support of schools which have their reason and end of being in the education of the nurse, rather than in the economic administration of the hospitals they serve. It should help to standardize nursing education in the University schools.

At this juncture, the School of Nursing of the University of Minnesota, the pioneer in the promotion of the University education of the nurse, has concerned itself with a careful study of the educational needs of the present, in a well-considered effort to
meet the peculiar situation which the profession faces. It is meeting it in a number of rather significant ways.

The recent statement of one of the most prominent clinicians of the country that he would consent to the entry of no daughter of his into a school of nursing is unfortunate, but it tends to show that the situation, so outlined, has not been over-drawn.

Recognizing the economic difficulties which may beset the effort of the student to secure the best training she may get, realizing the superlative merit of the preliminary course of instruction, and appreciating the value of the service which the student nurse will render to the hospital, the University will hereafter provide for the housing and board of registrants in the preliminary course, who have hitherto paid their own costs, and will thus relieve them of a heavy burden of expense during this initial period. Thus economically equalized, the opportunity of a University education should commend itself to the applicant for training.

In the past, a limited bed capacity of the teaching hospital has limited, also, the registration of students in the University school. Recently the University of Minnesota has received overtures from other major hospitals proposing the adoption by the University of their schools of nursing and placing their hospitals, as laboratories for the teaching of nurses, at the University’s service. This trust has been accepted and a greater School of Nursing has thus been projected which should exert a strong influence in standardizing the education of nurses through the State. The arrangement will enable the School to afford a more varied and complete training to students, who will be assigned in turn to different hospital services under a competent nursing directorship of them all. The hospitals which are cooperating with the University of this end are the Charles T. Miller Hospital, of St. Paul, the Minneapolis General Hospital, and the Northern Pacific Beneficial Association Hospital.

A director by university appointment will be in charge of the greater school of nursing. A superintendent and assistant superintendent of nursing with the necessary instructors, will be employed in each of the associated hospitals. The preliminary course for all students and the undergraduate lecture program will be conducted at the university and by university teachers.
The character of the coöperating institutions will suggest, at once, the varied educational opportunities they will afford to the greater University School. The merger implies the association of a teaching hospital where cases are chosen for purposes of study; a private hospital of the highest order and of modern equipment which has fifty free beds and ample accommodations as a hotel for the sick for 166 private patients; a general or municipal hospital, in which emergency and acute cases and communicable diseases are nursed; and a beneficial institution in which the injured and the ill are cared for as in a social brotherhood, supported jointly by the employing railroad and the railway employees.

It means the nursing care of the indigent, of per diem cases, and of private patients. It offers, in addition to the usual medical, surgical and obstetrical services, hospital and dispensary training in children's contagious, and venereal diseases, in accident cases, in the more exclusive specialties, and it contemplates the early addition of a psychopathic clinic on the University campus.

Requiring the high school diploma as an entrance qualification, but following the rule of experience in placing the minimal registration age in the school of nursing at twenty years, it has been evident that the high school student who would enter nursing as a vocation has an average of two years of waiting breaking in upon the continuity of her education. The University of Minnesota has thrown a bridge over this age gap by way of a five years combined course in Arts and Nursing, to which the high school graduate will be immediately eligible. The first two years of this course are taken in the College of Science, Literature and the Arts and are devoted to studies adaptive of the student to her future work. The succeeding two years are spent in the School of Nursing, and the final year is devoted to advanced subjects, both in Arts and in Nursing, which will go far towards fitting the student for a higher order of nursing activities, or for subsequent teaching in schools of nursing. This combined course leads to the degrees of Bachelor of Science and Graduate in Nursing. A number of students are already registered in the course. They will enter the practice of nursing at the same age as their sisters of the Nursing School may now graduate.

Realizing the acute need for highly trained women in the broadening functions of the public service, the University has established,
within the past two years, graduate courses in public health nursing. These courses, covering 8 months, are arranged in two 4 months' periods for the convenience of self-dependent women who may find it necessary to take them severally. Graduates or Senior students of approved schools of nursing are admitted to these courses provided they have the preliminary high school education. A number of university departments are associated in the teaching of these women in economics, sociology, hygiene, nutrition, educational psychology, public health and preventive medicine; while a model health system, established in the rural districts of Hennepin County, together with the several relief agencies, the public schools systems and certain industrial corporations of the Twin Cities provide the laboratory fields of study.

The University School of Nursing has always had occasion to congratulate itself upon the sterling quality of its alumnæ. It has given and it will continue to give the preference of its registration to women of superior ability and training. Fully fifty per cent of its graduates have had more or less academic training. It will promote in every way the combined courses of study in which such higher preparation is offered.

It holds itself ready for any readjustment of its plan of instruction which the teaching authorities of the country may suggest. It desires in every possibly way to meet the public need. It will not lend itself to any proposals for a diminution of educational standards. Its teaching and directing staff members have set their faces squarely against the device of short courses to prepare an inferior group of nurses; convinced that, even if these women could make any fit contribution of social justice to the care of the unfortunate sick, no measures are practicable to maintain a sharp border-line between them and nurses of adequate and superior training.

Satisfied that society, under each and every economic condition of its members, should have available to its service the highest order of nursing, it favors the continued support and the further organization of public or private agencies through which trained nurses may be provided, by the hour, the day, or the week, at a cost which the economically disabled can meet; and by which the indigent sick may be given the same quality of professional care
as the wealthy ill. Its advisors are confident that under the
demands of modern medicine, with the new and broader concep-
tions of public health duty which an awakened social conscious-
ness entertains, with the recognized need of greater physical fitness
in the American people, to which the nursing profession must con-
tribute, the nurse of today, in the exercise of these responsibilities
of social service,—as the personal exponent of a profession of
service,—should have the fullest preparation for her calling that
the University may give;—that in herself and in her relation to
society, she cannot be too highly trained, too wise, or too good.
Thus we see that a course by University of Public Health
Course for graduating senior nurses will give us we feel a much
more complete field for the training of nurses.
We are now to hear from Miss Edna L. Foley on the main
issues of the year in Public Health Nursing.
(Miss Foley here reads paper as follows.)

MAIN ISSUES IN PUBLIC HEALTH NURSING

By EDNA L. FOLEY

The main issues of the year in the public health nursing field are
that it wants more nurses, better equipped nurses, more clearly
defined and closely coördinated work between doctors and public
health nurses, fewer patients and a better educated public. There
is too much preventable illness. Perhaps more legislation might
help but our public is not yet educated up to an honest enforce-
ment of such legislation as we have got. The doctor, being a
man, may swear at the quacks and cults that are entering his
domain; the nurse, being a woman, may only wring her hands
when she finds an indifferent health department a smallpox patient
attending a public school or when she traces a child's blindness
to neglected eye-inspection of the new-born. We have no laws
as yet that keep city and state public health nursing out of the
politician's spoils basket but such health laws as we have are so
indifferently enforced that we have no reason to believe that more
laws will give the public better public health nursing. Perhaps
the remedy lies within ourselves, who knows? Legislation is
sometimes a panacea, more often than not, a soporific, and so, the
public health nursing field turns to the training schools for help
and to the members of the League for nursing education for the solution of its problems.

In a recent paper discussing the relation between the specialist and the practicaler, an eminent physician, as well known locally for his tireless consideration of his patients as he is for his apparently, intentional lack of consideration for nurses caring for those patients, closed by saying:

And I trust there has been manifest in this paper the thought that whatever we plan for specialist or practitioner, it must never be forgotten that the interest that is paramount is that of the patient.

And so naturally my theme resolves itself into "Our patients,"—who are they? What do they ask of us? What are we giving them? As a public health nurse and a training school graduate, I can only answer the first question by saying—"Patients are our reason for being." If Eve had never tasted the apple, if Pandora had not lifted the lid, or if we were all Christian Scientists, presumably, we should still require nurses for the two greatest mysteries of human life would still have occurred, even in the Garden of Eden. I leave to makers of dictionaries the definition of the word "patient." To the average Public Health nurse, it has grown to embrace every other human being except herself. Neither rich nor poor, well not sick, escape her imaginary net. If she only would—or could—apply her excellent maxims and programs to herself, we should soon have a race of super-women, husky tolerant, magnificently sane.

WHAT DO OUR PATIENTS ASK OF US?

Comfort, surcease from pain, gentle, deft handling; helpful instruction of the homely, practical kind; health, a chance to work and live as Americans should. A simple enough program, seemingly, but how many hospitals have time to teach nurses to dress, painlessly, extensively, loathsome, exquisitely painful wounds? In how many medical wards is the cardiac patient's rest, diet and general care, of prime importance, especially when there are medical students to be taught the use of brand new stethoscopes and a rush in the surgery withdraws half the necessary nursing force.
The atmosphere of many hospitals reminds me of an open-air school that I once inspected. Nearly all of the children ran after- noon temperatures which the physician could not explain. As I stood watching the youngsters, the teacher, a woman uncommonly well equipped to teach six grades at one time, talked very much like this: "Children, let me see how nicely you can put your papers away. Hurry, hurry, hurry." "Children, show me how well you can do your number work. Who will have the first answer for me? Hurry, hurry, hurry." These poor little tykes, each one with a tuberculosis history or tendency "hurried" in a state of breathless tension from morn till dewey eve. The teacher was a good woman. The children loved her, but she was no more fitted for her particular job than most of us are equipped to run aeroplanes.

And so, when the patient asks "health" of the public health nurse or of the physician either, for that matter, they are not always ready with the charm that produces results.

Dr. Green of the American Medical Association Journal said before members of the Woman's City Club of Chicago last week, that there was only one medical school in the country giving its students an opportunity for practical work in public health, although perhaps six or eight were giving theoretical work. We are doing better than that for nurses. At last counting, there were 19 courses in public health nursing endorsed by the National Organization for Public Health Nursing and a larger number of hospitals annually are trying to give their students some theory or practice, or both, in public health nursing. That is the beginning of our incursion into the realms of preventive medicine, our attempt to meet the needs of the patient who asks only for "health." What we are giving our patients, depends largely upon what we ourselves have been given. And here the public health nurse finds herself face to face with what may prove to be the crux of the whole situation. Public Health means health for all, not health doled out by municipal departments, nor cures secured by the joint efforts of hospital, staff and the United States Pharmacopeia. It means also protection from preventable disease in schools, workshops and homes alike; instruction, education, and the foundation of health habits. Good health is the inalienable right of every citizen, man, woman or child, and since this vague,
almost unknown quantity is the right of every citizen, should not good public health nursing be the concern of the laity, as well as of the handful of nurses who are struggling with this big problem? The National Organization for Public Health Nursing was founded in this belief. It is not necessary to explain its work and aims to members of this audience. Its phenomenal growth during the last eight years came in response to the many and various demands made upon its personnel. But perhaps it is necessary to state that while its policies and programs have been planned and executed almost entirely by public health nurses, its work has been financed largely by non-professional friends. In fact only 7 per cent of a large budget of 1919 came from its active membership.

It would be difficult, if not impossible, to measure the debt of public health nursing to certain generous, far-sighted citizens of Cleveland, Chicago, Boston, Philadelphia, New York and other cities. Their annual individual gifts have ranged from $34,000 to $5, and in time, vision and service they have given almost as generously as the nurses themselves.

Our magazine was given and has been edited by lay-people all these years. Some of our best committee work and published reports have been done by non-professional members. Nor has all of our support come from individuals. The expense of the time, energy, thought and service given their various duties by officers, directors and committee members, has been invariably borne by the organizations employing them.

Consequently, the members of the National Organization for Public Health Nursing know how to value such volunteer service. We know too, that nursing is the ephemeral element in public health—the desire for health is here to stay. The demand for public health nurses grows annually, but it is becoming a trained demand. Just any nurse will not do. She must have had experience, or a post-graduate course, or both. She should have personality, as well as a hospital diploma. When the average community asks for a public health nurse, it wants a young woman with poise, initiative, good manners, resourcefulness, but it wants a nurse. It may get the nurse, the woman whose hands are willing to serve the physical needs of her patients. Does the fault lie with the public health nursing field, or with the hospital that
fewer and fewer nurses are willing to nurse? Must we go elsewhere for the people who are neither unwilling nor unprepared to nurse the sick? A few years ago, such a graduate nurse took to school teaching, or got married, now she is saying rather frankly that any person can give nursing care, she herself prefers to teach, to supervise, to inspect, to educate. Does this mean that we shall have to leave the nursing care of the sick and helpless to the graduates of short courses, or shall we readjust both our training school and public health nursing methods so that we may have better nurses, who will, at the same time, be sufficiently intelligent to have a social and health education added to their hospital training, using all three eventually for the good of all kinds of patients and the greater glory of their profession.

The average American girl has ideals. She is good potential material. Inarticulate she may be but she is plastic, imitative and desires to be useful. Hard work alone does not phase her, but uncongenial companions, whether superiors or juniors, do. The shortage of the right kind of nurses that most institutions are facing now may be due as much to the lack of leadership as to the aftermath of the war. The directors, the attending staff and the doctors, as well as the day-director and chief-nurse, make the hospital atmosphere.

No matter how much we shorten its hours, or soften its edges, nursing, like motherhood and teaching, will always be hard work. It will require courage, devotion and the missionary, as well as the pioneer spirit. The sick, when they are not afraid of death, are the most notoriously ungrateful people alive. A woman can only nurse them for one of two reasons—economic, or vocational. As a means of livelihood merely, nursing is a trade. It is not first cousin to a profession, but as a means of livelihood, plus a means of rendering service, nursing, wherever done, is an act of mercy, and that is considerably better than a mere profession. We should cease to quibble over these meaningless distinctions of title—private nurse, public health nurse, and what not, “By their fruits shall they be known.” We need better, as well as more nurses before the public health nurse field can be sufficiently and adequately developed.

As public health nursing has developed during the past year, it has clearly demonstrated three services that the League for Nurs-
ing Education, because of its first hand contact with the laity, the medical profession and the pupil nurse, may render nursing and nurses. It can aid in bringing about a closer, more intimate contact with non-professionals, both individuals and groups. It can effect between physicians and nurses a better understanding of their singleness of ultimate aim—well patients. At last and by no means least, it can recommend, and possibly bring about a real return of the hospital training of nurses so that they will be given an opportunity to prepare to specialize and will be taught to appreciate the dignity of their calling and the extent of the service they are being equipped to offer their fellow men. This work rightly belongs to the League.

*Morning Session, Wednesday, April 13, 1921, 9.00 A. M, Muehlbach Hotel. Chairman, Miss Helen Wood*

Meeting called to order by chairman at 9.15.

*Chairman Wood:* Our topic for discussion this morning is, "The Needs and Opportunities for the Training of Attendants." We have three papers for this morning with reference to the three classes of schools for attendants. The first will be a paper by Miss Shepherd, representing a school for attendants organized independently of the hospital, and sending its pupils to the hospital for practical experience; the second paper by Miss Frey, with reference to the school at Research Hospital that is organized where there is a training school for nurses, and the third paper will be by Miss Isabelle M. Baumhoff of St. Louis Maternity Hospital, where there is a school organized in connection with a hospital where the nursing is done only by affiliated pupils from other schools.

*Miss Shepherd:* I feel a little hesitation in talking to you about the subject of training attendants because I do not doubt but many of you know more about it than I do. I have only been doing it three years. When I started to train attendants, we simply worked it out together, my directors and I, and I thought I would like to tell you briefly about it, and then Miss Wood will allow us to discuss that.
SCHOOL FOR ATTENDANTS: ORGANIZED INDEPENDENTLY

By KATHARINE SHEPHERD

The Household Nursing Association was organized in 1912 by the Women's Municipal League of Boston. They followed a plan which Mr. Richards Bradley had worked out in Brattleboro, Vermont, whereby nursing care was provided in cases where the service of a graduate nurse was not required or could not be afforded. Women of more or less training were sent out by the Registry under supervision of a Graduate Nurse who visited each case once a week or oftener to give any necessary advice or instructions.

The Registry always endeavored to send to a case the woman best suited to undertake the work but it was often difficult to find out the extent of their training or experience. It was therefore decided to give a definite course of training and the school was opened in April, 1918. The course was carefully planned to give the pupils only what seemed absolutely necessary to fit them for the special work which they have to do.

During the three years 145 women have entered the school. Of these, 32 were unable for various reasons to complete the course, 52 have been graduated and there are at present 37 in the school.

We have also had 17 pupils from other hospitals. The Talitha Cumi Maternity Home, which gives a 9 months maternity course, sends its pupils to us for the 6 weeks Household Training.

The tuition fee is $50.00. If immediate payment is impossible, the pupil may pay it in installments during the earning period.

The course of instruction covers 7 months; a six weeks' preliminary course of household training at the headquarters of the Association, 6 months hospital training, the last 6 weeks being in post-natal work. This is followed by 6 months supervised field work.

During the household training, the pupils are in charge of a resident instructor, who is a graduate of Simmons College.

The cookery course includes two branches; that for the invalid and for the family. This covers 30 lessons of two hour periods. They are taught the planning of the family budget, and are taken to market and taught the buying of food.
They have 6 lessons in nursing similar to the Red Cross Home Nursing Course, taught by a graduate nurse who also instructs them in the elements of Ethics and Etiquette.

Their course in Elementary Physiology with special emphasis on the digestive tract together with a brief course in dietetics gives them a foundation for their hospital work. These lessons are made as simple as possible.

By having this course precede the hospital training, the pupils, most of whom have had a meagre education, cover more ground in the limited period than would be possible if the study was combined with the hospital routine. Our aim is so to prepare the pupils for the hospital they enter with some knowledge of the essential requirements and begin at once to take active part in the work of the wards.

Perhaps an outline of a typical day will give an idea of how the household training is carried on. Let us take a class of 12, which is divided into 3 groups of 4 each. The first group prepares and serves the breakfast for the class and the staff, and clears up afterwards, while the other groups are doing the dormitory chamber work. At 9 o’clock all assemble for a one hour recitation followed by a one hour lecture, the two divided by a 5 minutes setting up exercise with open windows. The second group then prepares and serves dinner. At 2:30 all assemble for cookery instructions and laboratory. The third group prepares the supper. In the evening a two hour quiet period is maintained for study. It will of course be understood that the groups are constantly shifted so that each individual has practice in the various duties of the household.

The problem of making these women understand the necessity of discipline is naturally greater than in a Training School for Nurses, because we have girls of High School age and grandmothers in the same class. Their previous schooling and environments varies as widely as their ages.

The work would be much easier if we had a satisfactory text book covering this particular course. Our pupils study from the notes which they take with varying facility, and are given a physiology for reference, which is in some cases too advanced for their comprehension. We hope in the near future to prepare a simpler text book which could be made available for other schools.
On completion of the household training the pupils are sent to the affiliated hospitals. Reports of their progress are sent to the Association, and the Superintendent visits the hospitals to keep in touch with the attendants. Our affiliated hospitals are the Henry Heywood Memorial Hospital at Gardner, Mass., the Deaconess Hospital, at Concord, Mass., the Tali Cumi Maternity Home at Jamaica Plain, and the Rufus Frost Hospital at Chelsea, Mass.

After the 7 months course of instruction is finished, the pupils are sent on private duty under the supervision of a graduate nurse. Their cases are selected to give them as much variety as possible. Each case is visited by the Supervisor at least once each week, and more often when necessary. She inspects the work of the attendant, gives any necessary instruction, and endeavors to adjust any difficulties. Sometimes it is necessary to protect the attendant from the unreasonable demands of the family, who may give parties and burden the attendant with all the preparations in addition to the care of her patient. Often the Supervisor must teach the attendant how to handle the domestic situation in the individual home. It is here that the attendant would fail if she had received only institutional training. With the household training she only needs guidance in applying what she has learned to meet the needs of the home upset by illness.

The diploma, which is signed by the affiliated hospitals, is not given until the satisfactory completion of the entire 13 months, although earning begins as soon as the hospital training is finished. The wage for the first 3 months is $17.00 per week, an additional fee of $1.00 being paid to the Association by the family for the expense of the supervisor. The next 3 months the attendant receives $19.00 per week.

The policy of the Association has always been to maintain weekly supervision over every case on the Registry. After the Training School was started we found that attendants were leaving the Registry rather than submit to constant oversight. We questioned a great many of the attendants and found that they resented the idea of being supervised, rather than the actual visit of the supervisor on the case. They seemed to feel that they had gained nothing but graduation and receiving a diploma. Supervision is released after the graduation but that the Associa-
tion endeavors to visit each case on the Registry at least once in order to see that everything is satisfactory, both for the family and the attendant. The supervision fee which was collected by the attendant with her wages was also given up after graduation and a case fee of $2.00 substituted, which covers all expenses of care, telephone, postage of bills. This plan has apparently been successful. The friendly visits of the nurse are usually welcomed by the attendant. A large number of attendants remain on the Registry and we keep as much in touch with all our cases as we did before.

Experience has shown us that it is unwise to train attendants in the same hospital with pupil nurses. There is inevitable jealousy and friction between the two classes of pupils, and the drudgery of wards falls entirely upon the attendant, without the interesting nursing care to make this drudgery bearable.

Our experience also shows us the advantage of organizing the training of attendants independently of the hospitals. If the attendant receives the household training under home conditions, and is sent from the school to the hospital for the necessary experience in bedside nursing, returning to the school for her graduation, she is more likely to feel a loyalty to the Association and not claim to be a graduate of the Hospital Training School.

The future of the attendants and their proper employment is largely in the hands of physicians. It is not enough to give these women careful training for their special work in the nursing field if they are afterwards allowed to undertake work beyond their ability and without supervision.

Many doctors in Boston and vicinity, after securing an attendant from our registry, keep her constantly employed on their own cases without further reference to us. The attendant naturally prefers to work independently and very soon feels herself quite equal to the graduate nurse. This is not the case with doctors of high standing in the profession. They always refer to us for the attendants and usually insist on having them under supervision. Doctors are now asking for our graduates in preference to the experienced nurses whom we also have on our Registry.

Another difficulty in keeping the attendants on the Registry is that they are in great demand for hospital work. They receive wages almost as large as those paid the graduate nurse, and enjoy
the regular hours off duty more than the uncertainty of private work.

It is an interesting fact that out of almost every class one or two pupils decide to take the 3 years training. When they apply for the school they are advised to take the 3 years course if they have had the required education. At that time they are not willing or do not feel able to give up the 3 years, but after finishing the 13 months, and saving enough money, they are often strongly desirous to become graduate nurses. If their education makes this impossible, we have sometimes been able to find light work for them where they can attend night school, and qualify themselves for hospital training. These women would probably never have entered the Hospital Training School without their experience as attendants.

PROBLEMS

Some of our most pressing problems are these:
The discontent of the attendants with the name. We have recently had a petition from a number of pupils asking to be called "practical nurses." They are apparently willing to have the word "nurse" qualified, if it may only be somewhere in the title.

Another problem is their desire to wear white uniforms. This we try to discourage.

The difficulty of instilling a feeling of loyalty to the school. This is probably because the pupils are in the Central School so short a time, and during this time there are no older pupils to establish a precedent. We have made efforts to link the alumnae with the school but have had rather poor results.

REGISTRY

Then there is the matter of what pay they should receive. After graduation all attendants on our registry are held to $22.00 a week, with $2.00 extra for laundry. All other registries in Boston pay much more. We arranged conferences with the various Registrars hoping to agree on a maximum wage. These conferences might have been more successful if the Registrars of nurses clubs had come, but without their assistance nothing was accomplished.
There is above all the grave problems of preventing the attendants from undertaking work beyond their ability. In our opinion, however, the trained attendant is much less dangerous to the public than the practical nurse who has picked up some nursing skill and a great deal of misinformation. We try to impress upon the pupils from their first day in the school their definite if limited place in the nursing world. It is sometimes hard to teach them their limitations without discouraging them.

This might be more easily handled if the attendant had a recognized standing in the community. She knows she is only on sufferance with many graduate nurses and is apt to feel an antagonism for them which need not exist. Legislation may help to define the place of the attendant.

In the winter of 1921 the Household Nursing Association brought before the Legislature a bill for licensing the attendants and had the support of many doctors and of the Massachusetts State Nurses. This bill was favorably reported by the Public Health Committee but was defeated in the Ways and Means Committee owing to the opposition of the State Hospitals for the Insane. They argued that it would injure their hospitals where the attendants have very limited training; that if the attendants were trained and licensed they would demand higher wages, which would increase the expense to the State for running the Insane Hospitals. This winter the State Nurses decided to wait a year and watch the result of licensing in New York, before presenting another bill.

We hope that in the future there will be many more Central Schools such as ours, all giving the same standardized training, sending the pupils to affiliating hospitals and taking them back to work under supervision.

We believe there is a future for attendants in district nursing, especially in country places where several might work under the supervision of one graduate nurse.

The nurses' efficiency would be increased by this saving of her time and strength. This has worked successfully for many years in Brattleboro, Vermont, and there seems every reason why it might be equally successful in other country districts where the nursing problem is acute.
Recently a nurse from a village in New Hampshire visited the Association. She was interested in two middle-aged women who were anxious to nurse their friends and neighbors under her direction. She wished to send them to the Household Nursing Association for training. In such a case we would be willing to release the pupils from the 6 months private duty under our supervision if the nurse in their home village would report to us on their work and certify that in her opinion the attendant had earned her diploma.

We are urging this experiment in Sharon, Maine where there was no graduate nurse within 40 miles. The doctor who practices in three villages has promised to give a certain amount of oversight to the attendants who work on his cases and to report to us at the end of six months.

There is one great difficulty in enlarging the field for the trained attendant.

Most of us agree in the necessity of having well managed placing stations and supervision given by graduate nurses. But it is absolutely necessary that the supervising nurses should have enthusiasm for the work. If they are lukewarm or incapable the experiment is doomed to failure from the beginning. But the enthusiasm is not enough in itself. The nurse must learn how to handle the attendants. Different methods must be used from those which would be successful with graduate nurses. No end of tact and patience is needed together with the willingness and ability to study each personality.

During the last three years we feel that we have made some headway with the problem of training attendants.

I have presented to you some of the difficulties which do not belong to us alone. These difficulties and the future of attendants depends upon the cooperation we are able to obtain from graduate nurses and from the members of the medical profession.

Chairman Wood: Supplementing Miss Shepherd’s paper which has been most interesting because it has been given with detail with which few people could present the subject, I feel we might hear from Miss Barnaby of the Henry Hayward Memorial Hospital, where the same student attendants are taken for their hospital experience.
SCHOOL FOR ATTENDANTS: HOSPITAL AFFILIATION

By MARIETTA D. BARNABY

To be able to stand before you today to talk about attendants—means the realization of a long cherished dream—that I might sometime be able to tell to you—the members of my profession—on whom rests the burden of nursing education—how very much in my mind for many years has been the subject of the teaching and training of this special group of workers in the nursing world.

Early in my training, which was '87-'89, I began to realize—in part at least—the truth of what Miss F. A. Stone said, in her paper on attendants, given before the National League for Nursing Education in 1917, viz; that this body of women—call them what you will—are doing, always have done—and always will do—a great part of the heavy nursing work of the country.

During that period—'87-'89—often, in fact almost always, the only special nurse available in an emergency was the so-called experienced nurse—and there was one, whose memory I still cherish because of the moral support I received from her in my first night duty, when I had been less than 2 months in training.

Then in my first three years after graduation, when I was in charge of a small private Hospital in the same city, this woman and others of not so fine a type were of great help to us at various times. Then followed 15 years of private nursing—during which I encountered various specimens of the genus "experienced." I was equally impressed by their knowledge and their lack of knowledge. And during all that time, the realization grew and deepened—that this group was a very real, very necessary part of our profession whether we would or not, that it was for those of us who had had superior advantages of education and training, to make some effort to bring them into line.

I felt that if they could have a certain prescribed training and there could be aroused in them the proper sort of vocational pride and a desire for the certain status that such training would give—it would do something at least toward eliminating the practical nurse as we have known her in these years and I dared to believe that in the not too distant future we might have a body of women of specified training, their place in the nursing profession defined by that training, and our profession as well as the public protected by proper legislation.
The first school for Attendants in the East of which I have any knowledge was that established in Boston about 20 years ago called the Trinity Training School for Attendants, which gave a 9 weeks course, its graduates receiving a certificate permitting them to care for Chronics, Convalescents, nervous cases and obstetrics, and to receive $10.00, $12.00, and $15.00 per week according to the length of time they had been graduated. I never knew that they overcharged, but I do know that they were employed on acute cases such as pneumonia and typhoid; but I believe that the physicians employing them were responsible for that.

In September 1913 our attention was first drawn to the work of the Brattleboro Mutual Aid Association. By hearing a paper read by Mr. Richards Bradley, Trustee of the Thompson Fund, on "Organized Home Care for the Sick" before the convention of the American Hospital Association.—That paper, published in the report of the Association for that year, is well worth your perusal.

Later, through Miss F. A. Stone who was associated with Mr. Bradley in this work for more than three years, and who more than any one else laid the foundation for the work now being done in Boston and vicinity, the Henry Hayward Memorial Hospital became interested in the Household Nursing School for Attendants established in Lynn in 1916. This was a six months course, consisting of two months at the school, two in Hospital and the remainder on the district under supervision of a District Nurse; later an agreement was made by which all pupils worked under supervision for a year, and at the present time the House Staff includes twelve attendants, eight of whom have been graduated more than two years and are still working for the Association.

In November 1916 the Heywood Hospital, which had always employed Graduate Nurses, because of the increasing difficulty in obtaining a sufficient number, because of my interest in attendants, and because of the stress of the war, entered into an affiliation with the Thompson School at Lynn, receiving at first two attendants only at one time for the period of two months. These first received practical instruction only. In December 1917 the Lynn School was discontinued and the pupils transferred to Brattleboro.

From that time during the remainder of the war and the epidemic we received all the pupils with which they could supply us,
never having enough for our needs, however. Many of them were allowed to remain more than 2 months, these being principally the older women who found it hard to grasp all they were expected to get in the shorter period, but who given the longer term developed often times in a very gratifying and surprising manner; returning to do a much needed work in the country district from which they came.

In May, 1919, the Henry Heywood Memorial Hospital embarked on another affiliating venture, this time with the Household Nursing Association of Boston. This we had hesitated to do because this Association asked that their pupils be received for 4 months, and that they be given a certain amount of theoretical instruction which it seemed difficult for us to arrange. After we had received our second class of 4 from the Household Nursing Association, it became evident that in order to fulfill our undertaking it was necessary that one nurse be appointed as Supervisor and instructor with no other duties. This was done in November 1919 and after many experiments and much planning, we have evolved a scheme which seems well suited to our present needs, we expect to change, and we hope to improve as time goes on.

The Henry Heywood Memorial Hospital is a hospital of 45 beds, with a daily average of 40 patients. We have a staff of 18 Graduates divided as follows:—Superintendent of Nurses, Supervisor or Instructress of Attendants, Night Superintendent and three night nurses, Surgery Supervisor and two assistants or anesthetists, three seniors on as many floors, three who take care of private patients only, and one in each of two public wards. The work is largely surgical with no obstetrical but emergencies. Maternity and children's wards, each having twenty beds each are in process of construction, however; and on their completion we expect to give the attendants their entire hospital course.

On arrival at the hospital the whole class of attendants, 7 in number, is divided between 2 public wards, each of which contain 10 beds and is in charge of a graduate nurse.

Here they receive instruction in practical work, a copy of the outline of which may be seen among the exhibits devoted to nursing education.

They are kept in these wards for a month, if possible; and of the remaining three, one is spent on night work, and one on each
of two remaining floors—on one of which they are taught the care of children and babies as far as we have the material for such instruction, and on the other they assist in the care of private patients. The theoretical instruction at the hospital is given in a course of 13 hours, and two tests are given. Each attendant is allowed to see one major operation.

Early in 1920 it became apparent that the two affiliations, conducted as they were on different bases, could not be harmoniously maintained; the pupils from Brattleboro asserted their right to the same amount of training, both theoretical and practical, which was given to those of the Household Nursing Association. The first was easily granted; but the trustees of the Mutual Aid, on being petitioned for extension of time in Hospital, stated that they felt it would be unwise to accede to the request, because they felt that the two months practical instruction fitted their attendants sufficiently for the type of work which they were intended to undertake. That being the case, it seems wiser to discontinue their affiliation which was very regretfully done.

Miss Shepard has spoken of our difficulties and our problems. It seems unnecessary for me to rehearse them. I feel that they are not greater than those of a training school for nurses; but this being by way of an experiment, we feel a prodigious sense of responsibility lest we let loose forces which we cannot control. The two major difficulties which present themselves to my mind, are the probability of their posing as "nurses," and the possibility of their overcharging. The former case can be remedied by a change of name, which I hope may be effected some day. Some one has said recently—appropos of this matter of names—that the public will not be dictated to as to the manner of its use of the English language, and that a person who takes care of the sick having been from time immemorial a nurse, a nurse she will continue to be to the end of time. However modified, the latter difficulty can be overcome only by proper legislation, and I feel that to the accomplishment of this end we should give ourselves in no uncertain manner.

Chairman Wood: I am going to ask that all questions be suspended until we hear the three different presentations of the subjects; and I will now ask Miss Frey, Acting Superintendent of Nurses at the Research Hospital, to speak of their school for attendants which is a comparatively new organization.
TRAINING ATTENDANTS FOR THE SICK IN A HOSPITAL FOR NURSES

BY CAROLYN FREY

About the time of the Missouri State Nurses Association meeting in Kansas City in October, 1920, the shortage of nurses at the Research Hospital became of such great import, that if the entrance and educational standards already established were to be kept and guarded it seemed imperative to take some radical step to secure immediate help for the student nurses on duty.

The Research Hospital being an institution where the majority of the Patients are of the strictly private type, is yet with enough ward service and laboratory experience to furnish a sufficient basis of training to conduct a school and graduate a student with a background of case work and staff contact. Yet it seemed almost impossible to secure graduate nurses who were willing to serve at a less or even rate of renumeration extended to the supervisors conducting the floors.

Finding this first and strictly desirable effort unnegotiable, we turned to our Board of Directors for some solution to the problem. All during the summer and fall of 1920 we had some 8 hired attendants besides extra maids in the diet kitchens and extra orderlies on the floors. But this increase was not meeting the situation. We shortly realized that the hired attendants, while handling the menial work, were not giving us the result we wished to obtain, namely, to definitely lighten an increasingly heavy burden devolving on the student nurse without sacrificing her education and her physical strength.

During this period we were sending our Probationers and Junior students to Junior College for their preliminary training and were maintaining in the school for the Intermediate and Senior students a curriculum of study adopted from the National Curriculum for Nurse Training Schools, besides supporting our existing affiliation with Mercy Hospital for sick children.

It is a noteworthy fact, that despite the shortage on the floors, we did not hear any of our staff members say that the educational requirements should be lowered; but we were given definitely to feel we had their hearty support in maintaining standards. But, let me add, they did not encourage the placing of the student attendant.
So with these facts in mind and after a survey of the Training School had been made by Miss Parsons, we presented our knotty problem to the Board of Directors. Aware for some time that a shortage was impending, the board members faced the problem with a real desire to help.

After several meetings and much debate, and also facing the realization that placing the student attendant in an established school might not bring the results desired, but really knowing not what else to do, it was decided to give it a trial, with the following plan to pursue; A course of nine months to young women over seventeen years of age with a grammar school education.

As others have done, we advertised. Of course scores of letters followed a great many aspirants feeling that at last a short cut to the Royal Road of Nursing was within their grasp. By careful elimination we finally secured twelve, eight of whom are now in training.

The course was started with a great deal of concern for the school and for the profession.

The young women entered training with a thorough understanding that they would receive no certificate, only a letter of recommendation on the completion of their course, except in such instance that the Nurses law in Missouri should be changed to such effect, that so-called practical nurses and attendants for the sick should be required to file a certificate with the Missouri State Board. Since such bill has been successfully passed the hospital will now issue a small certificate to the students completing the nine months course.

As to the course presented the students, our plan of training was as follows:

Five months practical duty, medical and surgical.
One month Diet Kitchen.
Six weeks night duty.
Six weeks maternity with care of mother and baby demonstrated, and observation of three cases during delivery.
Two weeks vacation.
In theory Henderson's text book on practical nursing is used with probably 100 hours in teaching theory.

In practical work, the elements of bed making, temperatures, enemata, counter irritants, principles of cleaning, sterilization,
housekeeping, bandaging, simple medication, hypodermics, bathing, morning and evening care of patient and convalescent care.

None of the major treatments are to be taught these young women, neither are they to spend one day in the operating room.

On completion of their course they will be capable of going into a home and caring for a moderately sick patient or convalescent case.

As to living quarters, the nurses at this hospital live in one of the new wings of the new building, apart from the patients. The rooms are comfortable, with adequate closet room. Two students occupy a room.

In order to segregate the attendants, we placed them very much by themselves on a floor in the nurses quarters. They are seated at their own table in the dining room and aside from this particular contact there is no social contact.

The Board of Trustees decided to furnish full uniform equipment, also text books, and accord them ten dollars a month.

As to the success of this venture;

These young women come with a fair amount of enthusiasm and exhibited from the first a good amount of interest, and have carried out orders faithfully.

Personally, we have not found any instances in which the student attendant has tried to assume the rôle of student nurse, although such reports have come to us from the students in training in the regular school.

Advantages. Let us speak first of the advantages of this venture. Primarily we have secured a co-worker on the floors, who has taken over a great deal of the menial work, thus relieving the student nurse of the care of lavatories, dressing rooms, carrying trays, carbolization of beds and cleaning rooms.

