nothing and so can appreciate that the pupils do need some help. All drawings should be clearly and carefully labelled to be of any real value. The labelling means more to the student if done from memory than it does if copied from a book. These notes should be carefully corrected and returned promptly for corrections to be made. This means a great deal of extra work for the instructor but it is necessary for the best results.

To have a well-equipped laboratory is the aspiration of every science teacher, but, as yet, few of us have had our desire granted. This is one of the problems that will probably be solved for us by the central schools and endowments. But even without a perfectly equipped laboratory this type of instruction can be carried on quite successfully. However, there are certain things one must have. A well lighted room with running water, gas attachments, sinks, work tables and cupboard space, is a necessity. This room must be available at the hours needed and it should never be necessary for the nurses to vacate in the middle of a class period to make room for a class of medical students as has happened more than once in our schools.

The small equipment I am not going to discuss. It would be a needless waste of time as the National Curriculum, which no instructor can afford to be without, gives one a very clear idea of the essential things necessary for the various science courses. I would, however, like to say just a few words about microscopes. In most schools there seems to be much difficulty in securing enough microscopes to do satisfactory work in such sciences as histology and bacteriology. In these sciences just mentioned, it is almost necessary to have at least one microscope for every two students. If there are only 3 or 4 for the whole section, as is so often the case, the pupils are always so hurried that they do not learn how to use the microscope properly, neither do they have sufficient time to examine slides as carefully as they should. To learn how to use both the high dry and oil lens is not easy and a pupil must be given sufficient time to find and examine what is on the slide she has made if she is to derive any benefit from it.

In almost every hospital there are other departments such as out-patient, where microscopes are used and from which they can be borrowed if satisfactory time arrangements can be made.
So far in my discussion I have had in mind the laboratory work given in such subjects as Anatomy and Physiology, Bacteriology, Chemistry and Drugs and Solutions. There are many other kinds of laboratory work being carried on in our schools which are of equal importance. I will just mention some of them as they are probably being discussed in other papers.

In practical nursing the laboratory work carried on in the classroom and on the ward under supervision is of the greatest importance and in many hospitals has been well worked out.

Laboratory work in Materia Medica is difficult to plan because so few drugs are being used in the treatment of disease. Clinical charts can be used to show the action of certain drugs like digitalis, apocynum, etc., and graphic records are helpful in explaining the action of such drugs as adrenalin and the nitrates. One of our instructors in Boston tried out an interesting experiment this winter. She had one of the instructors from the Department of Pharmacology at Harvard demonstrate to the students the action of certain drugs on animals. If more of this could be done I think it would help to make a very difficult subject easier and more interesting.

Then there are the ward clinics in Medicine and Surgery which have been quite successfully developed in several schools. The pupils are taken to the wards in small groups where, at the bedside of the patient, they learn by observation more about medical and surgical cases than they could ever learn by hearing about them in the lecture room or reading about them in a book. The success of bedside clinics depends entirely upon the teacher. The cases must be carefully chosen beforehand and by careful questioning, the important points should be brought out by the students, or in the case of subjective symptoms, told by the patient. If carried on as a lecture at the bedside it is of far less value to the pupil.

In other schools the excursion is used as a means of laboratory teaching. It is very valuable in connection with some courses. In Bacteriology a trip to a State or City Laboratory is of interest and of educational value. In Anatomy and Physiology a trip to a Medical Museum will often clear up many things discussed in class and in Sanitation an excursion to a model dairy or a pasteurizing plant will make clear the precautions which have to be
taken to produce a clean and safe milk supply. To help the students to get the maximum benefit from an excursion the instructor should tell them something about the place to which they are going, also suggest the important things to look for, and at the class period following the excursion time should be allowed for a discussion of it.

There is probably no other kind of an educational institution which offers so many opportunities for laboratory teaching as schools for nurses. Yet, in most of them we have so far not been able to use these to their best advantage for the education of the nurse. Not because we have not been aware of them or of their importance but because conditions have made it impossible for us to use them.

With endowed schools we could have well equipped laboratories; a large enough staff of well prepared instructors so that the work could be carefully planned and well carried out; more graduate nurses and ward helpers on the wards so that we would not be so dependent on the pupils for carrying on the work, then we could shorten the number of hours spent on the wards giving more time for class work and also we would not feel obliged, as is often the case now, to keep pupils who have not the proper educational background.

These are some of the things necessary to raise our standards of teaching. Things which our leaders have long since realized the need of and for which they have been striving. A few schools have already attained there, but the majority are still engaged in the strife, endeavoring to reach the desired goal. If our courage does not fail, sometime in the near future either through endowments or central schools, we are going to attain this desired end and we shall then be able to offer to all pupil nurses the same high standard of teaching as is now given to only a privileged few.

Miss Watson: The next paper is “Importance of Clinical Instruction for Nurses” by Mary S. Power of San Francisco.
IMPORTANCE OF CLINICAL INSTRUCTION FOR NURSES

By MARY S. POWER

The content of this paper carries very little of that which is new. Its purpose is to bring to your attention the great value that clinical teaching bears towards the instruction of the student in the signs and symptoms of disease and the medical and nursing care of the sick. Clinical teaching, like many other things easy of accessibility, has been pushed aside for the more theoretical courses, regardless of the fact that psychologically and pedagogically it supplies knowledge in the very simplest and best form.

All of us realize that in educating the nurse of today for the nurse of tomorrow we have a very serious task. With the young immature girl entering our schools, the hours and terms of service greatly shortened, the great desire on the part of the student to specialize, and the standards of nursing higher than ever before and constantly mounting,—we must use every method of education already at hand and devise new methods to send back into the country and city an all-round graduate nurse.

I think it is generally felt that what we need is not the long hours and long terms of apprenticeship but more intensive teaching and study.

There are some of our students, but they are the exception, whose minds are so receptive that from reading or lectures they have grasped and retained practically everything. However, for most of them to get the fundamental facts and theories of any subject it must be repeatedly presented before it is definitely fixed. I can remember when preparing for teaching in the grammar grades, we were taught that there were three phases to be observed in teaching each lesson—first, teach; second, drill or repetition, and third, test. I can assure you that most of my time was spent drilling. Now the more interesting and varied ways we had of drilling or repeating our subject, the more certain we were that it had been grasped and would be retained by the pupil and, I think, the same principle applies to our teaching of nurses.

In clinical instruction it can be maintained that by the presentation of the actual case the subject is more firmly impressed upon
the students mind than is the lecture or textbook picture. From a pedagogic standpoint, it is a generally accepted fact that memory is better acquired when mental impressions are made on as many senses as possible—in other words, a fact which comes to the mind through three senses is more apt to be fixed there than one coming through one sense. So that when one sees the subject about which he has been studying, discusses it and recites about it, he is in a way to have a fairly good understanding of it.

Clinical instruction is a most economical and refreshing type of teaching. It can be carried on in the ward, the home, at the dispensary, in the operating room. Oliver Wendell Holmes has said, "It is the familiarity and simplicity of the bedside instruction which makes it so pleasant as well as so profitable."

The student feels that she is learning without effort. The teacher too, incidentally, likes it better because it is less burdensome. It is vivid and dramatic, which qualities stimulate the student's interest. It gives the instructor an excellent opportunity to merge together all the practical and theoretical knowledge taught which, as William James says "Intricately or profoundly woven is held, disconnected knowledge tends to drop out."

Most of our subject matter is taught, drilled and tested in the classroom. As a result, we often have incidents such as came to my attention the other day. A student coming from a surgical examination stopped and asked me what were the signs and symptoms of shock. I asked her is she had never seen a patient in shock and she said, "Oh dear, no, if I only had, I should have recalled the whole picture." I would not say that she did not know anything about shock, but her knowledge was very hazy and disconnected—it was as if it were scattered about the floor in her mind instead of being fastened definitely to the hook on which it belonged.