Secondly, these young women upon completion of their course, will be able to give to the great middle class of people a form of nursing service at an average rate of pay, when the middle class cannot afford to employ the graduate nurse on private duty.

Further, we feel that after nine months training, these young women can very adequately fill the position of office assistant and we believe that several of this particular group are preparing for this service at present.

Against the advantages are many disadvantages.
First, the attitude of the student nurse. There suddenly comes into her province, a strong young woman, who is to be limited in her sphere in the nursing work.

This young woman must be limited in three ways.
First, she must have very little to do with the doctors.
Second, she must have no direct charge of the patient.
Third, she must at all times be sub-servient to the student nurse.

Now out of all these conditions there emerges a tendency on the part of the physician to utterly ignore the attendant, which we have found absolutely to be the case, and a great inclination on the part of the student nurse to exercise an undue amount of authority over the attendant; and because of these first two conditions which are decidedly prevalent, there arises with the patient a certain lack of confidence in the young woman who does not wear a nurse’s cap but assumes some of her duties.

As a result of the above conclusions the attendant easily finds herself in the position of neither fish, flesh nor fowl, and it necessarily makes for a certain discontentment, nor has it been possible to develop much social life for the attendant. Thus she has been thrown on her own resources very much more than has been our wish.

To say it is not possible to train attendants in the same school with student nurses is not at all what we wish to convey; but we have not felt with all the factors considered that we could call it a marked success, nor have we advocated that the Board of Directors should continue this policy.

A great many arguments might be advanced both for and against the spirit now obtained amongst the student and graduate nurses of today. But we cannot honestly say that the spirit of unrest and commercialism has been advanced because of the attendant in the training school; but rather there has been a tendency on the part of the nurses to more closely look to their own laurels.

But above and beyond all this is the constantly pressing need of a great class of people, which we as graduate nurses are not meeting.

We believe that the day of the attendant is here to stay, and were it possible to establish convalescent divisions in our hospital wards, and separate living quarters for the attendant, thus placing
her on a scale of comparative freedom in her work and life, and yet establishing her under a safe and sane control, then the problem would present to our minds a clear solution for the immediate future.

Thus in a review of our experiences, concerning a period of five months, we return the opinion that the scales do not balance evenly in the favor of training the attendant in a Training School for nurses, unless very definite lines can be drawn. First of all to safeguard the attendant against assuming too much and on the other hand to control the student nurse in delegating too much or too little to the attendant.

Chairman Wood: Our third paper has been prepared by Miss Isabelle M. Baumhoff, Superintendent of Nurses at St. Louis Maternity Hospital, a hospital that has on its staff student nurses only by affiliation from other institutions. Miss Baumhoff has not been able to attend this meeting and I have asked Miss Gillis Superintendent of Nurses at St. Louis City Hospital to read the paper for her.

ST. LOUIS MATERNITY HOSPITAL, TRAINING SCHOOLS FOR ATTENDANTS

By ISABELLE BAUMHOFF

One of the first hospitals to feel the tragic effects of the shortage of nurses was the specialty hospital depending on affiliating schools for nurses. We being a specialty hospital, soon found that we were not going to be able to care for our patients with the few affiliating nurses that were left. One by one the "mother" hospitals needed their students and could no longer spare them for this training and they were recalled. I do not mean to imply that these schools were not giving training in obstetrics, but that they were training their students in their own schools and eliminating their work here. September 1st our affiliating schools dwindled down to four and of that number only one school had enough students to always have nurses taking Maternity training. Something had to be done and that something right off. As we are a small hospital, it was decided that a nursing corps of twelve women would be ample to ably care for the patients. If any
emergency arose graduate nurses could be secured to tide over that time.

After much discussion it was decided to organize a training school for attendants, of one year's length. This hospital has an Efficiency Committee, composed of the President of the Board, the Vice-President, the Chairman of the Nursing Committee, two physicians who are members of the staff executive committee and the hospital superintendent. They meet once a month to discuss problems relative to the hospital. The President of the Board was very keen to start the training school, as she felt it was the only solution; but the two doctors were very firm in their arguments against it. They felt it was running the risk of losing our present affiliates and drawing a whirl-pool of criticism from the nursing profession toward us. It was discussed with the State Board and the local nursing organizations and the heads of the various schools who had students in our hospital, or who had had them here. There was nothing in the Missouri law which would prohibit such a plan, but it was our intention to want endorsement of the Saint Louis Training Schools and that of the nurses’ in charge of them. The hospital staff called a meeting to discuss the advisability of this measure. They wanted to be certain that we had the endorsement of the local body of nurses, that we were going to be definite in our aim to train these women as attendants and that we would be able to develop a field for them on finishing. These points were cleared and we had the sanction of our Medical Staff added to that of the nursing profession, and our school was launched. Now the new law for nurses in Missouri provides for the licensing and registration of attendants.

Our entrance requirements are, that candidates must be over eighteen years of age and have a grammar school education. A letter of recommendation from a clergyman or some other reliable person must accompany the application, also a certificate of health from a physician.

The hospital provides 3 uniforms, 6 aprons and bibs and 2 caps. An allowance of $10.00 a month is paid in addition to full maintenance. Text books are personal property and are bought by the individual taking training. If training is interrupted the books may be left with the Training School Superintendent and the money will be refunded when the books are sold.
The purpose of the course is to train an additional group of women to care for the ordinary nursing needs of normal confinement cases in homes where a graduate nurse cannot be secured or her services afforded, also to go home with patients from the hospital and help with the baby till the mother is ready to assume such duties herself. It is assumed a trained attendant will more amply qualify than the so called "practical nurse" who has had no guided training and who so often does this work.

The outline of practical work divides the time evenly in all departments. There is a probation period of 3 months, at the expiration of which time the attendant agrees to sign a pledge to enroll for 9 months. She agrees in this pledge to not represent herself as a nurse at any time, in or out of the hospital, and that after she finished her title shall be Trained Attendant. Three months is spent on general duty, 2 months day duty in the nursery, 1 month night duty in the nursery, 1 month in the prenatal clinic, 1 month in the Delivery Room and 1 month on general night duty.

The course in theory covers lessons from Henderson's Book for Attendants, simple lectures in Obstetrics, with lantern slides, elementary lectures in Anatomy and Physiology and brief talks are given on the drugs that are used in Obstetrics. The Dietetic classes are planned to be essentially practical and consist of the preparation of such food as is used in liquid, soft and light diets. Demonstrations are given in tray setting and serving.

On finishing, the hospital will carry a registry for attendants completing the course and maintaining the required standard. The Central Directory for Nurses will permit them to register, subject to the rules of the registry.

We have had little or no trouble between the affiliating nurses and the attendants. They work in harmony and without friction. At all times are they subservient to the nurses on duty with them, and they observe the same courtesy toward them that probationers do toward senior nurses. They have quarters in the same building, but do not share rooms with the nurses. We have found the affiliating nurses very willing to cooperate with the attendants. Both groups recognize the professional bridge which lies between them, and in caring for the sick they are sensible enough to span that chasm, which was created out of necessity.
We have been selective in our choice of material and have excellent women in our school. The question of publicity has been given much consideration. We wanted more material in our school, but we wanted material of the right sort; and newspaper advertising did not seem the best course as it was apt to attract the wrong type of women. It was suggested that we confer with a man who makes a business of newspaper publicity work. He suggested running stories as news items in the city papers, the religious journals and about 40 papers over the state. It appears in the papers as a news item and does not have the semblance of an advertisement. It is too early to tell what the results will be. It is done in such an ethical manner, that I am wondering if some such campaign could not be tried out to secure more nurses for the Training Schools.

Chairman Wood: A year ago at the Atlanta convention there was a paper read by Miss Johnson, Superintendent of Nurses at Albany, in regard to the reducing of unessential work of the pupil nurses in the hospital.

That idea has been accentuated during the last year in various institutions because of the lack of sufficient pupil nurses to carry on the work of the hospital, and it is interesting to note that where institutions have started schools for attendants it has been to supplement the work of the pupil nurse; and yet I believe it is very important to know that wherever such has been done, we feel that we must be careful not to exploit that attendant just as we feel that the hospital should not exploit the pupil nurse. We must bear that in mind, and I believe that all those undertaking this work feel the point emphatically.

Now since Miss Shepherd was informed that nothing has happened in New York, I think considerable has happened, and just as has happened in a great many other states that have had a legislative program during the past year. There is a place for the attendant in the public. The hospital needs her, that is evident; but the general public needs her and yet until we can make registration for nurses mandatory the class of attendants is not going to have a dignified status that will attract the right kind of women into it; and I believe the subject has grown in proportion because of the legislation in regard to nursing during
the past year, so that it is not a jump from the training of the 
attendant to the registration of the nurse, but that they are very 
closely allied. The history of the one has grown with the history 
of the other, and I think that if Miss Burgess in opening the dis-
cussion to the session could bring out that point it would be of 
great help to us all.

Miss Burgess: I presume that what Miss Shepherd intended to 
convey when she said there was nothing happening in relation to 
attendants in New York, was probably the matter of the fact 
that no actual schools for attendants are being conducted to any 
great extent nor have any of the schools that are being conducted 
in New York yet graduated any student attendants.

There has, however, been a great deal of thought necessarily 
given to the training of attendants in New York, by virtue of the 
fact that we have a law which licenses both attendants and nurses, 
and I believe that that is the only condition under which it would 
be possible to train attendants satisfactorily in any state, because 
there must always be the difficulty which has been referred to this 
morning in the trained attendant;—no matter how careful the 
thought has been in starting the school, we cannot control such 
persons merely by our own interests or by our own ethical ideas 
presented to her. She has ideas of her own and the majority 
would naturally want to practice as nurses; and unless there is 
something to prevent them they are going to do it. I mean that 
even a law—even a compulsory law compelling a person who 
practices as a trained attendant to be licensed, cannot prevent her 
doing what the doctor wants her to do, and there is nothing going 
to prevent him employing her on whatever types of cases he chooses. 
Education of attendants will gradually come about when these 
schools have been established quite generally, and when there are 
a good group of people prepared. I think it will come about in 
time, but we cannot be too hasty about it; and it is perhaps in the 
endeavor not to be too hasty in this matter that we have seemed 
perhaps in New York to be rather slow in actually starting these 
schools.

From the discussion this morning, which I think have been most 
interesting, and which I came here with a very deal of interest 
in, it would appear to me that the schools for attendants have been 
considered with two very different ideas.
The first idea is expressed by Miss Shepherd, it being that it was the need of the community that has brought into being the Household Nursing Association in Boston, and also the Mabel Burke (?) School and those allied schools that have started the training of attendants.

The second presentation, or the last presentation especially, showed a need in an institution of other workers; the thought being that it would be possible to use or to prepare a group of persons who would be useful to the institution, and in the hopes I presume that later they would also be valuable to the public.

Of course it is the last aspect which would bring about the greatest numbers of schools, and to those of us who have given very much thought and attention to the matter it is beginning to be more and more evident that although that will be the impetus to start the schools there is a tremendous amount of need for such a group of persons not only to care for the convalescent and chronic patients in the homes, but to assist with the same type of patient in the hospital.

The law which is in effect in New York provides for this training of attendants and it also provides for the training of attendants in hospitals which also conduct schools of nursing.

We are very fortunate in New York in having our law under the control of the State Department of Education. There is an education law in New York State which makes rulings of the Board of Regents practically the same as law, so that we have there a chance even if our law itself says very little, to make other rulings which will control these conditions. Miss Wood, do you think they would be interested in knowing what rulings have been made?

Chairman Wood: I think so.

Miss Burgess: The rulings have been made in an effort to control such schools, so that the graduate nurses will be protected, so that the public will be protected, and so that if such schools are started in hospitals which are also training student nurses that the student nurse and the attendant—that neither group will be the worse for it; because there is certainly that very great danger that in an effort to use the attendant to carry on the menial work of the ward, to do the things that student nurses have always done as a matter of course and which we are beginning more and more to realize is not really necessary for
their instruction in nursing, to have all that thing pushed off onto the attendant would be as much exploiting that class which we are now trying to create, as it was and has been all these years exploiting the student nurse; so I say it will take a great deal of time and a great deal of thought to have these rulings drawn up and also a course of study for the trained attendant.

I have here the "Syllabus and Guide for Schools for Attendants," and these are the rulings which have been drawn up relating to schools for training attendants. Now we realize that every one we talked to about it, (even on our board of nurse examiners,) had a different idea of what an attendant should be. It took us a good while to become one on the matter, and we realize that was simply an indication of what would happen in every hospital and school which started to train attendants.

In the first place they have got to be told in some way authoritatively what a school for attendants ought to do, otherwise they would be going off at a tangent immediately; so we tried in a few words to state what the purpose in training of an attendant was, or what her status should be, and so we started out our regents' rulings in this way:

In planning the curriculum for schools for trained attendants, committees having the matter in charge are urged to have clearly in mind the duties the trained attendant is expected to perform.

The demand is for a person to be of very practical assistance in homes where there is need of personal attendance in cases of minor or chronic illness or during a period of convalescence, after the time of critical illness has passed.

The attendant may be called on to take part in household duties, such as the preparation of meals and caring for children.

Her training is not intended to prepare her to care for cases of acute illness, although in such cases she may be called on to render assistance to the registered nurse.

It should be understood that the course is intended to train an attendant that will be as valuable in her special field as the registered nurse is in hers.

Now these are the regulations—in the first place this first regulation would not interest you particularly; it simply relates to the incorporation of the school. We always require in New York that a school for nurses and so with a school for attendants, that it be either incorporated or attached to an institution which
is incorporated; of course you realize this gives a certain stability to the school which you could not otherwise obtain:

Facilities for practical experience: For registration a school for attendants must be connected with a hospital, sanatorium or other institution able to provide a bedside experience in the care of men, women and children. Services which are considered as peculiarly adapted for this experience are found in the hospitals for convalescent and chronic patients, sanatoriums for tubercular and nervous patients, infirmaries in orphans' homes, convalescent children's wards and day nurseries.

Of course we would not expect a day nursery would be able to train attendants, but we do insist it would be able to give some very valuable teaching to attendants in the care of well children:

A general hospital which conducts a registered school for nurses may conduct a registered school for attendants only when situated in the State of New York, and when it is able to provide adequate clinical material for its student nurses in all required services and has a daily average of not less than two hundred patients excluding dispensary cases.

Schools for attendants will be approved in other institutions upon satisfactory evidence that the number of patients and the general character of the services do not warrant the maintenance of a nurse training school, but do warrant the maintenance of a school for trained attendants and that registered nurses are employed in sufficient numbers to insure the proper nursing of all acute cases and proper supervision of the pupil attendants in training.

Administration: There must be a competent principal of the school who is a licensed registered nurse.

Registered nurses must be in charge of all wards in which attendants are on duty. The number of registered nurses required will depend upon the number of beds in the institution, the type of patient and the facilities for caring for such patients. Under favorable conditions there should not be less than two registered nurses for every ten attendants in training to the end that there may be constant oversight of the attendants in order that the patients may have proper care.

Living conditions: The institution shall provide suitably equipped living quarters for those in training.

Training and instruction: The institution must meet the statutory requirements as to preliminary education and length of course.

The statutory requirements are education in grammar school or equivalent, and the length of course a minimum of nine months:

Schools for attendants to be registered by the Department must provide service that will insure experience in the care of both adults and
children, in the performance of household duties and in the preparation
and service of food.

The following types of cases will afford such experience. Pupils in
training should assist in the care of only such cases: Chronic and con-
valescent medical patients; Minor operative and convalescent surgical
patients; Obstetrical patients, postpartum after third day; Normal infants
after third day; Tubercular patients; Convalescent and well children.

Attendants may not be placed on special duty.

Then these few special regulations were drawn up in the belief
that a hospital which maintained a school for nurses might also
desire to conduct this school for attendants. It states these:

A general hospital desiring approval for conducting both a registered
nurse training school and a school for training attendants must furnish
evidence of ability to provide:
A. Adequate clinical material for the student nurses in all required
services.
B. Have a daily average of 200 patients exclusive of dispensary cases.
C. An assistant to the principal of the training school for nurses; such
assistant shall be a registered nurse competent to and charged with super-
vising and carrying on the course of instruction for attendants.
D. Separate living quarters for the attendants in training.
E. A number of registered nurses, sufficient to direct and supervise the
attendants in training to the end that attendants in training may not be
left under the supervision of a pupil nurse in training and thus interfere
with the right care of the patients in the ward.
F. The uniform distinguishing attendants in training from all nurses
in training to the end that there may be no confusion of the services to be
performed by the different classes of pupils.

Then there is one regulation which had to be placed here
because you will notice that New York State will not register a
school for attendants unless it is situated in the state of New York.
We have to put this in because we register schools for nurses any-
where in the United States and Canada, and we do not wish to
be approached by schools for attendants springing up all over the
country, that have nothing to do with our Board. So we have
said that we would not register schools for attendants situated
outside of the state of New York. We must of course in the same
way protect the outside:—our own hospitals schools we will not
allow to do a thing unless under certain conditions, so of course
we cannot allow other institutions outside of the state to do, and
so this had to be put in there, that
Registered nurse training schools without the State and maintaining
schools for training attendants must in order to retain their registration
conform to all the requirements prescribed for similar schools within the
State.

Of course I will not attempt by any means to review this syllabus
because it is going into too many details; but I will read you just
one or two points which will more fully enter into this matter
which of course could not be done in regents' rules. These are
department rulings relating to it:

In the first place we had to make a statement as to what an
equivalent of an 8th Grammar School education was. That is a
very difficult thing to do, and we have said that persons must be
mature, good moral character, have ability to read and write
English correctly, spell correctly, and show familiarity with
arithmetic; an examination to determine the latter portion of this
requirement may be given by the principal of the school for attend-
ants and the original examination papers may be submitted to the
Educational Department with the applicants' application, and the
recommendation of the principal of the attendant school.

In New York we require all the educational papers of candidates
to be presented to the department by the schools for nurses, so we
had to do the same thing with the attendants.

As to the class instruction, the hours of duty, we felt we should
be just as careful in outlining what the attendant's course would
be as we were with the nurses; the hours of duty must not exceed
56 and when possible should not be more than 52 per week.

Night duty should be limited to two months and that may
only be given when directly supervised.

It is advised, in connection with class instruction, that the
attendant's home be used as a practice field for household experi-
ence and cookery, and that this experience be given immediately
on entrance. It is further advised that the class instruction be
continued during the full term of training.

Then we give here the required class work—I will just run over
these things rapidly and you will see that we have purposely left
out anything that was at all technical. We have given them 15
periods of Hygiene; 20 periods of plain cooking and diet for the
sick, which should be two hours in length. Ten periods of home
economics; thirty periods in elementary nursing. We very care-
fully outlined what it should be and we have left out anything which could be considered anything more than elemental.

Care of infants and children, including infant feeding, ten periods. Care of chronic and convalescent patients, five periods; care of aged and feeble minded, five periods; ethics and etiquette, five periods.

We have recommended there be occupation for adults and children, twenty periods; and if practical experience is given in the care of tubercular patients or in the after care of obstetrical patients, classes will be required in connection with these specialties as follows:

- Tubercular nursing, four periods; after care of obstetrical patients, four periods.

The outline of those classes follows, and I think there is nothing very much further to be said there. We have, if you noted, stated here that attendants in training should use a uniform to distinguish them from the student nurse in training, and we are definitely recommending a certain uniform, a brown uniform with short sleeves and white collars and white cuffs, and with cap made of the same material as the uniform, with a white collar around it; and we shall endeavor to urge that that uniform be used not only during the training, but after she leaves. Of course you have not got very much, but that is being recommended to every school that starts such a course, and we are using our best efforts to get it adopted, and we may have it in use in time. We have recommended in teaching these classes no anatomy or physiology or mental psychiatry or anything of that nature. I have stated distinctly that the necessary details of anatomy and physiology should be given in connection with the practical nursing, and while some theoretical training will be needed, the class should be as practical as possible; each student should have opportunity for the practice of each procedure under the supervision of the teacher.

That is really about all we have gotten out in the way of literature for the schools for attendants. We have schools for attendants which are just now being registered in several places. The Y. W. C. A. of New York City has what is called the Ballard School, has for many years given a three months course for training attendants, and they are now lengthening that course by adding six months hospital experience in a small hospital in New York where there are no student nurses.
That school is started, and they have several now in that affiliated course. The Y. W. C. A. in Brooklyn is also starting their school; they did have a three months course and they have secured practical opportunity for their students in the chronic and semichronic wards of one of the city institutions, the Kings County Hospital—county hospital; the Manhattan Borough (?) Home which has in the past conducted a school for attendants, is reducing its course from a year and a half to a year, cutting out a great deal of material which they have previously felt was desirable.

Another school is being started at the Booth Memorial Hospital, New York City, which is a memorial hospital conducted by the Salvation Army; and there is an institution in Rome, New York, which is starting a school. Miss Frances Stone who has been referred to in relation to starting a course in Boston is now putting her mind to do something in New York City, so that we really feel that we have made a start, and we are rather glad to say it will not be too heavy a one.

Chairman Wood: There are other schools that have seen the work that is to be done, and the pressure put upon us by the public is to meet the need of taking care of the sick in the community, the sick that cannot afford a graduate nurse or even more than that, cannot obtain one. Now the situation in the East and in the West is so different. The legislative work in Missouri included the matter of training of attendants in our bill. We made a careful census of this state in regard to the location of the trained nurses and found that we had, out of 102 counties in the state of Missouri, 72 that have not a trained or registered nurse in them. Another ten that have only one registered nurse, and another 20 with only two, out of 102 counties.

Now what are the poor in outlying counties going to do in case of illness? They must depend upon the untrained or partly trained person. They cannot depend on the registered nurse as we understand her. And that is the demand that I think we should meet, in making the effort to train attendants.

Now there are others here who have had some experience in this line, and there are many questions I know you would like to ask people who have read papers, and they are now ready for those questions from the floor. If you have suggestions in regard to this work, will you please give your name and state, as you speak.
Miss Jammé: I would like to speak for California, which is working along the special line of training of attendants, and tell what our experience on the Western coast has been in this matter.

Immediately after the influenza epidemic there was a great desire on the part of the part of physicians to establish shorter courses immediately. They wanted the city and the state flooded with nurses, because they did not have enough nurses to take care of the influenza patients.

Consequently, in the 1919 legislature a law was passed. This is a separate law from the nurses registration act, but it is placed under the state board of health, and under the bureau of registration and administration.

The law required a short period of waiver, about four months, whereby practical nurses could be licensed to practice as trained attendants. That waiver was very disastrous. It was not advertised. It was kept very quietly but somehow or another it got out that practical nurses could have a license, and we licensed about two hundred under that waiver.

When the practical nurses came into the office to be licensed they took up a great deal of time in telling us how very valuable they were and how much more they could do than the registered nurse, that they were getting just as high salaries, and that they were wearing white and that they were in other words calling themselves graduates, and they were rather proud of it.

The law made it necessary for us to license these practical nurses. Now the waiver in the law provided that an attendant could not be licensed unless she had had a years course in an approved school for trained attendants. Consequently the State Board of Health was obliged to draw up rulings for these schools, and our rulings correspond very much with the rulings that Miss Burgess read to you that prevail in New York.

We drew up a curriculum—a very elementary curriculum, stressing the practical nurse procedures, and making it necessary that there should be a good demonstration room and that there should be a registered nurse in charge of the school; living conditions should be good, and so forth.

One school in San Francisco lent itself to the experiment. This was a school conducted—or a hospital, conducted by Sisters, but they had no training school for nurses. I would like to add that
the ruling was that the school for trained attendants should not be in connection with the school for registered nurses.

This hospital had a chronic service and it also had a very good obstetrical service and some acute work. It had very few children, and we anticipated that they would affiliate for children.

The school started in June, 1919. Fourteen were graduated, and we gave them a practical examination. In giving the practical examination we noted that the students were about on a level with a six or nine months student nurse. However their level of intelligence was rather low, and what they knew, they knew more or less in a parrot-like way.

In their practical work they handled themselves fairly well. After a year's work their finish was not very good, their bed making and their bed baths lacked finish. They were fairly good, they might do, but they were not on the whole a very good grade.

Now these graduates received their certificate as a licensed trained attendant and went out and the first thing that happened was this: That the doctors "went" for them and put them into their offices; they put them into some of the country places, they put them in charge of hospitals, they put them in charge of operating rooms when they had not had one day's operating room work. They were not intended to be in the operating room.

They put on a white uniform at once although we had talked to them and talked to them about keeping their own attendants' uniform; they went into the hospitals and hospitals where there was a shortage of students, and they were put on general duty at ninety dollars a month.

Now the whole situation looked pretty bad so far as the graduate field is concerned, and the Sisters came to me and said "We feel we are doing wrong when this had happened, to turn onto the community such a service. These graduates persist in calling themselves graduate nurses, and wearing white uniform," and they asked to have the school discontinued. We are trying now to go before the Central Registry Office so that it can be an accredited school.

In the school at the present time there are eighteen who are anxious to take the regular course; and in going over the work with them the other day I found that they would be eligible and I think that they will come up eventually to the registered nurse's level. That will remain to be seen.
We use Henderson’s book as a text book and a few reference books. We try to keep the course down as elemental as possible. They had a distinctive uniform and I think that school was just about as carefully nursed along as a school for trained attendants, as it could be done, because the Sisters were in perfect accord with it and in perfect accord with the idea, and we spoke to the students very frequently, but without any avail as far as their work was concerned after they graduated.

Now in connection with this whole question of trained attendants, while I have the floor, I would just like to say that I cannot agree with the idea that we are training attendants for people of moderate means who cannot afford graduate service. I think the question of skilled nurse to all people is not a question entirely for us as an organization to feel the greatest amount of responsibility in; but I think it is for the community.

I think the community itself should do something in order to bring about skilled nursing to all classes of people. That was brought home to me very very forcibly in San Francisco last year when Doctor Robertson came before the National Public Health Organization and put forth a two months course as going out and serving the need of the community for people of moderate means, who could not afford a registered nurse; and I think it is a disgrace to Chicago that a thing of that kind can be put over onto the public and those women sent out, because they are going to nurse the real people of the country, the people who are our workers, who are the bone and sinew of our population, and I think it is wrong for us as a organization, to even discuss the idea that people of moderate means should not have skilled nursing. We should use our best efforts in every way possible to bring about skilled nursing to all classes of people.

Again I would like to rule out from our vocabulary in our schools of nursing “menial work,” “drudgery.” I think menial is only as we make it menial. And I think drudgery is only as we make it drudgery. When we put in our category of our menial work the carrying of trays to patients, I think we are doing a very dangerous thing and I feel that we should guard very carefully.

Chairman Wood: Has some one who has tried this scheme in hospitals something more to add?
Miss Eldridge: Madam Chairman, is not the New York situation a little different? It is a compulsory law with a fine if you call yourself anything different than you are? They may be practical nurses but they cannot call themselves trained, graduate, registered or certified nurses or trained attendants unless they have a license.

Of course how far that can be enforced, that of course is going to depend upon the nurses themselves more than upon the public and the doctors. I do think that the doctors are a great menace. They are noted for what they will take and call it anything they please.

You probably know that during the war the state of Wisconsin appropriated I believe ten thousand dollars to train some attendants or nurses for—I do not know just what they called them but these women had to sign a contract that they would remain for six months in the county in which they were trained. I do not know how many hospitals took it up but one did in my native place. The Sisters started this school and they trained these women; at least they had one class. I was there last year and had a conference with the training school committee and the doctors—(training school committee was composed of sisters. The doctors and their committee said that that money had been absolutely wasted, because the doctors would grab them up for their offices, the wealthiest families in the town had taken them and employed them by the year, and there were not two of them that had been trained that had gone out to meet any need of the community. I believe that unless your law is safe-guarded by a compulsory feature it is a pretty dangerous proposition, and I take it from what Miss Jammé said that California’s law was not compulsory, that it was permissive. When you permit people to call themselves one thing you have to permit them to call themselves anything else they want to. We have been training for a great many years in a great many parts of the country, in registered nurse training schools, women with requirements and with a so-called training, that has not been as good as is being planned for the attendant. Now, if they carry out what is planned for the attendant she is going to get it, and the trained graduate nurse has not always gotten even that much.
Chairman Wood: The mandatory law varies of course in the different states. Either it requires that people shall practice under a certain name and stick to that to meet its needs, or it means that anybody to take care of the sick for hire shall be either licensed as an attendant or registered as a nurse—there are those two interpretations that have made by the different states in the matter of legislation.

Miss Jammé: Madam Chairman, I think that is a weak point in many of our laws, that we have not sufficient protection. I believe our laws should be that no one shall nurse for hire unless they have certain licenses. I think that is what is in the New York law, is it not, Miss Burgess? No one can nurse unless she is properly licensed now?

Miss Burgess: That is not New York’s law, but it is a desirable one.

Miss Jammé: You have not gotten as far as that?

Miss Burgess: No, our law simply provides no one may practice as qualified, trained, or licensed nurse unless they are licensed; any one may practice as an attendant, but it leaves room for people who want, to call themselves anything they choose as long as they do not choose those terms.

Miss Jammé: In working on legislative work it seems to me the idea is, no one shall work for hire unless they are licensed by a certain body; in that way we are able to suppress it.

Miss Eldridge: You will never get that where you have correspondence schools in your state.

Mrs. Fournier: We must begin at the bottom to license all women who nurse for hire. I said that on the floor of this convention twenty years ago. You will never come up at all with our problems until we look at that plank and feel that there is our beginning. You can regulate them by law, every woman who nurses for hire. I do not care how trifling her salary may be she can be regulated. Our doctors are going to take it out of our hands if we do not do it. It has got to be done and we find that being done this place and that place, and then you have the solution at the top; every one of us are short of pupils, telling about the shortage of nurses, and we are making ourselves short of nurses and I think we do not look at this in the proper light. I wonder how many in this room know for a positive fact that the
educational statistics of the United States published in the last edition of their report, published not since 1917—I think they only publish one in five years—we may find it a little bit better today but how many in this room know that less than six per cent of our women ever enter high school? Ninety-four per cent of the women of this country cannot be brought into your training schools, I do not care how much publicity you give to that point. I do not care where you go with your publicity, you can get nothing from that ninety-four per cent for your training schools. What are you going to do with your ninety-four per cent? Are you not going to handle them at all? Are you not going to make any place for them in the public welfare of the country? We are too blind as a profession to the real country and its requirements and what are its facilities. The public are being nursed, and when you have such a report as our chairman this morning tells us, whole counties, dozens I think without a nurse, what are they doing? Are they getting no care? Yes, they are getting care today. In every state in the country a man cannot remove your trunk from one place to another until he has a license to protect your trunk, and yet we do not protect our public. I say we have got to get a much broader status in this thing, we are not certainly going to lower our standard at the top, but we have got to begin at the bottom and have standards all the way along. If we had select teachers only fit to be professors in University, what would our kindergartens do? Educational bodies in our teaching facilities have done the same thing, they have graduated classes for kindergartens, for first, second and third grades, and so on, and I say nursing has got to do the same thing.

Miss Stewart: I think it is largely a matter of the education of the public and of the doctors too. I was reminded of that the other day when a friend, came to ask me if I could help her to find a nurse. I told her it was very difficult to get a nurse in New York just now and asked what the condition was. It was something very simple so I said I thought an attendant would do perfectly well. "Well," she said "what is the difference?" She is a very intelligent woman but the average person does not know anything at all about the use of an attendant. She started at once to ask what kind of a condition she would need to have where an attendant would do and where a nurse would be
necessary. So I found I had to get right down to specific things. I
laid it to her if she had pneumonia or typhoid or a serious operation,
she would need to have a thoroughly skilled nurse, even if she had
to mortgage her future to get one. Then she wanted to know why
pneumonia was so different from other things? Why do not
the public know about this? I have hundreds of friends who do
not understand it at all. Why do not you people get the facts
to the public in some way they will understand?

I felt that if such an intelligent woman could be so absolutely
unaware of those fundamental things, probably there were a great
many other people who do not know just why under certain con-
ditions a trained nurse is absolutely necessary I want to say that
I agreed very thoroughly with Miss Jammé. It is not a question
of the economic status, it is a question of "what is the matter?"

Take the average wage earner who makes just as much as the
trained nurse does and more as a rule. In a case of diphtheria or
scarlet fever or any other disease, if he knows that the life of his
child depends on skilled nursing he will make the greatest sacrifice
to pay thirty or forty dollars a week to get the proper care. I
mean if it is a question of a few days or a week or two.

The doctors could help us a great deal in this if they would.
I know some are alive to the situation and want to keep the distinc-
tion clear, and others I fancy are not quite so much in sympa-
thy. Perhaps we ought to organize a campaign of education both
for the laity and for the doctor.

Miss Low: I agree with Miss Jammé and Miss Stewart. While
educating the public, if we could get the interest and support of
the doctors in releasing a special nurse when the need is over for
that particular case, we would do a great deal toward doing away
with the shortage of nurses.

As Miss Stewart says, there are times a special nurse is necessary
but when a few weeks have gone by any one could do what is
absolutely necessary for the patient.

Just the other day somebody spoke to me about what nurses
were charging, asking about nursing rates; she says "I think that
is simply ridiculous, because all the nurse does for my son is to
give him his milk two or three times a day and see that he is
made comfortable." "Well" I said "that is absolutely unneces-
sary. You should turn her over to me, and I can place her im-
mediatey where she is absolutely needed”—which she refused to do.

Miss Shepherd: Could not that be controled by having more placing organizations? We have inquiries coming in every day, and we ask what the disease is, and ask if it can be handled by an attendant. We refuse to send them on severe cases of course, but if an attendant can serve what the case needed, would not that help the thing? Is there any follow-up in New York? I went to one school in New York and asked what became of the attendants after they were trained and they said they did not know; asked them what wages, they said they did not know. Is not that losing control largely by lack of placing institutions?

Miss Burgess: Of course the state league could not make the placing suggestions, yet I should hope that the nurses in each state would be willing and would see if to their advantage to enroll on their central registers which are controlled by the nurses, all trained attendants, and send them out for what they are and send them out properly. I doubt if there is going to be a great deal of difficulty when that is properly started and managed, and then if the nurses will be sympathetic towards the matter I think they can control it very nicely themselves. I do think that it is a matter of licensing as well as registering. Most of our states only have a law to register nurses; while a few states have laws which create the registered nurse and also license her. I believe that we must eventually get laws which license every one who practices and cares for the sick for hire—certainly that is the thing we should have and we may have some time, but I believe that in New York that it will take time. We cannot expect things to happen right away, but I believe that people are eventually going to ask a person “are you licensed?” And the person who is a practical nurse and says “I am a practical nurse, no I have not a license,” is going to be questioned. I think we are not going to get far without law, and the public is gradually going to understand that they must have a person who is licensed. That, I think, is going to be very helpful, and I think we can control through the nurse’s associations this placing of the trained attendant. I am perfectly in accord with Miss Jammé in the idea that we are not preparing trained attendants to care for persons of moderate means, not at all, we are preparing trained attendants in order that the
graduate nurse may have a greater field than to care for the sick patients that the trained attendant may care for, say ninety per cent—I do not know what the percentage is, but we might say certainly that ninety per cent of the persons are persons who do not need, after a certain length of time, the skill that a graduate nurse should be able to give.

Chairman Wood: I would like to ask Miss McKinley of the Central Directory in St. Louis to answer that problem of having a different group registered at the same place; that is, the nurses, and the untrained people.

Miss McKinley: I do not think there would be any trouble about that at all; we register so-called "practical nurses" and we have permission to register the attendants coming out of the attendant training schools; there are people that will only want a practical nurse or a trained attendant in many cases to follow up the graduate nurse; there are many people that will want them to follow up in convalescent work. Does that answer?

Chairman Wood: Yes; then it works out that they can be registered in the same place?

Miss McKinley: We have no trouble in working the two together; no trouble whatever.

Miss Eldridge: Madam Chairman, it was my privilege—I considered—to do a little work this spring or this fall for the committee studying nursing education under the grant from the Rockefeller Foundation, and I was sent out into Philadelphia, Boston, and into Connecticut interviewing private duty nurses, and asking them to keep a record, of which we will get a report when the report of the committee comes out. I have not any figures, but I did see some nurses in New York City and it was perfectly surprising to find in those groups of nurses in so many different localities how many of them said that nearly two thirds of the cases on which they were employed did not need graduate nurses. Now that is what the private duty nurse herself said. That is what a lot of us were saying in public for some time.

It probably is not necessary to tell the Chairman that the Boston Central Directory keeps both attendants, nurses and ungraduated nurses, practical nurses, and doctors registered, sending them out as called for, and sending them out for what they are.
Perhaps you all know that I have been at Albany for some time assisting in the work of the state under this new law, not handling the attendants, but I want to call your attention to something that seems to me cannot fail to be valuable to some superintendents of training schools in this room, and that is that two thirds of your graduates when they go to a big city or move away, register under a commercial registry.

They do not try to qualify to come under the registry that is under the nurses. Now while while I am speaking of that, Miss Burgess will bear me out that when you come to the nurses who come to New York from outside the state, that almost all of them having a recommendation, have a recommendation from a commercial registry.

Why do we not educate them to stand by the nurses? Some of these commercial registries will die out with this licensing, if the nurses will support nursing standards, with the nurses registry. One great thing is going to be done in New York; registries will not dare to send out even if they want to—I am not saying that commercial registries do want it—trained people as graduate nurses. And when nurses do not support and stand for nursing interests they go where it is easier. The nurses told me when I asked why they went on the commercial registries, that they did so because they could charge anything they wanted to, and even with the ten per cent that they paid to those people they made more money than where they went on the registry that had a regular price.