It would seem that each lesson taught should be followed directly by an illustration of the subject on the ward, the class going in small groups with the instructor to the bedside, seeing the patient, pointing out the signs and symptoms taught, showing the chart and laboratory findings, x-ray reports, etc., encouraging the questioning of the patient and clinching the whole thing in ong fixed picture. At the same time, nursing points which con-
tribute to the care of this patient in his particular disease should be reviewed. If he be getting inhalations, it is well to stop right then and review the types, purpose and methods of giving inhalations. Should he be having Fowler's Solution it is a few moments well spent to associate what has been taught in Materia Medica about the drug. These latter can be taken up with the whole class assembled together again for the discussion of the case, its treatment and prognosis. I think, at this point, it would be a very good plan to have the nurses write up from a nursing standpoint the case already studied. Here might also be worked in some reference reading.

While we are apt to think of the Chief of the Staff or Resident Physician or the particular person instructing as the one to conduct our bedside clinics, we should not forget that they can be very beneficially carried on by the supervisor herself. Our supervisor of the ward has not been trained to think of herself as a teacher, although, if she be keen, it is she most often who knows most about the patient. She sees him come, follows his case day and night, makes rounds with the chief, sees that his orders are carried out and watches more keenly than others the results. If she could for ten minutes a day gather her few nurses together about the bedside of a patient and give out all she knew about the case, what a tremendous amount her nurses would receive in fixing the subject matter and how much more interesting the work would become. I am sure the efficiency of that particular unit would be increased.

But the supervisor's responsibilities are many, to the patient, the doctors, the administration, and the ordinary routine checking up of details of housekeeping. None of these, it seems can afford to suffer from neglect and I am afraid that it is too often the pupil nurse whose teaching and training is not forgotten but brushed aside for what at the time seems more important.

There are several ways of overcoming this; one is to turn all the administration and housekeeping matters over to the oldest nurse on the ward. Incidentally this gives her training in executive work, and leaves the supervisor free to do further teaching. So that, when she has a patient with a distended bladder, she can make sure that each nurse has seen it or if a patient is admitted with a carcinoma of the breast that each nurse has seen the patient
before she goes down to operation; or if she have a transfusion or any unusual treatment going on, she may be able to make sure that all nurses, if possible, see the whole procedure although they may not be assisting in it.

Another way of getting clinical teaching across to our pupils is to get the internes interested to hold the clinics while the supervisor herself takes care of the ward. You will find these young men, once started, interested in conducting these ten minute talks and discussions, and such talks will not only tend to further knowledge but will give a higher morale to the particular ward.

The third method is to let the pupils individually make rounds throughout the whole visit with the chief and staff accompanied by the supervisor. Make her responsible for all questions asked by the chief. He may object to this at first but, as a rule, when he comes to know your object he will not only agree to it, but will include her in his instruction. The pupil in this way not only gets the actual knowledge transferred but catches the spirit of a great physician. In Dr. Oliver Wendell Holmes’ essay “Scholastic and Bedside Teaching” he says, “A good clinical teacher is himself a Medical School. We need not wonder that our young men are beginning to announce themselves not only as graduates of this or that college but also as pupils of some distinguished master.” In speaking of Dr. James Jackson, he goes on to say, that, which I think is true of so many of our medical physicians today—“He loved his profession. To follow him in his morning visit was not only to take a lesson in the healing art, it was learning how to learn, how to move, how to look, how to feel, if that can be learned. To visit with Dr. Jackson was a medical education. A clinical dialogue between Dr. Jackson and Miss Rebecca Taylor, sometime nurse at the Massachusetts General Hospital, a mistress in her calling, was as good questioning and answering as one would be likely to hear outside of the courtroom.”

This visiting gives the student training in alertness, keenness, poise and dignity which cannot be equalled in any other way.

We must always bear in mind that we are educating the nurse not for herself alone nor the immediate needs of the hospital in which she may be, but for the countless people to whom she is to carry physical and mental comfort, the care and prevention of disease and the teaching of many other women to follow in our profession.
Miss Watson: We have been asked to give five minutes to Mr. McKibben, Director of the White Cross Society, interested in the work of suppressing the trade in narcotics.

WHITE CROSS CAMPAIGN AGAINST NARCOTICS

By WILLIAM MCKIBBEN

Madam President, honored guests of the State of Washington and the City of Seattle, I certainly appreciate the opportunity of being with you. I am glad to have an opportunity to tell you something of what is strictly a Washington state product. By that I mean the movement for the suppression of the traffic in narcotics which is now sweeping through the whole United States.

Let me tell you how it originated. We have in this city the China Club, which is an organization interested in the welfare of China, and in maintaining friendly relations between the Republic of China and the United States.

We had our attention drawn to the enormous quantities of morphine, heroin, opium, cocaïn, that were pouring through the portals of our sea port here, consigned ostensibly to other countries, it might be Japan, Canada or Mexico, but which were not used in those countries, but which were smuggled directly into China, and we having the welfare of China at heart began to look around to see what was possible to be done, and we quickly found out it was immediately an American problem as well as a China problem, and about the same time Canon Bliss, the rector of Trinity Church here, began to agitate the question from an American point of view of law enforcement.

You will be astonished to know the extent and the perils of this horrible thing, even though you, I know, are all interested in education—you will be surprised to find out that in 1919, 365 tons of opium was imported into this country by the customs returns.

Do you know that by the report of a special committee of the Treasury Department in 1919 it was reported that there were used in the United States more of these narcotic drugs than in any other country in the world, with the possible exception of China; that there is no less than from 13 to 72 times as much per capita of these drugs brought into the United States than are
brought into such countries as France, Germany, Spain and Italy, that we sometimes think of as people taking a great deal of these drugs—13 to 72 times as much per person? That does not mean, of course, that the United States used all that 365 tons of opium and its derivatives.

In that same year by the reports of some of the leading physicians of China connected with the Rockefeller Foundation, it was found that in the year in China there was literally injected into the veins of China 31½ tons of morphin, including herion and the other things of that same kind. A part of that came from the United States, so we did not use up all the 40 tons of morphin attributed to us. We sent a part of it to poison our friends in China.

The China Club Narcotic Committee and the White Cross have united their forces for the purpose of fighting this evil with greater efficiency, and it is being done under the name of the White Cross, and I believe you will be hearing of the White Cross very soon in the way of publicity.

This is what our program is. I want to commend it to your careful consideration. That the greatest good that can be done by any program is the suppression of narcotic traffic through education of our people, the education of all school authorities, of parents and parent-teacher associations, in order that they may learn the actual facts about the terrible menace these drugs hold for us and our children, and to teach people the pernicious, vicious and insidious efforts being made constantly whereby our children are led to become addicted to the use of these drugs. There are miscreants worse than the devils of hell that follow up our school children and stand at the school doors to tempt our very children to begin this dreadful habit, and get them to take their first sniff of coca in or their first shot, and thus cause them to become addicted to its use—mere girls and boys. The great increase in its use is among the youth of our country.

In order to safe-guard them we want to put everybody on guard. We would have them understand how dangerous a thing it is, and we want the people to understand, boys and girls and everybody, that any person who dares to tempt a girl or boy or anybody else to take the drug and to get them started in the use of it, should resent it as a personal insult and resist that person and see that he
is handed over to the nearest police officer at once. That is a thing of first importance, that it be recognized where there is the most danger of the spread of this evil.

There are men and women in the United States whom we may say are hopelessly gone, gone to the very bottom of degradation.

Now it is for your nurses to study the questions of the care and the treatment of these unfortunate people. It is for you to find that out. I do not profess to know. I wish I did. I wish some wise man would tell me some panacea, some way by which they might be cured. Some treatments are successful, in treating those whom it is possible to save, and also to take care of those who cannot be saved, and I want to commend it to you particularly for your consideration.