Miss DeWitt: Madam Chairman, it seems to me a most important thing in this whole matter of attendants is the spirit with which we receive and work with them. The attendants have not an organized body behind them that we have. If there is friction between the pupil nurse and attendant while in training that hostility is going to increase after they leave the school. We cannot work with them outside and they cannot do the work that is needed to be done in the community unless they have our cooperation.

Suppose a graduate nurse is on a case and is to stay on it until the patient is convalescing and then an attendant is to take her place. The graduate nurse must prepare the family and the patient to receive that attendant hospitably and to have confidence in her.
It is not only bad for the attendants to be exploited and be unwelcome, but it is very bad indeed for the pupil nurse to be overbearing and to be hostile. If we can only welcome the attendants as needed helpers, if we can only encourage the Big Sister spirit as we work with them either in school or out, they may be made useful; but if we are hostile to them they will try to override us, they will be all the more encouraged to try to take the place of graduate nurses as they go off by themselves.

Chairman Wood: Undoubtedly one thing we can do in that line is to encourage them to register at a nurses registry, and wherever cases come in that can be left to them, they will be left to them by some one who is wise enough to make a distinction.

Miss Burgess: I would like to say that of course we had the waiver put in to cover six hundred women who had been practicing as practical nurses and they asked to be licensed as licensed trained attendants. I think that is interesting because it simply showed I think that those persons appreciated that there was a value in getting under a license. A large portion of those people have had to take examinations, they have not all received licenses yet because there are still some three hundred of them to take examinations in June.

They had a practical examination. I was told by the different members of the board of nurse examiners who examined these people that their spirit was very good, that they were very kindly in their attitude toward the patient, that they did really very good work. Of course these were persons practicing some time, they were not just out of school, and they handled their patient very nicely, and in answering questions were very intelligent. They also had a very nice attitude toward the whole matter of being licensed as trained attendants.

They said one or two of them expressed the opinion that they thought it was all wrong for women to be practicing as graduate nurses, and that there are a great many such persons who practice as graduate nurses. Several said that they were very glad there was going to be something which would distinguish them and at the same time give them some kind of a standing.

It was really a very interesting report that we had, showing the spirit that a great many of these women who might have gone on practicing as practical nurses came in and accepted willingly and gladly the title "trained attendant" in order to be licensed.
Chairman Wood: Is there any one else who has met groups or any particular group of these people, to know what their attitude is? Is it always as friendly as Miss Burgess described the attitude of the practical nurses that she has met?

Miss Stewart: Should we not encourage the attendants who may be qualified as trained nurses later, who have the educational qualifications, to go on further than that stage? That is, after they have had their work as attendants, should not it be quite possible to expect some of them to go into a school of nursing? Get some credit, whatever may be decided upon, for the training they have had as attendants and later qualify as graduate nurses? Is that not something that should be rather encouraged, as long as they have the educational standing?

At the present time we have a great many people in our schools and who have graduated from our schools, who have not any more than a grammar school education, and whose background is pretty shaky at the least. It seems to me that we could encourage those women who cannot qualify educationally to take the attendants course, and then those who are really prepared, to go further. If we can encourage them to supplement their inadequate education, with proper foundation, to take the complete training, we would have a better selected group of trained nurses and better trained group of trained attendants and we would not have such a large mottled assortment as we now have coming from the training schools.

Chairman Wood: Do you not think that will work out naturally as the new laws go into effect in the states where the present laws for registration of either schools or individual nurses is a permissive one? A school would much rather call itself a school for nurses. In that way they can attract some of the better type of individuals, although really all they are giving is a course for attendants.

Miss Stewart: Yes.

Chairman Wood: I think somebody in looking over the situation said he thought training schools of the country could be at present divided into three classes; those that were really good schools; those that were perhaps below the average but could be brought up, and the third group, those that could not be brought up and should go out of business as training schools for nurses. Now that last
group is the smallest group, I believe, but at the same time they are too often connected with good hospitals, and therefore have a reputation which as schools they do not deserve. As legislation takes care of registration of schools, those places should be listed as places for the training of attendants; but as long as they can operate as schools for nursing they are not going to operate as schools for attendants.

Miss Shepherd: I would like to ask a question. It would encourage our women very much if they felt they could get credit for attendant school work later on if they wanted to go ahead and become a trained nurse. We tell the women who come to be trained attendants to go on and be a trained nurse. Most of them who are not too old can be trained nurses if they are willing to make the educational effort. As I told you in my paper a good many of them have; but if we tell them who had the ambition to go on, that they could get credit for at least a portion of their work in a good school, I think that would help a good deal.

They should go into a good school. They do not know the difference between a good school and a bad school. The trouble is that they are only too welcome in the poor schools, without making any effort to get in. Maybe having some credits given them, might encourage them to go into a good school.

A school in Boston was trying to encourage an attendant friend of mine to go into training. They would give her light work for a year so that she could go to night school and make up her deficiency in education. She thought it was rather long to wait. One of the doctors said "you do not need to do that, I know a hospital will take you in tomorrow." She telephoned in to that hospital, they said "yes, we have a class starting Monday." This was Friday. They did not know who she was, did not know her. She came to me and said "I can get in that hospital and in three years I shall be a nurse." It is very hard to make them see the use of going into an accredited school.

Chairman Wood: Is there a Superintendent of Nursing in the room knows how she would handle that situation if it was brought up to her?

Mrs. Clark: I do not see how she can receive credit for the probationary period because it is one of her heaviest theoretical periods, the work she had would in no sense be considered the same type of work.
Chairman Wood: In applying to a hospital training school where they meet the requirement of one year of high school; do you think the three year course could be made less on account of the work this attendant had done?

Mrs. Clark: I do not know, I would like some one to answer who has the one year high school requirement.

Miss Shepherd: That is what I meant; I did not mean to do away with the educational requirements; I meant that the course might be a little shortened for them because of the work they had had—the length of time in the training school.

Miss Burgess: I think anything they can possibly do to stimulate the attendant to go ahead is reasonable. I do not know what we could do in reference to allowing a school to give credit for such work but I think that it should be considered carefully.

Chairman Wood: I should imagine if the training school had the minimum length—if the law requires two years and there was only a two year course—they could not very well give that attendant any credit; but if the law required a minimum of two years and the school gave a three year course and the attendant met the educational requirements of that school, it seems plausible to feel that the school would give her some time credit, provided her first year work perhaps was satisfactory in the point of view of theory. I should think that people in touch with attendants should investigate the schools for nursing of their community and find out what ones would take up the matter in individual cases. Then they would have the answer to the situation ready and suggestion ready for the attendant who comes to them for advice in that matter.

Miss Williamson: I should think that matter necessarily would be left to the department who handles the registration of that state. Now in California we do not grant credit to our pupils for any reason whatever. We simply hand the matter over to the State Board of Health. I should think Miss Jammé would be better qualified to answer that question than any one in the room.

Miss Jammé: Is the question on the subject of credit for trained attendants?

Chairman Wood: To the trained attendant that may wish to go into training school later.
Miss Jammé: We have felt as Miss Burgess said, we want to encourage as much as possible the trained attendant to go on with her course, and we will probably, with those eighteen pupils that I said are now in approved school, give credit about six months, but that hinges again on the law for examination and registration. The amendment to our present Nurse Practice Act which is past both houses and is now before the Governor says that any applicant applying for examination or registration must show evidence of such education and training as shall be required by the Board.

Now when the applicant comes up for examination she has got to show that she has fulfilled the requirements of the Board.

We have been operating in California a system of regulating as much as possible the transfer of students from one school to another; that is, if a student finds that she is in a school and she is not getting possibly what she wants, or if she has to leave one locality for another on account of health—I think in California we have a little different condition probably because people come from other states, they go from one part of the state to another on account of the health in their families—and if a student wants to transfer for good reasons from one school to another we take up the question of credit in the Bureau.

She has to present her transfer and that transfer has to show how much she has had, what and how many hours of instruction, and what courses, and grades she has obtained. Then we give her what is considered the right amount of credit. If she has fulfilled all of her requirements of the curriculum as is required by the State Board of Health, she is given credit less thirteen weeks, or three months—we compute in weeks—which corresponds to probation, and she is admitted to go to her new school with the full amount of credit, and with thirteen weeks deducted. On her certificate it states she may have this credit provided she fulfills the requirements of the school of nursing and the requirements of the State Board of Health.

Now the superintendent of nurses is encouraged to write to the bureau if that student is not fulfilling the requirements and then a reconsideration is taken on her amount of credit.

We think that it stimulates the student, puts her on her metal to see that she does fulfill the requirements, and later on in her training reconsideration of that time of the thirteen weeks may be
taken up on the recommendation of the superintendent of nurses. She may be able to redeem some of that time.

We are working on the plan of trying to put our students through their training safely and effectively in three years, but not making it a hardship or penalizing the students who are obliged to go from one school to another. Where she leaves one school because of something wrong, the superintendent states it on her transfer, and a copy of this transfer is always sent in to the new school where she goes.

It has been pretty hard to get the system to going smoothly, but we have had wonderful cooperation from the superintendents of the training schools in this matter of credit and transfer. And little by little sharp corners have been rounded off as we try to establish the confidence between superintendents and the bureau, as well as between the students and the bureau; and where students are contemplating a transfer we are glad to take it up with them and see if something cannot be done to prevent the transfer. We have had less migration I think from one school to another since we had this plan, than we had before.

Does that answer your question?

Chairman Wood: Is there anybody here who knows enough about the public health field to know whether the trained attendant would have a place in supplementing the work of the nurse in that line of nursing? Of course during epidemic times they were used, but I mean in normal times. I have heard some people express the desire that there might be somebody to work along with the public health nurse, to send trained women to do some of the bedside work on chronic cases; and it seems to me that if a training school for attendants was sufficient in length it might provide a certain amount of experience in a visiting nurses' association. Yet of course it would have to be very carefully supervised on account of the women being untrained.

There was one more point I would like to make because it will be of help to those in thinking it out, and that is have you any definite ideas what we should require for minimum amount of hospital experience in a course for attendants? We are going to meet the people from these correspondence courses and we are going to meet with the Young Women's Christian Association courses and we are going to meet people with a reorganization of
the Red Cross Home Nursing course, to make a course for attendants out of these. I feel hospital superintendents should coöperate with these other agencies in making a standard course.

Miss Burgess: We require six months.

Chairman Wood: Six months in New York. The Missouri law was to require a minimum of six months.

Miss Anderson: I feel that the trained nurses have our work and we could not abandon our regular work; however we do need the kind of women who could come in and stay for instance with the family during the times for instance that the mother was sent to the hospital or away from the home, but I cannot see how we are ready to take any one less than a trained graduate nurse on the staff, at the present time.

Miss Wheeler: In Cleveland the Visiting Nurses' Association there had attendant service and the attendants were trained and were sent out under supervision. They had a special supervisor. They had to give up that attendant service as it was found most unsatisfactory. The attendants, as soon as they had been under the supervision of the service for a few months, left the service and went out and took cases for themselves, so that in that way we felt the experiment had been a failure.

Miss Finney: I wonder if it would not be possible for the community nurses in the various parts of the country to have supervision of these attendants, in places—they should be placed in the homes under the supervision of a graduate nurse, but in so many parts of the country possibly the only graduate nurse would be the public health duty nurse, would it not be possible for her in some way to supervise the work of a good many of these attendants in the rural districts? It has seemed to work out in our association very well, that we should use the trained attendant in the home, and we do have a need, as Miss Anderson said, for the women in the home and not to have the trained attendant on the visiting list.

Chairman Wood: It seems to me that I remember some of the reports of the Red Cross rural nurses who came under the southwestern division speaking of using some of their home nursing class students to help them in their work. Of course a nurse, in spite of her efforts, can get over only a certain amount of ground—she has such great territories, some times more than one county,
that if she stops to give a bath here and there she does not get over the ground to see the patients that she should; but the nurse in connection with her rural nursing work can assign a bed bath or fixing the baby up for the day or such definite pieces of work as that, to some of her home nursing students—in that way covering the ground. Of course that is a temporary condition while these classes are in session.

Miss Barnes: If there is some one from Michigan here I wish she would tell us whether they are carrying out the plan that was under consideration there of preparing household helpers who would have no hospital relations whatever—have no possibility of ever masking themselves for nurses, but who would have preparation to do exactly the thing that any rural public health nurse would need. We are always trying to find nurses to go into the home to either relieve the mother from her household duties to care for the patient, or if the mother is the patient and has to go to the hospital, then to care for the household, or if the mother is the patient, having the preparation and intelligence to take care of the household. She would have to have enough intelligence to carry out the instructions of the visiting nurse between her visits, and without having the complication of ever masking herself as a nurse.

Personally, I am firmly convinced that such a group of workers would provide solution of the problem of the trained attendant, that after all a smattering of the nursing education will never provide one of the frequent difficulties met with in the case of the trained attendant and the practical nurse, both. Frequent complaint heard is that they are not willing to do any household work. And in very many of the cases, household help is what is particularly needed from them. In the case where they are adequate from the nursing point of view, that is, when skilled nursing is not necessary, the thing they are needed for is household assistance; and we wish very much we might have a thorough demonstration somewhere, whether or not that plan is practicable.

Michigan was planning something of the kind, and I do not know whether it has been carried out there or not.

Chairman Wood: Any one from Michigan know about that? Of course, there is no doubt that we would like to train people for every form of emergency that comes into the household when sickness comes to it; but that kind of work, although it is allied
closely to the work of the attendant is not what we have time to consider; for when we are speaking of a course for trained attendants we are thinking of sickness that needs more than ordinary skill in caring for.

Is there any further points to bring out now?

Miss Powell: Can any one tell us about nurses and registered attendants sent out from the same registry, where there has been trouble or where they have been unsuccessful?

Miss Lawler: Madam Chairman, in Maryland Central Directory they have always had a list of attendants and practical nurses, and I think the difficulty we have heard there, we have heard that after you have had the attendant on the registry for a certain length of time they feel they have established themselves, and you lose them, and you find that they are working for the doctors and they are getting more than they can get by remaining on the registry. They are also putting on the uniform and so on; you see the registry rules require that they are only to get a certain amount a week, and then there are certain regulations about the uniform, and after they have been on the registry a short time they blossom out regular nurses and we lose them.

Chairman Wood: They are lost to the registry, but while they are on the registry you do not have the trouble?

Miss Lawler: Oh, no.

Chairman Wood: But it is after they are lost from the registry—

Miss Lawler: They cannot be controlled.

Chairman Wood: Is that not bound to be the case? In the St. Louis Children’s Hospital we have a course for nursery-maids, a twelve months’ course following this same general idea, training the attendant for more general work, with the suggestion that a nursery-maid is to have training with the idea that she is to take care of well children.

And yet this last year I have seen two graduates of that course acting as graduate nurses in charge of wards in two hospitals in St. Louis. So I do not know just how, without legislation, we can control that kind of thing.

I think we must bring this meeting to a close, although there are many points to be brought up. We have different groups of people saying “when are you going to begin training attendants?” And we must begin slowly, as Miss Burgess says.

Adjourned.
Thursday Morning Session, April 14, 1921. Chairman, Miss Jammé

Business meeting, continued.
Meeting called to order by the Chairman at 9.00 a. m.
Miss Jammé: The meeting will come to order and we will hear the report of the revision committee.

REPORT OF THE REVISION COMMITTEE

Your committee of Revision and By-laws submits the following report:

The matters which were referred back to the Revision Committee at the Atlanta meeting to be brought up for special consideration at the 1921 meeting were:

1. Lay membership.
2. The reorganization of state and local leagues.

In order that these matters might be brought to the attention of members in all parts of the country in advance, letters were sent out from the National Organization to the presidents of all State Leagues, requesting an expression of opinion or recommendation regarding these two points before the January meeting.

It was hoped that the Revision Committee might in this way be brought into touch with different views from all sections of the country before making its final recommendation at the National meeting in Kansas City this spring.

Unfortunately, with the exception of the New York State League, no replies were received from any states regarding their views on this matter. In many cases correspondence was carried on but the annual meetings were held too late to have the reports complete at the time of the January meeting.

Following instructions received from the Executive Board, the Revision Committee have had legal advice concerning the annulment of the former Articles of Incorporation of the League in New York State, and it is found that no further attention regarding this matter is necessary.

Under the present laws of the State of New York, unless the annual taxes are paid and certain reports filed, the charter is forfeited. No legal steps are necessary. There is no penalty for forming a corporation in the State of New York and allowing it to
lapse. Our legal advisors in this matter were Mr. Clarence B. Ahalt, Washington D. C., who has taken over the practice of Mr. Eugene Jones, our former legal adviser, and a member of the law department of the Corporation Counsel of New York City. No charge was made for either consultation.

Your Revision Committee after much consideration wishes to urge your acceptance of Plan No. 2 for the reorganization of all State Leagues. This plan has a tendency to build up and strengthen the main body of the League, rather than scattering the strength in local organizations of varying stability.

Regarding the reorganization of State and Local Leagues, the two plans proposed are again outlined for the information of the League.

The first plan which was discussed and considered favorably at the meeting of the Advisory Council of the League January 12, 1920, in New York City, was the abolishment of the State League as an independent organization, substituting for it a State Council to be formed by representatives from each Local League. A joint meeting of the Local Leagues should be held annually in conjunction with and one day before or after the meeting of the State Association.

At this meeting a president, secretary and treasurer for the State Council would be elected. The Presidents of Local Leagues with the secretaries, if so desired, would form the remainder of the Council. This council would direct the activities of the League in the State as a whole and represent the State in the National and elsewhere.

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

The second plan proposes to maintain and develop the State Leagues. Groups throughout any state functioning at the present time as individual Local Leagues may continue as at present or new groups may be formed as desired; such groups might be called sections.
There should be a treasurer for the State League to whom all dues should be paid in sufficient amount to cover a per capita tax for each member in the National, State and Local Sections. Sections will be entitled to a per capita refund for each member. The dues to the National League are determined by that body. The dues to the State and Local Leagues may be determined by each State. All stationery, printing, etc., may be provided by the State Leagues if so desired.

The Revision Committee feel that by adopting Plan No. 2 and strengthening State Leagues rather than Local Leagues we will be working toward a plan which should be adopted as soon as possible:—That of having only one actual individual membership through the National Association with dues sufficient to enable State and Local branches to carry on their work without duplication of membership.

Such a plan is not difficult to work out—on paper—but will need to be developed gradually in the next few years. The slogan of our League should be "one membership for all league members."

If Plan No. 2 is decided on, Article 2, Section 6, should be amended to provide for a per capita tax instead of a flat rate of ten dollars a year. The exact wording can not be determined until the League votes on amount to be charged. An amount not under twenty-five cents nor over fifty cents is recommended.

Your committee assumes that it would be a per capita tax rather than a flat rate because if the assessment was to be increased at all it would be rather an injustice to the very small leagues to increase it sufficiently to make any perceptible difference in the returns, and therefore it seemed a right and fair thing to work it out on a per capita tax basis.

The proposed amendments and By-laws to meet the needs of lay membership are as follows:

**Article 2—Membership**

Section 1 to be changed to read: "There shall be six (instead of four) classes of members." And then we leave 1, 2, 3, 4, unchanged and add (5) active lay members and (6) contributing lay members. And that would necessitate adding two more new sections.

Section 2. Active Lay Members shall be Hospital or Training School Trustees, Hospital Superintendents, educators or others who have shown
themselves interested in and in sympathy with the purpose of the League. Candidates for admission shall make application on a form approved by the Board and send such application to the chairman of the Membership Committee. When such application has been acted on favorably by the Board of Directors and upon payment of annual dues of five dollars, the applicant shall become an active lay member of the Association with privilege of attending meetings and having a voice in discussions, but no vote.

Section 10. Contributing Lay Members shall be persons interested in the promotion of nursing education who shall make an annual payment to the League of not less than twenty-five dollars. Application forms for membership in this group shall be furnished by the secretary and shall be returned to the chairman of the Membership Committee for action by the Board of Directors. Upon payment of the first year's contribution the applicant becomes a contributing lay member with the same privileges as the active lay members.

The plan for lay membership is brought to your attention again at the special request of the executive Committee of the League. It is a well recognized fact that there is much diversity of opinion on the subject.

The general impression of the Board was that such an affiliation might prove helpful to the League in three ways:

1. By admitting to membership a selected group of people who would be capable of bringing to us assistance in solving some of our very complex educational problems.

2. Through the more liberal education of Board members and the general public concerning nursing matters, thereby securing greater sympathy and cooperation.

3. Through a contributing lay membership group more funds would become available for carrying on greatly needed constructive educational work and for bringing about the appointment of a permanent executive secretary. If considered desirable to do so the dues for this form of membership may be increased from the twenty-five dollars proposed, to fifty or even one hundred dollars.

Since these By-laws were framed it has been suggested that in order to keep the reins of control absolutely in the hands of nursing members a clause be added to Article 4 on Officers stating that only voting members of the League shall be elected to office.

With regulations such as these there can certainly be very little risk in attempting the experiment of a Lay Membership body if it is the wish of the League as a whole to do so.
And may I say in closing the report that we had a meeting of the Advisory Council on the first day we assembled, on Monday, and found when a vote was taken there, only seven states who really felt that they could definitely voice the opinion of their states. Four of those states voted against lay membership, three voted in favor of lay membership.

Elizabeth Greener.

On motion of Miss Greener, seconded by Miss Powell, plan No. 2 as outlined by Revision committee was unanimously accepted. There was a careful discussion of the per capita dues from the State into the National.

On motion of Miss Stewart it was voted to refer the question to the Board of Directors and Advisory Council for decision at this meeting.

The question of admitting lay members was discussed and Miss Logan moved that we should not admit lay members at this time; seconded by Miss Lawler.

After brief discussion the motion was carried.

10.45 a. m. Training School Development From Standpoint of the Instructor. Blanche Pfefferkorn, Chairman

The subject of this morning's session as presented upon the program refers to Training School Development from the Standpoint of the Instructor.

Words at best are only partly descriptive; they can never tell the whole story, so that I am not at all sure that my interpretation of the subject as fixed by the author is in real accord with hers; nor can I believe that you who are here will fully agree that the papers to be presented will make a magical content for this morning's session.

Upon one subject I do think we will all concur, and that is, that the development of schools of nursing in the future will to a large extent be dependent upon the development of its teachers. James, in his "talks to teachers," says the teachers of the country hold its future in the hand, and by the same token, teachers of schools of nursing are largely the moulders and the holders of the teachers of nursing to come.
Why do we teach? Why do some of us teach, and what are our purposes? What are our motives? Is it because schools of nursing have something for us in the way of an offering? Or is it because we have something in the way of an offering for the school? Are we always standing steady in our purpose of acquiring more knowledge so that we may give more and more and more generously to our students? Do we fix upon teaching to meet an immediate need to earn a livelihood? Or is it that teaching has some definite measure of reward utterly beyond material valuation?

Do these rewards grow and multiply as the years pass by? Do we in adding to our knowledge, in constant close contact that necessarily comes with human mind in teaching, find that degree of satisfaction which must in the end be the real test of whatever work in life we do?

In arranging our program these were some of the questions that came to me, and I wished much that some very great teacher could answer them, that I might bring them here to this meeting.

With this thought in mind, putting them in words as best I could, I asked Doctor Albert Prescott Mathews, Professor of Bio-Chemistry of the College of Medicine of the University of Cincinnati, to write an opening paper.

Perhaps most of you know Doctor Mathews, as Doctor Ellwood said the other night, as a book, because all of us who have studied physiological chemistry have studied Mathews physiological chemistry. Doctor Mathews taught the students in the school of nursing and health at the University of Cincinnati, chemistry for three semesters, and during that time I had the very great privilege of attending his lectures and assisting him in his laboratory work. I count Doctor Mathews among the very greatest teachers I have ever known. His many years of work and experience and research had given him a masterly knowledge of his subject. In addition, he has in great abundance all the necessary qualifications which we call personality. Then he has a great fascination of life which permeates all classes of his work.

Doctor Martin Fisher, of Cincinnati, in introducing Doctor Mathews to an audience several years ago, called him the "Poet Scientist," and I know of no better term to describe Doctor Mathews, for although by profession a worker in chemistry he is,
when measured by all the standards and requirements and ideas of the term poet, a true poet, both as teacher and scientist.

Doctor Mathews is not here this morning, I am very sorry to announce, and Miss Logan will read his paper. Doctor Mathews' paper is upon the subject "After twenty years of teaching."

AFTER TWENTY YEARS OF TEACHING

By A. P. MATHEWS, Ph.D.

It is the fashion nowadays to talk of privileges and rewards. But there is a word too seldom heard—it is responsibility. So I shall say something about a teacher's responsibility, a little about his privileges and very little about his rewards.

Of all occupations teaching is the hardest, the worst paid, the least honored and the most important. Looking back on twenty years of it, I wonder at the temerity of those who enter it. They come probably, as most of us come, not primarily to teach, but to secure opportunities to learn about things: to satisfy that insatiable curiosity which heaven has implanted within us that we may rise from the mud from which we sprang and win our freedom from the trammels of matter and circumstance. But having satisfied in part that "satiable curiosity" and like the elephant's child in Kipling's story having our noses pulled in very painful experiences, 'having found the great, gray greasy Limpopo,' we come back to our aunts and our children and our other relatives, to spank them with the experience we have gained. Having found by study and by experiment some small part of the truth of nature it is a pleasure and a necessity to tell some one about it and we become teachers.

The teachers, those without as well as those within the schools, are a great factor in the progress of the world. Theirs is the responsibility of opening the doors of the minds of each following generation and letting in the light. It is they who must call attention to what is passing outside the windows of that railroad car, going at express speed, in which we make the journey of life. Without the teachers the whole journey of the train would be spent by most travelers in the dining car.

They must impart those principles which have been won by the hardest toil and which burnished in the mill of experience
have proven to be shining jewels. Principles which have been wrung from the hard earth by the labor, the sweat, the tears, the blood of our forefathers. Particularly all must guard and preserve and transmit unsoiled that priceless jewel, the principle which has led us forward in all material and intellectual ways—the principle of doubt, of reasoning, of imagination tested by experiment. This is the principle of the experimental method. The method of winning from nature her secrets by experimentation. It is what we mean by the research method.

Too often teaching may be regarded as the imparting of facts. It is in reality the leading to the light. The teacher, has a coat of arms—and his motto is the motto of the birds of passage which follow the seasons: "Lux mea dux" 'Light leads me.' Light is my leader.

The greatest happiness of a teacher is in watching the awakening of a mind, hitherto enshrouded in darkness, as the light penetrates it. It is a flower which opens.

Cities and thrones and powers
Stand in time's eye
Hardly as long as flowers
Which daily die.
But as new buds put forth
To glad new men,
So from the spent and unconsidered earth
The cities arise again.

So as generation after generation passes back into the earth from which they came, new generations of men spring from this spent and unconsidered earth. And it is the teachers who stand between the generations—passing to each successive one that knowledge which the previous ones have gained in their brief interval of life.

By teaching, a man creates a thousand who can carry on his work. His ideas sown broadcast germinate in the fertile minds of those about him. The light, dim though it may be, shining from him will start a thousand lights in the minds of those about him. He rejoices in the use his pupils make of his ideas and teaching. He multiplies himself in them a thousand thousand fold.

Of the seed he sows but little is fertile—and much of that little will fall in spent and unproductive soil, but some fertile seed and fertile soil will yield a wonderful harvest.
But one never knows when he is sowing fertile and when barren seed. He has no biometer in which he can put each seed and see if it will grow. He can tell only by planting it. Nor does he know when he is sowing. Hence his great responsibility in sowing to be sure at any rate that it is not the seed of weeds.

Principles are the fertilizer of the mind;—the phosphate, potassium and nitrates of the intellectual harvest. And of these principles, that which states that knowledge is won by hard toil, imagination, experimentation, is the most valuable. This indeed is the food needed by the wheat of the farms of the mind. It is this which nourishes all the material, all the mental and part of the spiritual civilization of the world.

This principle of winning knowledge by experimentation rather by dialectic, was nearly lost during the dark ages. Discovered and refined first by the Greeks it was handed down as a precious fertilizer through the 12 centuries until Roger Bacon. He cherished it for the following generations, foreseeing all that it meant to the world. In our day it is still so rare that it is but the few who possess it.

And what is our reward? It is not money. We do not accumulate wealth. No one has become poorer in order that we may live in luxury. Hardship is our lot. Our reward is usually not fame; for fame is not often won by teaching. It is not power in the sense men use that word. We have no offices to bestow; we can neither exalt into nor deprive from office. But our reward is sure; and our satisfaction is great. Our reward is the gratitude of those to whom we have given light; our reward is in the approval of conscience; of doing a necessary duty; of being of service to others; of having helped mankind along its way.

What a great privilege it is to be a teacher. We do not make for a man his shoes, or his coat. We are not providing his dinner, or keeping his body warm, or building a roof over his head. It is our privilege to clothe, to nourish, to warm, to protect the spirit and mind rather than the body of man. What occupation can compare with this one? The minister gives a man solace and comfort at death; commerce and business provide for his bodily cares; but the far more important duty of providing him a guide, a solace, a friend, for that dark, painful, hard, and fatiguing journey through life rests upon the teacher.
Herodotus says that the Macedonians used to mourn when a child was born, and to rejoice when death had overtaken one of their number. For they said, so sad, so hard, so cruel is the journey of life that they wept to see one start on it—and rejoiced when one had finished it.

But in the course of time, so often has the journey been made, so many myriads of men have sprung from the mould, pressed forward and fallen back to mould again, that by the experiences of our fathers, we have learned a little of how to avoid some of its worst dangers; a philosophy to strengthen the heart; knowledge of the direction, and some faint idea of why we should press on at all costs.

It is the teacher who stands by the side of one who is entering the race of life. He gives him a compass by which he may find his direction; the compass is the experimental method; he places a cloak about him, the cloak of knowledge; and he whispers into his ear those philosophic maxims and hopes to give him courage to bear the struggles, the despairs and to face with a stout heart his final and foreseen defeat.

Chairman Pfefferkorn: We had planned to have discussion after each paper but as this session has been shortened by two hours, I believe that we had better keep the discussion until the end and then if there are any minutes left we will be very glad to open up the discussion.

There have been few conventions in the history of nursing organizations where the subject of practical nursing has not been touched upon as a major subject, which it seems wise it should be. This morning our next paper is upon the teaching of practical nursing, "Today and Yesterday," by Miss Grace Watson, Educational Director of the School of Nursing, Philadelphia General Hospital, Philadelphia, Pennsylvania.

Miss Watson is not here, and Miss Eldridge has been good enough to say that she will read the paper.
PRACTICAL NURSING—YESTERDAY AND TODAY

By Grace Watson

In a book published last year, entitled A Short History of Nursing written by Miss Dock and Miss Stewart, there is a comprehensive view of our profession from its beginning up to the present. Through the book one feels the inspiration which prompted and made possible the work of the pioneers in Nursing.

Its closing chapter ends with a call to the “Apprenticeship of duty” and an inspiring vision of the future. In the light of the ideals which have given Nursing its rich heritage, the nurses of today may look upon the present with courage and assurance even though the picture be clouded with present perplexities.

The object of this paper is the consideration of the phase of nursing, so called practical nursing, of yesterday and today. By practical nursing of yesterday, is meant the average standard of nursing work in hospitals, of a period of twenty or more years ago.

No absolute statement may be made concerning the average standard, because at that time every training school had its own standard, which was determined by the Superintendent of Nurses, on a basis of the nursing education received by her, in her own school. In order to judge the practical nursing standards of earlier years, let us consider first, some of the facts concerning the system of nursing education in training schools connected with large and representative hospitals, and particular factors in the teaching of practical nursing.

The curricula of the majority of training schools of twenty years ago included relatively few subjects. These were Anatomy and Physiology, Materia Medica, Practical Nursing, Dietetics, Massage, Bandaging, Medical Diseases, Surgery, Obstetrics, Gynecology, Nervous and Mental Diseases and Ethics. The superintendents of the training schools taught the principles of nursing. Demonstrations of bed-side nursing were given mainly by head nurses in the hospital wards. The immediate supervision of practical nursing was done by the head nurses and the employment of such opportunity for drill as might arise in the ordinary day’s work was under their direction. No systematized effort was made to relate practical nursing with the sciences underlying it, for science as such, occupied a small place in the curriculum.
Two fields only were open to graduate nurses, namely, private duty and training school and hospital administration, hence it was that nursing technic or what we may call the art side of nursing was the only phase of a nurse’s work by which her professional ability was measured. The standard of practical nursing of those days was for the most part that of mechanical routine, the excellence of which depended chiefly on the supervision given the work, plus the varying degrees of conscientiousness and rote memory displayed by the nurse. Just as in other lines of work in which mechanical effort with repetition, results in one kind of efficiency, so, under these conditions, there was produced a quality of nursing, efficient from one point of view, but sadly unsound except in the case of those who knew enough to know they did not know, but whose intellectual and intelligence carried them far beyond the limits of the meagre equipment provided in the curriculum. To this latter group, the present generation of nurses owes an inestimable debt of gratitude for the high idealism and far-sighted leadership which has always characterized their work.

During the past twenty years many changes have occurred which have significant bearing on the subject of practical nursing. In the first place, a conspicuously rapid increase in the number of hospitals, both private and public, and of training schools established in connection with them; secondly, the changed attitude on the part of the public toward hospitals. Increasing numbers of people going to hospitals resulted in greater familiarity with nursing work and a more widespread knowledge in matters of health and disease.

Within the hospitals themselves, changes were occurring, as scientific discoveries, affecting medicine, were constantly being made.

The growth of medical schools brought more students to the hospitals for clinical instruction. The addition of research laboratories wrought changes in the routine medical treatment and nursing care of patients. It can readily be seen, therefore, to what extent the actual working conditions of the nurses, especially the head nurses, was being affected. More and more of their time was devoted to assisting the doctors with minutely detailed technical procedures. The keeping of patients’ records became a more complicated task than formerly. The institution of mod-
ern efficiency methods in hospital administration made demands upon head nurses and supervisors. Greater demands were made also on the entire nursing staff, including pupil nurses. The need for uniformity in teaching the art side of nursing was beginning to be felt. It could be seen that greater uniformity in method would result in greater efficiency from every standpoint, economic as well as professional.

To meet these needs the work of the instruction of nurses began to be centralized in one or more persons, usually the superintendent or her assistants, and head nurses were gradually relieved of the teaching of the students. Freedom from the responsibility of teaching combined with the increased work which the new developments in medical science added to the work of head nurses, made itself felt in a lessening of their supervision of the pupils.

In keeping with the general advance of science, nursing education began to be developed along broader and more scientific lines. Leaders in the profession struggled to advance nursing educationally and to keep it abreast to the times.

The curriculum was enlarged to include Bacteriology, Chemistry, Hygiene and Sanitation, Household Economics, Elements of Pathology, Special Therapeutics, History of Nursing, Psychology, Professional Problems; Special branches such as, Private Nursing, Institutional Work, Public Health Nursing, Social Service and others. In recent years a standard curriculum for training schools has been compiled and efforts have been made to standardize the teaching of practical nursing. Other changes include the raising of educational standards for admission to training schools and the increase in the number of schools having university affiliation.

In connection with all the changes occurring during this period, it is important to note that there was no marked decrease in the daily number of working hours of student nurses in the hospital wards, neither was there any adjustment in the relation of theory to practice, though the practice had become increasingly more complicated and exacting, and the amount of theory increased in some schools more than two hundred per cent.

These conditions have resulted in many instances, in a forfeiture of time, which should have been given to the practice of the technic of nursing. The tendency has, consequently, been toward
a predominance of the theoretical side of nursing over the practical or art side.

One criticism commonly heard in recent years, from members of our own profession, is that the general character of practical nursing is becoming poorer as the schools increase their curricula. In several instances, State Boards of Examiners report the character of the practical nursing, demonstrated by candidates, to be unsatisfactory and indicative of low standards. Are these criticisms just? If so, do the changes and developments in the hospitals and training schools explain how this condition has inevitably arisen? Are the criticisms symptoms of a transitory stage in nursing development, or is it true that there is a decadence in the art of nursing?

To answer the first of these questions,—let us summarize briefly the changes which have occurred in training schools.

Twenty years ago, less than one-half the number of subjects were taught that are taught today. The teaching of the earlier schools was done, often by an overburdened superintendent—today, instructors who have had special preparation for their work, are to be found in all large schools.

The teaching was formerly done in one lecture room, or in the hospital wards—today, adequately equipped class rooms and laboratories are provided, and in addition, the hospital wards are frequently used for clinical instruction.

The proportionate number of hours devoted to practical nursing, in its various branches, is greatly increased over what it was formerly.

The supervision of practical nursing, alone, seems to have suffered by the changes. Supervision being one of the most important factors making for good nursing, it would appear that here a weak point in our educational system is revealed.

There has been no adequate substitution for the close and constant supervision formerly given by head nurses. Instructors have not had sufficient time to supervise student nurses in the early period of their training. Theory and practice have not been sufficiently correlated, and the results have been a lack of application of theory, and poor practice.

At the present time there is a tendency to provide better supervision of the student nurses in the first few months of their train-
ing, when they are forming habits which will determine largely the quality of their later work.

In former years the place occupied by practical nursing was a conspicuous one in the nurse’s education. What place does it occupy today in the preparation of the nurse for the various fields open to her for future work?

We are told that practical nursing is the major subject of the curriculum. A study of the curriculum shows this to be true.

What do we mean by practical nursing?

Do we convey the same meaning by the word “nursing” as we do by “practical nursing”?

Is not all nursing practical?

For the sake of clearness, let us emphasize the word nursing rather than the adjective which so often accompanies it. In regard to this point Miss Nightingale has aptly said “A nurse should do nothing but nurse—if you want a charwoman, have one—nursing is a specialty.”

In order to get a view of what is meant by practical nursing, one must look at a nurse’s work, freed from traditional mechanical work and drudgery, which has not and never has had a place in nursing. Nursing must be inspired by a knowledge of the “why” of the conditions the nurse meets and of the remedies applied to these conditions. This knowledge can be obtained in no other way, but by a sound scientific training. In other words, let there be put into nursing all that it is capable of possessing, and then place it at the service of others in whatever fields it may be the nurse’s privilege to work.

What part does practical nursing play in the various phases of nursing activity, as for example, in private nursing, district or public health nursing, in the work of superintendents of nurses in training schools, instructors, supervisors, head nurses?

The private nurse depends for success entirely upon her practical nursing ability.

The district or public health nurse makes her strongest appeal to the public through her successful care of her sick patients. In her notes on district nursing, Miss Nightingale states

What I want is something to do in the cottage! To sit on a chair and ask questions is not the way to have real intercourse from heart to heart with the poor or anybody, but, if I know how to nurse them, opportunities
for doing good would arise of themselves and I should have some definite errand to take me in.

Regarding the importance of practical nursing to the superintendent of nurses, she says, also

Unless a superintendent herself knows what the nurse she has to superintend ought to do, she is always at a loss. She is never sure of her work. She must, herself, be the measure of her work.

From the standpoint of the teacher it is a matter of common observation that the strongest impressions made upon the pupils are those made by demonstrations of skillful nursing procedures. I have personally observed that the admiration of skilled nursing technic does not diminish as the pupil advances in her course. On the contrary, her admiration and appreciation increases with her knowledge and experience with sick patients. Even students, whose interest seems greater in the theoretical side of nursing than in the practical side, never fail to be impressed by a demonstration of a finished piece of nursing work.

Does the supervisor in a training school anywhere find her work more warmly appreciated, or do opportunities for real service come to her in any situation more than in the supervision of the art of nursing?

Does the head nurse measure her usefulness in any way more than in her ability to exemplify what nursing means in a hospital ward?

Concerning the trend of the attitude toward practical nursing, what may be said? According to the revised standard curriculum, in the first year, of a total of sixteen hours, extending over three hundred and fifty-five hours, one hundred hours are devoted to nursing.

In the second year, of a total of nine subjects, extending over one hundred and twenty hours, one hundred hours are devoted to nursing. In the third year, of a total of fourteen subjects, extending over one hundred and twenty hours, seventy hours are devoted to nursing.

This is a total of forty-five per cent of the total number of prescribed hours.

This answers the question regarding the part practical nursing shares in the curriculum, and proves it to be the major subject.
If we regard the aim of the profession of nursing to be the health of the public, the aim of the training school is, therefore, the preparation of public health teachers. Every phase of nursing work demonstrates that the nurse is a teacher.

How does practical nursing help to realize our ideals for the future of public health? It contributes directly by arousing the interest of the public in all matters pertaining to health.

Through what she does, rather than what she says, the nurse makes the appeal, stimulates the interest, and initiates the habits she desires to maintain in those she teaches.

The best nurse may be defined as a psychologist has defined the best lawyer and the best physician,

The best lawyer is not the one who knows most about law, but the one who can get the most law suits honourably. The best physician is not the one who knows most about medicine, but the one who can cure the most patients.

The best nurse is not the one who knows most about the theory of nursing, or the history of nursing or statistics concerning nursing, or nursing legislation, although all these things are vital, but, she is the one who can nurture and cherish the greatest number of sick and well, according to the laws of health of mind and body.

To come into the possession of the art of nursing, our knowledge must be built on the only foundation on which all art is built. namely, science. Not all student nurses, in the beginning of their training, are interested in the scientific principles underlying their work. May not the desired interest be aroused, by an appeal to the art side of nursing in the truest meaning of this phrase, and by opening the door of opportunity for them to come into possession of the truths by which the art may be achieved?

Let us endeavor to raise our art to the highest possible level and maintain it for its own sake.

Through his finished product the sculptor reveals his science; others, imitating his art, discover the scientific laws by which his masterpiece was created.

From the finished product of our art in nursing there will be developed the truth or science upon which our profession can safely rest.
Then indeed will all the activities of professional nursing reveal PRACTICAL nursing as "the finest of the fine arts."

Chairman Pfefferkorn: How important a part laboratory equipment plays in teaching, and how difficult at times it is to obtain we all know.

How valuable a knowledge of improvising equipment is. It is almost a lost art. Therefore, we are especially fortunate this morning in having a paper on improvising of laboratory equipment, by Miss Nellie G. Brown, Instructor, Indiana University Training School of Nursing, Indianapolis, Indiana.

Miss Brown: I have a little hesitancy this morning about introducing such a very practical topic in the middle of this more idealistic discussion, but it may be that those papers that have preceded mine may shine a little brighter by reason of the contrast.

IMPROVISING LABORATORY EQUIPMENT

BY NELLIE G. BROWN

Before discussing laboratory equipment and its improvisation I wish to speak briefly about the importance of adequate teaching facilities for Schools of Nursing.

Our greatest need as teachers is for an educational viewpoint. We must consider nursing as our major subject and the underlying and related sciences as forming a foundation and background from which to build.

The college student must plan her course so that from one-fourth to one-third of her time is spent on her major subject. The major subject of our nursing course should be nursing and more attention should be paid to the purely nursing subjects, less attention to the medical and surgical branches, as such, and more emphasis placed upon the nursing relating to them.

The needs of the teaching department are then: first, good nursing laboratories, lecture rooms adapted to the size of the school and science laboratories in which the basic science courses may be given.

There have been several splendid articles written describing teaching units which seem nearly ideal and for that reason I shall attempt no detailed description of lecture rooms or laboratories
but shall mention the most important characteristics of each in order to provide standards by which to judge the methods of improvisation which follow.

Rooms. In spite of having regretted the possible over emphasis placed upon medical lectures of various sorts (using medical in its broader meaning), lecture rooms must be seriously considered as the most frequented in our department. The average sized school needs two, one, the larger, providing a meeting place of the entire student body for all formal lectures or "functions" as the student nurses name them, the other smaller, but large enough for any one class in the school and providing space for maps, models, charts and skeleton.

It is needless to mention large blackboards. Any director of a nursing school who has an instructor on her staff has heard, in all probability, a great deal about them.

Laboratory. The Nursing Laboratory increases in importance from year to year as we realize how necessary it is to correlate more closely theory and practice.

Each nurse, especially during the preliminary term, should perform every nursing procedure in the course, as many times as is necessary to enable her to thoroughly understand how it is done and to form the roots of a habit of doing it in the way she has been taught. This means increasing equipment and increasing the time usually given to supervised practice. Ideally the room should be a miniature ward unit with service room, linen closet, supply closet and such accessory rooms bearing the same relation to each other that obtains in the hospital, so far as is practicable.

Models occupy the beds in the place of patients. There should be enough equipment conforming to the standards of the hospital to enable each student to derive the greatest benefit from the practice periods but individual utensils for every procedure are not necessary or desirable. A few schools are able now to have such teaching and, as it becomes more general, we shall expect to find fewer variations in methods, fewer errors in technique and better care given to the patients.

 Provision must be made for the laboratory work of chemistry, bacteriology, anatomy and physiology, clinical diagnosis, dietetics and materia medica.
The library, important as it is, cannot be discussed at this time and the dietetics laboratory belongs within the province of the dietitian, where I shall not intrude.

These courses, chemistry, anatomy, bacteriology and so on are the foundation upon which we build our nursing knowledge. It is not desirable to give our nursing student the same course in these sciences that is given to students whose aim is specialization, but the material given must be as accurate, as well presented, and as thoroughly mastered.

Our standard can be taken from the practice of technical schools and colleges and the aim we find is individual equipment for laboratories. The best results are obtained if effort is exercised by the student and principles are better remembered and used in later work when the student has performed herself the illustrating experiments.

Can all these subjects be cared for in one room? Yes, in any but the largest schools, by using a central supply room, by providing lockers for equipment and by careful planning of schedules.

Having reviewed briefly the necessary teaching facilities for a modern school, we reach the real topic of this paper. Anything I can say about improvising must necessarily be based upon the personal experiences of the past few years. The excuse for such a narrative is that over and over we are met by such statements as, "You can do that of course, with your equipment," or "With everything to work with of course you can give this or that." The reason for the narration is the desire to help some who may be confronted by similar conditions.

The school in which these improvisations took place is a University School, young, when compared with other Schools of Nursing, but a new department of the University. From the beginning it has been felt that the work must equal that of the other department; that lecture courses must be of a certain length and quality; that individual equipment must be provided in laboratory courses; that nursing work in the practice class be carefully supervised; that the schedule made must be carried out without variation.

For all this one room was available with the addition of a dietetics laboratory which relieved the one from the necessity of serving in that capacity.
The room 24 by 22 feet, having been intended for use as an operating room, was well lighted; with tiled floor, and contained a utensil rack, instrument sterilizer, and small hopper with both hot and cold water. A small adjoining room, shared with the operating department, could be used as a temporary storage room. The first equipment consisted of chairs of the desk arm type, instructor's desk and chair, a blackboard and skeleton.

The first class, small and entering at irregular intervals, had been taught in the wards; but a new group entering for the preliminary course made necessary a nursing laboratory or demonstration room.

The class chairs were moved to the left of the room, and three beds, bedside tables and chairs placed along the vacant side. The carpenter put together 3 cabinets of pine with curtain rods at the front, to contain supplies, and the instructor and the seamstress spent many hours manufacturing models.

A word about the model's face. A wire gauze mask was brushed on the under side with melted parafine until the meshes of gauze were occluded, when more was poured into the indentations to make the features firm. A transformation doubled, sewed across the top of the head with the seam representing a part provides hair which can be combed at will. This, sewed to the model and given a coat of shellac, has stood innumerable baths and looks fairly presentable.

Utensils were gathered gradually from the hospital supply, the articles needed for each procedure requisitioned as need arose and added to the collection. Two of the cabinets hold all utensils, bottles of solutions, and boxes containing small supplies. The third cabinet contains linen, and on the utensil rack, relic of the operating room, are placed the treatment trays, fitted in exact duplication of those in ward use. The irrigator standard tucks itself in between the cabinets which are placed on two sides of the room and anatomical models decorate their tops.

The work of the first semester began and as the Anatomy and Physiology progressed microscopical work and dissection must be done. To obtain microscopes was difficult, old ones from the medical school were renovated, and enough were put in working order to provide each student with one. By purchasing new ones, one or two at a time, the number has kept pace with the increase
in the size of the classes. The next additions were four cheap kitchen tables, lowered by taking off an inch from the legs and covered with black rubber mackintosh, cut to fit and tacked securely to the tops. These black covers gave good lighting for microscopical work and could be cleansed from stains more easily than the wooden tops.

When not in use the tables occupied the small store room, one on top of the other. When a laboratory period was in order the class chairs were moved into the hall, the tables placed end to end to command good light, and straight backed chairs brought from the wards to the class room.

As the classes grew larger more tables were added and the beds joined the hall decorations during laboratory period. The change from class room to laboratory could be made in ten minutes.

Clinical diagnosis. The next need was for a clinical diagnosis laboratory for the second year nurses. The same arrangement of the room was made, stock boxes 12 inches by 10 inches by 8 inches with card holders were purchased and fitted with alcohol lamps and other necessary paraphernalia. Test tubes were kept in common stock and reagents were added to the boxes from day to day as needed. Two quart earthen ware jars, placed on the tables between each two students, were used as waste containers.

Looking forward at the end of the second year to a nurses’ home, we felt that “The Room” could soon be returned to its original purpose and lectures, nursing practice and laboratory work give place to surgical operations, when calamity descended.

Until this time the work in Bacteriology had been given at the Medical School, an old building at considerable distance from the hospital, but early one morning in mid-winter fire broke out and the laboratories were practically destroyed.

A laboratory was hastily arranged for the medical students in another building, so small that it was in constant use and the nursing students could not be accommodated. The members of the pathological department, who conduct the nurses’ course, urged us to omit the work for a year. We felt that a preliminary course without bacteriology must not be considered, and the thought of making up a course of that kind for three or four sections spurred us on to a new effort.
More stock boxes, more equipment and the room responded nobly. A gas burner was re-located beneath the instrument sterilizer, tapped by the engineer and a three inch connection with a shut off inserted.

To equip the laboratory tables with gas, two heavy boards 8 feet long by 6 inches wide by 1 inch thick were fitted with gas piping of the same length. Attachments for burners with tube cocks, were placed at proper intervals to allow one burner for each two students. A metal gas tubing connected the ends of these pipes to the supply pipe at the sterilizer.

Wash bottles were made by fitting glass specimen bottles with rubber corks and glass tubing, and, with the stain bottles, were placed in wooden racks to prevent upsetting while in the boxes.

All culture media was made by the students in the diet laboratory, sterilized in the operating room and stored in the diet laboratory ice chest.

This experiment, conducting Bacteriological laboratory work in the class room, was undertaken with some hesitancy owing to the close proximity of the operating room and the necessity for doing all sterilization, even of used cultures, in their autoclave. Because of this some rigid rules concerning cleaning and disinfecting were laid down. All used cultures were received in a large pail, which was carried, covered, directly to the autoclave and placed inside. The time of sterilization was lengthened and no effect on operating room work could ever be detected.

These days in our history are nearly over. The class room is still used for lecture, class work and nursing demonstration and practice; but with the completion of one unit of a new medical school building two years ago, the necessity for using it as a science laboratory ended. The library and lecture rooms of medical school are used by the nursing as well as the medical students and we are hopefully looking forward to our own teaching unit in the not distant future.

The instructor had the most difficult time during the period. The schedules of class and laboratory work had to be planned with great care in order to lose as little time as possible during transformation and personal supervision was almost constant. It was extremely gratifying to have students who had taken college
work speak of the way in which these courses compared with their previous science teaching.

In closing I wish to emphasize three points. First, in these arrangements which have been described the ideal of individual equipment and individual experience for the student was constantly in view and usually attained.

Next: Neither the instructor nor her superintendent has ever regretted for a minute the time or effort expended. Last: Better results are obtained in solving a problem of this type by forming a clear concept of the desired result and using the means at hand as tools for its accomplishment than by "making the best" of the tools we have. The first represent active effort, the last passive.

Chairman Pfefferkorn: We hear much concerning the shortage of teachers of schools of nursing. From all corners there seems to come the cry "We need teachers; more teachers, and good teachers."

In the last year a plan has been evolved in the state of Ohio which it is hoped when put into effect will strengthen teaching and give the assistance so much needed.

The details of this plan are given in a paper by Miss Ida May Hickox, Inspector, School of Nursing, State of Ohio. Miss Hickox is not here but Miss Helen Holiday will read her paper.

HOW OHIO PLANS TO ASSIST SMALL SCHOOLS OF NURSING IN SECURING ADEQUATE INSTRUCTION

By Ida May Hickox

Following is a brief statement of how Ohio plans to assist small schools of nursing to secure instruction and of the hospitals with which these schools are related.

In the hospitals of more than one hundred beds all services are present, providing for a full course in nursing.

In Ohio the hospitals of one hundred beds and less have a deficiency in services, ranging from one to three of those required. The requirements in practical work being
The point at issue being, the deficient services must be supplied to the student nurse; if not available in the School of Nursing she has chosen that school must furnish them.

The theoretical instruction received has not been of the quality or quantity to meet the situation when this student is transferred to the hospital of affiliation. These hospitals giving of their fullness to those less favored with clinical material have found a very perplexing difficulty in the fact that the student entering for advanced work was unprepared.

Greater uniformity in the instruction received at the initial school would seemingly obviate much of the hardship for the student and make easier the obligation of the affiliated school. Could this be accomplished? If possible, what plan or method could be devised that would bring the desired results for both? Following all precedents, logically the remedy must be applied at the base of the cause if definite effects are to be obtained.

The small hospital of one hundred beds or less which is a most potent factor for consideration in the State of Ohio has its School of Nursing. These hospitals are virtually the health centers of the communities where they are situated and as such serve as a part of the great public health program.

An attempt is made by a careful survey to evaluate the time that the clinical material present is worth, for there is a marked divergence in the clinical material found in these small hospitals.

All too frequently the Superintendent is the administrative officer of the Hospital, Superintendent of Nurses and Instructor in the School of Nursing with perhaps some slight assistance in the supervision of the practical work by a graduate nurse.

The tentacles of the octopus, the administrative department, gather up all activities and the student is left to flounder about in the realms of an intensive review just previous to the senior examinations.
For a time let us cultivate a lapse of memory of hospital needs except as they serve as a laboratory for the student of nursing and of the same value as for the student of medicine.

The first consideration is the institution of regular class hours.

The second, that these class hours be in charge of a teacher who is educationally prepared to give the subject matter, not by some one who has been pressed into service unwillingly.

Again, these same hospitals do not find it possible to finance a teaching staff for the nurse school of the desired quality. What can be done to bring this about? Could not the plan of the visiting instructor of the large cities be utilized with nurse schools in these small township hospitals, where several of the towns are connected by interurban car service, approximately one hour apart?

From this angle this plan seemed most feasible. The question of financing this plan was reviewed. Following the thought of the old adage that, "he appreciates most what he pays for," it seemed wiser to suggest that each school served, pay a proportionate share of the instructor's salary and provide maintenance in conjunction with the time spent. After due consideration by the Nurses' Examining Committee and approved by the Executive Committee of the State Association of Graduate Nurses, this plan was incorporated into the following bill, which was to be presented to the Legislature at its next session.

A BILL

Authorizing the State Medical Board to appoint visiting teachers for recognized schools of nursing; to amend Section 1295-1 G.C.

Section 1. Within 60 days after this act becomes operative the State Medical Board shall employ a secretary, entrance examiner and three nurses; said 3 nurses with the secretary of the State Medical Board shall constitute the Nurses' Examining Committee, this committee to be chosen from 10 nominations made by the Ohio Association of Graduate Nurses. The secretary of the State Medical Board shall be the secretary and executive officer of the committee. One nurse shall be employed for one year, one for two years, and one for three years and thereafter, as the term of any nurse expires, a successor shall be employed in the manner herein-before specified for a term of three years. One of the nurses so employed shall be designated as chief examiner.

The State Medical Board may also assign one or more of said nurses, or appoint a sufficient number of additional nurses in the manner and with
the qualifications herein provided, to supervise and standardize the instruction given in recognized schools of nursing.

Such additional nurses shall receive for their services such sum as the State Medical Board may determine, which shall not be less than — dollars per annum and other necessary expenses. Such compensation and expense shall be paid in the manner and from the fund provided in Section 1295-18 G.C. Such service of supervision shall be rendered only, with the assent and cooperation of such recognized schools of nursing which shall pay to the secretary of the State Medical Board such part of the cost thereof as may be determined by said Board. Such sums so paid shall be paid into the state treasury, as provided in Section 24 G.C., for the use and benefit of the fund provided in Section 1295-18 G.C.

These instructors would be appointed primarily by the graduate nurse association of the State of Ohio and would not come under civil service regulations and would be directly responsible to the Nurses’ Examining Committee for the teaching done, also would act as assistants in the inspection of the schools with which they were associated. A portion of their salary would be paid from the State “nurses’ fund” and the State would obligate itself for the full amount to the visiting instructor; the hospitals receiving the service would pay their share into the State Treasury through the Nurse Committee.

The successful operation of this plan would standardize nurse education in the State of Ohio to a far greater degree than possible heretofore.

The student nurse in a small school would be given the same grade of instruction as in the larger one and a closer correlation of practice and class work would result.

The class work of students entering a second school would be brought to the needed point before entrance into such school. The possibility of close correlation between different schools of nursing is the star to which our wagon must be hitched.

Chairman Pfefferkorn: The next paper upon the program relates to an interesting experiment that also will take place in Ohio—next year. Miss Hickox has evolved a plan of holding an institute for the nursing instructors in Ohio.

It took considerable courage to ask Miss Hickox to write two papers for this morning but she finally agreed when I said to her “when you have a good thing do you not wish to share it with your neighbors?”

Miss Hickox’s paper covering the proposed institute for nursing instructors will be read by Miss Clarabel Wheeler.
THE INSTITUTE FOR NURSING SCHOOL INSTRUCTORS TO BE HELD AT MIAMI VALLEY HOSPITAL, DAYTON, OHIO, JUNE 27 TO JULY 2, INCLUSIVE

By IDA MAY HICKOX

The inspection of schools of nursing brought to the foreground the woeful discrepancies in the methods of projecting subject matter and soliciting from the student the result of perviously assigned material. Attendance at many classes showed this point clearly.

Many of the instructors have taken up the work because of first being pressed into service and followed it because of finding much pleasure in the giving out to others and in so doing have groped their way out of the fogginess to a place where they use a semblance of modern methods of teaching.

The psychological phase of teaching is not understood and very little practiced as applied to teaching methods.

The annual session of the Graduate Nurses’ Association does not give opportunity for detailed demonstrations and discussions of teaching methods. It seemed that the instructors needed to hold a special session where the problems of methods in theory and practice would be the primary thought and eventually some standard method for the regular practical procedures could be evolved in the nurse schools of this state.

The plan to be followed is similar to the so-called Teachers’ Institute of secondary schools. Each hospital is asked to send its instructor and the help of instructors who have been fortunate enough to have learned the methods of teaching will be solicited to give the demonstrations of theoretical subject matter and lead the discussions.

There will be at least two hours talk on the Psychology of teaching (and probably five hours) by the noted professor of the Morain School of Dayton, Ohio.

Appended is a tentative copy of the program which is self explanatory.

Miss Wheeler: The institute is to be October 4th and I shall just read the topics that are to be considered:
INSTITUTE FOR NURSING SCHOOL INSTRUCTORS

INSTRUCTORS’ INSTITUTE
Tuesday to Friday (Inclusive)
Psychology, Professor Slutz, Morain School
2 to 5 hours

Morning—Tuesday
9.00 a.m. Opening Statement of plan of institute. Member Examining Committee.

Tuesday
10.00 to 12.00 a.m. Anatomy and physiology demonstration of methods with discussion. Who shall teach subject? Blanch Pfefferkorn, Assistant Professor, School of Nursing and Health, University of Cincinnati, Cincinnati, Ohio.

Recess

Afternoon—Tuesday
2.00 p.m. Practical nursing demonstrations. Correlation of same. Standardization of procedure with discussion of method and application in all schools of the state. Instructors and representatives from various schools. Lakeside, Mt. Sinai, Cleveland City, Miami Valley, School of Nursing and Health of the University of Cincinnati.

Morning—Wednesday
9.00 to 11.00 a.m. Pediatrics—Method and type of instruction and correlation with practice. Type of course which should be included in “children’s nursing.” Discussion.

Wednesday
11.00 to 12.00 a.m. Ethics—What text should be used and presentation of subject. How to give a student the correct point of view. Miss Grant, Miss Grace Allison.

History of Nursing. Mrs. Selbert, Ohio State University.

Recess

Afternoon—Wednesday
2.00 to 3.00 p.m. Discussion of papers on Ethics.

Afternoon—Wednesday
3.00 to 5.00 p.m. Materia Medica. Methods of teaching solutions, poisons. Usual rules governing administration of drugs. Mrs. J. Henry Miller, Member Examining Committee.

Morning—Thursday
9.00 a.m. Bacteriology, sanitation and hygiene. What subject matter should be used. Bacteriology, personal hygiene, public hygiene and sanitation. Miss Best, Instructor at Miami Valley Hospital.
Afternoon—Thursday
2.00 p.m. Dietetics. Necessity for more and better class work with absolute correlation. How it may be provided in the small hospital. Miss Benedict and assistants, Miami Valley Hospital. Miss Weber, Grant Hospital, Columbus.

Morning—Friday
9.00 to 12.00 a.m. Medical Nursing. Method of teaching subject. Miss Bridge, Youngstown City Hospital. Miss Phoebe Kandel, School of Nursing and Health, University of Cincinnati.

Demonstrations and correlation.

Afternoon—Friday
Obstetrics and Prenatal Nursing. Instructor Cleveland Maternity Hospital.

Morning—Saturday
9.00 to 10.30 Chemistry and Physics
10.30 to 12.00 Operating Room Technique.

Afternoon—Saturday
Report of all meetings and conferences with adduction and deductions.

Chairman Pfefferkorn: When opening the program this morning I was bold enough to say that the department of schools of nursing would in a large and very great measure be dependent upon the development of its teachers.

I do not retract, but I should like to add, the operations of the teacher while not entirely controlled, will necessarily be influenced by the type of school in which she is engaged on educational preparation of the student—the laboratory equipment, library, and all the facilities available for teaching.

We have placed two papers on the program dealing with such facts, on the outlook for schools of nursing. The next one is upon the subject of work of teaching in Schools of Nursing without University Relationship, by Harriet Gillett, Inspector, Schools of Nursing, New York State.

Miss Gillett is not here and Miss Burgess has been good enough to say that she will read her paper.
THE FUTURE OF TEACHING IN SCHOOLS OF NURSING
WITHOUT UNIVERSITY RELATIONSHIP

BY HARRIET M. GILLET

The future of training schools for nurses is being determined now by those of us, who are in any way connected with the teaching or training of nurses, for the pupils, whose ideals we are helping to shape will be the administrators and teachers of the schools in a few years, and these same pupils will teach and shape the ideals of those who are to follow them. We should, therefore, attempt to determine without further delay, what is wrong with our system of nursing education, and when the decision has been made, make a nation-wide, enthusiastic effort to bring about its reformation.

Many of our so called "Schools of Nursing" are being conducted in such a way that the service of the nurse to the hospital is the primary consideration, and her education of secondary importance. It is this fact, which is responsible for the large group of nurses, who go out every year to a work for which they are poorly prepared. This condition exists because the Principals of the Schools, from which these young women graduate, know much about nursing the sick, but little or nothing about teaching or school management.

What would any community think of having a man or woman who knew nothing about the principles of education put in charge of one of our public schools? Teaching in schools of nursing will never rise to a high level of efficiency till Boards of Managers refuse to appoint to the position of Principal, a nurse who has no pedagogical knowledge.

A training school for nurses should be conducted along the same lines that any other school would follow. We must make a study of education and learn to use the principles, which experts, in that field have found essential, and not until we do this shall we be able to conduct anything that can rightly be called by the name school.

If we are to maintain schools in which nurses can be taught accuracy, care, method, and the habit of thinking about their work we must have,

1. Trained teachers both in the class room and on the wards.
2. Class rooms, planned and equipped with the same thought and care that characterize the class rooms in any other school for higher education.

3. Adequate ward equipment, for the ward is the laboratory where the class work is vitalized.

4. Sufficient clinical experience.

5. Ample time for class work and study.

6. A place for study.

7. Pleasant living conditions.

All these things one has a right to expect from any school and any nurse training school which wishes to get the right kind of pupils, will, in the near future, have to provide them.

The hardest part of this program will be to secure trained teachers. It is out of the question to expect Teachers' College and the few other Universities, which maintain departments of Nursing and Health, to supply the 1500 and more schools of nursing in this country with trained teachers. We regret this is not possible as there is no doubt these courses are of great value to those who will later teach nurses, but as it is not possible we must look for help from some other source.

The schools maintained by the State for the training of teachers already give courses in psychology, pedagogy, science, history, and English, which would be of value to the prospective nurse training school instructor and it is quite possible these schools would add courses to suit our needs if they were assured a large enough group of students.

The tuition is free in many of these State Schools, and the expense of living when provided by the institution, is at a minimum. One catalog that came to my attention, quoted it at $220 a year, including laundry, and this particular school has unusually attractive living quarters. This expense could be met by the student herself or by her school in the form of a scholarship much easier than could the larger one incurred by a year at a University.

Another way in which we can help to train teachers is to allow those students, who show an aptitude for teaching, to continue after their graduation as assistants to the instructor. They would, under her supervision help with the demonstrations and practice work and with all kinds of laboratory work. They should attend the classes in which the teaching of theory is done. If
apt pupils they will learn much—getting an insight into class management, schedule making and record keeping. They should at the same time be given instruction in the theory and principles of teaching at a nearby University or Normal School, or if no such school is at hand, in a class taught by a High School Teacher or other person familiar with the subject.

At present we have very few ward supervisors who consider teaching a part of their duties or who would know how if they did. To prepare persons for this work will be quite as much a task as the preceding one but of even greater importance for to every 4 or 5 hours spent by the pupil in the class room she spends from 52 to 56 on the ward. The ward supervisor should be conversant with the methods taught in the class room and to that end she should either go to the class with the pupils or classes should be held for the supervisors. The supervisor of the medical ward should go to the medical lectures and the surgical ward supervisor to the lectures on surgery and so on through the list of services. The supervisor should then, as the different cases come in, call the attention of the pupils to the points which have been brought out in class. She should see that each student knows the diagnosis, symptoms and treatments with results, of the various cases in the ward and under her supervision the students should prepare papers on the interesting cases which come to their attention. It is only with such supervision that we shall be able to connect practice and theory.

These ward supervisors must be chosen with care for the pupils will reflect their attitude and ideals. They must be recruited from our own ranks, and should be selected for the character of their work and their executive ability and should be trained for this kind of work during the latter part of their third year.

To retain the type of woman we must have in these positions, the hospital will have to pay more than it has formerly paid its supervisors and it will be obliged to make their hours of duty and their living conditions more attractive. They should rank as teachers and be members of the faculty. The class room instructor and the ward supervisor must work hand in hand if we are to get the best results from our teaching.

It is essential that the equipment of each ward be such that treatments can be given exactly as they are taught in class and
The infirmity to pray. Christians are irresistibly prorpted to pray.
Only those disinclined are not sufficiently concerned.

"Make peace. I exhort..."

For stating spirituality, little interest in praying.

1. The inability to pray.
2. God for with evil D madly exaltation.

John XVI: 36: Christ's speaking.

"Some of God will be revealed in his justice."

3. The meekness of the Holy Spirit is pray.

"The meekness of the Holy Spirit is prayer.
Head searches learning the mind of the Spirit.
The self-intercession of the Holy Spirit
Earn a taste is from the human heart.

O Lord.
February is a type of sin. Mark 1:40+ Acts 2:40-41

1. L - is a constitutional disease.
2. """" as serious, repeating.
3. """" spreading in its manifestation.

4. """" an incurable disease.
5. """" a living death, decaying while he yet lives.

Cleaning -

14. Two bids to complete the lying Christ.
Blood of atonement in the whole man.

Christ's Principle Characteristics - Outstanding
1. Compassionate. e.g., multiplied to feed 5000.
2. Approachable. I touched the leper, to cleanse.
3. Powerful. is omnipotent.
e.g., Miracles - is an action of
in such a way as to call attention to the passing God

4. Willing to save.

2 Peter 3
5. Permits freedom of choice.
that the method, and so far as possible the place for keeping things be the same on different wards. The pupil then, as she goes from ward to ward, will lose no time trying to find how procedures are done or where equipment is kept.

If we are to have class rooms arranged and equipped with the same consideration of comfort and convenience that is found in other schools, we shall have to do away with many of those now in use in basements and attics and other out of the way places and either rent, buy or build new ones. Several schools in the same community could go into partnership in the maintaining of a school, the direct management being put into the hands of a nurse trained as a teacher, under whom would work one or more paid assistants according to the size of the school. The Superintendents of the various schools would act as a Board of Managers. Such a school should be centrally located as each hospital would house and board its own students. It should have at least one large and one small lecture room, a demonstration room, a dietetics laboratory, a science laboratory, a study, a coat room, a lavatory and offices for the instructors.

The preliminary course for several schools could be taught here as could also a good many of the other courses. The doctors, who would be paid for their work, would lecture to a larger group of students and thus there would be a conservation of energy and time of the medical men of the town. It is true many problems would come up and many adjustments would need be made but for those schools too small to have a preliminary course this seems the only satisfactory solution of their problem and I believe those schools large enough to exist by themselves would not only find this plan more economical but of more real educational value.

Such a school could be supported in one of three ways:
1. By the hospitals, each paying in proportion to the number of students sent.
2. By the community which would be the ideal way and which may be done in the dim and distant future.
3. By tuition from the student.

Many maintain that we appreciate only what we pay for. With this maxim in mind we might ask the student to pay $50 each semester or $100 each year for the class instruction. This tuition from 100 students would amount to $10,000 a year which would go a long way toward the support of the school.
If the hospital is relieved of a large part of this responsibility, I see no reason why it should not pay the student for the valuable service she renders. It might pay her nothing during the preliminary period as she renders so small a service, $20 a month during the remainder of the first year, $30 a month during the second year and $40 a month the third year. I am aware there are some who will question the wisdom of this procedure but there are many young women of a fine type in our schools today who would be obliged to earn their own tuition just as there are many college women who must. The college student, however, has a long vacation and some free time during the semester in which to do this, while the Training School student has so short a vacation and so little free time that remunerative work outside the hospital would be out of the question. It would seem only fair, therefore, for the hospital to pay something for a service which consumes so much of the student's time, and which the hospital is so loath to do without.

People are beginning to ask if it is not possible to teach nurses to give bedside care in a shorter time than is being used. The opinion seems to be pretty general that it can be done but only by making the teaching in both the class room and on the wards more intensive. If this plan is adopted, those having had four years of High School, and who possess ability for teaching and supervision, should be encouraged to stay in the school to take courses which have previously been referred to in this paper. For schools still maintaining the 3 years course students should be encouraged to select teaching and supervision as electives. It will be an added responsibility for the teacher to so enthuse the students with the value of this work that they will consider it an honor to be chosen to do it. If the students who have gone out from our fine large hospitals to take charge of small hospitals had had some instruction and experience in supervision—the requisition and giving out of supplies, housekeeping, record keeping, arranging for class work, etc., we should have fewer poor schools today.

It is because we have failed to select the best pupils and train them for the work of teaching and supervision that our schools have progressed so slowly.
Mr. Harry Bradley Smith, the director of industrial education in the New York State College for Teachers at Albany, in his book on *Establishing Industrial Schools*, says:

It is the duty of present day education to select and train those who are to create, in order that a new and higher standard may always be presenting itself, and then to afford a mass education that will insure the ability of the great working class to accept and make intelligent use of these higher standards.

Through this process of the group rising to the new level set by the unequal man has come all human progress.

The school of the future must not only arrange the hours of duty so the pupil will have time to study but it must see that she is taught how to study economically. Mr. Alfred Lawrence Hall Quest has written a very good book on the subject of "Supervised Study," which will be a help to any teacher struggling with a class which knows not how to prepare its lessons.

It is possible that in the semi-distant future we may shorten the hours of duty to 7 instead of 8, especially if the length of the course is reduced, for with the shortening of the course will come a relatively larger amount of class work, which in turn will call for more study. This 7 hours of interested daily service, properly supervised would mean more to the pupil and to the hospital than 10 hours of the poorly supervised service which is characteristic of some of our schools today.

Some one has said, "Education to be effective must be intensive and individual, and it is only by repetition and constant supervision that any advance is made."

In order to supervise or teach with the best interest of the pupil at heart we must have enthusiasm for our work. It is one of the important qualities of a good teacher.

The enthusiasm and interest of the public school teacher is kept keen by coming in contact with others doing the same kind of work. Institutes are held annually where instruction in new methods are given and where round tables for discussion are held. Those young women who have gone out from our schools poorly prepared for their work in hospitals would be greatly benefited by such institutes. The teachers of the country come together every year in the National Educational Association. I have sometimes wondered if it might not be a good plan for the Train-
ing School principals and instructors to join this organization. We should not only hear the discussions on education which we so much need but our work would then be openly allied with the field of education and so gain prominence among the teachers, who are the vocation guides of the young women of our country. I believe it would be a very good kind of publicity.

The public school teachers have also learned that they can gain much by visiting schools. In some cities one day each term is set aside as "visiting day." If we could learn to pursue this course it would benefit the visitor and the visited. It is considered a fine impetus to good teaching. We cannot afford to neglect it.

Whether we make use of the suggestions presented in this paper or whether we evolve others more practical, one thing is certain, we must do something and we must begin it quickly or we shall lose the opportunity which is now ours and unnecessarily defer the day when our schools of nursing will function as schools capable of preparing young women for fields which are today crying so loudly for them.

Miss Pfefferkorn: The last paper on the program relates to the outlook for teaching in University Schools of Nursing, by Miss Elizabeth Pierce, Assistant Superintendent School of Nursing, University of Minnesota. Miss Pierce is not here, so Miss Powell will read her paper.

THE FUTURE OF TEACHING IN UNIVERSITY SCHOOLS OF NURSING

BY ELIZABETH PIERCE

In considering this subject, only those schools in which the full control of the school is under the educational policy of the University should be considered. Whether the school has as its laboratory one hospital or several, as is found in the Central School, its function is the same—"providing nursing education of college grade."

It is not within the scope of this paper to discuss the benefits of such a plan. It is necessary, however, to call attention to certain phases of the school organization in order to more clearly discuss the future of teaching in such schools.

In University schools should we not presuppose the following:
An administrative body with the Director of the school as its head, whose function it is to decide upon the educational conduct and general management of the School. That the Director and her staff of assistants and instructors be chosen because of educational and professional fitness and that each position carry due faculty rank.