May I have one more word only. The Jones-Miller bill which we succeeded in getting passed by Congress without a protesting vote prohibits the bringing of these drugs into the country and stops its going out absolutely, except as it is wanted in actual case of need for necessary drugs and for legitimate medical purposes, and it points the way to an international convention for the consideration of the evil. After passing this bill we are now seeking to get an international convention in the United States and have all the nations come together on the matter. Different nations had made a pledge before the war that they would suppress the narcotic traffic, and then the war came along and all those good resolutions were swept to the four winds. I thank you, Madam President.

Chairman Watson: It might be well that we recommend that the general assembly of the League endorse this bill upon which Mr. McKibben has been speaking. I will entertain a motion concerning this recommendation.

Mr. McKibben: I shall be extremely glad—I should like to present a few words I have written out for your consideration.

Miss Lake: I recommend that this meeting go on record as endorsing this bill.

Mr. McKibben: I was going to say that you might endorse the movement in this way:

We, the National League of Nursing Education, approve and commend the White Cross and its program leading to the suppression of the illegitimate use of narcotic drugs.
While we as nurses are primarily engrossed with the possibilities and problems of cure, we urge renewed effort upon those who make and enforce our laws, and we most earnestly urge all parents, all parent-teacher associations and authorities and all teachers to acquire such knowledge of the menace as will enable them to safeguard our children and pupils and put them on guard against the insidious advances by which they are in danger of taking the first steps in the disastrous paths of addiction to dope.

Chairman Watson: The recommendation will be passed on to the general session of the National League. All those in favor of this recommendation, will signify the same by saying aye.

Chairman Watson: We will go on with our program. The next paper will be by Miss Helen Stewart of the Victoria Public Library, Victoria, British Columbia. "Library as a Means of Teaching."

LIBRARY AS A MEANS OF TEACHING

BY HELEN STEWART

Madam Chairman, and nurses, it has always seemed to me there is a very large and a very great analogy as well as a close relation between health work in a community and the service of the public library.

You have for your function the healing of the sick and the ill-nourished of body, and the fighting of disease and germs of many kinds, and the working up and the creating of an atmosphere in which people may live in health and develop to their full usefulness.

We from our point of view feel it is our duty to minister to the sick and ill-nourished in mind, to fight against the disease of ignorance, and against the germs of lying propaganda, and that it is for us also to create an atmosphere of light and wholesomeness in which minds may develop free from the restraints and the limitations which now surround them. But in spite of our feeling of friendly relationship, in spite of the immense amount of common ground between us, I must confess for myself personally that I know almost nothing of the technic of nursing, and just about as little of your particular methods of passing on that technic to your students, so in standing before you today, I am in no way prepared to deal with any one of your specific problems, but must treat you not as nursing instructors so much as just plain teachers.
When William Morris wished to paint a picture, he always said that it was not the painting of the picture, but the frame he had in mind; with him art was a large thing and a whole thing, and it was impossible for William Morris to conceive one little bit of art framed off from the whole.

In that same way we librarians do not consider nursing instructors as one separate high-line unit, but we consider them as a part of the large body of educators who are helping at this time in the race for education and enlightenment.

As you are a part of the great body of educators you as nursing instructors have the same general problems with which the whole educational body is faced at the present time. These problems are so large, they are so immense, they are so vital, that we will not even pretend to express them by one phrase, but we must realize that at the present time your task is one of the biggest things which the world must face.

Never before has there been such an unsettling of old ideas and institutions as there is at the present time. Never perhaps has there been such a scraping of ancient standards. Never has the world been so forced to work out its own salvation as today.

Our ancestors—fortunate people—felt they could face the world because they felt they knew the way through life and through eternity; but we today are puzzled to know what lead to take for the day after tomorrow, and we realize the immensity of our problems and the uncertainty of the ground upon which we stand.

As nursing instructors in the same way as the other members of the educational body, you will realize that it is not only particular facts you may teach which are to make trained nurses in the days to come, but it it also the sense of values you can give those nurses. You as nursing instructors are realizing it is not entirely the number of subjects in which you can instruct your pupils, but it is a habit of mind which they must acquire, and you will understand as nursing instructors that you cannot put one settled scheme of affairs before your students and expect them to be trained people to face the issues of the world, but you must give them what is perhaps at the present time about the only solid thing upon which we can agree, and that is a point of view.
You have heard in the papers this morning a good deal said of the laboratory method of teaching. In speaking of our part in education, we like to use the same term, and to bring all learning into the focus of that laboratory or scientific method. Perhaps all educational bodies are suffering still from the heritage of middle ages in the methods of teaching, and most of us are tied down by the burden of a single text book.

We know in our intellectual development we demand original and new things to stimulate that development, and yet we put before our classes one text book and call it an authority, and demand that our students learn that text and give it back to us in as nearly as possible the form of that one authority what they have got from that, and we squeeze out what they have got from that text by the examination method. I do not know that you still do it in the nursing method of education, but that is still done in a great many other places.

Although all educators are realizing the absurdity of such a method and of that type of teaching it is still done. And you may not agree with me that the best antidote for too much text book is more text books.

We as librarians feel that perhaps one of the best ways to get away from the inculcating of one recognized authority in all things, one way of getting away from the suppression of initiative and imagination, etc., is in place of using one text book, we should use the library method of research, the scientific method of sifting out evidence.

That is, in place of prescribing only one text book, we as librarians feel that the nursing instructors should recommend getting acquainted with a number of things, or rather recommending more or less, we will say, a projected method of teaching, that the students will not only remember a certain set of prescribed facts, but will also learn how to marshal evidence and how to cull data, who are the authorities, rather than who is an authority.

They will learn how to use books as tools, and having gathered in all the facts they will learn how to sift them, and how to weigh them, and only after a process of that kind can they form finally a judicious opinion.

It seems to me and it seems to librarians that type of learning is of very much greater importance. You may disagree with me
there, but I will take it for granted you do not, and if you do agree that a broader basis is necessary in your teaching, I submit that as instructors you cannot get along without the libraries.

For your own specific subjects which are so highly technical that, poor layman that I am, I do not even understand the meaning of many of the words used, for those highly technical things on which you specialize, there are specialized libraries, and your work will be more parallel to the work of our high schools and universities, and to meet that need it is fast becoming a necessity in all well equipped high schools, to have not only a complete library for the use of the students—high schools and technical schools—but also a trained librarian to index these books in the proper way so our boys and girls might get the most use of them with the least expenditure of time and energy.

I cannot go into the necessities of your special needs at length. I take it for granted your work must have its own particular set of books and must have its own particular type of expansion, but aside from that I am sure as a public librarian that almost every public library in the country contains a vast mass of material which would be of the highest benefit to the nursing instructors themselves, and to them in the instructing of their students.

A public library for the reason it is public is more extensive than intensive, but I think you will agree with me that among those who specialize on any one subject, there is a great tendency to get his eyes glued to one phase of life and he forgets how that phase fits in with the rest of life. Therefore although I know very little of your subject, I am going to mention now a subject which it seems to me is very closely allied to your subject, and although its study may not be an absolute necessity, at least it is very desirable, in my opinion, and that is the many excellent works contained in our public libraries on social science, and I am sure that almost any library in the land would contain more things on social science than on almost anything else in the way of a specialized library, and although I am not going to give you a lecture on social science, it seems to me that a nurse should have some conception of social development—or I should say of mankind, and it seems to me such books as “Mind in the Making,” by James Harvey Robinson, and other books of that kind will give you a better idea of how you can specialize in your work than a great many so-called textbooks can.
In the same way on the subject that is receiving so much public attention just now, that of psychology, I think it is a wholesome and salutary thing to read such a book as LeBon's "Crowds," or Trotter's "Instincts of the Herd in Peace and War."

These are not the subjects you are teaching, but they give a very fair idea of what the world is thinking today, and of what the world is demanding.