That a school which comes under University control be already of the standard, or willing to undergo the necessary changes to reach the standard, outlined by the University and which will place it on a par with other professional schools. It must be ready to accept the methods of organization and administration of the University.

That the school provide for its students such hours on hospital wards as will make it possible to carry the theoretical program. A recent publication of the League of Nursing Education states that the hours on the wards should not exceed 54. This certainly would seem to be a fair maximum and should be reduced according to the number of hours of class and lecture the student is carrying.

That the hospital provide the desired clinical field-active services in medicine, surgery, obstetrics, pediatrics, communicable diseases, out-patient or dispensary, and psychiatry if possible. If the hospital has not all these services they should be available by affiliation.

That the enrollment of the student rest with the Administrative body subject to the approval of scholarship requirement by the Registrar of the University.

That the course of instruction be outlined in a school announcement and published as a University Bulletin in conformity with other schools.

That all courses be given in suitably equipped class rooms and laboratories. All the subjects which require clinical facilities, in the class rooms and laboratories equipped for such courses in the hospital, the class rooms and laboratories of the University being utilized for other courses.

That class attendance, examinations and credits be in conformity with other schools, and reports of all courses filed with the Registrar.

That students who receive conditions or fail in examination in any course, or are absent more than a certain proportion of class
periods, be subject to the University regulation concerning such matters. In the University of Minnesota a student may not take an examination who has missed more than one-sixth of the class periods, without special permission. A condition may be met by passing a second examination, a failure only by repeating the subject.

That the student’s clinical experience follow a carefully arranged schedule of time spent in the various services with attention to the stage of experience at which the special services are given.

That the students share in all the privileges of the student-body; all student activities, the use of the library, gymnasium, social rooms, etc. If student-government prevails that the students of the School of Nursing be represented on the Council.

At last, that the students at the end of the course be given their degrees, or diploma, at the regular Commencement.

Now with the field which this type of organization provides, why should the problems of the teacher in Schools of Nursing differ greatly from those of other types of vocational schools?

Dr. Thorndike says:

The teacher must be something more than the carpenter who follows without reflection the architect’s plans, or the nurse who merely administers the physician’s prescription. Her relation to the administration of the school system and the program of studies is more nearly that of a builder who is told to make the best house he can at a certain cost, using so many workers and such and such materials and with certain results to be obtained in view.

The great difficulty with teaching in the past has been not so much the lack of vision of results to be obtained, but a lack of program and methods of administration by which to obtain the end.

The teacher may have had a vision of the structure she wished to build but the many obstacles met, in poor plans of organization and administration, the demands made upon the student’s time by the hospital and often demands upon the teacher which did not rightfully belong to her, have left in many instances a very discouraged builder with a very wobbly structure as her handiwork.

Now with an administrative body whose function it is to decide what the school is to achieve and to arrange and plan school work
which will attain the desired end, it would seem that the teacher's
greatest battle is won. A field has been provided in which she
can carry out her highest ideals as a teacher.

In the University school it would seem that the foundation
subjects: Anatomy and Physiology, Chemistry, Bacteriology,
Metrology and Pharmacology, lettering and Elementary Pathol-
ogy can best be given in the various departments of the Univer-
sity and by the teaching staff of these departments. It is neces-
sary to have all the courses which have to do with the actual
study and treatment of the various diseases and special branches
of medicine, given by physicians, who also should be provided or
chosen because of their rank as teachers.

This leaves to the nursing staff all those subjects for which the
teacher must necessarily have had nursing education. This
includes rather a large field when we consider the practical train-
ing in the wards and the clinical instruction, an important part
of the student's program. For, after all, it is here that the cor-
relation and application of knowledge gotten in all other courses
is made. It is to this phase of teaching then that we want espe-
cially to give our attention.

The Director of the School usually does some part of the teach-
ing. She, with her Assistant and Instructors, in this type of school
will probably have had special training as teachers. But "the
variety of subjects to be taught by any one teacher must be
limited to the number than can reasonably be expected to be
handled by one person." Now is it possible for any school to have
a sufficient number of Instructors to carry on the instruction on
the wards of the hospital unless this be the function of the nurse
in charge of the department? In a well regulated hospital the
administrative duties of the Head Nurse should not be so exacting
as to prevent her position as a teacher being paramount. We
must confess that considerable time spent by the head nurse in
what we usually term "running the ward" could be made unneces-
sary by better system both in the Hospital Administration and the
Nursing Department. Has not her function as a teacher often
been lost sight of because of the emphasis placed on her ability
to "run" the department? Has she not been chosen because of
this ability rather than her special aptitude and preparation as
a teacher?
To give a concrete example of the value of the Head Nurse as a teacher, let us consider the course in Medicine and Medical Nursing. As one of the prerequisites the student will have had instruction in the general care of the patient, ward routine and the simpler treatments, etc. demonstrated in the class room and followed by sufficient class room practice to demonstrate her skill and efficiency in carrying out any procedure before being permitted to practice it on the wards. This instruction is preferably given parallel with the ward practice by the Instructor in Practical Nursing, who in addition to the class room instruction and practice, spends part of each day on the ward observing and instructing the student in ward practice there. This method demands very close cooperation between the Practical Nurse Instructor and the Instructor on the ward who should be relieved of this part of the teaching in order that she may devote more of her time to her special subject—Medical Nursing.

The students attend the lecture on the disease being studied. The Instructor on the ward will follow each lecture with a class on the principles and technic of the nursing care demonstrating such treatments as are used in treating this type of disease. She will use such clinical material as is available, histories from the files, in fact will correlate and supplement in every way possible the subject matter of the lecture in its application to nursing. Nor will her work end with the class room, for it is she who must observe the work of the nurses on the ward, giving clinical instruction to the individual student or group of students, as opportunity affords. Her group of nurses is necessarily a constantly changing one, therefore, this instruction must be often repeated. It is she who must advance the student from one position to another on the ward in order to avoid repetition in practice, a plan which increases very greatly the value of the ward practice to the student.

The same methods can be carried out in Surgery, Obstetrics, Pediatrics, and in every department of the hospital which is used as a teaching laboratory. It means, of course, very close cooperation and a very carefully arranged program. But is not that one of the things that the University school is trying to provide?

Quoting from Miss Nutting’s paper on the “Outlook of Nursing” read at the Convention last year, “The practical training in the wards requires more careful supervision of an instructive kind.”
To whom are we to look for this instruction if not to the instructor on the ward? If to her, then her position must be emphasized because of her function as a teacher. She should be given faculty rank with the dignity which such position carries.

And is it reasonable to believe that one, unless possessing unusual aptitude for teaching, will be able to function in such a position without some special preparation in teaching methods?

In conclusion, will not the future of teaching in the University schools depend, first, upon a larger staff of teachers than has been heretofore considered, and second, upon the ability of the nursing staff as teacher? Does not the grade of teaching in the University Schools demand that all teachers be as thoroughly prepared to teach their chosen subjects as are the teachers in the other schools of the University?

The future of teaching in Schools of Nursing would seem to rest pretty definitely upon the output of the graduate schools, who in turn may place the responsibility upon the undergraduate schools in making the position of the teacher a desirable one and in encouraging the students with natural ability to prepare for teaching.

We note the increasing number of nurses entering the Public Health field. Can we deny that much of the interest has been developed through the post-graduate school in offering Public Health courses? These courses are increasing with the demand for Public Health nurses.

Have we the same universal interest in supplying the demand for administrators and teachers for our schools, an interest which, as has been stated, must begin with the schools themselves.

Chairman Pfefferkorn: We still have left thirty minutes, if there are any questions any one would like to ask, I think there are some of us here who will try and answer.

If there are not, and the next program meets I believe at one o'clock, and we have had a rather long morning, perhaps we had better close.

I should like to say in closing, going back and talking of the various round tables we have had—one on Tuesday with Miss Stewart and one yesterday with Miss Dunlop, and this morning's session on teaching, that I have been deeply interested in the things that have come up. On Tuesday in Miss Stewart's session
the question of grading and examinations, those various methods which are really the only tools of the teacher, were given considerable time. While I think they are important—they bring to us the reaction of the student's mark in what they are taking—yet after all they are not the real teaching; we do the real teaching in the class room. It may sound like heresy, but I do not like to mark examination papers, and I do not like to mark library books.

I think about that very much the same as Rebecca of Sunny Brook Farm, if you remember that about her parasol, she loved it dearly but she could not put it up in the rain because the drops would spoil it, and she could not put it up in the sun because the sun took out the color.

Marking examination papers seems to me to be very much like the parasol, but the marking of text books and examination papers are something we must do in order to bring our teaching to its very best, and what we do in the examinations is largely controlled by what we have given in the class rooms and the things we are going to turn over to our students.

What hope can we have for the future? Well, the only way it would seem to me as teacher is to keep going on. Some times I think there are some of us who, when we leave Teacher's College—and I was one of them—thought that after I had left there I was ready to teach everything under the sun, and after I taught about six months I found out I was just beginning, and just knew a little bit about how to go about picking up tools for teaching.

And so I say to you teachers, as teachers we ought to know all that we can of the subject-matter we are teaching, especially when teaching anatomy, physiology, bacteriology; they are living subjects, they are sciences; they are going on, and if we do not keep up with them we will be left away in the rear.

There are colleges and there are universities, normal schools and advance schools of some kind in practically all states, and if there are not, if it is a school of nursing remote from town, there is till no excuse because there are the small schools and the institutes coming up, and then there is the University of Chicago at which correspondence courses are given and which are accredited in all universities. One time I thought that a correspondence course could not mean anything. I did not see how we could have any success at long distance teaching anything, but I have quite
changed my mind since I have gotten additional information about these correspondence courses given at the University of Chicago.

So I believe the best we can do for teaching for the future in the schools for nursing is to keep going on because if we stop we are going to be a muddy pool reflecting nothing, but if we go on we shall be clear sparkling crystal streams which reflect life to our students and our students in turn will reflect life in all they do to all they come in contact with in future nursing.

I thank you very much.

Thursday afternoon session, April 14, 1921, 2.00 p.m. Chairman,
Miss Louise Yale, Assistant Directress, Christian Church Hospital. Kansas City

Meeting called to order by Chairman, 2.00 p.m.

Chairman Yale: We regret very deeply that Miss Parsons will not be here. She has, however, provided for us a very interesting program, so it will be necessary for us to get started and lose no time.

The first discussion is by Miss Helen Wood of Barnes Hospital, St. Louis, on the subject “What are some of the most important facts, both constructive and destructive, about Nursing Schools and the Superintendents?” And I suspect we will hear some very interesting and perhaps not altogether flattering facts regarding some of ourselves.

CONSTRUCTIVE FACTS REGARDING SCHOOLS

By HELEN WOOD

If you can think of anything in the history of the world that is left out in that subject, I think we can have a special meeting on that particular subject.

When Miss Parsons wrote to me and asked me if I would speak on this point in the course of the afternoon—well I am used to taking orders from Miss Parsons so I said I would. Therefore I have not a paper for which I will not apologize, because I think that there is a great deal of material for us here to think about, but in thinking that over, I grouped the things as she had suggested, into the constructive and the destructive criticisms of our training schools as they exist today.
We have looked over the developments of the last year and there are certain things that are outstanding as being real accomplishments, things that have developed in the last year very conspicuously, one of those I think is the matter of the establishment of the eight hour day, and when you say eight hour day now we can really mean an eight hour night.

A year ago when there was a clearing house on this question, and schools at Atlanta were reported, one by one, as to how many had an eight hour day, a great many then would report "but we have a 10-hour night" or "we have a 12-hour night." We no longer need to take that into consideration, and the people that now say or think of an eight hour day pretty generally mean that the night nurses have the same working period as the day nurses, and rightly has that come to pass.

We had no right to talk about it before, when our night nurses were working ten and twelve hours; so in that way we have made very definite progress.

It seems to me we have also made definite progress in the matter of considering our schools of nursing as educational institutions. Leaders have done that—leaders have talked about it for a good many years; but nurses in general have not accepted it and certainly the public has not accepted it, but needs a great deal of education along that line before they will feel, in talking about schools in general, that training schools for nurses should be included.

Two particular points help us to line ourselves up with other educational bodies:—we hear a great deal about the place for the social director, realizing that the nurse is not a part of hospital machinery, but she is a young woman that should have all the rights and privileges and the joy in work and play that is due to any student of today. And so we try to help out that situation by putting on the staff somebody who can help to guide her socially—to guide her social life in her time off duty. I wish that more people could have been at the round table luncheon we had this noon when we discussed the activities of the branches of the Young Women’s Christian Association in training schools, which will help to further that same idea. Those two things point to the fact that we are looking at our schools as at other schools for young women.
We have heard, longer ago than a year ago, and very conspicuously last year, of the installing in hospital wards of a scrub woman, called hospital helper, in order that the nurses might have more time heretofore devoted to mechanical house keeping duties, to devote to their patients. That has grown quite general.

It has grown perhaps because we have not had nurses enough, so we have reaped some benefits from that fact.

In my own school, two things have been accomplished by the fact of not enough nurses. One has been the establishment of ward helpers, and the other has been the establishment of graduate nurses for the care of private patients, so that pupils need not have more than a certain amount which is necessary from an educational point of view during the three year course of training.

And that has been brought about because we were educating the nurses and we could not afford to use them on so much routine household duties.

We recognized the need of more publicity, and we recognized the need of somebody other than a superintendent of nurses be responsible for that publicity; and I believe that throughout the country our training school boards and our hospital boards are feeling the responsibility toward training schools much more during the last year than a majority of them did before.

Both as to constructive and destructive criticisms, I would like to speak of the words "Shortage of Nurses" and then I would like to bury the title forever, because I believe that this oft-repeated discussion of the shortage of nurses has not always been beneficial.

We have not had nurses enough, that is true; but when we talk about shortage it seems as though somebody had come in and swept them out. What has happened? It means that there are many more lines of work open to young women today; and we know many of our schools that are conscious of this shortage as they were not conscious of it a year ago, have actually taken account of stock and found that they have practically as many pupils in training as they did before, but the demands of the hospitals on the training schools have increased and have increased rapidly.

Furthermore, the shortening of hours has meant that we need more nurses to do the same amount of work. Again, our schools are made up of much younger pupils than the majority of schools
averaged five years ago, and we cannot expect those 18, 19, and 20-year old pupils to be able to handle their own time, their own strength and ability to plan their work and to accomplish the routine work to the degree the 23, 24, and 25-year old nurses who were our students five and ten years ago; and so the shortage of nurses means added work, added responsibility, and added opportunity put upon the training school, so that we need more nurses than we did before, because we are making our schools educational institutions, and we are adding courses that did not exist.

There has been much said of the fact that all senior pupils should have some experience in public health nursing. If an occasional pupil had it half a dozen years ago, she felt that she used an elective course offered for selected people; and we are doing well to include it in our curriculum; we know now that that is not enough, and we have added one subject after another, which means more school work, takes people from the wards,—requires still more pupils, nearly doubling the necessary working force of our hospitals. If we could bury the word "shortage" and talk more about the added responsibility and added opportunity I believe we would have a much more encouraging view of the situation and come very much nearer the actual state of affairs.

How many destructive points of criticism could we bring up? We ought to have our pupil nurses here and then we would never ask about any criticism of the superintendents; that would be taken care of very nicely. And I wish they were. It emphasizes the fact that as superintendent and pupil we do not get close enough together. We do not have the means and do not take the opportunities of understanding each other.

Last November there was at Vassar College a reunion of those students of the Vassar Summer Camp who had gone into the various training schools of the country two years before, who had now for the most part graduated into the fields of active nursing. That meeting was attended not only by those Vassar students but also by a number of superintendents of nurses from the various schools into which the Vassar students had gone, and free speech ran high; and we heard a lot of things about ourselves that we knew (some of them we did not but most of them we did), but we had never heard them straight face to face from our pupil nurses,
and it did us good. And we were glad of the opportunity to talk those things over, and as one of the pupil nurses—one of these pupils of Vassar—said to one of the others, "well we did not know the whole situation after all, did we?" Many things were brought up in that conference that I think are the kind of things that perhaps should be explained here in talking about destructive criticism, or rather adverse criticisms of our present system, some of which we can help and some of them we cannot help at present.

One of the criticisms was the fact that there seems to be so little correlation between theory and practice. Some of the students felt, and said rightly, "we have our pediatric lectures in our second year, and we have our pediatric duty in our third year;" and some said they had even worse than that, "we have our pediatric experience in our second year, and along in the third we get the lectures which are supposed to instruct us in regard to this matter."

That is too often true, and those who are planning the curriculum brought forth the fact that we must emphasize again and again the peculiar situation we have in our nursing schools.

We have two things before us, the education of the nurse, and the care of the patient. Now nobody is going to die if we stop educating the nurse an hour or two hours a day or week or month, but somebody is going to die if we stop taking care of the patients. And so we are torn asunder—we are interested in our particular work because of the education of the nurses, but we cannot forget the patient; and until our whole system undergoes more or less reconstruction the pupil nurse in training does suffer from an educational point of view, although she gains in other respects from the fact that we have to think perhaps first of the care of the patient.

And consequently we have not been able to correlate our theory and practice as we would like to do, but I believe we should make more effort in that line than we have before.

This morning the hour between eight and nine was all too short to give full discussion to the matter of the care of pupil nurses in cases of illness and the consideration of the health of the pupil nurses. I believe we have far to go in that line.

We have a great deal more to consider in the general health of the pupil, than merely taking out her appendix when in an acute stage, and taking out her tonsils during the process of training.
It is all right, we take good care of them when they are sick, but do we do enough to keep them well? I think we do not, and I think that is where we should put a great deal more thought and a great deal more effort than we have up to the present time.

I have spoken of the fact that the pupils we have in our training schools are generally speaking younger than the pupils that came into our training schools five and ten years ago. This means a reorganization of our curriculum and most of all, of our general routine. It means different kind of supervision, of off-duty hours, than if we had only nurse pupils of 24 or 25, and yet we have not reorganized our nurses homes, her off-duty time, to really meet the needs of the younger pupil.

Chairman: What about criticisms of our superintendents?

Miss Wood: I will let somebody else talk about that. One of the criticisms of the superintendents' job is that she has too much detail in the course of the day's work, to be able to spend her time and her thought unhindered on the peculiar problems of nursing.

Any pupil or any superintendent of nursing who is so tied down within the four walls of her own school and her own hospital that she cannot keep in touch with outside affairs, and more than that, to keep the rest of her staff and her student body in touch with outside affairs, is falling short. It is a perfectly legitimate thing to take care of our own institutions, but the superintendent of nurses who is content to do that and does not hold before her primarily the training of young women to go outside of that institution, is falling short of her opportunities.

And yet we are so hard pressed by our own hospitals that it takes a tremendous amount of effort to keep our eyes on the field beyond, and many times we forget it. Some of us are fortunate in having boards or training school committees that help to make it possible for us to keep our eyes on the big field. Some of us have boards who are still so ignorant and self-centered in their own affairs that we cannot make any impression of our need outside of the hospital on them. So I feel our work with the boards in educating them not only to the needs of our own pupils but the places our own pupils are going to assume after they have graduated, is one of the greatest problems of our superintendent, because until that is settled she is going to be handicapped, she is going to be tied down, and she is going to develop into a machine, rather
than an individual who is put in a position where she should be
the inspiration of a great many younger lives that are coming under
her control.

Chairman Yale: I am sure Miss Wood has put to us very clearly
some of our deficiencies, but also I am happy to hear from her on
the other hand some things—some constructive points which she
could give us, too.

The topic was certainly a very fruitful one and I would like to
hear from a number of persons on it. I would like to hear from
Miss Eldridge, if she is in the room, on that point.

Miss Eldridge: Madam chairman, I think Miss Wood has
touched on perhaps some of our most vital problems, and perhaps
one thing that impressed me strongly, on what she said, was that
the eight hour day and an eight hour night, in talking of the plan,
we find that often with the 56 and 52 hours a week there some
times is a little confusion as to the fact that we should not mean
more than an eight hour day and an eight hour night, and I do
believe that in the minds of almost everyone the idea of these
longer hours is almost a thing of the past.

I think the shortage—I agree with Miss Wood, I am going to
say a word about that, then we are going to bury it, because I
think that it is fired at us as I may say from every point of view,
from every one we meet, as something for which we are personally
responsible, I almost had a fight—or at least somebody almost
fought with me and perhaps the fact that I would not fight was
the only reason we did not have one, because I stated that the
shortage in the nursing profession was more apparent than real,
that it was because the placing of the emphasis on nursing in so
many different directions, that we really almost had to quarter
the nurses to have them reach. If we all look back on our own
days in training and see what we did then we must admit that we
did not do anywhere near as much in the hospital wards as is done
today.

One thing of which Miss Woods spoke I believe I would like to
take up just for a second, it is that the constructive help of an
educational director is a wonderful thing, it is also a wonderful
thing that the Y. W. is able to go into our schools and assist us,
I want to suggest to the Sisters who are here, that they have their
own organization in the Catholic Church that can help them.
I think I read the other day that the "Daughters of Isabel" had changed their name, but that organization should be able to go into the Sisters hospitals and help them where they perhaps are not able to have educational directors, as I believe that they should in any of our schools where we have enough Catholic girls, just as in our colleges we have got the Catholic Club and the Y. W. and all the other clubs.

When we are speaking of destructive things, there is just one thing that I think is rather destructive criticism, and yet we do need to touch upon it, and that is, we had a tremendous shortage of teachers we have been told. I came here with the instruction from some one, to bring home an instructor. I do not know where I am going to get her—I have not seen a sign of one who could be taken back—I have been asked by several here to help find assistants. It seems that nobody wants to assist, and I think that one of the things that accounts for that is this: Miss Wood spoke of their being so fully occupied, that they were not able to get out. They were not able to keep in touch, and I think another thing which, and perhaps the superintendents will excuse me if I say this, is that they do not want to delegate authority, and well prepared women do not want to take a position in a Training School where they are to be what I have always called a "glorified errand boy". If we give our instructors their proper position—I was an instructor for a good many years and I think I had it given to me—we will get them, but we do not give it. The instructor is supposed to be somebody on a little bit lower plane. Why not give her her proper position. If she is an assistant then let her do her work and let the superintendent of nurses do the executive work and be the executive head. A superintendent of a hospital told me once that a man was no good as superintendent of a hospital if he could not go off for three months and have the hospital well run.

Now I believe the same thing is true in our superintendents of nurses, I do not think she is expected to go off for three months, but I think a superintendent's organization should be so good that she could do it.

Chairman Yale: Was not that before the war, Miss Eldridge, that he said that?

Miss Eldridge: Yes, I guess so. Never the less, I do believe that our superintendents should themselves be executives and let the other people do the work.
One thing more, thinking over Miss Woods' points when she spoke of our nurses schools being educational, and that that should be impressed upon the public.

When we talk education almost every doctor, almost every lay person says we do not think anything about the care of the patient, but only of education, and I think the reason they do not hear more of that is because no nurse ever thinks of anything from the point of view where the patient could be neglected: it never enters into her mind that the education of the nurse—just think what that means—a nurse, to nourish, could possibly mean a lessening in the care of the patient.

Chairman Yale: I am very glad that Miss Eldridge made that last point because I do feel very strongly—that the general conception of nursing work among doctors particularly, and certain lay persons is that the nurse's work gets to be so utterly mechanical that she is thinking of her education and the fine points of the scientific diagnosis rather than the care of the patient, while really the care of the patient is so much a matter of second nature she never questions its having the foundation place.

I wish that we might take time to discuss this further. Has Mrs. Greeley come in the room?

Mrs. Greeley: Yes, I just came.

Chairman Yale: Mrs. Greeley is going to talk to us about "Something new in nursing legislation."

SOMETHING NEW ABOUT NURSING LEGISLATION

By HELEN HOY GREELEY

I suppose you want to hear about that. I know a good many of you heard what I had to say last night. I do not know that you want me to go over it again. Miss Parsons gave me the free rein for this afternoon's meeting, and supposed I would talk about the bill, but it was the only opportunity that we thought I would have, last night, and I have already spoken about it.

As a lay person who has listened to what has gone on at your various conventions during the past three years, and as one who has had to read and who has wanted to read and has read a good many articles that she did not have to read either, in both the American Journal of Nursing and the Modern Hospital, I have of
course gotten quite an insight into the problems that have been vexing you not only during the war, but as an aftermath of the war, as an aftermath of the system, and as a lay person I cannot help of course having some kind of an opinion. It may be worth something or it may not, but as I see it I cannot help agreeing with Miss Stewart whom I have just heard speaking to the Council of Women's Clubs here in Kansas City, and I cannot help saying in exactly her language, that the system is all wrong.

As a lawyer, one who is familiar of course with a graduate school of law, as a separate school that is not run in connection with a court, where litigation goes on, not run in connection with any clinical work, I know that there must be a school of law that is divorced for the purposes of teaching theory from anything else. It may be connected with the university as it is in most cases, or it may be an isolated school—I myself am a graduate of a school of law of New York University, but I could have gone to the New York Law School, which is a privately endowed law school not connected with the University, and run simply for the purposes of teaching law, either of those two, but we have not in the country a school of law that is run in connection with any courts, where litigation proceeds and where the neophyte and the tyro might procure clinical material. I do not believe that schools of theology are really run in connection with churches, always. They are schools of theology. I can see that it is highly desirable to have a connection with whatever would furnish clinical material.

As a lawyer I think my own training would have been infinitely better if I had, during my theoretical work, served a clerkship in an office. I think I would advise anybody studying law to have a clerkship in an office during at least a part of the term. That would, of course, correspond with your hospital experience, but aside from that and the value of it, in all of these other professions and trades there is no need—no absolute need as I see it, for the teaching of the theory in connection with the clinic.

Now I believe that the next generation of nursing history in America is going to see the divorce of the school of theory of nursing from the privately endowed or commercially run hospital. I believe it has got to come.
So I think I can say that one of the things through which or one of the ways in which thought perhaps ought to crystallize very soon is around the idea that you must seek state appropriations for the endowment of schools of nursing or for the maintenance of schools of nursing under state supervision—the supervision of your boards probably—but certainly at the community’s expense.

We are familiar on every side with the cracking of the present system—I do not mean merely nursing, but in every department of life—I do not know you feel. I am not a socialist or member of the socialist party, but I want to say to you it is my opinion that capitalism has so cracked that we are never going to repair it. The whole way in which the whole world has been run has been cracked beyond repair and what wonder is it with the way in which schools of nursing have been maintained, that the system has cracked? I do not think it is strange at all; everything is cracking, and it is time for us to decide definitely what the program is going to be for the future.

So I say that one of the aims—maybe not this year or even next year—but one of the things I believe we are going to find ourselves working for—you see I quite naturally include myself in the nursing profession—must be state appropriation for the education of women to be nurses.

But before we get to that, what else? What should be perhaps a more immediate and very practical aim in all our nursing legislation? Certainly better education. Better education.

As I said last night and as I feel most strongly, sweetness and the like are all right—they are virtues that we should fulfill not merely as Christians but as members of human society, but they must be fastened onto a substantial basis of scientific knowledge and manual skill, or else they do not count for very much except encouragement and that sort of thing.

You heard Doctor Robertson—a good many of you—speak about Miss Tweed—is that the name—in the Philippines, and how lovely she was, sweet, gentle and capable and devoted and consecrated, and how she went at the risk of her life to take care of men whom the doctors had run away from, and how she performed operations with her pocket case.

I want to ask you how far sweetness and gentleness would have taken her if she had not known how to use the pocket case? I
believe in brains, fundamentally, brains—temperament, loveliness, graciousness—if we could have them all we should all qualify, for of course it is our duty as members of society, but nobody appreciates those more than I who am not always gracious but wish to be—but I do believe in having sound education at the bottom. The more education we have the more we have to give, and if nursing is not a profession of service, what is it?

The nursing motto, above the motto of any other profession in the world, is "Ich Dein" "I serve." And we serve best when we have most to give.

Of course science and skill count for a great deal in the sick room, but I have been very much interested in the articles that have appeared from time to time in the Journal of Nursing on the mental attitude of the nurse towards sickness and the knowledge that she should have of psychology. I want to know how much psychological treatment the nurse can give in the sick room—how many nurses can respond to the suggestions in those articles in your Journal that you should find if you look back as far as just a year ago, if they had not a sound educational training underneath? A high school education is the minimum, is the minimum on which to build, and I do not care who disputes it, I am willing to let time be the judge, if I must wait, but of course we are not going to wait, we have not waited.

I feel like saying—I still feel like saying to the doctors: "We fought at Arc, my Precon, and you were not there." They do not hold up your hands except in single instances; when they do they are magnificent exceptions to the rule. They are men of pure gold, those who hold up the hands of the nurses, but the profession as a profession does not stand by, and nurses had to learn that in this work as in every other work of life that they must work out their own salvation. There is not a human being that does not go into the Kingdom of Heaven alone, and there is not a profession that does not come into its own alone, for the most part. There must be coöperation, but the carrying on pioneer work must be that of the group itself, and the nurses have exemplified it; they have played a lone hand. They can depend now for greater help than ever before upon the women, but there must be intelligence and well-directed efforts toward the establishment not merely of an understanding, and of information as to facts—I say I do not think
that simply publicity about shortage of nurses and methods of recruiting will avail. I think that—what I mean is something that goes beyond that. I think that in order to have the sympathetic and intelligent cooperation of the women who will be your sisters in the strife and who will give you the solidarity that you are going to need in legislative halls, you have got to conduct a well directed propaganda campaign that begins at the bottom, to tell the people of the whole state and especially the officials about the very elements and beginnings of the profession.

I am a great believer in records. I am a great believer in personal contact, and I think you have got to have bureaus that will work through individuals. I am trying to leave in the office at Jefferson City a record of the legislators and of the contacts, the ways—the various ways in which we have been able to meet these various men. You know Miss A in one part of the state and Mrs. E in another, both know the governor; we have used them. That would be the record; we know that other people know the chairman of certain valuable committees, that will be on record. We must know about points of contact.

Propaganda that you send out through the mails even if you send it with a paster on it "Presented with the Compliments of the Nursing League of Education of Missouri" will find its way into the waste basket unread. I sat in the gallery with Miss Parsons at one of the sessions and I watched senators down below. I passed through the floor one day and I saw a certain gray covered volume there. I was interested there and I said to the senator, "Oh, I am glad to see that thing down here," and I looked down below and I saw "Presented by the Publicity Committee X. Y. Z.," and it had not any indication at all that the senator had read it. It did not look read or fluffed up a bit, and as I sat in this gallery this day and saw another senator cleaning up his desk preparatory to leaving I saw this gray covered volume that had been sent to him too go into the waste basket. A valuable book and a book that was full of the kind of information that that man needed in connection with the subject, and on which the senate had passed a bill.

I went down to him and I sent in a note because I wanted his help on something and I used the opportunity to come back and said, "I want that book you put in your waste basket; will you give
it to me?” He says, “I will be glad to. I did not have time to read that; did you want it?” I said, “Certainly.” He gave it to me. Do you know what it was in there? An investigation into the steel strike. And the fact that it had not been read is significant when you think that the senate passed a bill prohibiting strikes in the State of Missouri in certain cases.

Well, you must not send literature to get into the waste basket in that way. What you send must be destined to reach its end through personal contacts, and you must have your contacts in the various counties of your state and you must do that kind of work if you are going to have the intelligent cooperation and the kind of information about your problems in the place where that information ought to be, and that is, in the minds of the men who are going to make the laws.

Now that kind of thing cannot be accomplished over night. It has got to be the result of committee activity, but I believe that is the way to do intelligent legislative work, and if you are going to adopt an intensive legislative program that it is going to take a generation to carry into effect, you have got to have that kind of machinery.

Now I do not know of any group in the country that is better organized to carry forward this propaganda than your own body. The organization of the nurses was a revelation to me when I came into contact with you three years ago, and it still remains a source of admiration to me. I congratulate you on your three great national organizations; the splendid women who engineer your work, and the splendid women who are in the ranks giving the support that is needed to carry the work forward.

I think these conventions are magnificent demonstrations of solidarity and enthusiasm and intelligence, and I am proud to be associated with you.

Now I have said enough about education, perhaps. I feel that you ought to strive for the four year high school requirement in every state. It may not be a goal that we can reach in one year or two or three, but you must set a time limit as we did for woman suffrage in New York when we started out: We said: “Women's Suffrage in New York State in Five Years.” Go ahead on that basis; it helps you to focus; it does not leave your work in a vague and chaotic state, but it gives you a target to aim at and I know
nothing better than to have a target to shoot at; you may over-
shoot it or you may under-shoot it, but at any rate you take aim.

So while the idea of four years high school may seem Utopian
to some people from some states, it is not any more Utopian than
the woman suffrage was, when there was none of it in sight, and
I worked in one of the most hopeless states—New York—fancy
carrying New York State, educating New York state to the
idea of woman suffrage with its millions of people; that was an
intensive hard work; we did it, and we did it knowing we could if
we just had the vision, we could carry the work through. And
there are enough of you who have the vision and a four year high
school requirement is not an impossibility, and is not Utopian;
and an educational director is likewise within the realm of possi-
ability, and I think the sooner we strive for uniformity of legislation
the better. Iowa on the north of Missouri, the two state lines
are practically co-terminus, how wonderful if Iowa and Missouri
could have the same law; if Kansas and Oklahoma and Arkansas
would, and all the states that touch around here, could have or
could work toward the same kind of legislation.

They may or may not get their bills through this year; some are
still hanging, as ours is here in Missouri, in doubt. Suppose we all
get together and work for the same kind of law during the next
two years and with the same kind of educational propaganda
throughout the states, it would mean reducing your cost for all,
it would be a more intelligently directed effort, and it would mean
better nursing schools and better standards and better nurses
at the end of the two years, would it not? Even if only two out
of four states got their laws through.

I believe that however different conditions may temporarily be
in the several states or in the whole United States, if our ideals
remain the same we will reach them at different times, but there
is no harm in pulling together for the same ideals at the same time.
Some will get ahead of the rest, it is inevitable, but it will always
be somebody to drop out or come up in the rear, but at any rate
we can have these ideals and work toward them.

So I say a healthier relationship between people who are doing other
things and the nursing profession is one of the essentials first of all,
and I say that the men who go to the legislature and the governor
and the other officials of the state should be informed about what
we are doing and I suggest that we get busy to try to inform them not about the fact that there is a nurse shortage, that is one thing, let me tell you, that all of those men in the legislature all know about; they conceded that at the beginning; they said "yes, we hear there is a nurse shortage"—except one man I will except Senator Gray from Jasper County; he comes from a village in the neighborhood of Joplin there and he said "Oh well, we are well supplied down there, we do not know anything about this nurse shortage," but he found out about it from other people. Everybody else knew that it existed.

It is how we make nurses that they want to know about. Now in the next place, let us get at the Chambers of Commerce when we can, and if we will have the women behind us we will have entry to the household of every member of the Chamber of Commerce, and then we can get at him in double fashion.

Let us get the women with us, let us have solidarity in regard to problems affecting women. Now the next thing and the last thing I want to talk about is the question of compulsory registration. I have gotten quite hot up about it since this question of compulsory registration has been vexing Governor Hyde's mind a little bit at the present time. I wonder if you know why we have registration and licenses for anything? Do you know what is meant by the police power of the state? It does not mean the man at the corner who stands in a blue suit and brass buttons to direct automobiles and the street cars, it does not mean the policeman who guards your property at night; that is the police department, and it has police powers but it is not police power.

Police power is the great big power which the state reserves to itself to protect the general interests of the whole public, to safeguard all the people against the consequences of ignorance or incapacity or incompetence of all kinds and against deception and deceit and malpractice of all kinds.

That power, the state can invoke even in connection with what people call "private civil rights," which cannot constitutionally be attacked in other ways; for instance, the right of the individual to pursue a vocation or calling. You do not like to feel, do you, that the state can say "you shall not hem a doilie or knit or crochet?" You feel that the state must draw a line beyond which it must not go. It must not say constantly to everybody "you
shall not do this and you shall do this." There must be a point at which the state shall stop, and in our constitution we say what that line of demarcation shall be.

We say in the constitution that property shall not be taken without due process of law. But our courts have interpreted all kinds of rights to be property; the right to pursue a vocation now is that property.

Well, I do not want to go into that, but I want to say to you the constitution cannot be invoked to protect you against the state in the exercise of its police power when what you do affects the whole public and may affect it adversely.

If you want to enter a grade or a profession which affects the public and which requires for the practice of it both knowledge and skill; then the state can say to you, desiring as you do to come in and practice this calling, you must comply with certain fundamental requisites; you must satisfy a competent representative of the state that you are qualified to practice in that state.

And so the state says no person shall practice law unless that person has a certain general fundamental education, and a special education on top of that, and passes an examination on top of that which proves to the satisfaction of the state's agent that the person will be an honest practitioner and a skilful practitioner. At least if the skill cannot be absolutely guaranteed, that there shall not be any gross unskillfulness you see.

So the state protects your property rights against this scheming lawyer who would deceive—and he might deceive you very easily if he could get you to employ him, if he did not have a license.

We try to keep the grossly unscrupulous out of the practice of law—I am quite sorry to say we have many unscrupulous in the practice—but the grossly unscrupulous we try to keep out; and in medicine we try to keep out the quacks and charlatans by throwing this police power of the state around the public and to raise up the board who shall license those who acquire certain educational qualifications.

Now in the beginning, those were the two professions and the only two that had these safeguards thrown about them in the interests of the public. The state did not bother to safeguard the rest of the people about anything; it did not exercise its police powers, but after the dentists had been practicing a while and other
classes of professions, veterinarians and so on, they were competed with by unskillful persons who through their lack of skill, the veterinarians ultimately gave the skilled the black eye and so it was to the interests of the skilled practitioners themselves and at the same time to protect the public that they compelled the state to exercise its police power and so did the associations of dentists, the association of osteopaths, the association of chiropodists, the veterinarians, and so on, went to the legislature all at different times, insisting upon the state exercising its police power to protect not only the association of dentists, but the whole general public against the malpractitioners.

Well then what professions, what trades has the state let alone? Where has it failed to undertake this police power for the protection of the public? It has occurred to me only recently—I think it is very interesting—only in the trades and professions occupied by women. Now why? Why men have been alive to their needs, longer than the women have. Men have participated in government and know how, longer than women have.

Miss Yale, will you tell me when I am talking too long? How much longer have I?

Chairman Yale: Five minutes.

Mrs. Greeley: Five minutes? So it is quite natural that trades or professions plied by women should be the last to safeguard both themselves and the public. What are they? Mid-wifery and nursing. In how many states of the Union must a mid-wife conform to any real law? In how many states must she show real qualification for that most important work of bringing the future generation into the world? Is the public safeguarded there, adequately?

From what I know of the mid-wifery line, the public is not so safeguarded. We have no assurance whatever in many states that the mid-wife knows anything at all about her business, and is at all compelled to be a hygienic and sanitary and intelligent person in her business of bringing the future into being.

The same with nursing. We have had permissive licensing laws. Registration has not been compulsory. It has been permissive only. In how many is it absolutely mandatory?

We do not think of letting our sick animals be attended by unlicensed persons—as told last night—we require licenses of
even those who cut our corns, and how much more important is it to require licenses of everybody who cares at all for the sick?

The sick are the most easily imposed upon of all classes. Where a person is sick—your own Missouri courts have said the sick person will listen to anybody, to any quack, to any new thing that he thinks will get him well most quickly, especially if he is in bed, so especially about the sick and the unfortunate should be thrown the safeguards that the law affords, and those safeguards of course lie in the police power of the state which can compel any one who cares for the unfortunate or the sick to be licensed, and that license or permission to be based upon prescribed qualifications, prescribed course of study, prescribed examinations, which are a test of the honesty and the integrity and the elementary skill and knowledge at least of the person who would so serve the public.

And so, my friends, I cannot find in the idea of compulsory registration the bug-a-bear or the dangerous thing that it is to some people. I cannot see how enforcing that would make any fewer nurses in the state or cut off the unfortunate sick from more or better service.

I think compulsory registration for all is a requisite that should be sought in nursing legislation with the proper examinations.

Our bill contains those proper examinations and I trust you will show your legislators the bill and see what they will do.

Now one more point and I am absolutely done—thank you—we are interested constantly in this attitude of the doctors and the nurses toward each other. It is awfully like husband and wife, is it not—the domestic relations, domestic relations in the hospital. But we hear preached constantly to the nurses "Do what the doctors tells you to" and while there was propaganda sent to the governor—I have got it in my bag—it was sent out to the doctors in the first place, they were told "you know as well as we, that the best nurse is the one who does exactly what the doctor tells her and nothing else. And we do not need all this flum-doodle stuff in our law; now help beat this bill."

That was sent to doctors in the state of Missouri and then it got sent to me, and of course I knew that some of it had gone to the governor.

Well, that is all very well, and the doctors want your loyalty and you have always felt that you should give it, to the last drop.
You are reading in the *Nation* or the *New Republic* and in other critical magazines and newspaper editorials criticisms of Robert Lansing's book *Revelations About What Went On At Paris* and you know that Robert Lansing is being criticized today as a man who has been brave enough to bearing his soul with all humiliation involved, and criticized, too, as a weak man because he was loyal to his chief rather than to the ideas and principles which even at the time of his loyalty he professed and urged upon Mr. Wilson and believed with all his being were true and right.

Loyalty to personality at the cost of loyalty to principle? No, and nurses must learn that too often though it costs them approval. I do not know how many of you read the magazine called *The Suffragist* that is published by the National Women's Party in Washington. About three months ago it had an article in it that I think every woman who makes her own living and every other woman ought to read, about "What has counted with women in their business and professional lives?" Loyalty, the desire for approval, and what it has cost women. Much of their loyalty in business has been based upon the desire for approval, by their employers, rather than self-interest—laudable enough; I am not quarrelling at that; I am not saying it is not being a bit higher in the scale to want to be approved by those with whom we are employed and engaged and with whom we are associated; I do not say that we should not want to be loyal to them; but I say that it frequently costs us our progress and our adherence to an ideal and to principle, and that the desire to go in in easy friendly approved relations with our associates is the easier thing to try to work out.

Should it be so? I think not. I think we should be willing to be pricked now and then by disapproval if it means progress in the race—and it does. The progress of the race is achieved by the progress of the individual. We are making America as we live our lives individually, and we women, young to the competitive struggle, have got to stamp out the idea of loyalty to personality, and we have got to cultivate in our hearts and soul such a loyalty to principle as will keep us from blanching at the thought of separations and of antagonisms that may develop; we have got to be willing to drop relationships that are not correct in their fundamentals for the sake of ourselves and for the sake of our profession and for the sake of the sex and the race.
So I say to you beware of the false loyalties. Serve principle. Find out what principle is, and make sure that you are not serving personality instead, for only as principle dominates our lives will we be really truly successful and happy, and will we truly fulfill our destiny.

Chairman Yale: I think we are very very fortunate as an organization as well as individuals in possessing so good a friend and so level minded a helper and adviser as Mrs. Greeley is. It is splendid for us to have some one outside of our profession who can with a clear mind see from a different view point some of these problems which have been bothering the profession for so many years, giving us some concrete things to do, things to work for, and help us out of the mire in which we occasionally find ourselves.

I have a couple of announcements here. Professor Mathews’ paper will be ready for distribution this evening at eight o’clock session by the reporter. If there are enough persons care for copies it will be furnished at fifty cents a copy, provided there are ten who are asking for it. How many are going to want copies of that? Professor Mathews’ paper, the paper read this morning? (About 15). They can be procured at 50 cents a copy this evening at the eight o’clock session.

Tea will be served in Room 4 between 4 and 5 by the County Visiting Nurses Association and affiliated organizations. There will be a special conference on Friday afternoon at 2.00 p.m. in the ball room—that is this room here—to discuss standards for university schools connected with university schools or those who are planning to organize such schools.

I think we all find that the room has become very close so we will have a short recess right now and get some windows open and move about a little and get freshened up before we go on with our program.

Going on with the program, Miss Georgia Ely of St. Louis Hospital of St. Louis is going to give us a paper on the question of Nurse Wastage during Training and Nurse Wastage after Training.

Miss Ely seems to have taken advantage of the recess and to have left.
Thirty years ago our training schools accepted young women preferably in the middle twenties or older who had had considerable housekeeping experience. During her training she was expected to scrub floors, wash windows, take down soiled curtains, hang the fresh ones, keep clean the linen, bath, and utility rooms, including the toilets.

Gradually these various duties have been lifted from the shoulders of the nursing department and have been taken on by the housekeeping department. Such things as cleaning and waxing of floors, washing windows, polishing furniture, hanging curtains, cleaning rugs, etc., have been relegated to the houseman within the last decade, and the sweeping of floors has been given over to maids, who also empty the slop jars, waste paper baskets, etc. The orderly sees to it that windows, transoms and doors are stuffed for fumigation when fumigation is necessary. With the lessening of the housekeeping duties the nurse's hours off duty have been increased, and also the hours of class and lecture work have been increased. At the present time we find the young women in our training schools much younger than formerly, and very anxious and eager to study as a whole, taking great pride in their notebook and examination grades, and a wide interest in present day nursing affairs in so far as they are made to realize that such things are of vital importance to them. A great deal of their class work, however, is wasted because they are too tired to "take in" the valuable subject matter presented to them, and again they are handicapped by lack of time for reference work, and also by a lack of material when reference work is to be done, or papers to be written.

With the shortage of nurses we have the advent in most hospitals of the nurses aid or attendant, who is taught to set trays, to clean and make a bed, to clean and make ready a room for occupancy, to put up linen, fix flowers, and to attend the convalescent patient. This is a great help to the hospital in "keeping up" with the regular routine, but there is still much to be said about the apportioning of the attendant's duties to the best advantage. For instance the care of the lavatory and bath
room are still solely the responsibility of the nurse; the reason for this we are taught is that the nurse better understands the necessity for absolute cleanliness in the hospital lavatory, having some slight knowledge of bacteriology. Yet in this day of shortage of nurses when it is absolutely necessary for some of the nurse’s work to go undone, one usually finds that it is not the patients who are suffering most from lack of care, but it is the cleaning work of the nurse. In our public buildings maids are employed to keep the rest rooms and toilet rooms sweet and clean, and as a rule they are kept that way, no brown scums accumulation for lack of time to clean. It is her definite duty, and time is allowed for the performance of this duty. Could this work not be given over to a maid in the hospital as well?

Today there are more fields open to nurses than ever before, and today graduating nurses are better prepared, both practically and theoretically. Yet, even so, after spending three years in training, when she receives her diploma, there are very few fields into which she can enter without first taking a special course—and by the time the student has spent three years with little or no remuneration, the young graduate finds it necessary to earn money, at once. If she prefers to give anesthetics, she must go to a hospital and pay $300 for a three month’s course, and also pay for her room and board outside, which amounts to another $200 or $300.

A great many of these post graduate courses to fit the graduate nurse for her preferred field, are a waste of the graduate nurse’s time. She should be prepared for them while in training. Why would it not be possible to give the third year student sufficient training in the line she prefers whether children’s work, anesthesia, surgical work, obstetrics, laboratory work, x-ray work, or in the several departments of public health and so enable her to enter fully prepared that line of service which she desires, and become self supporting at once?

This is both student and graduate nurse wastage. Today the student nurses spend three years in making beds, giving baths, treatments and medicines. Is this absolutely necessary? Would not two years be sufficient time to learn this thoroughly? Then during this two years would it not be possible to so direct the student that at the beginning of her third year she would have a definite idea of that line of Nursing Service in which she preferred
to specialize? Then the third year could be devoted to a specialized training in that one particular branch. I believe that this could be worked out very nicely, for all the students would not select the same field. Some, perhaps the large majority, would prefer public health, one or two pediatric nursing, one or two institutional work, obstetrics, laboratory work, surgical assistants, and perhaps one-sixth would prefer private duty nursing for a year or so. Now if each of the nurses could be given a four to six month’s course in the field of their own selection during her third year, the remainder of her three year period—if three years is still considered necessary, could be spent in executive work in the hospital, and our student nurse’s time would not be wasted in general hospital routine, also three to eight months of the graduate nurse’s time would be saved in preparing herself for her particular branch of the work.

Where is the greatest nurse wastage? First I should say in the repetition of giving baths and making beds, three years of this in the training school. Then if the graduate desires to take up public health nursing one fourth of her time again is spent in bed-side nursing “to learn the approach” to the patient. When what she is really aching for is to learn how to approach the mayors, the aldermen, and other city officials, etc.

Then again, there is the private duty nurse, who often finds that with one patient time hangs heavy on her hands. I have heard several graduate nurses say that they did not like private duty for that very reason.

In the February *Journal of Nursing*, Sister Domitilla of St. Mary’s hospital of Rochester, Minn., has in part solved this problem by instituting “Group nursing.” By this system several nurses are organized in a group and they are held responsible for the care of the patients in a definite unit of the hospital. For instance, in one unit she had ten private rooms for patients, who desire the services of graduate nurses. There are five nurses to care for these patients during the day and two at night. The day nurses are on duty nine hours, and the night nurses twelve hours. They all receive a salary and board, but secure their own room in the city. Each group manages its own affairs, such as hours off duty—day or night duty, etc. Sister Domitilla reports that this system has proved most satisfactory to all concerned.
Chairman Yale: Is Miss Ford in the room? Miss Pickering here? While we are waiting for our truants to return, Miss Pickering will give us a paper on "How Best to Train Students for Leadership." Miss Pickering is the Assistant Superintendent of Nurses for University Hospital, Ann Arbor, Michigan.

HOW BEST TO TRAIN STUDENTS FOR LEADERSHIP

By MARY M. PICKERING

It is with great diffidence that I approach the discussion of a problem of such vital importance to the training school, particularly in the presence of so many who could speak with the authority of experience and the inspiration of success. I treat the subject solely as one striving toward an ideal rather than as one having attempted to master the problem.

In order to be a constructive leader the individual must be technically expert in her field, broadly and liberally educated; she should possess a personality that will win people; she must have a religion or philosophy of life; above all she must be of steadfast character, unselfishly devoted to high ideals of work service.

It does not seem possible in three years' time with our present methods to give the majority of the students we now have in our nursing schools the background necessary for leadership in the affairs of their community and the world. Their immaturity unfit them for arduous duty and great responsibility; their lack of judgment makes it impossible for them to discriminate between essentials and non-essentials; their inadequate preliminary education makes it extremely difficult for them to do satisfactory work in the class room. Until we change our methods of nursing education we will continue to turn out a finished product that will lower our professional standards.

By a preliminary nursing course in the central school or college of nursing two results would be accomplished for the student—she would have an adequate course of theoretical instruction, a real ground work of science and the arts in preparation for her technical training—and by the length of her preliminary course, she would be just so much more mature, with so much better judgment and physical and mental stability to begin her practical work in nursing, to assume the responsibility of caring for the physical
and mental abnormalities of patients in the hospital. It is of course only a matter of time until these central schools of nursing will be ready to function. When that time comes our present problems will be greatly diminished. Until it comes, however, we must accept conditions as they are and do our best to develop adolescent girls into worthwhile women, and at the same time, train them to become nurses of high technical skill with the ability to lead their fellow-women.

It is scarcely necessary to note that we would be able to attract a higher type of womanhood into our schools by means of better living conditions, religious organization, recreation, elimination of excessive housework, the establishment of self-government, etc. All of these things are being planned for and established in many schools. All that is accomplished in this direction will definitely contribute to the development of the qualities of womanhood and leadership. Our purpose, however, is to discuss the more practical side of the training of the pupil nurses on the hospital wards.

I believe the crux of the problem lies in teaching the students responsibility—their responsibility to themselves, to their school, and to their patients. If we require of them the best work they are capable of doing and at the same time teach them to think for themselves and to direct themselves our object will be accomplished. We have seen by experience that we cannot give them a course of instruction in nursing methods, or a resumé of the etiology, treatment, and prognosis of a disease and expect them to apply these principles and facts to their daily work on the wards. It is only by constant coordination of theory with practice; a close system of follow-up twenty-four hours a day; “here a little and there a little, line upon line and precept upon precept”—a constant reiteration of the principles of good nursing technique of our attitude to our work and to our patients, that we can give them the mental discipline required in the making of a good nurse. And they must first be good nurses before they can become leaders. This follow-up must be stimulating and constructive with one object in view,—to cultivate the habit of doing consistently good work and to develop the self-directing state of mind.

It is obvious that one person from the educational department or from the training school office is able to give only general supervision to the ward work of all the students in the school. Con-
stant detailed supervision can be given only by the ward super-
visor or head nurse herself. If she carries out her obligation to the
nursing profession she must be a woman of first-rate ability and
character, who by her own example and personality will stimulate
the students to be constantly on the qui vive for more knowledge
and greater skill and to give the best that is in them to their
patients.

The supervisor must be a teacher and a practical psychologist.
No amount of class room lectures will make a nurse. One learns
by doing as well as by study. She must be familiar with class
room methods and see that they are carried out repeatedly until
the student follows her technique without conscious thought. She
must be able to determine how much responsibility students are
able to bear and to maintain for them the proper balance. By
grading their responsibility and giving them constantly increasing
amounts as they can carry it she aids them to develop themselves
to the limit of their powers.

In her *Psychology of Nursing* Aileen Cleveland Higgins says,
in part:

The difference in the professional ability of nurses lies primarily in
the amount of power allowed to remain dormant. . . . Let it be
borne in mind that what the young nurse needs most . . . . is aware-
ness of her mind as a working force, together with recognition of her unde-
veloped power and her wrong habits of behavior. . . . Let the
nurse comprehend something of the power within her; let her realize the
millions and millions of her brain cells not in use, the faults and weaknesses
that are holding her back. The world needs her dormant power. Never
in the history of nursing has there been such a demand for highly trained
women.

If supervisors could be induced to accept that responsibility and
opportunity of this intensive training of the student results would
soon be apparent in richness of experience to themselves and in
the higher type of nurse we would graduate from our schools.

As the student should look to the supervisor for her nursing
and technical guidance so should the supervisor in turn be able to
seek and gain from the superintendent of nurses and her staff,
advice, support, and inspiration. She should be familiar with the
general plan of the nursing course both in theory and practice so
that she can give intelligent cooperation to the instructor. She
should be conferred with and advised by the superintendent of nurses so that she may consciously carry the policies and ideals of the school into her work with the students on the ward. She should know that she will be loyally supported by the staff in her training of the individual pupil. She should realize that her work is of great importance and her influence in the nursing world may be unlimited.

More depends on the selection of the personnel of the training school staff than on any other one factor in the developing and training of students. They should be women who involuntarily command the respect of their fellow-workers, whose chief interest is in their work, whose one aim is to uphold the ideals of their profession and to turn out from their school only the highest type of nurse. They must be practical idealists, able to keep in mind and inspire in others the feeling that our work is largely influenced by our attitude of mind; that the little incidents of the day contribute to the sum total of our aims; that we must constantly live the best that is in us; that only by a combination of ability and character can we hope to be true leaders of our profession.

The problem seems to resolve itself into this—that every person concerned with the training of the student must work toward one goal—to establish the habit of doing good work, of self-direction and government, and above all to teach her to realize her responsibility to her patients and to the profession. We must teach her the key-note of successful leadership in nursing as given by Miss Nutting in an address to the group of college women who had their pre-nursing work at Vassar:

Our actual character, our genuine strength and worth . . . . reveal themselves in the steadfastness with which we hold to a high purpose through the dull routine of daily duty, over long periods; in the fortitude and faith with which that purpose is pursued in the face of discouragement and sometimes defeat; in thedauntless spirit which holds that

"Tasks in hours of insight willed
Can be through hours of gloom fulfilled."

It is largely this spirit, this refusal to look upon the daily duty, made up of the necessary tasks of life—as a kind of slavery; this sense of responsibility for standing by our work as a captain stands by his ship, which forms the bone and marrow of nursing.
Chairman Yale: Miss Parsons has asked Miss Anderson, I believe a Director of the Public Health Nursing in St. Louis, to discuss this point—this paper.

We seem to have a good many truants this afternoon; I think recess hardly pays us here. Will some one else speak on the same point for a short time? Our time is getting a little limited. I am sure that everyone that has been doing anything connected with training school work has ideas on this line, certainly.

If not, the next paper on our program is one on Professional and Social Loyalties, by Miss Taylor.

PROFESSIONAL AND SOCIAL LOYALTIES

By MANCE TAYLOR

The superintendent of nurses through her classes in ethics and the history of nursing with the accompanied discussion of current problems in nursing, and social problems as related to the patients, has an opportunity to give to her students an insight into nursing that cannot be obtained in any other way.

Are we as members of the National League of Nursing Education alive to our responsibilities? Do we stop to consider the days when social service and public health were not talked of in our schools for nurses? Do we forget the days when all of our attention and interest was directed to the line of the bed in the ward, the crease in the sheet from the patient’s chin to the foot of the bed, the proper angle of the pillow—but nothing was told us of the patient, where she had come from, what relation existed between her illness and her environment? Have we forgotten the days of twelve-hour duty when we were too tired to do anything but go to bed when we went off duty?

How different it all is today. The student learns early that patients are not merely cases to be counted, but that they are human beings who respond to the influences around them. In her classes, the student as probationer, learns what social service, public health and our national nursing organizations stand for. She is encouraged to join the local Young Women’s Christian Association, she is helped in the establishment of a church affiliation, she is encouraged to have outside interests and to entertain her friends in the nurses’ home. Many of the larger schools have social
directors who see that the nurse’s life is not allowed to become one-sided. The students in the University schools are especially fortunate, as they are members of the student body and are allowed all of the privileges of the University women.

But, in spite of all the good influences being brought to bear, the student nurse is constantly meeting with obstacles. How often the student makes too hasty a decision in the selection of her friends. Many times a supervisor who is being retained because of good executive ability, or particular adaptability to the work in some service, plants the wrong seeds in the mind of the student nurse. What of the operating room supervisor who when asked her opinion of the proposed changes in the nurse practice act in her state, replies—"Why should I care anything about nursing in the state? As long as I do my work to the satisfaction of the doctors it makes no difference what I do or think when off duty." What of the intermediate who laughs at the young student for the little acts of kindness shown to patients? It requires a listening ear on the part of the superintendent, in her classes of ethics, to correct these wrong impressions. Are you keeping in close contact with your students and their impressions? The class in ethics should afford an opportunity for free discussion.

What about the graduates and their disloyalty to organization and their lack of interest in social affairs? Every graduate should be a member of the Women’s clubs, the Young Women’s Christian Association and any of the clubs which will bring her in contact with the outside interests, particularly those organizations of women which are found in her community. As a League it seems to me that we should lose no opportunity to meet with women in another walk of life and try to preach "nursing education" whenever possible.

It is with regret that we find many of our Red Cross and public health nurses are disinterested in becoming members of the nursing organizations to which they should belong. The doctors take pride in their membership in the American Medical Association, and almost without exception, subscribe to their Journal. What is the matter with the nurses? Many of the graduates of eastern schools are coming west to take up their nursing work in a new field. A Red Cross nurse has been in a county for two years. She is doing a splendid piece of work—but she has never shown the
least interest in the nursing organization in the new state to which she has come. When asked about her re-registration she replies—
"Why should I join a District Association in Missouri? I am a member of my alumnae and am registered in New York State."
This is the attitude of 90 per cent of the nurses in the middle west. Another public health nurse was asked if she had read a certain article in the Public Health Nurse. She replied, "Oh, do you think that magazine is better than the American Journal of Nursing? I take that now." We were glad to know that she even did that much. Should some of the blame for the indifference of these nurses be placed on their former superintendents?

In conclusion, we would seem to have a very sacred trust. Can we as a League forget the examples of loyalty as shown in the lives of Florence Nightingale, Isabel Hampton Robb, Sophia Palmer, Jane Delano and our beloved Miss Nutting? May we not consider more seriously our debt to them and try to raise the eyes of our students beyond the material things in nursing to something that is higher and finer and lasting?

Chairman Yale: I remember last year at Atlanta when we were trying to settle on the place where this organization should next meet; we here in the Middle West were honestly anxious that you might come over to us hoping that we could find out something—several there are, perhaps—that might be wrong with us here. I think possibly Miss Taylor has hit on some of those things.

Miss Farnsworth is going to discuss some of these points in Miss Taylor's paper.

Miss Farnsworth: Assuming that you all want to discuss this paper very fully, I think it is one worthy of it, I have retained my discussion that I might give it later, more briefly, being a subject upon which I am most deeply interested.

Taking the first point, of the responsibility of those having charge of the education of the nurse, perhaps that is the last point in our minds; perhaps these features might be brought out that we are inculcating the ideal which we have inherited; therefore of course if we inherited one we will carry it on, and we should link up these ideals in a daily test of character, showing the students that it is the way she conducts herself each day that shows whether she has these ideals or not. I would like to stress the futility of making a 10 hour course in ethics sufficient to cover that point.
I feel incensed with the idea sometimes gained that the ten hour course in ethics in the preliminary course is enough to last the nurse in all the years from that time on until she is ready to lay down her profession.

Again, the importance of emphasizing Miss Taylor's point of giving students a conception of social service, and finding out how environment and social conditions influence the health of patients. That might be done by hospital social service work if possible, or by frequent contact with social workers, having them come to the school, or having the students, by delegates perhaps, attending conferences of social workers and bring back to the school some points that they can, or it might be done by use of the free dispensary or the clinic or settlement in the region of the training school.

And the third point, the advisability of having students become members of a club or Young Women's Christian Association. That might be done and should be done because of wisely chosen, the cultural, social and spiritual side of the student is the part that should be cultivated by means of which, and this has been done in certain schools, by calling upon the local Young Women's Christian Association to appoint a teacher who will come out to the training schools and conduct a bible class.

This has been very successfully carried on we know in certain instances, and we also know the appeal there is to the young women for gymnasium work—perhaps not as much by that toward coming into the Young Women's Christian Association as by use of the swimming pool, which is certainly very attractive.

On the matter of professional loyalties, the attitude of nurses graduated from other states, and their indifference does react upon the student body—and of that we are aware as illustrated when nursing legislation is required. Certainly Missouri has had an opportunity to put them into test, and also has shown in the interest taken by the outside graduate in the state or district organization work. If she is too indifferent toward the local situation we find that out when we ask her to do some committee work or hold some responsibility in the district or state organization.

And yet offsetting that we can see a very marked uplift coming from the splendid examples of women who are doing Red Cross or
public health work throughout the counties and state of the women who are of the better type, bringing to our school very splendid influences.

And we do need, it seems to me, more thorough discussion of nursing problems in the third year of the nurse's training, first to acquaint the student with the conditions she will meet upon graduation, and second to prepare her to accept her share of the responsibility of the solving of those problems, and bring recruits to a higher understanding of the profession generally. It would seems that the discussion of the various problems in the third year is absolutely imperative.

Chairman Yale: I think the feeling is quite uniform, not only in nursing circles, but in other professions, and in the whole world at large, to use Mrs. Greeley's expression, things are cracked, many of them in very large degree, among which are ethics or the comprehensive understanding of ethical standards, and how they should be observed.

Miss Mary C. Wheeler: I believe a great deal of difficulty about the matter of loyalty comes because students and a great many supervisors and head nurses do not know the actual facts. And that was brought home to me not very long ago, and so lately I have been bulletining some of those facts about the institution, giving them the number of patients, the number of nurses, the number of the chief kinds of groups of people, making a daily bulletin of the real facts.

One morning I happened out at the intersection of the corridor just in time to hear quite a loud wail when they read over the amount of money it cost us to provide milk for the full month, and the amount of money that it took to buy the butter, such facts as that. They were astonished to think of the actual amount of cash it took to supply our family with the ordinary things to eat—and the heating of the house and the paying of the electric light bills and the number of people that were in the house to be cared for and all that sort of thing.

I found that it is a very good thing for them to know something about the inside condition; and more than that, following that thought up, I have taken them through the whole institution. We make excursions through the institution, down through the tunnel, into the other parts of the house where they do not get
in their training and I find they are really very much interested and they are becoming more loyal to the institution, if they actually know the things that happen every day, and I believe it is a part of their education that they should know, and we have neglected it because we were rather busy at the institution and thought of course when they left there that they knew all about it, but they did not.

Miss Allison: I believe we have made some mistake in trying to teach to nurses in beginning their instruction, ethics. It seems to me we should begin first with the education in good citizenship and from that to work toward the solution of those problems which make the greatest good to the greatest number. After that point is once instilled into the students then make practical application of that to the regular curriculum as it concerns their daily life.

Chairman Yale: Certainly it would seem that the qualities which lie at the basis of really good citizenship must be the ones which also underlie our ethical standards and loyalties. This is a very fruitful subject. Any one else?

Miss Barnes: May I make a suggestion as to the value of the relationship of the Young Women’s Christian Association? In making use of that possible affiliation, I believe that we would have gained very much more from affiliating with the student department of the Young Women’s Christian Association than with the local city association.

The student work is carried on from a very different point of view according to the different needs of the two groups of young women, and there is very much of the work of the student department of the Young Women’s Christian Association that is directly planned to help to increase the loyalty of the student to her own institution.

That is true in the college work and the school of nursing is just as much of a school, we are always saying, as any other college is, so that affiliation with the student department is particularly advantageous in addition to those that can be gained by affiliating with a local city or county organization.

Chairman Yale: It certainly would seem a very valuable suggestion in places where there is such a development in connection with the Young Women’s Christian Association.
Miss Jammé: I would like to say, we had a very interesting round table luncheon today on that very same subject and I think there are some people here who spoke so well and told us how the connection came up with the Young Women's Christian Association student body, and we would be very glad to hear from them.

Chairman Yale: Are there some of those members present who could tell us about that?

Mrs. Lake: I do not know that the last speaker referred to me particularly as the one who made some of the important suggestions, but the points that I brought up in connection with the Young Women’s Christian Association at the University Hospital at Ann Arbor were, that the student body had been exceedingly active there, and the activities there not only included the immediate needs of the pupil in the hospital, but they are extended to foreign countries, China in particular, the students have contributed toward the raising of a fund to support the work of Doctor Seidler in China.

The particular points in connection with the pupils in the hospital were that all of the freshman class were communicated with before entering the hospital. The train on which they were to arrive was noted and a pupil from the student body sent to meet each individual. When the pupils arrived they were taken to the home, introduced to the other pupils, taken to at least one party, taken to church, and one of the pupils acted in the way of sponsor for that pupil until she became acquainted.

Another point that was brought out in our school activities was the attitude of the pupils toward the sick nurses. The Young Women’s Christian Association has a social committee that pays especial attention to the sick; they visit them when possible, supply them with flowers, extra food if it is permitted, and perform such little attentions as writing letters, doing little bits of laundry, or doing errands for them in the stores, or any of the other numerous things that a sick nurse so frequently wants.

The last development of the association is the open forum, and the forum has developed to quite an affair. They have talks on several subjects of interest, one of which was the “Greatest Murder in History—the Murder of the English Language.”

And another point—just to show how keenly the pupils are interested in the affairs of the hospital, they brought up for dis-
cussion at the open forum one night whether a certain garbage pail was placed properly from a sanitary point of view in the dormitory.

Chairman Yale: Is there any further discussion?

Miss Odegard (Nebraska): Speaking about this at the round table meeting this noon, possibly it might be of interest to speak concerning the conventions which the Young Women's Christian Association has put on for nurses, that is for all groups of nurses, and it was brought out this noon that it was a very good thing to have the Young Women's Christian Association in a measure direct the policies—the social policies—of the nursing school.

Last year the Young Women's Christian Association North Central Committee of the Minnesota and Iowa, the Two Dakotas and Nebraska, went apart and had a convention at Lake Okobogee, which is in northwestern Iowa.

The convention was fairly well attended and as I understand by the various nurses who went there, there were only five student nurses from these five states in that district, and while that was a very good beginning still I think that we certainly wish to increase it in the future.

Chairman Yale: That is rather specially interesting to know of the small number of nurses who were able to attend the convention of which you speak.

I wonder what we have been able to do in other parts of the country. Does any one know, that can speak on that?

Miss Jammé: Madam Chairman, might I say that in California at Silimar they have a little camp where they have conferences every summer—student conferences, and last summer during the time of the College Student conference for the first time the student nurses were admitted to this conference. We had 22 nurses who were in attendance throughout the conference.

Two of these nurses were sent from their hospital in Los Angeles with all their expenses paid; four were sent from San Francisco with all expenses paid.

Now this year it is going to be repeated. There was a mid year conference at Mills College and the students attended there. Now they come in contact with the other students and they find that they have problems just like the other students, and they exchange their problems and both of them—both groups—get very good ideas.
It seems to me that we are training these students for future leaders, because they develop their committee work and develop all of the work we would like to see developed in the training schools, and carrying that idea back again afterwards into their state associations, they will be better prepared to carry on the committee work in their state associations.

Chairman Yale: Thank you, Miss Jammé. California certainly seems to have been very happily successful in carrying on this, you might say experiment, but I think it probably has passed the experimental stage.

Any one else?

Miss Noyes: This has really nothing to do with the subject, but during Miss Taylor’s paper she made the statement that the Red Cross nurses who were doing down-country nursing were not interested in their organizations, or perhaps did not belong—I do not remember the exact words, but I think most of you who know the Red Cross nursing service know that we have a different standard for admission, and one of those requirements is, membership in the American Nurses Association, so that we look pretty carefully out for that point.

I do think I am quite right in saying that the Red Cross nursing service has done more, perhaps, than anything else to get our nurses interested in organizations and become members of such. We have 37,000 members of the Red Cross nursing service, every one of whom are members of the American Nurses Association.

Miss Taylor: May I answer that and bring out as a sample a nurse who has been doing Red Cross nursing in two years in a given county but has never changed her registration—it was that more than anything else that I had in mind, and may I say that in questioning this Red Cross nurse I said “it seems too bad to me, that you who to be eligible for enrollment in the Red Cross nursing service must have been a member of your alumnæ association, through that to the American Nurses Association,” and she said “yes, I appreciate that,” but at the same time she was not willing or has not been willing to change her registration. That was what I had more in mind than anything else.

Miss DeWitt: Miss Taylor might remind her that while membership in her alumnæ made her a member of the American Nurses Association, perhaps she was at that time, but it does not hold good after she has moved into another state.
Miss Taylor: I did that.

Chairman Yale: Anything else on this very fruitful subject? I very keenly regret that one of the papers that we had expected to have this afternoon, that of Professor Bainter of the Junior College here, we are not able to have, as Professor Bainter has illness in his family and cannot be here this afternoon, and has not succeeded in completing his paper yet.

I do not know whether you know of the very keen interest and the far sighted help that Professor Bainter has been giving us here in Kansas City in this Junior College work. He has been more than enthusiastic—extremely helpful. His fine examinations and his comprehension of what our nursing education should be made and will develop into has inspired all and we regret very much now that he cannot be here this afternoon.

I had a request a short time ago for Miss Stewart—which Miss Lawler I think has not heard of—asking that she take time to tell us a little bit of the efforts which the alumnae of the Johns Hopkins Hospital Training School are making toward the raising of an endowment.

Miss Lawler: When we first gained the idea that we could get an endowment of money and planned for it was in 1914, Miss Nutting in her paper at the 25th Anniversary of the opening of the hospital, said that it would be quite a thing when the nurses alumnae could celebrate the endowment, and we began then and in the next two or three years we got in something like twelve or thirteen thousand and then the war came and nothing more was done until this winter again.

We have had to work very carefully for two reasons. The first is, ours is a very conservative hospital and they were not in favor of a whirlwind campaign, and secondly Baltimore has had campaigns of every kind and for every institution within the last year or last six months, and we felt that it would not be right to handle the thing that way, so we are going at it rather more through the individual members of the alumnae.

Now we have 942 living members, who are scattered of course. I think every state of the union except two have some of our nurses. We started first sending out literature to each one of these nurses telling what we were going to do. Of course the first move really was to find out where they were or where we could get in touch
with them quickly, and committees were appointed, that is, regional committees and class committees, class chairman and chairman of districts, in that way getting the nurses of the cities and communities together so that they would work in that section.

We have had a great deal of literature printed—large pamphlets, small pamphlets, and then they have one thousand small folders in the ordinary envelope and we have one we are just getting out to get public opinion interested concerning endowment.

We only started the publicity work the 28th of February, and up to ten days ago when I left Baltimore we had received something like $39,000 and the thing about that that we are very much pleased in, is that—practically all of it, except $1500 came from the nurses themselves.

We have not tried to touch the public at all yet, but the nurses themselves had made up the amount—practically $38,000. I had a letter today saying that in the school they had one entertainment since I left which brought them $600.

One thing I think it has done, if we never get our endowment, one thing it has done, it has brought the members of the alumnae very much closer together. For instance, members who had dropped out and some had never joined at all, have come in and paid their back dues without being even asked to, because they felt they wanted to go in and help in this.

We are finding a great deal about our married nurses and their families, and all about them—it certainly has strengthened the alumnae in every way.

Query: I would like to ask how much are you planning to raise?

Miss Lawler: One million.

Miss Allison: I would like to suggest rather encouraging report of the attitude of the members of the graduating class to their responsibility to their alma mater. Last year at our commencement each member of the senior class contributed $5.00 toward a nucleus for endowment, making in all $350. The class this year intends to make its contribution and the class of 1919 has also joined in. This week our student body are having a campaign in our nurses home for the Johns Hopkins endowment, regardless of having one of our own.

Miss Lawler: That is a splendid campaign. We have already received from the alumnae of the schools in Baltimore a check sent
in very early from the pupils’ standpoint, the class in that school 
now, that is the class of 1921 who will graduate this year have 
already turned in in money and pledges over $2000, and the 
junior class just a few days after we really had ventured out had 
100 per cent subscribed, we found every one of them had sub-
scribed $5. There were a few people had more than that but 
those that could turned it in privately, because they wanted the 
class to go in as each giving the same amount. 
And the Interim class which took a certain sum of money they 
are to hold out to see what they can do with it—how much they 
can make out of that, before it is returned—of course we know 
what they are trying to do with it because we are the ones that 
have to patronize all of the enterprises, and we have some very 
original things, for instance, one group served hot cakes on Sunday 
morning for about four successive Sundays to any one in the 
school wishing to have them, and as we have 400 nurses in that 
dining room we took in a great deal of money. 
Chairman Yale: I am sure that the subject of endowments for 
all the training schools will receive a very decided impetus, no 
matter whether the Hopkins alumnae are able to get an endow-
ment to the whole amount of the endowment and get it as soon 
as they hoped to, or not. At any rate we know that contributions 
will be thankfully received from any source whatever. 
Adjourned.

Thursday Evening Session, April 14, 1921. 8.00 p.m., 
Chairman, Miss Jammé.

Meeting called to order by the chairman at 8.30 p.m. 
Miss Jammé: The meeting now will please come to order. Now 
in the unfinished business, we did not have the report of the Army 
School of Nursing. We will now call for the report of the Army 
School of Nursing, Mrs. Harding, representing Major Julia C. 
Stimson.