In the social sciences also the public libraries contain a good deal about public health work that would be of benefit to your students. I do not think any nursing instructor could do better than to read Dewey's "Democracy and Education." It is the outstanding work and could not help but be a benefit to all.

In the sciences also the public libraries contain a more extensive collection than an intensive one. But there are good works on chemistry, in the fixed relation of one thing to another. Your students could well specialize in certain phases of biology, and their perspective would be broadened and quickened by a reading of Bourne's "Place of Zoology in Education."

And I think almost any student after reading Thompson's Essays would feel in a very much larger way the possibilities of his or her particular profession. Also in those biological subjects I imagine you would find Lemarchian Theory and Creative Evolution to be more fundamental than anything we have had since the days of Darwin.

If you would inculcate in your students a quickness of mind in this way I think they would enjoy and get a vast amount more from their course, if they recognized some of these modern trends of thinking.

"Men of the Old Stone Age" by Osborne, and things of that kind would be of great value in teaching the student the phase of life under which we are living today.

I am not speaking of texts, but simply those books which will help interpret the text and give the new conception of history, biology, ethnology, embryology, anthropology and all these otherologies. And I doubt if you can get a better idea of the perspective of the work in which you are engaged, I doubt if you can get a better idea than by reading H. G. Wells' "Outlines of History" or if that is too long, then by reading "Ancient Man," by VanLoon. And another is T. H. Robinson's "History of Europe."
What I would like to get over is that you cannot be an educated person by reading one single text in each of your subjects. You must have not only the text but the context, and I maintain that nursing instructors by using the libraries and the library method of teaching, can get that context through the public libraries.

When it comes down to the pure medical subject, as I said before, we are hopelessly weak. I can just imagine showing a nursing instructor our works on public health in the public libraries, and imagine what would be disappointed, and that you would feel a good deal as we feel toward the person who comes in and asks if we have a really complete "doctor book," and we have to confess that we do not.

We do, however, in our public libraries, try to have a fairly good collection on the subject of Public Health and nursing service. And we sometimes feel that nursing bodies fail to realize how great is the benefit of our public libraries as propagandists. I have known again and again where health campaigns, baby shows and clinics—or, any kind of public health campaign—I have known again and again of those things being carried on where no one ever came near the library where there was so much in store for them.

There is not a place in any village as a rule where such an assortment and such a proportion of the people of the community congregate together as at the library, and I would like to submit to you as nurses that you are neglecting a very great opportunity if you neglect the public library as a place for propaganda, and I am using the word "propaganda" in its largest sense; I am using it from the standpoint of inculcating sound ideas in the minds of the public, and it can be done only by use of the books which we have in our public libraries, and which would be of great service in your classes.

And it is not only the actual bound books. At the present time the libraries have large collections of other printed material, and now-a-days no library is up-to-date unless it has a very broad range of periodicals and pamphlets, and I think again that any nursing instructor who fails to realize the wealth of material in the public library on their own special subjects along these lines is making a mistake, and it is not only the possession of these piles and piles of material, but the indexing that is done in the
libraries, and in the smallest library in the land you will find hundreds of outstanding magazines, reports, speeches and addresses by those in your profession as well as other professions which are carefully indexed under proper titles and in such a way that you can just put your finger right on what you want.

But if you as nurses have a greater demand for more specialized indexing of your particular subjects, the H. W. Williams Company, who has made a speciality of that, will do for you as they have done for others.

The agriculturists wanted more specific indexing, and they did it for them, and they will do it for you if you demand it. And it is not only the books which the library contains, and the periodicals and pamphlets which will be of service to you but there is another thing, but once again it is not so much the exact facts people learn as habits, and if your students once learn how to use books as tools so they can lay their hands on the tool helpful in their art, that is a big thing in itself. If your nursing students once learn how to put their fingers upon what they want you will find them going more and more to the libraries, and you have then taught them something that will last them through life.

In many technical and other schools the librarian spends about two hours in the beginning of the term showing the students how to use books, and I suggest it would be a good thing at the beginning of any nursing course to confer with the public librarian and having him tell how to find things on the shelves and how to use the indexes as such, and how they work.

We have a very elaborate classification, and in our classification I do not know whether you know it or not, but we have a very good medical section giving a bird’s eye view of the whole medical field, and if any of you wish to install a special library in any of your hospitals or training schools, it would be of great value in showing you the useful arrangement of the books.

I have been speaking almost entirely on the use of libraries in your specific work, that is in the direct learning or teaching in the class room, but it seems to me as large a feature is the contact with life, the back-ground, the training in that which is not directly associated with the nursing subjects. For at no time is a person an educated person who knows nothing but about his own particular science or art, but at the present time it seems to me
more vital than ever that nurses, as well as all the rest of us who are dealing with the public, should know a little of the development of minds as well as bodies, and I maintain at this present time a nurse cannot minister to the bodily ills of her patients unless she has a pretty sound philosophy in the back of her mind to base it on, and to help also to make the mental attitude of that patient.

Moreover no nurse can pass on that philosophy by using occasional words and snap phrases of the newest type, like a patent medicine, for some of these are good and some are bad, but if a nurse is to make a proper use of her power of healing the minds of her patients as well as their bodies, she must have her own philosophy built up out of a sense of values.

The world is of the present and the past and the future, and there is very, very great danger of taking the thought of the day from occasional words in advertisements and best sellers, and there is very great temptation to convert the thought of yesterday into legend, making that legend dogma, and then holding tight to it.

And you remember George Bernard Shaw reminds us that the reading of these stories and legends made Don Quixote a madman—not their reading alone, but the believing of these stories and legends and acting on them literally made him a madman, and he slew lambs.

I think in the matter of method and the matter of use and habit the extensive public library is, at the present time, the only general source, and it seems to me that is an absolute necessity in the type of work in which you are engaged.

And once again, unless you help us get your sense of values, help us get your point of view, and help create this characteristic without which training is of little value we will be much the loser.

Chairman Watson: I think the applause shows the appreciation which we feel in having heard Miss Stewart's address. It is of value to us because she has treated us as teachers and not as purely nursing teachers. I think we are apt to become somewhat isolated because we are thought of as purely nursing teachers when we should be considered more as general educators.

There must be many questions which Miss Stewart is very glad to answer, and she would be glad to hear any questions any of you may care to ask.
I should like to ask Miss Stewart in the first place if we wish to have books added to the public libraries for our particular use is it a difficult matter to have that done?

Miss Stewart: In most cases it is not only not difficult, but I think that if you asked for them the public library would gladly serve you and appreciate in most cases the cooperation of specialists in any line in the selection of books along their line.

The difficulty would arise if the nurse asked to have added books which had a very limited appeal, but I think we would all as librarians very greatly appreciate a professional group giving us the titles to books which would be of general interest.

Miss Allison of Rhode Island: In our training school we have a very good reference library, to which we have a certain sum set aside each year. We add to it each year with $50 or $100, and we have two very good fiction libraries and we have the same sums appropriated for those yearly. And in addition to that we have a branch of the public library in the training school, and have a certain number of books sent up regularly, and I was thinking as Miss Stewart was talking if we could not have books specially chosen because the libraries are very glad to have us choose books which would add to our reference library. Books that come now are carefully chosen, but I think we could have some which would help in their reading.

Chairman Watson: May I ask who chooses those books, Miss Allison?

Miss Allison: Within the last few months we have added to our staff a supervisor of recreation and that supervisor is to have charge of the library, and the books are to be chosen by the different departments of the hospital, and we have had with us a woman who is a college graduate and has read widely and she is a great help in choosing books and in making recommendations and suggestions.

Miss Coleman of Michigan: Would those books be paid for by the library?