REPORT OF THE ARMY SCHOOL OF NURSING

At the time of the report presented at the Atlanta Convention 
in May, 1920, there were five hundred twenty-eight students in 
the Army School of Nursing. Since that time forty have finished
the course and twenty have been dropped for various reasons. A small class of twenty-one students entered in October, 1920, so at the present time there are four hundred eighty-nine still in the school. These students are stationed at the Walter Reed General Hospital, Washington, D. C., and the Letterman General Hospital, San Francisco, California, with the addition of twenty-five who are finishing affiliating courses in Chicago. One hundred students of those remaining have time credit allowed them for college work. This credit ranges from three months, given for two years of college work, or work in a technical school, to nine months for a college degree.

The forty students who have finished are all credit students. Several of these are already registered in New York State and in Illinois, and the others have applied for registration in the state in which they expect to live. With the exception of the five graduates who were appointed in the Army Nurse Corps, these young women have all gone into Public Health nursing. Those who joined the Army Nurse Corps are acting as supervisors in the Army School of Nursing or as assistant instructors.

Both at Letterman and at Walter Reed, the problem of the senior year has been an unusual one—the need of putting great emphasis on the practical nursing side. This problem has arisen from two causes, first, the fact that the body of students who are now at these two hospitals is made up of groups who had the first part of their training in thirty-one different army camps and hospitals, and second, that the amount of theoretical instruction has far exceeded that usually given, because of the great interest shown in the school by the resident staff of full-time officer lecturers in every camp, who have given much time to the lectures for the students. The senior students have had short reviews on all lectures and the practical reviews have followed the theory closely. Each disease taken up by the lecturer has been discussed the following day in class, and its nursing care fully demonstrated. This same method has been used in surgical nursing, including the diseases of the eye, ear, nose and throat. With many students this has entailed an enormous amount of work, but the results have fully justified the time consumed.

Last September a medical ward was assigned to the training school, to be used as part of its teaching equipment. It is a
model army hospital ward and has been used with great success, not only as a place to train students as head nurses, but as a stepping stone for the present probationers, between the class room and other hospital wards. Only the most efficient seniors were put in charge of the ward, and those under her all did good work that they might qualify later for that position.

In the future, the preliminary course will be given only in two branches of the school—one at Walter Reed General Hospital, Washington, D. C., and the other at Letterman General Hospital in San Francisco. No new class has yet been taken in at Letterman General, but plans are under way at the present time for admitting a class in October of this year.

Twenty-one probationers entered the Walter Reed Hospital in October, 1920. After the first month of class room instruction and practice in the practical procedures, the class was divided into two sections; one section worked out he teaching ward for three hours every other day under the supervision of the assistant practical instructor, while the other practiced in the class room, under the instructor. After the scientific principles underlying each treatment have been explained as far as is possible for probationers, the procedure is carefully outlined and demonstrated. The students then practice the procedure for the instructor, and each student is required to make out a 4 by 6 card, on which she writes an outline of each step involved, the length of time usually needed for the treatment, the precautions to be taken, and the results. She draws a diagram of the treatment tray with all its utensils in their proper places. These cards are kept in their folder and may be carried to the wards. No advanced treatments are taught in the preliminary course. The outline in the standard curriculum is the plan followed. No student is allowed to give a treatment until she has demonstrated it satisfactorily in the class room, and she always gives it the first time under supervision.

Once a month demonstrations are given by different small sections before a number of senior students, and the competition between the groups has been very beneficial. The students themselves have also been active in taking photographs of the various procedures, trays, utensils, etc., as an aid to perfecting their practical technique. Until after they have been accepted as regular students in the Army School of Nursing, they are allowed
to work only on the teaching ward. In this way they gain a poise that enables them to go on the other wards and care for patients with no embarrassment to themselves, and no misgiving on the part of the patient.

As the Army School of Nursing is in its third year, the affiliations for the first class are practically finished, except those in Psychiatry and Public Health. Students are affiliating for Psychiatry at Bloomingdale Hospital, White Plains, New York, and at McLean Hospital, Waverley, Massachusetts. Through the cooperation of the Philadelphia General Hospital, the Presbyterian Hospital, Philadelphia, and the Philadelphia Visiting Nurse Association, over forty of our students have had three months' experience in Public Health nursing with the Philadelphia Visiting Nurse Association. Through the generosity of the Red Cross Nursing Service, which has contributed liberally from its Public Health Scholarship Fund, it has been possible to give the four months' course at Henry Street and Teachers College to one hundred and twenty students. It is expected to continue this affiliation during the coming year for forty students at a time in successive groups. This same organization has made it possible to give the four months' course in Public Health nursing at the University of California to 30 students at Letterman General Hospital. The Instructive Visiting Nurse Association in Washington is giving a four months' course to students of the Army School of Nursing. This course has been most carefully worked out, and is the beginning of a permanent connection between the Instructive Visiting Nurse Association and the Army School of Nursing. Twenty of the students had their experience in Public Health nursing in a four months' course given by the Red Cross Teaching Center in St. Louis, Missouri. The students with nine months' credit have not had the privileges of an affiliation in Public Health, because it is felt that the two years and three months spent in the Army School of Nursing must be given to the fundamentals of nursing. These students, however, have, since graduation, taken field positions with different Public Health organizations, and expect, later, to take advantage of the graduate courses offered at Teachers College and other places.

Great effort is made in the case of each individual student before she graduates to place before her not only the many opportunities
there are for her in the graduate field, but particular emphasis 
is laid upon the need of nurse-instructors, and the especial obliga-
tion that rests upon her, as a woman who has had superior educa-
tional advantages, to take up that line of work. However, the 
claim of Public Health work has been so insistent, few have been 
able to resist it.

As the result of a small piece of publicity in the newspapers, 
which was requested by the Adjutant General's Office, and pre-
pared, not for the purpose of recruiting, but simply for spreading 
information about the Army School of Nursing, inquiries from all 
over the United States have been received about the school. 
Unfortunately, the newspapers changed the material which was 
submitted to them and gave it a more sensational turn by heading 
it so as to make it appear that the army was in great need of 
nurses. Copies of the paragraph which were received from some 
of the isolated districts had such headings as "Army Wants Girls" 
and "Nurses Wanted for the Army." This publicity, however, 
has produced four hundred fifty inquiries since the middle of 
February, and most of the letters were from apparently suitable 
candidates. To those who did not have a full high school educa-
tion, the leaflet prepared by the national committee on student 
nurse recruiting—"A Challenge to the Young Women of America" 
—forwarded. In many instances these young women were also 
directed to inquire for further details of prominent nurse leaders 
in their own localities.

As there was not sufficient time to prepare the necessary papers 
for applicants to enter a spring class, it was decided that no class 
would be admitted to the school this spring. It is planned to accept 
students for both branches of the school, at the Walter Reed 
General Hospital, and at the Letterman General Hospital, San 
Francisco, in October.

There is evidently considerable interest throughout the country 
in the minds of young women about the Army School of Nursing, 
as well as an increasing interest in nursing as a profession.

It is as yet too soon to state how many students will be admitted 
to the school in the fall. It is planned not to admit more than 
twenty-five at the Letterman General Hospital and fifty at the 
Walter Reed General Hospital. While there are certain advan-
tages to be derived from having but one hospital to which students
of the Army School are admitted, it was felt that it would not be fair to offer opportunities to the young women of one part of the country only, and the question of the transportation involved, would prevent the admission to the Walter Reed Hospital of students from beyond the Mississippi. It is believed that there are many benefits for the students at the Letterman General Hospital, and in the institutions of that vicinity for affiliation. Even at the risk of lacking in unity and solidarity by having two branches of the school so widely separated, it is felt that the privilege of governmental training in the Army School of Nursing must be offered to the young women of the entire country rather than to a particular section.

Because of the peculiar conditions under which the Army School of Nursing was founded, and because of the wide-spread interest that was felt in the school throughout the country, and the unlimited assistance that was given to it by the nurse educators of the country, the greatest care is to be taken in following up the careers of the graduates of the school, in order that more definite conclusions may be arrived at in regard to the value of army training and the success of the graduates of the school. The Army School is particularly the concern and interest, and one might also say, the property, of the League of Nursing Education, without whose cooperation and help it could not have existed. It is desired to make a renewed expression of appreciation at this time to those nurse leaders whose advice and aid have been so constantly available to the people charged with the conduct of the school.

JULIA C. STIMSON.

Chairman Jammé: We will now have a report of the delegates to the American Conference on Hospital Service. Miss Logan and Miss Helen Wood were appointed by the Board of Directors to act as delegates. I think Miss Logan has the report.

Will you kindly report, Miss Logan?

Miss Logan: There were several delegates appointed, Madam Chairman. The delegates at Large were Mrs. McDonald of Chicago and myself. Miss Wood of St. Louis and Miss Wheeler of Cleveland, Miss Powell of Minnesota, were those who were appointed to act on the special committees in the interests of nursing.
THE AMERICAN CONFERENCE ON HOSPITAL SERVICE

The mid-winter meeting of the American conference on hospital service was held in Chicago March 7-10, 1921, with annual congress of the Council of Medical Education and Hospitals, The Council on Health and Public Instruction (A. N. A.), The Association of American Medical Colleges, and The Federation of State Medical Boards (of the United States).

On the evening of March 8 there was held an official meeting of the Conference through its delegates, these delegates being chosen by the fifteen medical and allied organizations making up the membership of the Conference. The President, Dr. Frank Billings, presided. The League was represented by several nurses among whom were Miss Powell, Miss Henderson, Miss Claribel Wheeler, Miss Mary C. Wheeler and Miss Helen Wood, besides Mrs. MacDonald and Miss Logan who were official delegates.

After the reading of the minutes of the last meeting held in Montreal at the annual meeting of the American Hospital Association, the evening was given over to a discussion of the policies of the Conference for the ensuing year. An outline of these policies is as follows:

2. Hospital Standardization.
   a. Endorsement of the standards of the American College of Surgeons.
   b. Negotiations for the transfer of field work of the College of Surgeons to the Hospital Conference if at any time the College desires to transfer the work.
   c. Formulation of additional standards, applicable, respectively, to follow-up work, statistical reports of clinical work, accounting, nursing, etc.
3. Coöperation with the Rockefeller Foundation in their efforts to organize means of training hospital executives.
4. Development of higher medical standards and more efficient community medical service through post-graduate teaching.
   a. Support the further development of interne standards (A. M. A.).
   b. Promote interne year as a prerequisite for independent practice.
c. Encourage systematic post-graduate teaching.

d. Promotion of plans for the establishment of closer relation between practitioners and well equipped diagnostic centers.

Miss Minnie Ahrens was elected to complete Miss Henry's unexpired term as a trustee of the Conference.

There was informal discussion on the qualifications for membership in the Conference and the personnel of the Board of Trustees.

It was voted to make the mid-winter meeting, the annual meeting of the conference.

The Wednesday afternoon meeting of the Congress (March 9) was preceded by the American Conference on Hospital Service and opened by a very comprehensive paper by Dr. Winford H. Smith of Baltimore on "Adequate Medical Service for a Community." He spoke of the need of greater coordination in the efforts of the various organizations centered around the hospital, the need of the general practitioner and of suitable hospital facilities for people of moderate means, the apparent over-specialization in the training of the medical students, the need of making attractive to young men the field of hospital administration, the necessary reorganization of nursing education, and the almost untouched field of the care of the convalescent and handicapped. In regard to the nursing question, Dr. Smith urged the establishment of courses for attendants and the placing of Schools of Nursing on a better educational basis.

Miss Lulu Graves, head of the Department of Home Economics in Cornell University read a paper on the place of dietetics and dietotherapy in general medical work of today and urged a greater cooperation between doctors, nurses and dietitians in hospital organization.

A report was read of the Conference Library which should serve as a reference bureau and cleaning house of information for the various constituent members of the Conference.

Dr. Vincent of the Rockefeller Foundation spoke of the value of such meetings as this in bringing together various organizations of similar interests.

Dr. Ray Lyman Wilbur, president of Leland Stanford University, spoke of the hospital as a community center, and to this end made a plea that each member of a hospital staff consider himself as a public educator in matters of health.
Dr. Chas. B. Moulin of Milwaukee spoke on the standards as set down by the American Hospital Association, and the remarkable progress that had been made in the establishment and the acceptance of these standards throughout the country. This accomplished, the need now is for better team work and for publicity.

The theme of the whole conference was the desirability of various national organizations setting up some machinery by which we could understand each other's problems, avoid duplication of effort, contribute mutual support when necessary, and in general, establishing a more sympathetic understanding with each other. This should be particularly helpful at the present crisis in nursing education. Advances to date have been chiefly through the efforts of nurses themselves. We need help from outside and the various medical and public health organizations should be our greatest aids. This is what membership in the American Conference on Hospital Service should do for the National League of Nursing Education.

As a personal recommendation to the executive Board of the League, I would suggest that when delegates are appointed to meetings of the Conference, they should go with definite instructions as to their duties as delegates and with any reports or requests that the League would put before the Conference.

It is an unusual opportunity to bring our problems before the delegates of these fifteen national organizations representing medical, hospital, educational and public health interests throughout the country.

Laura R. Logan.

Chairman Jammé: Following the report of the accomplishments of the American Conference on Hospital Service, you see the importance of this conference and the importance that we should be represented there. The fact that Miss Noyes was side tracked, putting her as vice president, I think has been changed, has it not?

Miss Logan: I did say that Miss Ahrens had been elected—the paper gave that report—to the board of trustees to fill the place of Miss Henry.

Miss Eldridge: Miss Noyes was re-elected this fall.
Miss Noyes: A very safe position.

Chairman Jammé: The next point of our program is the completion of unfinished business. We took up the question of headquarters, and now we must take up the question of maintenance of headquarters. We pledged ourselves to headquarters very definitely, and where that responsibility rests I think goes without saying; it rests on our state leagues.

And Miss Noyes, as chairman of the joint committee, will present the plan for the maintenance of headquarters.

Miss Noyes: At the Atlanta meeting you will recall that the National League voted to establish national headquarters in New York. The American Nurses Association did exactly the same thing.

A joint committee was appointed as I explained to you the other day, upon which three representatives of the league, three of the American Nurses Association and three from the National Organization of Public Health Nurses, three from the American Red Cross, make up the joint headquarters committee.

Headquarters since last July has been supported from private sources. It was understood that it would probably be for only one year, at which time we hoped that the National associations would be able to assume the financial responsibility for the maintenance of their office.

I have not a final plan ready for you. There are, however, a few things I should like to say. Your board of directors has appointed a special national headquarters committee and upon that committee must rest the working out of the detailed plan of financial support, the alignment of responsibilities, the adaptation of the work of one organization to the other, so that they will fit in and work along smoothly without conflict and without duplication.

We have estimated that it will cost the American Nurses Association and the National League about $11,000 dollars next year to maintain their national headquarters. Divided evenly between the two associations will be a matter of about $5500 dollars.

Now I understand the treasurer has a little money and there is a little money left over from your sale of the calendar, so that you have something to start upon. If there is $2500 left from the sale of the calendar you will have that amount of money, if the board
of directors before they leave here decide to vote that part of the same to the support of the national headquarters.

The thought I want to leave with you today is this: there are ways and means of helping to support national headquarters other than a distribution of the expense among the state nurses association and the state leagues.

For example, one way which we have considered has been that of asking hospitals to become contributing members at a proportionate rate.

Presuppose we can get five hundred hospitals to become contributing members towards national headquarters, which would mean ten dollars apiece, that would mean a sum of five thousand dollars a year towards the support of these offices.

We believe the hospitals will do this; in the first place national headquarters has been a source of help to hospitals and schools in securing personnel; we have charged them nothing; this has been an entirely free service up to this time.

The second reason that we have for believing this is that we asked Miss Albaugh if she wouldn't write to a given number of institutions to determine whether they would be interested in it.

The replies that we received at that time were of a most encouraging character and led us to believe that we could establish quite an income from this source.

You can help a great deal and thus relieve your state leagues from taxation perhaps later by returning to your institutions, laying the plan before your boards of directors, and be ready when a letter comes out, perhaps a little later from your Headquarters committee, asking the institutions if they will become contributing members to this office.

It will take some time to build this up and there may be an interval between the time when your little fund from your treasury begins to diminish, and the contributions have not come in, in sufficient quantities to give us very much money, we may therefore be obliged to send out an S. O. S. call to the state associations and ask them to contribute toward the support of the office.

I believe that this will not be a very great tax upon any state association or any state league, and I want you to feel that that call will not be sent unless it is absolutely necessary, but I can hardly see how we can conduct the office for the first year without
going back to our state leagues and to our state associations for some financial assistance.

I have great faith in the nurses of the country. I have heard since I have been here—if I am wrong in these figures will some one who belongs correct me—I understand that three thousand dollars was raised for the state nurses association of Missouri to make a survey of the schools of that state.

I understand that quite a large amount of money has been raised to employ Mrs. Greeley to help with their legislative work, and that has been done right here in one state.

Now multiply that by our forty-eight states and with a small taxation upon each state nurses association and each state league and I can see that we should have very little difficulty in supporting our national headquarters.

I have nothing further to say in the way of a suggestion. We have not thought very much about the working plan. But we must be ready to assume it shortly for I do not think that we can continue it in connection with another organization (the Red Cross) and expect them to support us indefinitely. They have been very generous up to this point and it may be possible to get some slight assistance but I think we should gradually take over our own responsibility as a self-respecting group of professional women.

We have done everything else so far that we ever started out to do, and I know perfectly well we can do this. It does not look very difficult. We have made a good start; our headquarters are beginning to be known, they are beginning to be respected, and the institutions of nursing and organizations and associations are beginning to have confidence in our ability to be helpful.

Chairman Jammé: Miss Noyes has left a great big thought; that is, in regard to our headquarters, and I am sure we feel very deeply the responsibility of carrying it successfully forth. What the outcome will be, we have no way of doubting. We started a little seed there in the Information Bureau, and it has grown and grown; a great deal of work has been done, and now we have our national headquarters realized, and when you go to New York you will feel a great pride in going into your own headquarters.

I wish we could have Miss Nutting here this evening to tell you how she feels about national headquarters and the importance it
is to our organization; the importance it is to the country and to the hospital world, the training school world, that we have a dignified and well-worked out plan of national headquarters.

Now we can do it; we have done big things, and we can do this. We must look forward to the time before very long when we will be able to support our executive secretary; that all of the secretarial work of our organization will be centered at headquarters, and whence our secretary can go out and give us—there is a request now for some one to go to South Carolina and give a talk, which probably our executive secretary when we have one could answer such requests, and in innumerable ways we can serve our cause as it were through our national headquarters.

Miss Noyes: I wish they would ask questions if they have anything at all.

Chairman Jamme: Yes, because you want to go back to your states and follow that out.

Miss Noyes: I have gone into it just as fully as I could; for it weighs on me pretty heavily and I must ask you to share this with me because I have made myself practically responsible for our headquarters until the present time and I feel that I cannot after the 1st of July when our fund is exhausted, make myself personally responsible any longer, and so I do want you to be ready to help when the appeal comes out from the committee.

Query: How large is headquarters? How many rooms?

Miss Noyes: It has three rooms—oh it has a joint partnership in the space for the stenographic force, and library facilities and central filing system and all those central facilities that are used by the National Organization of Public Health Nursing, we will be on the same floor, the same place, only an appropriate space for each organization; they of course have a very much larger space the American Nurses Association; or the National League for we must begin in a far more modest way; they have been going on a number of years and can do that.

Miss Stewart: They might be interested to know the other organizations that are combined there on the same floor.

Miss Noyes: Yes, I do not know whether you knew, but this really marks quite an important step in the history of organizations, so into this building is coming a group of organizations, the National Tuberculosis Association, the American Mental Hygiene
Association, American Social Hygiene—several of the big national organizations are coming in together.

I was very glad to know that the nurses associations were coming in on one of the first plans of this sort and I feel very proud of it and very much thrilled by the possibilities. Those who have studied it carefully, those who on the committee have made a pretty careful study of the situation, feel that we have done the wisest thing, have taken the wisest step we have ever taken in going in with these other national organizations, and putting ourselves in the same plane with them from the beginning.

Miss Albaugh: I think I can just give you the perspective of the new headquarters. The Public Health division is being taken over by the National Organization of Public Health Nursing, and that just leaves the other two organizations, the American Nurses Association and the National League for the new proposition—the new floor space, and we are starting out at the present time, we have two directors, one of the Public Health and one of the General directors, and one assistant, acting for both, two secretaries, two typists, giving us a personnel of six persons.

Miss Noyes: That is really a very small personnel to start out with but we believe we can do the work perhaps another year with that force. We have done an enormous piece of work with that number of people this year. Think what is meant to get out that calendar—and that is only one thing; think what it has meant to do the work of the student recruiting movement in addition to that and the correspondence in connection with filling those positions or helping to fill them, and connecting the nurses with the position and the position with the nurses.

It has meant an enormous piece of work and Miss Albaugh has certainly stuck to the shop and put it through in a wonderful way and I want to take this opportunity to speak of it because I think it would have only been a person who had very clear-cut business ideas could have possibly made that headquarters go on the small amount of assistance that she has had.

Chairman Jamme: I would like to add to what Miss Noyes said about the working at headquarters. I was in New York during January and I was there for a month and I studied headquarters and every morning when I went down there everybody was working just as hard as they could and all day long; it was a constant stream
of people coming in, nurses and other people asking about hospitals, asking about openings, and Miss Albaugh was busy almost continually interviewing.

I would like to say that the committee has worked wonderfully hard and wonderfully well in bringing about the articulation with these other national organizations.

I think it is well for you to know this, that headquarters did not spring out fully armed; headquarters will not carry itself along but it has to be very carefully nursed and nourished, especially nourished, in order that it will thrive and grow and amount to a great deal.

Are there not any more questions you would like to ask about this?

Miss Giles: I do not want to seem persistent but what about the office equipment, the multigraphing machines and things of that sort? We are anxious to know.

Miss Albaugh: We have not anything of that sort, in the way of multigraphing; all of that work is still being done for us at the Atlantic Division headquarters. They are still our good friends and everything we need and are not able to do why we just go over there and have it done. Everything we can use, are using and will continue to use for some time to come I presume belongs to the American Red Cross. I hurried considerably just before I left, to have everything ready for the new offices when we move, just as soon as we get back from here.

Miss Stewart: I would like to say that I think that being on the same floor with the other organizations is going to help us a great deal.

In the beginning the National Tuberculosis Association and the National Committee for Mental Hygiene, Social Hygiene and so forth had thought mainly of the convenience of being near the National Organization of Public Health Nursing. They thought perhaps that their interests were a little closer to that group, but in talking the matter over with Doctor Williams and Doctor Snow recently they began to see a great many things they could do in cooperation with the League. All of them are interested in improving the nursing in tubercular, mental and general hospitals and they feel it is going to be an advantage to get the assistance of the League. They are interested and exceedingly cooperative in their spirit.
Chairman Jamme: Now is there anything further to be said? I think we all know what we have got ahead of us and what we are going to do in regard to to our headquarters. And when we meet next time we will have a long report, I am sure, showing greater progress this past year than even the year before.

Chairman Jamme: Now we are going to have a little talk from the next arm of our activities, the American Journal of Nursing, by Miss De Witt.

Miss De Witt: The American Journal of Nursing is a little bit like a motherless child at the present time with the wise and guiding hand of Miss Palmer removed, yet the worst tribute we could pay to Miss Palmer and to her work would be to let her work fall to the ground. So I have felt, so my temporary assistant has felt, so the Journal directors have felt, and so all our office force have felt, and so we have all worked just as hard as we could to carry it on and have it go just as she would want to have it go.

Those of you who have been members of the league from the beginning can remember when the journal was a child like headquarters, when you were planning it, trying to establish it, raising money for it, getting contributions for it, saying “we will stand behind it” and when it was a new exciting scheme. Now it is so old you have almost forgotten it is your child, and I do wish you would remember it. I wish you would love it as your very own, because it is your own.

There is one thing the superintendents can do that will help us very much and help your child very much, and that is, tell your student nurses to know the difference between professional magazines and those that are not.

Every nurse has a perfect right to subscribe for the kind of a journal she is most interested in, and to read the one she is most interested in, and nobody should say that she must take this magazine at all or take that, but let them know that the American Journal of Nursing is really our own magazine; the Pacific Coast Journal is the really only magazine of the Nurses of the Pacific Coast; that the Public Health Nurse is the really own property of the Public Health Nurses, and that all the other magazines good as they are, are business propositions for them to take or not to take, but they are supporting their own magazine when they support the professional ones; I think they ought to know that distinction.
The Bible tells us to rejoice with those that rejoice, and weep with those that weep. I think sometimes the Journal has come to you weeping, asking you to weep with them, we have told you paper was expensive, paper scarce, printing high, wages high, please increase your subscriptions, help us out of the hole. Now I want to ask you to rejoice with us that rejoice, because you did raise your subscription price, you did increase subscriptions, you did send us assistance, and we have the best subscription list we have ever had, and we have a good fine balance in the bank too, so we do not have to come begging, but we know you will support the Journal.

I had a little questionnaire here this morning I hope every one of you got, if you did not I think you will find numbers of them back in the room at the Information Desk, and I would like to have them filled out.

I have in my office the nicest children in the world. Each superintendent in the world thinks hers are the nicest; I think mine are, and if you knew how interested they were, how my assistant, with my questionnaire, worked so hard to put that in the most inveigling way, so everybody would be interested in it, and how the high school boy who does our stencils folded it on the folding machines that had not run for months, too, and he made it so it folded them through in a jiffy, packed them so closely, and when the mail came in he would say "how many letters have you, Miss Dewitt? Oh, here is a questionnaire come back, what are they going to say about the Journal?"

On the 15th of the month they can hardly wait to tell me how many more subscriptions we have than we had the month before. When a new advertisement comes in they all want to rejoice over it and the book keeper cannot wait until the end of the month to tell me our balance, she keeps running into my office to put a little slip on my desk so we will know just where we are at.

Now what happens when the inevitable complaint comes in? Every day I suppose in the mail somebody writes us that she has written us eight times to change the address of her magazine and we have not done it yet, well then the chief clerk, a splendid fine woman who has been with us seven years sets all the girls to work to go through the subscription cards and through the files and through the cancellations you know and through all the corre-
spondence this year and through all the correspondence last year, you have no idea how they hunt for a complaint until they run it down. If something terrible comes in and I think "why what has our force been doing" I write on it a big question mark or write "let me know about this" so they come back and they say "Well Miss DeWitt we hunted all through back to the source and we find this woman has written in five times and she has never signed her name so we could read it and we get out the list to find a name that looked like hers and we never could find it," or else they tell me she has written three times from three different states, they have looked under these different states all the names like hers and in all the states and could not find hers yet, and so you see we have our complications, and we do try to do our part, are very anxious to have you do yours, and we hope the work that Miss Stewart has been doing and which Miss Logan is now doing will prove of greatest value to you and we hope we will be able to give much space for the report of these meetings. We wish very much you would make use of your Journal for training school notes, Journal notices, and we are always glad to have suggestions.

Chairman Jammé: Is it not perfectly delightful to feel that the Journal has such a wonderful mother? I can quite sympathize with Miss DeWitt in regard to the other journals.

Miss White: May I say so Miss DeWitt will hear, and every one else, that constantly in my trips over the Pacific Division I am hearing how well the Journal is carrying on even if Miss Palmer is no longer with us, and when I tell you that in the State of Nevada it is almost as desolate as a desert from one end of it to the other, has eight subscribers, I think that that really means a great deal for the American Journal of Nursing.

And while I am from California where we have our own journal and we are very loyal to it, very anxious to keep it going, we only have one person by the way who works on it where you have six, at the same time I do want to say I feel more than delighted to find we stand 5th in line of subscribers, that we had 596. I only say that because we are constantly talking up the American Journal of Nursing even though we have our own, because we do not feel our own is entirely adequate and yet could not do without it, and I do feel that among the women like our own from one side of the country to the other, the American Journal of Nursing is appreciated and Miss DeWitt is held in high esteem.
Miss DeWitt: You may have noticed the number of Journal subscriptions in the Exhibit room that was prepared with the greatest enthusiasm by our office force, and Pennsylvania holds the place of honor on that map as to the number of subscriptions, but if you could see the per cent between the state membership and the number of subscriptions you will find Oklahoma at the head with almost 100 per cent.

Miss Noyes: May I say a word about the Journal?

Chairman Jammé: Yes.

Miss Noyes: When I was in Europe, wherever I saw a group there of American nurses I always found the Journal; they read it from cover to cover, everything in it. I never saw anything like the interest displayed by the nurses in the Journal. I think Miss DeWitt might tell us, I think I heard at Atlanta, how many Journals went Overseas?

Miss DeWitt: I do not know just now.

Miss Noyes: But it was a very large number. I remember one of our Journal Board meetings, being told the number of Journals that went Overseas and it was something remarkable.

Miss DeWitt: Of course during the war it was larger than it is now. We have subscriptions in almost all the countries where nurses are now, I think on the map it gives the various countries and how many they are.

Miss Noyes: In the Nightingale school they have a copy of it. In the Hotel Frederick, I was in there and I saw the American Journal of Nursing spread out with the other American magazines.

Miss Eldridge: Last fall when I came back from the Northwest I did a little speaking for the Journal in this city, one night I was speaking at the Presbyterian Hospital, the missionary from Korea, Dr. Avison was there and spoke—he was there while I spoke on this subject and he spoke about the work in Korea, and he said that he had had a letter from his superintendent of nurses that day telling him about something in the last Journal of Nursing and that he must be sure to read it and to find out about it before he came back, and he said that they would not be able to run the hospital or training school without the Journal of Nursing.

Miss White: May I say one thing more, in Arizona last year we found—I want to tell you all this too because out in the far west—I do not know whether I ought to say this before her or not, but
I do want you to know how we did appreciate Miss Eldridge while she was out there, last fall it was my privilege to go to the Arizona State Nurses Convention, it was the second one they ever had and about all they did was to talk about the things Miss Eldridge did, and when I pleaded for some articles for my *Pacific Journal of Nursing* they told me that they had all promised to take the *American Journal of Nursing* because Miss Eldridge had told them all about it, and I told them I wanted them to go on with the *American Journal of Nursing*, that we believed in California, we are all for the *Pacific Journal of Nursing*, but we trusted they might help us out with subscriptions here and there, which they did very nicely, but I would like you to know they are standing by the *American Journal of Nursing*, which they feel has carried them through many deep waters.

Chairman Jammé: I would like to say that when we sent out our certificates of registration we always inclosed a little green subscription blank, just a little slip, calling attention to the *American Journal of Nursing*.

Miss Dever: I thought you might like to know that the alumnae meeting in February, we had graduation exercises, and the class voted and they all sent in their subscriptions for the *American Journal of Nursing*, a class of twenty.

Chairman Jammé: Report on the Round Tables. We have not got the order of the round tables, so many new ones have been inserted. We might ask for those that came upon the program, the first round table was the one on Membership Obligations and responsibilities, conducted by Miss Logan.

Is there a report for that round table?

**REPORT OF THE ROUND TABLE ON MEMBERSHIP OBLIGATIONS AND RESPONSIBILITIES**

*Tuesday, April 12, 8.00–9.00 a.m., Conducted by Laura R. Logan*

The following important conclusions were reached by those who attended the above Round Table; that some action must be taken to awaken in nurses a deeper sense of responsibility as members of organizations. Too often the attitude of the nurse, in joining an Association, seems to be "What can I get out of it?" rather than what can I put into it? Before any organization can reach
its full accomplishments each member must realize that she is
the unit making up the whole; that a one hundred per cent mem-
bership activity represents a one hundred per cent organization
activity.

Frequently in Leagues, both local and state, the work is carried
on by a very limited number; under such conditions the League
is not fulfilling its purpose. A second weakness pointed out was
the lack of a definite program of work.

An organization is useless unless it has something to do. Once
machinery is created it should be set in motion. Every organiza-
tion should determine from time to time upon its most useful pro-
gram and then proceed to put it into effect.

A very important phase of work suggested for State Leagues was
that of keeping superintendents (both lay and medical) of hospi-
tals, Nursing Schools and hospital boards informed of the trend
and activities in Nursing Education.

Frequently the superintendents of nursing must lean in the
direction, in which they are not inclined, and the above measure
might do much toward solving at times, difficult situations.

There seems to be the feeling that nurses upon graduation are
timid in speaking at a large meeting; and that this timidity is
somewhat the result of not fostering the habit of class discussion
during training. In order that this might be overcome, it was
suggested, wherever possible, to assign oral reports, and to intro-
duce courses in parliamentary law.

The following concrete case, where it was felt organization
action was required was reported. In a particular state, four
different Nursing Schools had accepted one student, each from a
detention house.

The superintendents of nursing of these schools were interested
in getting the work of the hospital done; they were not concerned in
nursing education, neither was the State Association.

Would it not seem the task of the National Organizations to
suggest remedies and bring help?

Much discussion followed, the result of which the following
resolution was made by Miss Mary Wheeler of Chicago and sec-
onded by Miss Adda Eldridge of New York; that a recommenda-
tion be made at the regular session of the National League of
Nursing Education to appoint a Committee, whose business it
shall be to investigate and report upon the aforesaid situation, and any similar ones which might arise, and after consideration, make suggestions for remedial action.

The meeting then adjourned.

Chairman Jammé: We will next have the report of the second round table on the list which is, "Problems relating to the Social Life of the Training School Personnel" including executives, teaching staff, head students, heads of sub-departments, conducted by Miss Allison.

Miss Allison (reading report):

PROBLEMS RELATING TO THE SOCIAL LIFE OF THE TRAINING SCHOOL PERSONNEL

At a round table conducted by Miss Grace Allison of Lakeside Hospital School of Nursing, Cleveland, Ohio, the following problems pertaining to the social life of the training school were discussed:

1. Living conditions of staff and students, with particular attention to the staff house life and social activities.
2. The sabbatical year for the Superintendent of Schools of Nursing.
3. Sub-departmental relationship.
4. Student responsibility.

In considering the social relationship in Schools of Nursing in the past, the attention has been directed toward better living conditions, more home life, and recreation for the student and very little to the faculty. The discussion of living conditions brought out the fact that some hospitals have provided living quarters for the Superintendent and her assistants outside of the nurses' residence, either as a separate cottage for the Superintendent and a house for the graduate body or a house for the entire graduate staff. This was felt to be an important step though there might be a danger in too wide separation of the graduate and student body. The need for creating an interest between the two groups is often supplied when a member of the faculty is on the student council.

The situation in the houses formerly meant that the social activities of the staff must be carried on outside. It was generally
felt that greater attention must be paid to the happiness of this group. The graduate must be made to feel that she is a part of the institution and that the institution which is asking for her best is willing to provide for her comfort and happiness.

The second problem considered was that of the Sabbatical year for the superintendent of the School of Nursing. This was considered necessary for the executive and for the best interests of the school but no action was taken as it was felt that this must be brought about through the University Schools where the Superintendent is on the same professional basis as other faculty members.

The third problem, that of sub-departmental relationship, emphasized the tendency in some institutions toward lack of cooperation among departments. Weekly and monthly conferences between departments in which their problems were frankly discussed were suggested as one remedy, and a closer common interest in the social life of the institution as another.

The last topic of discussion was that of student responsibility. Where student government prevails it was generally felt that social activities were largely directed through the initiative of the student body.

The time being up, there was no time for consideration of the work of the Attendant Training School.

Chairman Jammé: It seems as though the round tables were starting out well. Some startling suggestions.

We have a round table on the Teacher Shortage, Causes and Remedies. Miss Dunlop was chairman; she has left. Will the secretary read it?

Secretary Mrs. Flash: Yes, I have the report (reading report):
Following is the report of the Round Table on "Teacher Shortage, its Causes and Remedies," held April 13, 1921, 1.00 p.m.

The question of Teacher Shortage is at the present moment a vital one; primarily for the reason that the demand for such trained teachers has come, so quickly and overwhelmingly, from all sections of the States.

This demand has become imperative by reason of the response of so many schools of nursing adapting their State Curriculum or that as outlined by the National Organization.

These curricula being more advanced, necessitate more time for teaching than the already overworked Superintendent can give.
This demand would naturally be met by the graduates of the training course at Teachers College, Columbia University, New York City, but it can not in any measure be met through this channel in sufficient numbers. The Schools of Nurses are forced to take as Instructors those not adequately trained for such positions.

It was also suggested that the shortage was partly due to many trained teachers leaving those positions to assume that of administrative officers.

Another suggestion as to shortage was the discouragement to many teachers through lack of interest in securing sufficient teaching facilities, by overburdening the instructor with all the teaching of all classes with too many hours of teaching per day and no time for adequate preparation and further that the position of Instructor in many hospitals is not yet a sufficiently recognized official one.

The suggested remedies were: First, to encourage those already acting as Instructors by giving them a recognition worthy of their position, with more attention to the time necessary for their own preparation, and for their recommendations as to proper equipment.

To increase the ranks of teachers, by encouraging the senior pupils to think seriously of this as their future work, giving them in their last year an opportunity to assist the Instructor in class work with the probationers, and by encouraging the older members of the Alumnae to take up this work.

By the increase of efficiency for these nurses who at present are teaching, but feel their want of proper preparation, it was recommended that their attention be drawn to the Scholarship available in Teachers College through the Hampton Robb Memorial Fund, and that for the American Red Cross—that the summer course in Teachers College be mentioned.

For those, who because of circumstances can not avail themselves of these avenues, it was proposed that Institutes of Teachers (of a few days to two weeks) be arranged at the universities or colleges in their vicinities, that the State or Local Leagues of Nursing Education would be the natural channel through which such arrangements could be made.
These Institutes, while not in any way being substituted of adequate preparation, would be of great advantage and assistance, and would be a stimulation to obtain more thought and complete training when opportunity opened.

This plan of institute has been successfully carried out during this last year by the American Red Cross.

MARGARET A. DUNLOP,
Chairman.

Chairman Jammé: The round table on Frequent Changes in Heads of Training Schools, Causes and Remedies, by Miss Miller.

A Delegate: Madam Chairman, Miss Miller will be in, in a few moments.

Chairman Jammé: We will call on the next one while waiting. The next is “Problems Relating to the Health of the Students,” Miss Watson, Chairman. Is she here?

Miss Ely (reading report): The Round Table on The Health of Student Nurses, the topics touched upon in this round table embraced the subjects, Application of Psychology to the Student Nurse’s Health, and the importance of emphasizing personal hygiene; the teaching of personal hygiene to the student, and also the cure of the student when ill.

The important points touched upon during the discussion were, first, Border-line Sickness, or the half-sick nurse, and how she should be cared for, and in relation to this, special diets for the half-sick nurse, special table set aside in the dining room for the half-sick nurse, and how she should have eggs or toast, something that would be more palatable to her.

Also the placing of a cafeteria in the nurses home would enable the nurse to get her special diet. Then the second point was the teaching of posture to the student nurse.

The third point was how to get the nurses to report their illnesses. One point brought out was the attitude of the training school when the nurse did report of seeming lack of sympathy or on the student’s part a great desire to get through without losing any time.

And then the fourth point was the inspection of student nurses regularly at appointed times, say every six months, and the use of weight charts monthly to show that the weight of the nurse was
what it should be and if the nurse was not found to be up to par she could be taken off for a few days for a rest.

Chairman Jamme: That is very nice. Now the other round tables brought in which did not appear on the bulletin, there must be some others to report. Miss Wheeler you have a report have you not?

Miss Mary C. Wheeler (reading report):

SUMMARY

At the Round Table on Credits in Schools of Nursing, the subject was considered under three headings:

1. Transferring students from one school to another.
2. What is the equivalent to a high school education?
3. How to determine credits for students who have graduated and want to do advanced academic work.

Under the first subject, the consensus of opinion was that students should be allowed to transfer from one school to another if they were dissatisfied with their training, or for other good reasons. It is necessary that the school the student is leaving should give a very definite record of the theoretical work and the time spent in the various departments of the hospital. This is often very unsatisfactory, as teaching is so different in two schools; also 60 days spent in the medical wards might not mean the same thing as 60 days in the medical wards of another hospital.

In some schools examinations are given when the student enters, and if the subject is passed the course does not have to be repeated.

Two states have the credit determined at a Central Office instead of by the individual schools. These are California, where it is decided by the Bureau of Registration, and in Ohio, where it is determined by the Chief Nurse Examiner, who is also State Inspector of Nurse Training Schools.

It was also the feeling of some members present that a school should set up a minimum standard of time that must be spent in a school in order to receive a diploma from it.

It is very difficult to estimate what should be considered an equivalent. It would seem that travel, special business training and experience and ability are the factors that must be considered.
At the present time there is no satisfactory way of estimating the amount of credit of students who have graduated from schools of nursing and wish to do advanced work. The Round Table recommends to the League that a Committee be appointed, which shall formulate standards of credit for entrance and transfer in schools of nursing and for those who wish to, after graduation, do advanced academic work

MARY C. WHEELER.

Chairman Jammé: Are there any other round tables?

Miss Nellie G. Brown: I have a report of the round table for instructors held April 12th, Miss Isabell Stewart, chairman (reading report):

REPORT OF ROUND TABLE FOR INSTRUCTORS

The following problems were discussed:

1. The necessity for keeping up to date in one's own work. Suggestions were made that frequent courses in the subjects taught at universities, colleges or normal schools at summer sessions, or at the regular sessions, were of value, also by making free use of libraries, both professional and general, one can keep up to date.

2. The difficulty that is met with in handling an occasional groups of students who seem to adjust themselves slowly to the new environment and from whom information has to be drawn out with great difficulty.

It was suggested that with the spread of the eight hour day part of this may be overcome, since the students will be in better condition to draw more from their studies.

Early ward work during the preliminary period may possibly be helpful if the difficulty is met with at that time, since the work is more interesting, by reason of early contact with the patients in the ward.

Supervised study hours and individual assignments have also been used with good results. Next, the value of examinations was discussed, whether students should be exempt from them for good daily work. The following points were brought out. That while exemption from final examination may be stimulating to the student yet the examination is a very valuable means of clarifying
and fixing the student's own information, and also gives the instructor an opportunity to learn what the student really has obtained from the course, which she might not know if the examinations were dispensed with.

Also, whether notes and laboratory work should be credited, and counted in as a part of the final grade. It was felt that a certain amount of credit should be given for laboratory work, class work and notes, possibly one fourth to one third in making up the final grades.

Frequent examinations were discussed as overcoming a tendency to panic which some students meet when facing an examination, and the feeling seemed to be that the more examinations students met with in their training the less panic was present when they met a final examination or state board examination, and that written examinations would encourage good written work.

Another question, "What to do with the student who fails?" It was suggested that there are instances in which students have failed in subjects and no notice or little notice has been taken of the failure; students were not required to make up the work. What should the instructors' attitude be when she meets a situation of that kind?

The feeling among the instructors was that such a situation was impossible—that the instructor could not with justice to the teaching and the professional side, allow such conditions to continue. The repeated failures on the part of any one student may possibly indicate a mental deficiency on the part of the student, and is worthy of consideration.

The supervised study hour came in for its share of discussion. The opinion was that the great amount of time necessary for supervision by the instructor was a draw back, and that a better plan was to have a quiet hour in which students could study if they chose without interruption from other students, but that the study at this time was not compulsory, but optional.

Discussion was lively and interesting and it was felt that a closer association among those engaged in teaching work was desirable.

With this in mind a committee was appointed consisting of Miss Susan Watson, Miss Grace Allison, and Sister Domatilla to
recommend a resolution which shall be presented to the general body for consideration.

Nellie G. Brown,
Secretary.

Chairman Jammé: Any other reports from round tables?
Miss Williamson: Round table on student government met this afternoon between five and six o'clock. Discussion was opened by Miss Powell from the University Hospital, Minneapolis, and she outlined the constitution and the plan that was accepted at that training school.

We were fortunate in having with us Miss Houk who was a member of the original council in that training school at the time and who consequently was able to give us inside information.

There were many questions; a few answers, and much discussion. The consensus of opinion was that in some cases it was dangerous ground and should be approached with fear and trembling, but that the results were usually good.

The loyalty that was established in the training school could be inspired in no other way. There was coordination between the pupils and the heads of the training school, and it was a beginning of leadership in the young nurse, but it was sometimes difficult to establish and should be handled with care.

Chairman Jammé: Any other reports? Any other reports of round table luncheons? There was a round table luncheon held today on Y. W. C. A. activities. Any report on that luncheon?
Miss Miller: Round table held Wednesday, April 13 on "Frequent Changes in Heads of Training Schools—Causes and Remedies." The round table considered the problems of the frequent changes of the heads of training schools, and it was thoroughly discussed.

The frequent changes or rather the causes of frequent changes were embodied in the following: Frequently there is a lack of training and experience on the part of the superintendents.

Frequently the underlying conditions such as the lack of proper organization; the lack of professional conformity, and such other conditions as the lack of proper interpretation of the training school ideal on the part of the board of directors through not having a training school committee, frequently, in the training schools.
And then another frequent cause of change is the fact that the superintendent had not looked into the institution properly before she takes the school.

And then in the discussion, they brought up such points as the basis for the selection of the school; and under the basis of selection, such points as this, as to whether or not a training school can justify its existence, or whether a particular hospital can justify its existence, was brought out, and then another thing, "has the training school a separate budget?"

Another thing was, how many times the superintendent of the hospital is also the superintendent of nurses, which entails too much detail on the part of the superintendent, how many duties are exacted of her, and the consequent discouragement which follows.

Also another point on the basis of selection, whether they have found out from the predecessor why they left or why their severance from that institution was necessary.

Remedies were suggested as follows: That there shall be better preparation of the superintendents before taking hold of the training school, if possible—should have a training in one of the universities, preferably teachers college, where that is possible, and if that is not possible, to have the state leagues of nursing education provide institutes that would fill or would meet this need, institutes that would be of sufficient length to cover sufficient ground to make this training or to supplement the nurses experience by this work.

Also the importance of creating and maintaining more stability on the part of the superintendents themselves. That question was discussed. The point was brought out that in many of the states the turn-over of superintendents amounted to as much as forty per cent, any way from twenty to forty per cent of the turn-overs occurring during the present time; that the state boards of nurse examiners if possible should assist the superintendents who have seemingly insurmountable problems, to tide over the situations and if possible extend their help in creating better internal cooperation, and if possible harmonizing the elements concerned in probably partially causing the disruption.

The chief point that was emphasized was the better training, and more experience, and the very careful selection of the school
before the superintendent enters it. And after she does enter it, have enough stability and enough voice to carry through very difficult situations for the sake of the students.

In one of the discussions a very distinct point was brought out about responsibility that any superintendent assumes towards a student, that when she does attempt to superintend a training school, before she severs her connection with the institution she should very carefully consider her responsibility to that student, the demoralizing influence on the student having three or four superintendents in this three years.

I think those are the points.

Chairman Jammé: Are there any other reports? Two recommendations have been made to the body from these reports. The first recommendation will be read by the secretary. (Secretary reads recommendation as follows):

Resolution

Resolved by the Group of Instructors that they recommend to the main body that a section for instructors be formed in the National League of Nursing Education; that this section shall select a chairman and secretary and a small committee to hold office for the year and to make arrangements each year at the annual meeting for a session and special sections relating to teaching in schools of nursing, and that these officers shall also prepare a programme of work for the coming year which should concentrate particularly on a study of the duties and status of the instructor and on methods of recruiting and training large numbers of women for the field.

Chairman Jammé: You have heard this recommendation from the instructors round table. What would like to have done with it?

The section for instructors to be formed in the national league. We have read in the reports from the state leagues that there are instructors sections being formed in the state leagues whereby instructors can come together for consideration of their own particular problems.

That will mean merely a creation of an instructors section and the instructors section would select its own chairman and secretary and so forth and formulate its own program for a part, in the program at the annual meeting.

So far the instructors have just come in as a round table or as a main topic at the main meeting, but they have not had any particular section.
Miss Stewart would you like to speak about this?

Miss Stewart: Madam Chairman, I think that the special advantage of the section would be of a permanent organization of that type, would be that the instructors could have some definite piece of work which they would engage to do, which they would carry through from year to year, in that way, and then I do think they need to get together and know each other better. They all feel that, I think.

They have these common problems and they can get a great deal from one another, and they will feel closer together if they are members of a group. And I do feel strongly we will get more instructors in the league if they feel there is to be something special for that group.

Chairman Jammé: Is there any one who would like to speak against the motion for the formation of an instructors section? Against the recommendation of the round table? I think this has been in the minds of the members for some little time.

Miss Stewart: Just in line with our local sections, which have been very successful.

Miss Giles: Madam Chairman, I would like to move that the recommendation from the round table be approved by this association.

Chairman Jammé: You have heard Miss Giles’ motion. Is there a second?

Miss Burgess: I second that motion.

Chairman Jammé: Seconded by Miss Burgess that an instructor’s section be established as part of the league machinery. Those in favor of this signify by saying aye. Those opposed? Motion is carried.

Miss Stewart: May I suggest that since the instructors will not be meeting again as a group perhaps it would be wise to appoint a small committee by the chair to nominate the chairman and secretary for the year. I think it will be well to have that done before we leave so that there will be a chance to start right in and get the sections in operation. I move that a committee be appointed by the chair.

Chairman Jammé: That a chairman be appointed by the chair?

Miss Stewart: Yes—or a nominating committee to suggest a chairman and secretary if that seems the wisest thing. They
might perhaps meet a few minutes after this meeting and nominate their own chairman and secretary. I think that could be done.

Chairman Jammé: I think that would be more satisfactory because there are a number of instructors present; that could be easily done.

I think there was another recommendation. A recommendation came in from one of the round tables concerning the appointment of a committee by the National League of Nursing Education whose business it shall be to investigate and report upon a situation as I understand it of not having the proper plans—is that it? Whose is that? Will you read it? (Secretary reads the resolution as follows):

Much discussion followed, the result of which was the following resolution, made by Miss Mary Wheeler of Chicago and seconded by Miss Adda Eldridge of New York; that a recommendation be made at the regular session of the National League of Nursing Education to appoint a committee, whose business it shall be to investigate and report upon the aforesaid situation, and any similar ones which might arise, and after consideration make suggestions for remedial action.

Secretary Mrs. Flash: That was following the concrete case where it was felt organized action was needed, was reported in a particular state, where four nursing schools had accepted one student each from a detention home; the superintendents of those schools were interested in getting the work of the hospital done, but that they were not concerned in the nursing association.

Miss Barnes: The committee as I understood was to be active in states where boards of examiners failed to take action, in such cases that the pressure might come from the League upon the state board if the board itself did not act.

Chairman Jammé: If the board itself did not act. I see, and it is recommended that a committee be appointed; would you like to refer that to the board of directors to appoint that committee? Would you make that motion that it be left?

Miss Barnes: I move such a committee be appointed by the board of directors, who may form a committee of reference for any such situation that should arise in any state.

Miss Williamson: I second the motion.

Chairman Jammé: It is moved and seconded that this committee shall be appointed—you heard Miss Barnes’ motion, all
those in favor signify by saying aye. Those opposed? Carried. The committee will be appointed by the Board of Directors.

I believe there is nothing further—no further recommendations from the round tables.

_A Delegate:_ One on the standardization of credits.

_Chairman Jammé:_ A committee to be appointed to standardize credits, is that the recommendation? Would you like that referred also to the board of directors to appoint such a committee?

_Miss Wheeler:_ Yes, I make that motion, that this committee be appointed by the board of directors.

_A Delegate:_ I second the motion.

_Chairman Jammé:_ It is moved and seconded that the committee be appointed by the board of directors to standardize the credits, all those in favor signify by saying aye. Those opposed? Motion is carried, and so ordered.

Our next report will be the report of registration.

_Secretary Mrs. Flash_ (reading):

Number of delegates present from state and local leagues... 15
Number of members present................................. 134
Number of guests present..................................... 146

Total number.................................................. 295
Number of states represented............................... 33
And we had as visitors from Canada.......................... 2

I thought it would be interesting to have the representation by states.

Alabama......................................................... 0
Arizona......................................................... 0
Arkansas....................................................... 1
California..................................................... 7
Colorado....................................................... 9
Connecticut................................................... 1
Delaware....................................................... 0
District of Columbia......................................... 4
Florida......................................................... 0
Georgia......................................................... 1
Idaho............................................................ 0
Illinois......................................................... 32
Indiana......................................................... 4
Iowa............................................................. 9
Kansas.......................................................... 26
Kentucky.................................................. 1
Louisiana............................................... 2
Maine................................................... 0
Maryland............................................... 1
Massachusetts...................................... 2
Michigan.............................................. 14
Minnesota........................................... 23
Mississippi......................................... 1
Missouri............................................... 55
Montana............................................... 1
Nebraska............................................. 8
Nevada................................................ 0
New Hampshire.................................... 0
New Jersey.......................................... 3
New Mexico......................................... 0
New York........................................... 16
North Carolina.................................... 2
North Dakota........................................ 0
Ohio.................................................. 14
Oklahoma............................................ 8
Oregon................................................ 0
Pennsylvania....................................... 14
Rhode Island....................................... 0
South Carolina.................................... 2
South Dakota....................................... 3
Tennessee........................................... 3
Texas.................................................. 3
Utah................................................... 2
Vermont............................................. 0
Virginia.............................................. 0
Washington......................................... 0
West Virginia...................................... 0
Wisconsin.......................................... 6
Wyoming............................................ 1
Canada............................................... 2

Chairman Jammé: In connection with this report I would like only to ask in regard to the number of people who have been sent by their hospitals.

We sent out from the secretary's office about 1500 invitations to boards of examiners and so forth and besides a good many letters, and there are a number of them that have been sent by their hospitals, and for the sake of the record I think we ought to know of it.
Will those who have been sent by their hospitals to this convention please arise? (Delegates arise.)

Well, we have about seventy-five here.

Miss Dahlman: I thought perhaps you will all be interested to know that the only representative sent from Kentucky was sent by the State Board of Health.

Miss Swinson: The State Board of Surgeons of New Jersey sent me.

A Delegate: In Utah the new Department of Registration sent me.

A Delegate: Hygiene Department of the Missouri State Teachers College of Kirksville sent me.

A Delegate: Madam Chairman, the Visiting Nurses Association of Philadelphia sent me.

Miss Logan: Ohio State Association of Graduate Nurses sent me.

Miss Giles: The Nursing Education and the State Board of Examiners sent me.

Miss Stewart: I was sent by the Department of Education from New York.

Miss Ferguson: The student body of Washington University Training School sent me, a student nurse, as a delegate to this convention.

Chairman Jammé: I do not recall a student nurse being sent by a student body before.

Miss Stewart: I think there have been to the General Convention, but not the League before, I think.

Chairman Jammé: I would like to say that the students from the Kansas City hospitals have acted here as pages, have attended the meeting.

Miss Ellis: The three hospitals whose students live in Junior College sent me, and I am not a nurse.

Miss Powell: University of Minnesota sent me.

Chairman Jammé: We will now have the report of the Resolution Committee.

Miss Allison (reading report of resolutions committee as follows):
REPORT OF RESOLUTIONS COMMITTEE

WHEREAS, the 37th Annual Meeting of the National League of Nursing Education held in Kansas City, Mo., in April, 1921, has been a profitable and inspiring meeting, and has given us the opportunity to appreciate the cordial hospitality and generous spirit so characteristic of Kansas City, therefore Be it Resolved, that we extend our most cordial thanks to Miss Ethel C. Hastings, Chairman of the arrangement committee, and those associated with her to the local Red Cross Chapter, the Major Dell Dutton, to Mrs Ford Harvey, for the enjoyable luncheon to the National Officers and Red Cross representatives of Nursing. To Mr. Frank N. Robinson and the Convention Bureau of the Chamber of Commerce of Kansas City for the use of the Convention Hall for assembly purposes and for other valuable assistance. To the citizens of Kansas City, who made it possible for us to enjoy an automobile ride over Kansas City's beautiful system of parks and boulevards. To the ladies representing the Nursing School Committees of Kansas City, and to the Visiting Nurse Association and allied groups who provided delightful afternoon teas during the sessions of the convention. To Dr. William F. Hovis for the invocation at the opening of the Convention, to Mr. Powell Weaver, Mrs. George Cowden, Mrs Mora Moreland Peak, with her pupils and Miss Verna Thedon for the rare musical programs provided. To those interested friends who contributed such valuable numbers to our program.

WHEREAS, this Convention has afforded us the opportunity to profit by the various discussions so admirably outlined through the untiring efforts of the Program Committee, therefore, Be it Resolved, that we record our deep sense of appreciation to Miss S. Lillian Clayton and Miss Helen Wood and all those who by their excellent papers, contributed to the marked success of this Convention. We desire also to extend our thanks to the members of the Kansas City press who have so generously given us reviews of the meetings. To Mr. Whitmore and his staff at the Hotel Muehlebach for the excellent management of service rendered during the Convention.

WHEREAS, this organization keenly feels its great loss in the death of Miss Sophia F. Palmer, one of its charter members, and
realizes that we owe much of our present strength to her unselfish devotion, and tireless efforts in its early development. The American Journal of Nursing is largely the fruit of her labor and vision. Therefore, Be it Resolved, that we record our deep and lasting affection and appreciation of her life and work and that we extend our heartfelt sympathy to the members of her family. That this resolution be recorded in the minutes and that a copy be sent to her family.

WHEREAS, this Organization feels its great loss of another of its Charter members, Miss Mary W. McKechnie, who had a real part in its early development, and who was its Treasurer for many years. Therefore, Be it Resolved, that we may extend our deep sympathy to members of her family in this great loss. That this resolution be recorded in the minutes, and that a copy be sent to her family.

WHEREAS, this Organization has learned of the bereavement of Mrs. C. V. Twiss, Treasurer of the American Nurses Association, in the death of her husband and mother; Therefore, Be it Resolved, that we extend to her our deep sympathy in her great loss; that we record this expression in the minutes of this Association, and a copy be sent to Mrs. Twiss as evidence of our deep sympathy.

WHEREAS, this Organization has missed the presence of Miss Mary E. P. Davis at this meeting.

WHEREAS, this Organization rejoices in the fact that Professor M. Adelaide Nutting is enjoying a much deserved rest from her untiring efforts in our behalf, nevertheless her inspiring presence has been greatly missed.

WHEREAS, this Organization deeply regrets the unavoidable absence of Professor Annie W. Goodrich, whose wise counsel, ready sympathy and guiding inspiration have been greatly missed, Be it Resolved, that we extend our affectionate greetings to these, our associates and co-workers. That this be recorded in the minutes and copies be sent to each of them.

WHEREAS, this Organization learns with regret that Miss Elanor Hamilton has been obliged to be absent from these meetings owing to illness, and therefore unable to see the fruit of her efforts for our comfort and for the success of this convention. Therefore, Be it Resolved, that we express our appreciation of her work and extend to her our sympathy with best wishes for a speedy recovery.
That a record of this be made in the minutes and a copy of it sent to her.

Whereas, this Organization has learned of the resignation of Miss Maxwell as Director of the School of Nursing of the Presbyterian Hospital of New York. The following resolutions were passed by the New York State League of Nursing Education and the New York State Nurses Association:

Resolutions

The New York State Nurses’ Association presents the following resolutions at the annual meeting of the National League of Nursing Education held in Kansas City, April, 1921, on the resignation of Miss Anne Maxwell, Director of Nurses of the Presbyterian Hospital School of Nursing of New York City.

Be it Resolved: That the nurses of the State of New York express their deep regret at the resignation of Miss Maxwell as Director of the School of Nursing of the Presbyterian Hospital of New York City. As one of the early organizers of School of Nursing, her leadership has been a source of inspiration to all who have been associated with her during the past forty years in the numerous national and local nursing activities—and to all Schools of Nursing through her book on Practical Nursing Procedure, which her genius for practical details of nursing made possible and which is the text-book used in practically every School of Nursing in the United States and Canada.

Be it further Resolved: That we express our gratitude to Miss Maxwell for the tenacity of purpose which has enabled her to demand the highest ideals in nursing and through legislation to help obtain rank for the Army Nurse Corps.

Through her organization of St. Luke’s and the Presbyterian Hospital Schools of Nursing of New York City over thirty years ago—and by her direction of the Presbyterian Hospital School for the past thirty years she has set an example which has been followed in the best Schools of Nursing throughout the world.

We express our deep sympathy with the Presbyterian Hospital at the prospect of losing the services of so able a director, but we sincerely trust that her active interest in nursing affairs will not cease with this resignation.

Be it further Resolved: That a copy of these resolutions be sent to Miss Maxwell and to the Board of Trustees of the Presbyterian Hospital.

Signed,

A. M. HILLIARD,
Chairman.

The Committee realizes that one of our finest pioneers is retiring from active service; that she is among those who have made possible the modern nurse and the modern school of nursing, with all
of their advantages; that such progress has only been won at the cost of great devotion and self denial. Therefore, Be it Resolved, that we express our appreciation of her valuable services, making her a life member of this organization, and a record be made, and a copy of this resolution be sent to her.

GRACE ALLISON,
Chairman.

ETHEL P. CLARKE,
HELEN FARNSWORTH.

Chairman Jammé: You have heard the report of the resolutions committee. What is your pleasure?

Miss Eldridge: I move it be adopted.

Miss Russell: I second the motion.

Chairman Jammé: Moved by Miss Eldridge, seconded by Miss Russell that the report of the resolutions committee be adopted.

Miss Stewart: May I say or suggest that the resolution concerning the action of Miss Maxwell be forwarded to the board of directors?

Chairman Jammé: It will be so ordered.

Report of the nominations committee has not been acted upon.

Will somebody move that the secretary cast the ballot?

Miss Giles: Madam Chairman, I move that the secretary cast the ballot.

Miss Miller: I second the motion.

Chairman Jammé: It has been moved by Miss Giles and seconded by Miss Miller that in as much as the ticket of nominations were unanimous and there was no reason for an election or for voting, that the secretary be instructed to cast the ballot. Is there a second to that motion?

Miss Miller: I seconded it.

Chairman Jammé: All in favor of this motion signify by saying aye. Those opposed? The secretary will cast the ballot.

The officers for the following year are:

President: Miss Anna C. Jammé, 213 Lachman Building, 417 Market Street, San Francisco, California.

First Vice President: Miss Laura R. Logan, University of Cincinnati, School of Nursing and Health, Cincinnati, Ohio.

Second Vice-President: Miss Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Massachusetts.
Secretary: Miss Martha M. Russell, University Hospital, Boulder, Colorado.

Treasurer: Miss Bena M. Henderson, The Children's Memorial Hospital, Chicago, Illinois.

Directors for two years (1921—1923): Miss S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pennsylvania.

Mrs. Ethel P. Clarke, Robert W. Long Hospital, Indianapolis, Indiana.

Miss Mary C. McKenna, Columbia Hospital, Columbia, South Carolina.

Miss Isabel M. Stewart, Teachers College, Columbia University, New York City, New York.

Chairman Jamné: I thank you very much for the appreciation of my work in the past year and for re-electing me for this next year. I hope sincerely that I will be able to fulfil the responsibilities of the office of president, and also that I will be able to assist the board of directors in many plans that you have handed over to us to be worked out during this coming year.

Chairman Jamné: It looks very promising for the president to be so well supported, does it not? Now our convention is at an end and we are about to scatter and I hope we can look back upon these days as some of the most fruitful that we have had in our lives as nurses.

I hope that every one will go back feeling that they have gotten a great deal from the contact with other nurses, and from what we have had in the convention.

I think that the program has been admirably arranged and as I see it Miss Clayton had thought of everything that we needed.

Now the new program committee will be appointed: that committee will get to work for next year. The place of meeting is usually brought up at this time, where we will assemble for our next convention.

We will remember that it is the Biennial meeting of the three associations, and that it has been arranged to hold the biennial at Seattle, so that I suppose there is no question but what we will have to go to Seattle too.

Just what time that meeting will occur has not of course been decided; it might be well for an expression to be sent to the joint board of directors from this body if you care to do that.
Have you anything you would like to say, Miss McMillan?

Miss McMillan: Not on that subject matter, Madam President, but I would like on behalf of the assembly to express the thanks of all of us to the officers of the organization who have carried the work on throughout the year, and throughout this very busy week, and carried everything in such a beautiful manner.

We wish to thank particularly the retiring secretary whose burden is a very heavy one.

Mrs. Flash: Madam President, I think Miss Jammé feels that I fussed a little about the work and perhaps I have, but I have enjoyed it, and I have enjoyed the working with Miss Jammé, and it has been a very great pleasure to me in every way; and you have all been very kind and patient with me.

Chairman Jammé: I would like to say that I have never been in close contact with a secretary before. I did walk one day into Miss Logan’s room when she was secretary and I saw what I thought was some tremendous big thing, and it was all league work. Her sitting room was almost occupied with league work, but some how or other it did not make the impression upon me until I was president and I had the secretary close to me. I have been in her room and it looked like an office, getting out her proceedings is a very difficult task.

Many of our members have said “why cannot we have the proceedings a little earlier?” You have no idea how difficult it is to get these out, how they have to go back and forth some times to be corrected, and although the proceedings were in the hands of the printer the latter part of November or the first of December—you see you did not get your report until just before you came to the meeting.

Now it would look as though the secretary was just dilatory and worked on at odd times. Not at all; it is very hard, hard work, as the other secretaries can tell.

The work of the secretary is really a very serious thing and I think that when we get to the time and feel that we can have our executive secretary whose only task will be to take care of the work of the organization, we will find that even then she will be pretty well occupied.

Now as I say we will leave and take back the impressions from this convention, back to our states. I think we must take some-
thing very definite back with us for this year's work. I think that we have several things—several lines of work that we must emphasize in our state meetings.

First, the increase of membership. We want to get larger membership in our league. We must have not only our superintendents and nurses, but also our instructors, supervisors and head nurses.

I think it would interest our supervisors and our head nurses if they come into our league meetings. I do not know that that is done very largely, but I find it in my own state that way, very seldom unless we have a dinner, luncheon or something of that kind, do we get the head nurses to our meetings.

I think a second policy that we must carry on is that of the education of the public, especially in the recruiting plan. Miss Noyes has given us very clearly what the recruiting plan consists of and especially the educational side of it.

And the third one would be to coöperate strongly with the state boards of examiners, in aiding them in the promoting of better schools for teachers, better equipment, better record keeping, having strong coöperation with the state boards of nurse examiners especially with the inspector of our nursing schools; we would like one of our own association director of nursing education.

We must work strongly with her in nursing coöperation. We also want to improve vastly the harassing conditions of our students and their social life and involved in that is an eight hour day. This league has for years—I went back through the old reports of the conferences with nurses in 1901, when there was a strong plea put up then for an eight hour day, and yet we have comparatively few schools that have an eight hour day.

I doubt very much if we will be able to get an increased number of students until we do that, and I think we have got to get right to it.

Suppose every state had a law passed like California did, and had to do it; they just managed to do it and that was all there was to it; that was the way California did, and did it, and I think we can do it if we just make ourselves do it.

I believe we should make that a strong piece of work for the coming year.
Miss DeWitt's recommendation that we use the Journal of Nursing more in our schools, using it for reference, and making our students read the Journal of Nursing more than they do, not merely as putting it on the table, to let them read it as they will, but using it as reference in class work.

We want to work towards stronger and better legislation and in this to coöperate also with our state associations and our public health associations in our state, bring them together so that—we may not want to go up to the legislature right now but we must keep them always in mind, that we must always have stronger and better legislation. It is very gratifying to hear of the number of teachers institutes, and I think that that is one of our great things we have got to work toward, is having teachers institutes in our various states.

I hope we can get that thing clearly to all of our states, and I think we can by coöperation with our state university or with our normal school or with whatever machinery we have in our state.

Nurses cannot leave their positions very often to take a summer session course in university, but they can have three or four days to freshen up so much, it is really worth while, and I think we can do that through our leagues.

I think something that we must guard against very closely is to work in isolated groups. I think we must work toward unification of our interests in our different states, meeting frequently with our state district association and with our public health nurses, making our problems interlocking, interweaving as it were, and bringing these organizations together.

It looks as though we were putting our private duty nurses in one corner, public health nurses in another corner, and our league in another corner, where we want to bring out unification, and in that way only will we get strength in our work.

I think that is very necessary, that we visualize the wholeness of nursing, that we are all public workers and that we get that idea over to our younger nurses; I think that we will have fewer problems amongst our social and private duty nurses.

I think we should coöperate in all community interests. I think superintendents of nursing are probably apt to isolate themselves too much on the plea of being too busy. I know, I try
to excuse myself from going to a club meeting or club luncheon or some place where I know I must go to represent the nursing class, and I think that we must come out into the public more, that we belong to the women's civic clubs, belong to several of those organizations there in our community, on civic government, take part in our community interests.

I think we have got a tremendous opportunity; we do stand at the port of opportunity. We know it is opening up for us every day, and the fact of our national headquarters is going to open it up for us still wider, and it is going to be such a big responsibility on us, not only the financial side but also the dignity of it; the responsibility toward local and state leagues is a great deal, and the responsibility of our organization is growing deeper and deeper, when we think of the splendid women who have led us in the organization work, when we think of Mrs. Robb, Miss Palmer and Miss McIsaac, Miss Maxwell, Miss Goodrich, Miss Nutting, we cannot fear, we can but live up to the ideals and the traditions and the standard which they have established, and it gives us strength and courage even to think of the splendid workers who have spent so much of themselves in our organization work.

I think we are going to go back strengthened—I know I will—by our convention here, and I hope that when we meet next year we will all come together in Seattle.

Before we leave, do you want to have or do you want to send to the joint committee any recommendations as to the time when that meeting should occur? When would it be propitious time for superintendents to get away? Has any one any recommendations?

Miss Henderson: Madam President I think I have heard so often two points brought up in connection with next year's convention, first of all one that it should be after the first of June when the rates would be lower, and another that it would interfere too much with commencement exercises.

Chairman Jammé: So you think it will be wise to have it during June some time?

Miss Giles: Another suggestion made frequently is if it is later in the year it will not interfere quite so much with the class work, a little after the first of June or towards the last of June, would it not interfere so much with the completion of the class work.
Mrs. Clarke: I was informed after June 10th would be a reduction of 45 per cent in the new rates.

Miss Albaugh: Summer tourist rates go into effect about June 30th and that gives you a reduction on certain itineraries which will take in all the national parks and Grand Canyon and take you out over one route and bring you back over another trip, perhaps as many as ten groups submitted to you, you can make your own choice of them, and the rate will be especially one for any of these routes from any given point, and you will have a latitude of three months to leave your home and return, so far as transportation is concerned.

Chairman Jammé: We can plan a splendid vacation.

Miss Logan: That being the case, I move we recommend to the joint boards that the last week of June beginning June 20th, that would be a safe date for all class work and commencements.

Chairman Jammé: Yes, the last week of June.

Miss Logan: Yes, to begin not earlier than the last week in June.

Chairman Jammé: You have heard Miss Logan's motion that we recommend to the joint boards that the Seattle meeting shall take place not before the last week in June, due to transportation and other considerations.

Miss Dahlman: May I call your attention to the fact that summer schools usually begin about the first of July, and if the conference is postponed to the 20th of June some of the instructors who are to work in the summer schools will not be able to stay throughout the conference.

If the conference in Seattle could be held before the 15th of June that would give some latitude for that.

Chairman Jammé: All of these things will have to be considered by the joint boards, but I think an expression from this body as to the approximate date might help a great deal so that it would not occur during the month of May, for instance.

Miss Henderson: I second Miss Logan's motion.

Chairman Jammé: Miss Logan's motion has been seconded: those who favor this motion signify by saying aye. Those opposed? Motion is carried.

Before motion to adjourn I would just like to mention that the student nurses of the schools in Kansas City have been most
helpful in this convention; they have acted as pages and shown a great deal of interest in our convention. Could we not extend some greeting from this convention to the students of Kansas City? Student nurses?

Miss Stewart: I move that we do send such a message expressing our appreciation toward them.

Chairman Jammé: It is moved and seconded that we send a message of appreciation to the students of the schools of Kansas City for their interest and cooperation. All those in favor of this motion signify by saying aye. Opposed? The motion is carried.

I would like to mention we have a meeting of the new board of directors tomorrow morning at nine o'clock in one of the committee rooms, and that there will be a short meeting immediately following this meeting at one end of this room, I think, after it has been cleared out.

The Advisory Council and the Board of Directors, this evening. Remember the Advisory Council is composed of State Leagues which will be a short meeting to talk over some business which we rendered this morning.

Miss Giles: Will you announce about the state board meeting tomorrow morning?

Miss Van De Vrede: I will not take much time but because I am working in the South I am constantly being approached by groups of colored nurses and letters from the colored nurses who feel the need of the help of our organization for the betterment of training schools and for the betterment of conditions, and just recently I had a letter asking whether it would not be possible for me to attend their national meeting.

Now I felt that it would be very little help for them for me to attend their meeting as an individual nurse, a meeting of the colored nurses. I do however feel that if there could be a committee or an expression from the American Nurses Association and the League of Nursing Education which might suggest either representation to their organization for such help as could be given, or some plan devised by which we might get to work and answer such an appeal, I feel it would be a wonderful thing for our organization to do, and I think the matter of "What way such help might be given" might safely be left to your board of directors, and from your board of directors a recommendation to the American Nurses Association or something of that kind.
I simply would like to bring before you the petitions which I am constantly receiving because I do work where the colored nurses are struggling to better their own conditions and where they find it extremely difficult, and there seems to be no way for them to express themselves in a better standard of education for nursing or in a better form of organization by which they might find an expression for service.

Chairman Jammé: When did you say their convention will be held?

Miss Van De Vrade: In August.

Chairman Jammé: It would seem as though that could be referred to the board of directors to take action on and probably appoint some one as a delegate or to represent this organization. Would you think that would be right?

Miss Henderson: I so move, Madam President.

Miss McMillan: I second the motion.

Chairman Jammé: It has been moved and seconded that we take up with the board of directors the question of representation at the colored nurses' convention in August. All those in favor signify by saying aye. Opposed? Carried.

Miss Eldridge: Madam Chairman, before we adjourn I do not know if this body has been given the message which the American Nurses Association sent yesterday to the states to remind us once more that a day was to be chosen by the different states to work for the relief fund, was it not Miss DeWitt in memory of some one that they choose? I think it was suggested the birth date of Linda Richards or Miss Palmer.

Miss DeWitt: I was suggesting that we take the date for the beginning of the relief fund which is in April as given in the Journal but I cannot remember what it was.

A Delegate: Maryland is honoring Miss Lawler's birth date.

Miss Eldridge: I wanted you to be reminded of it.

Miss McMillan: Madam Chairman I move we do now adjourn.

Chairman Jammé: Moved and seconded that we do now adjourn to meet at Seattle. As there is no more business to come before this convention I do now declare the convention adjourned.
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