Miss Stewart: As a rule all books in the library are bought with public funds and these books would be bought with the same funds. I may say in answer to that question it has been under discussion but has not been put into operation in any place I know of. There was an idea that if a special group wished books for their own use
these books might be bought by the public funds, and made to pay for themselves by charging 5 cents per circulation, so the public funds would not be utilized for one special class of work, but that has not been tried yet.

In a good many state libraries arrangements can be made for selections of books for a period, and I think if it were referred to the state library something could be done in that way, as has been done in New York State.

Chairman Watson: I have used something of that sort in teaching history of nursing. Where I wanted books for reference while giving the course I got them from the St. Louis public library and I would make request for the books I wanted to use and they would send them to our library in our University School, and I could keep them in the library of the training school for the period I wanted them but I had to return them within the specified time.

President Jammé: Where there is a good state library and county library you can work through the county library by making a demand on the state library and the state library must supply the county library. The state library comes in contact with each of the county libraries.

Miss Stewart: Most of the states have good county library systems.

President Jammé: We find this to be invaluable in California.

Chairman Watson: Are there any other questions about the use of libraries and the books? We will pass on to the discussion of the first paper on the importance of laboratory methods, and Miss Lake will open the discussion.

Miss Lake: Those of us who have heard Miss Hawkinson’s paper will agree with me it was very inclusive and her illustrations were very good indeed to bring out the points she wished covered. I am going to limit what I have to say to three points which she mentioned in her paper.

The first one was the influence on the student of emphasizing the use of sight. I think it is pretty generally conceded by educators that we learn about ten times as much through our sense of sight as through our sense of hearing, and if that fact is true then it seems to me that it is only logical to keep that point in mind in teaching subjects in which the sense of sight may be employed to the fullest extent possible.
In using laboratory work as a means of getting a subject over to the student—to use the slang expression—we are developing three things. First, the student’s power of observation; second, the student’s power of reason, and third, the student’s power of judgment. All three of those things are essentially valuable to a nurse. And if nurses are to be logical, are to use good reasoning powers and are to use good judgment, we must introduce laboratory periods and laboratory subjects as much as we possibly can.

One point in Miss Power’s paper emphasized a point in Miss Hawkins’ paper, and that was the use of drill.

The laboratory method it seems to me is only one way of increasing drill, because in teaching the subjects which we think of as laboratory subjects, such as pathology and chemistry, the laboratory method backs up the emphasis of the work already discussed in the class room previous to the laboratory period.

Just recently I have had an opportunity to see some of the methods used in small schools where the laboratory equipment was very small, and in one instance a fairly large class was receiving instruction.

The instructor had used her imagination most vividly. I will give one of her illustrations. She wished to explain a phase of bacteriology and there were some points she found very difficult for the student to get. One point, for instance, is the antibodies in the blood.

The student can read about that and recite about it and yet not know anything about it, but that is no reason why we cannot demonstrate it clearly.

In order to do that she made a drawing of what represented normal blood. She made a little circle like a drop of blood and colored it the color of blood, and then she made a drawing of some bacilli, typhoid, if you wish, and made the drawing of the bacilli apparently dropping into the drop of blood, and the drawing below representing the same drop of blood after the bacilli had dropped into it, and showing what happened when these bacilli came in contact with the agglutinin, and showing they were therefore dangerous to the individual.

And in comparison with those she drew two drops of blood, one of a person susceptible to typhoid, and showed what happened
with the blood, causing the patient to become ill. And the other drop of blood represented the blood of a person immune to the germ and showing what happened in that case, and thus showing the student vividly something which she ordinarily finds very difficult to understand.

Another point it seems to me was emphasized was the use of clinics. I do not know whether you all think of the use of clinics as the laboratory method, but it really is.

Let us think of medical nursing, and we have the particular nursing methods reviewed as they have been taught and demonstrated. In addition to that we have a doctor lecturer at the bedside of a patient, pointing out all symptoms of some particular case. That is making use of the laboratory method of teaching, the symptoms are impressed on the student's mind.

I had a good illustration of that recently when one our own groups were receiving instruction. The class was having a demonstration in medical nursing, and the subject under discussion was a disease in which there was an enlarged spleen. A patient with an enlarged spleen was brought into the class room, and the students themselves examined the patient and found that the spleen was enlarged.

In our examination that year we asked questions on various diseases, and because emphasis was placed on that enlarged spleen, in answering the questions on different diseases one of the symptoms they included in almost every disease, known to man was an enlarged spleen.

Chairman Watson: Are there present any who have other points to be discussed about the laboratory method of teaching?

Miss Lake: In answer to that question, Dr. Newberg in the University of Michigan, professor of internal medicine, made the statement recently that he does not feel the use of the autopsy is very valuable to a nurse in medical work, for this reason: The changes that have taken place which caused death are very different from the thing we see while the patient is still alive. The only thing the autopsy teaches is what the changes are after they have gone to the point of having caused death, and that at no time previous to death do you find the changes you see in an autopsy.

Chairman Watson: The question is asked what could be done if the hospital had a majority of private patients, how could you use private patients in clinic work?
Miss Lake: That is a problem we do not have to contend with, because we are a state institution, and our hospital is the teaching material for the medical school, and the question of private patients never comes up. Of course we always think of a nurse as being a private patient, but when we have had a nurse ill with something a number of the students might wish to see, permission of that person was secured before she was used as clinical material.

A Member: In the larger hospitals in the East we have patients that can be used, but most of your hospitals in the West are smaller hospitals, and I do not see how that could be done.

Miss Goodrich: I would like to speak to that. It is becoming a very grave question in my mind whether we should use a ward patient differently from one who pays.

I believe you can make many, many patients, co-operate and participate with a great deal of interest in the instruction of the students. I am sure that we should never take a group of students to the bedside of a patient without first obtaining the patient's consent to do so. The failure to consider the patient is one of the weaknesses of the medical schools, and I am glad to say that Dr. Rappleye, who has just finished a report on the training of hospital's executive and Dr. Parnall of Ann Arbor have spoken of this. I want to repeat that we have found that when approached rightly patients in the private rooms or private wards have been deeply interested in the instruction of the student nurses.

Miss Jensen: Our hospital is small and almost all of our patients are private patients, and we have had no difficulty whatever to enlist the help of the patient in the study work of the nurses. I recall in the last five years just one patient who refused, and even then the patient's interest was enlisted, but her husband was a doctor and evidently his education had not been all it should have been and he did not want to contribute to the education of the nurses, and he objected.

Miss Hart: I am from a small hospital where a large portion of our patients are private patients, and very frequently a private patient receiving some special treatment has been asked permission to bring the class in, and they are always willing to co-operate.

Chairman Watson: I am afraid in this discussion we are taking Miss Crawford's thunder before she delivers her address, so we will ask Miss Crawford to talk to us now.
The importance of the subject here presented is unquestionably
undeniable, and new or old, it cannot be too much reiterated.

The writer suggests that clinical teaching has more recently
receded into the background before the great advance which has
been made along the line of theoretical instruction in our day.
In referring to the history of nursing from ancient times on up
through the Dark Ages to what we love to call our present en-
lighted stage of development, we find the station of the student
nurse has been that of an apprentice to a trade, who observed
and imitated without any scientific basis to speak of. The ap-
prentice in many cases and under wise supervision became very
skilful as a high-class servant, but when all was said and done, that
was just what these apprentices were,—servants. Their work
was done with little understanding of underlying cause and effect
in disease and its cure. It was a means of livelihood, not an edu-
cation. Today, however, we are gradually coming to a realization
that nursing is a profession, a much broader term, with its ac-
companying requirement of education.

To quote Miss Isabel Stewart in a recent article:

We must realize that here as in other vocations, the old apprentice
system we are using is as obsolete and unworkable as is the horse-car or
the famous "one-hoss shay."

Class-room instruction is therefore fundamental. More and
more we have come to think of a course in nursing at present as
a scientific education; our practical work in the hospital wards
representing the Laboratory work accompanying and exemplify-
ing the theoretical work presented in the Class-room.

We used to hear a great deal about "born nurses," those who
were gifted with unusual powers of observation and also skilful
in using their hands. Only yesterday was it learned that these
powers of observation could be cultivated, if the salient points to
be watched for and noted were only ascertained by the student.

1 Discussion of a paper by Miss Power, University of California.
The value of bedside teaching for physicians has long been accepted as a matter of fact. Last February at a meeting of the Nursing and Health section of the Alumni of Teachers' College the same idea was advanced regarding the teaching of nurses. The following provision was recommended:

That a new type of teaching supervisor or clinical teacher be developed, who would work almost constantly with pupils on the wards, and report to other instructors such details or cases as could be used for class demonstrations; thus correlating theory and practice.

We are face to face constantly with the criticism that class work is cutting in more and more into our ward work and thus interfering with the so-called "real nursing work." When it is realized, however, that this class work is not hindering, but helping toward increased efficiency in our wards in the better and more intelligent care of patients, this objection will very largely be over-ruled.

We know that the exacting demands of the hospital work on our nurses' time are a great hindrance to the educational phase of the problem; when the whole situation is on a more truly educational basis, then only can we hope for more satisfactory results; until then, and, I fear, for some little time yet, we shall have to worry along with existing conditions and adjust ourselves as well as we can.

I think that much can be done toward arousing a greater interest on the part of our Supervisors and Head Nurses in the several departments of our hospitals in the types of patients to be found there and by trying to enlist their cooperation in the instruction of the pupil nurses in their special charge. To my mind the morning circle presents a splendid vantage point for this purpose. In our hospital we aim to lay considerable stress on this feature of the day's routine. Every nurse on duty on the given floor should be present at this time, when every patient on the floor is discussed, diagnosis, peculiar or characteristic symptoms, new developments in the course of the disease, all these are considered.

I was very much pleased the other day to have a pupil nurse show me her notes which she had been taking at the public library on the subject of infantile paralysis and Tuberculous hip, etc. I found she was assigned to an Orthopedic ward and that each a.m.
the Head Nurse at her morning circle had reports by the students on different conditions to be found on the ward, after which they spent 15 to 20 minutes in discussion of individual cases, illustrating the subject. She was finding it very interesting, a thing which is not usually said about Orthopedics. Is this not much better than merely saying to the nurses in the a.m., “Nothing new, same routine this a.m.”

In our nursing classes in our hospital we are making quite an effort to have clinical material brought into class to illustrate certain subjects. In our class in Gynecology, e.g., not long ago we had a demonstration of giving radium for treatment of carcinoma. The students were intensely interested in it, as the Head of the Dept. accompanied the demonstration by a lecture with some discussion of the history of the case and symptoms which were manifest. Likewise they were greatly interested when they were allowed to witness an operation for removal of an ovarian cyst. The same case had been brought into class a few days before the operation to show them the size and appearance of the abdomen; and then as most of them had no idea what a cyst really was, to witness the operation was a real revelation.

The idea of arousing the interest of interns in holding clinics is an excellent one for in many cases it really works. I find that the plan of having the pupil nurses accompany the head nurse on her rounds with the members of the staff is of great benefit, for it not only gives her much information but also enables her to make rounds with confidence and dignity, if by any chance the head nurse is absent, and certainly every nurse ought to be able to make rounds in a proper manner.

In our own Training School our practical instructor and supervisor, who are combined in one person, always asks for one of the Freshman nurses to make rounds with her in order that they may be spurred on to learn just those important things about the patients, and they frequently make rounds with the Superintendent and her Assistants.

The members of the Hospital staff, far from objecting to having the pupil present during rounds often become interested in the matter and I have known them sometimes to ask to have as many of the students as can be spared to come and see interesting cases and their progress.
I should like to emphasize the importance of leaving student nurses on a given floor long enough to get acquainted with the cases there, and thereby to watch their development, results of treatments, medications, etc. The same suggestion holds good with regard to assigning certain patients to certain nurses and letting them keep them long enough really to accomplish something. After a time with a patient it is excellent practice to have the nurse write up her case for class and discuss all the features of it. This is much more effectual and clinches the information much better than to have them rushed from one place to another in a routine manner.

We find it a very good way to teach our advanced Practical Nursing, to have the students bring in the discussion of their special patients as well as their individual problems to class, and report what treatments and what medicines are being given them, what results are to be looked for and what are really obtained. I have had good results in my Drugs and Solutions class in this same respect, as I find that the name of a drug means very little until the pupil has had a chance to administer it and thereby learn its dosage and effects.

The "project method" spoken of recently so much, offers many advantages. For instance, not long ago we had a case of Raynaud’s disease in our Pediatrics Dept. and we called the attention of our students to it and had as many as possible see it, placing some stress on the rarity of the disease.

In this connection it is well to note, however, in giving the pupil nurse this afore-mentioned "fixed picture" of certain diseased conditions on the ward that this picture may be a misleading one, for no two cases of the same disease are ever just alike. They always present individual peculiarities. Consequently the pupil is in danger of being confused if case B does not coincide in all its symptoms with case A.

The idea of having a clinical teacher on the wards much of the time is the most thoroughly excellent one, and one toward which we shall do well to aim. But in the meantime, before that Utopian dream becomes reality, we must try to develop more of a spirit of cooperation in our Head Nurses. How many times have I heard the exclamation from Head Nurses, "How I hate to see classes scheduled to begin again; now we shall never get our work done."
What a short sighted conception is that which takes account of student nurses as only so many cogs in the great hospital machine, to grind out so many beds per hour, so many bed-patients fixed up for the day, so many diets served. Routine, endless, mechanical, blind routine? The human interest left out of the story.

All of which is a contributing cause to the inefficiency of our theoretical instruction. For the student’s mind is not alert in the class-room, due to physical fatigue from several hours of work on the ward. The mere physical relaxation of sitting listening to a lecture is unconsciously accompanied by mental relaxation. The pupil thereby fails to absorb and assimilate the theoretical presentation, a fact which would not exist with shorter working hours.

Plans for instruction and suggestions will have to be adapted to the kind of hospital. It is idle to suggest the same method for the small private hospital and for the large city or State hospital, but each can develop the plan best suited to conditions, if the interest is keen and the aim constantly kept in mind.

We have come a long way, it is true. The way has been hard and beset with difficulties, but the end is not yet. The battle still is on, and the enemies of progress are still rampant in the field. So we must,

Welcome each rebuff . . .
That bids nor sit nor stand, but go.

Not forgetting in our consideration of this as an educational problem, what is the ultimate aim and object of all our endeavors. For after all, in the last analysis, the raison d’etre for existence of Training Schools, is the preparing of nurses for adequate care of the sick. All other issues are side issues. No enterprise is successful which does not work consistently and single-mindedly toward the fulfillment of its purpose. And this is a task which will not be accomplished in our generation. For so long as men and women continue to break Nature’s laws, so long as children are brought into the world unfitted for the struggle of life, and allowed to grow up in an atmosphere of darkness, sin and squalor, hampered by the ignorance of parents and the indifference of Society, so long will there be sickness and nursing necessary.
Only let our aim not be too narrow. We must not forget in the service to be rendered the one who is to render that service. For in the words of Browning—

If we draw a circle premature,
Heedless of far gain,
Greedy for quick returns of profit sure,
Dad is our bargain.

Chairman Watson: Now we resume our discussion of the laboratory method of teaching the fundamental and basic sciences and of teaching general medicine and surgery by these clinical methods. Are there any further points to be brought out?

Miss Gilman: As there are a large number of small schools represented at this meeting, and as one of the most difficult problems is teaching of the sciences in the small schools, I think that question should be discussed.

Chairman Watson: Is there someone here from a small school who has solved the teaching of the sciences by the laboratory method?

Miss Gilman: I come from a hospital of 186 beds, and I suppose that is considered a small school. We are making an effort. In our hospital we have an instructor who teaches pathology and who takes over the test on bacteriology and laboratory work, she is assisted by the instructor in carrying out the laboratory work.

The school of nursing has a practical instructor teaching other branches and we have found that arrangement has worked out very satisfactorily. I would not say it is absolutely satisfactory because the man who has been doing the teaching in bacteriology had not been entirely sympathetic with the student’s point of view. He has been expecting too much of the student, and when she does not come up to his expectations immediately he loses interest in her as an individual, and this year we are going to have that teaching done by the Russel Sage College at Troy and I am sure it will be more satisfactory, and have it done in conjunction with the theory.

I might say the question of finances comes up, how we are going to pay these people for any of this instruction. We have been particularly fortunate in having an exchange with
the Russel Sage College for certain services they arrange. They have our instructor teaching the care of children and we have the advantage of their teachers for the students in the school of nursing, which has not cost us one cent for the teaching of bacteriology or chemistry, by utilizing that school and the Pathological school at Troy. That might perhaps give somebody an idea.

Miss Hart: We are in a still smaller school but fortunately we are in a town where there is a university and also a state institution. Our teacher of pathology was a member of our staff and was on the state institution staff and taught bacteriology and while our bacteriology method has not been particularly well worked out, I think it would be better this year. Our chemistry is taught at University, and we are fortunate in having their aid, and they have been very much interested in our institution. The cost last year was only $3 per capita and this year they raised it to about $6 per capita but give us much better working facilities, and had an assistant to demonstrate or take charge of the laboratory period. So that our cost is considerably more than before.

Chairman Watson: Is there anyone here who has any or all her courses taught in an outside school?

Miss Stratton of Pittsburg: In Pittsburg we send our pupils to the high school for chemistry; they go evenings and get a course of 42 hours.

Miss Kranze: We have organized in our community a central school of nursing, and our instructor or educational director, as she is called, will start her work the first of August. We get anatomy in the high school and they have given over two rooms, and are teaching home nursing in the high school and giving over one room toward practical work and we will have the use of the laboratory for chemistry. It has not been completely worked out who will give this instruction, but that is the way we are going to give our preliminary course of four months. The students will attend the classes there at the high school and then we will have our central school of nursing.

A Member: Are these schools all in one city?

Miss Kranze: All in Utica, N. Y. but they are not very far from the central school. It would not take any of them more than half an hour to reach the hospital where the instruction is given.

Miss Gilman: I just came back from Vermont and they have a situation there that I think obtains in some other states as well.
They have about nineteen or twenty hospitals in the entire state and many of these hospitals are only ten and fifteen beds.

And they are running training schools in practically every one of them at the present time, and somebody may say "Close up the school of nursing." That is fine, but the situation is that there is no legislation in Vermont to control turning out these nurses, and it is going to be a good many years before there will be any better legislation there, and it seems to me if some sound arrangement could be worked out so that those schools could get adequate instruction for their students, it would be a great thing in Vermont. Only in the larger cities do they have adequate facilities for teaching students.

President Jammé: We rather answer that question in our rural districts in California where they must have small schools, by affiliation with the high schools. You will usually find in small places a high school with a laboratory. I have found very good teachers as a rule and that they provide a very good course, and there is usually someone who can teach chemistry and we sometimes find someone who can teach biology, and it seems to me if a small school could hitch up with a high school they would get pretty good work in most cases.

Another thing we found the high school demands certain things of the students, demands attendance, study and tests and drills. Where we have had three or four schools grouped together we have had group instruction in the high school, and I have been trying to get the superintendents to put this into effect wherever possible. I have attended some of those classes, and I never heard better instruction in bacteriology and chemistry, and the students were alive and working hard, to see this group taught where they have several groups together, or just one school getting work from the high school.

Chairman Watson: Are there any other questions to be brought out?

A Member: It is sometimes found difficult to get a class in chemistry in high school at a time when it is convenient for our students, and our dietitian found it difficult to get students to understand the principles of dietetics through a lack of knowledge of chemistry and we afterwards taught chemistry in the school and had good results.

Meeting adjourned.
BASIS OF PROFESSIONAL ETHICS

Thursday Afternoon Session, Joint Meeting

(The meeting was called to order at 2:00 p.m. by Vice-President Logan.)

Miss Logan: I am sure we are very grateful for this piece work on the part of Professor Bissett, and we are glad that he is a lawyer. I think we find in the profession of law a very open-mindedness on all subjects. And the same way we feel toward all who are men in the public life generally, when such a man is put on the board we do not question what he says, but from the moment a lawyer begins his professional life every word he says is questioned, and we get an open-mindedness which is very unusual. We shall look forward with pleasure to hearing Professor Bissett.

THE BASIS OF PROFESSIONAL ETHICS

By PROF. CLARKE P. BISSETT

Professor of Law, University of Washington

I feel at home in this assembly rather more than I had anticipated, because the enthusiasm which you are displaying makes me think that I am in one of the ordinary college assemblies; and if some one should stand up on the seat and begin to shout I should not be at all surprised. When we regard the purpose of this enthusiasm I do not know but what I am in favor of it. It keeps you young; these enthusiasms keep you young. And while I belong to another generation, I have strong feelings that the associations which I have had during twenty years with young men have a tendency to have kept me young.

I am very sorry indeed that it is necessary for me to appear, because I know disappointed you are in not hearing Dr. Suzzallo. I share your disappointment, but as best I may I wish to call your attention for a few moments to certain facts which seem to me the proper basis of professional ethics. I hope I shall not offend you, but we lawyers have a habit of plain speaking, and I shall follow the lead and the custom of plain speaking with you.

First of all, this is a mechanical age. The swing of the pendulum has gone from the time when if any one was sick they called in some gracious old lady of the neighborhood, who put on a flaxseed poultice, no matter what the difficulty was, soothed the patient
with certain gentle loving tenderness, and went away; and usually the undertaker was able to do the rest. Now from that type we have swung out to the highly professional individual; comes by rule and regulation; who lacks, if I may be so bold as to say so, somewhat of the human touch.

Now if the profession of nursing is to reach its highest pinnacle of loyalty is must reach out through the channels of the currents of its humanity. I do not in any sense of the word decry the value of efficient service, though I confess frankly that I have an intense dislike of the word efficiency. It seems to me that in this day and generation a very serious thing that confronts us in our educational systems is too great specialization. In the old days we only had one doctor; and when I was thinking yesterday of what I would say to you I counted upon my fingers how many doctors I had, and I found that I had seven in all; one who looked after my eyes, and he would be as hopeless as a lawyer if I went to him with a sore finger, one who looks after my throat, and so on and so forth. But after all, the one which perhaps I most need, need more than I need all the rest of them, is the type of the old family physician, who lacked a good deal, perhaps, by way of efficiency, but who builded himself into the very vital fabric of our national life. I as a matter of fact insist that every one of my law students before he goes out into the world shall read Dr. McLaren's book "A Doctor of the Old School." I knew such a doctor once. Many years ago, when I was practicing law in southern Minnesota as an ordinary law practitioner, there was a physician who lived in the community where I lived. His appliances were not modern; his office, I apprehend, was not highly sanitary; I do not suppose that he knew very much about the technical idea of medicine; but he drove day and night up and down through that country; he sat by the side of suffering men and women; and presently there came a time when he, too, joined that innumerable caraven, after forty-seven years of service in that community, and when he died people came not only from the village, not only from the surrounding territory, but for a hundred miles. Among them women came whose brows he had touched in times of pain. He was not only their physician, he administered to them a certain consolation in the hours of distress and disease, and he was something more than a medical man;
he was something more than a prescriber of pills and potions. He had lifted himself above all of the heights to a great spiritual activity, and men were better and finer and truer by reason of the things they learned of him. And if your profession is to get a proper estimate of the real value of professional ethics, the real basis of it, you must go back again and again to the fact that it is not what you are paid; that does not amount to anything; it is a honorarium, if you please. But the things you are paid and the payments that you will get if you are truly devoted to this profession of yours, the real things that you will get are in the love and devotion and the thankfulness of the men and women that you serve.

If I should say to you or you should ask me what is the basis of professional ethics, I should answer, service; nothing but service. Have you ever stopped to think, to ponder for a moment on how little you can buy for money in this world, how infinitely little you can buy for money? You can buy a house, but you cannot buy a home. You can buy an automobile and stock and bonds; but you cannot buy the love and respect of your fellowmen, you look back over the world’s life do you imagine that the soldiers who stood at Thermophylae and stayed their aggressors, were thinking of the wages that the state would pay them? Do you think that those women of yours who went overseas—and I am proud to tell you that I had a daughter who drove an ambulance for the Red Cross in France—do you think that they were thinking of the wages which the state would pay them? Oh no; they had within them that which possesses you. They had within them the great spirit of unselfish devotion to a great principle. And the true keynote and the fundamental salvation of America and American institutions at this hour is our devotion to the ideals of service, wherever they may be found.

Do not be misled by any theory that we must form ourselves into groups highly organized for the purpose of exacting what is our due. Do not deceive yourselves into thinking that that will bring you any happiness or any joy. It is as erroneous as anything you can imagine. Do not be deceived by groups of people that are highly organized themselves and say, “We will demand this; it is our due; we will demand this; we are entitled to it.” They miss altogether the great value of human experience.
There is a movement on foot in these days—and because my friend Dr. Guthrie sits here I dare not say what I really have in my mind, but there is a movement on foot in these days which says that the college professor is underpaid for his services. Now of course I do not wish to interfere with any such distinguished and noble propaganda as that, and I would not dare to on account of Dr. Guthrie. But I would not be honest if I did not tell you that I am the best paid man in the State of Washington, absolutely, beyond a peradventure of a doubt; and sometimes I wonder in my inner consciousness, I wonder whether the State Board of Accountancy are ever going to examine into my accounts, lay bare the secrets of my heart, until they recognize the fact that I am a hopeless bankrupt—bankrupt, a debtor to the State of Washington, because they have given me an infinite privilege of service these twelve years among the great boys and girls in this great state. Never in the world can I discharge the debt that I owe the State of Washington; never can I pay it back what has come to me from the gentle pressure of kindly fingers as I go on the pathway of life; never can I pay. I am awfully bankrupt. But oh, what joy I have had in life! I would not change it. I tell you frankly that there is not in the town over against us with its high-piled structures, its high increasing competition and struggle of human life, anything in the world that I want. And all I ask of fate is that she let me go down into the valley of the shadow of death still serving and still giving what I have to give and still getting thereby an infinite blessing greater than anything in the world can give to me.

If I should ask you to remember one thing I say this afternoon it would be this slogan: that the highest value must always be found in the things that are not kept in the market place. How little we know, how little we realize. We think of the things we can handle and touch, but they are not real. The spiritual significance of life is the real thing of life. Life abounds in sharp contrasts and antitheses, of waves that cross and cross each other until it seems to be impossible to find a law. We know only that we move in our appointed way, concerned and ordered by divine necessity, even as the planets move in their orbits in the darkness of the night. And the tangible affairs which are before us in our senses are not more real than are the hidden and invisible im-
pulses whose origin we cannot discover. The wisest men have
told us that there is no discord in life or in nature, if we could only
hear all the notes that are sounded. The trouble with us is we
listen to the things that perish; we believe in the things we can
handle and touch, without realizing the fact that there is nothing
compared with the lofty spiritual impulses which move us on from
glory unto glory. When the time comes in your life, as come it
must, when you are taking an account of what you have, do you
set it down in ledgers, must it be set down in ledgers, so many
bonds worth so many dollars, so many obligations worth so much?
Is there nothing more? Oh, what are bonds and stocks compared
to service?

Some years ago I was in New York when there was a little boy
that was being operated on. And this little boy was no ordinary
little boy, because of the fact that he belonged to one of the great
financial kings of all the world. And the father and the mother—
the father dominant, powerful, the very touch of his hand would
throw Wall Street into a panic—was walking up and down await-
ing the operation. It was a simple one, nothing very serious;
I suppose you would have thought nothing of it; it would have
been all in a day’s work with you and you would have thought,
“Oh, well, this amounts to nothing. Why bother with this?”
But the king of finance walked up and down and presently a little
cart came out and the boy turned his head from one side to another
groaning and moaning. And I saw the light glint in the father’s
eye and he rushed up and presently the nurse—I don’t know who
she was—presently the nurse just leaned over this chap, a tiny
lad of fourteen or fifteen, leaned over and said, “There, there,
my dear,” and the moaning stopped. And the master of finance
turned back and turned to me and he said, “She will do.” The
next day I was there and the master of finance said to me, “I
don’t know what that nurse looked like.” And I said, “Well, I
am not very good at telling what people look like, but I think I
can pick her out.” He said, “Go and pick her out.” So I went;
I picked her out. I was not altogether sure until I had cross-
examined her, lawyer fashion, upon what she said; and then I
found, much to my astonishment, that she was inclined to be
ashamed of what she had called her weakness. “I should not have
done that,” she said. “Well, my child, perhaps you should not
have done that according to the strict ethics of your efficient profession; but as the case is you are going to Europe in a private yacht, be gone for a year and a half, and you can fix your own salary.” And so she went to Europe on a private yacht and fixed her own salary, and when she came back her modest professional efficiency fixed her salary at $100 a month. But the great man of finance said to his secretary, “Make that girl out a check for $25,000. She is worth it.”

You see I have brought this home to you by reason of the fact that lacking sentiment I did not wait to overlook a highly colored illustration of my theory. But this is a true story. The little lad was Mr. Harriman’s boy, and the thing which moved the great master of finance was the human touch. This nurse had no notion in the world that she was making for herself a trip to Europe; she only felt the great human urge towards the child to say, “There, there, there.” She knew that the high values of life were not set down in ledgers. Oh, you cannot tell as you go about life, as you see it develop and enlarge and deepen, you find yourselves sometimes lifted up out of the dull level and the common place and have a glimpse of the Mount of Transfiguration. And I will tell you of an experience which I had very recently. I hope you will keep it confidential and that none of the newspapers will make any mention of this. These reporters are usually my friends. But the fact is that I recently had a flirtation. It began, as such things usually begin. I met her on the street and I smiled, and as becomes a maiden, she was a little coy at first. But finally we got on terms of somewhat greater intimacy. We came to the point where she waited for me on the corner, and we would walk together over the hills and she would tell me of her hopes and her ambitions and I would tell her of mine, and we had that lovely fellowship which comes when one meets a real affinity. All the rest of the world, with its buying and selling, its high, unceasing competition, was shut out from my heart and from my life. One day I came up over the hill on my way to the university and my sweetheart was on the corner waiting for me, as usual; and as she came up she took my hand and she said, “Is there anything the matter with you, dear?” And I said, “No,” I suppose that the weight of half a century of toil was showing itself a little more than is usual with me; my shoulders were perhaps
a little more bent. And then she said, "But are you sure that there is nothing the matter?" And I said, "Nothing, dear." And she said, "Well, anyway I want to kiss you." And so right on the street corner, regardless of my professional position, I reached down my arms and lifted her up into my arms and felt upon my cheek the soft kisses of the little girl. And then all that day the sun was brighter than it had been before. My law students wondered where I got the perennial sweetness that came to me on that day. They wondered why I was so gentle and kindly and sweet to them. It was only because my soul at that hour had gotten a glimpse of the things which are eternal. The man whose arms have the pressure, the women whose lips are graciously tender to the kiss of the child that nestles in your arms, whether it be your child or some one else's child, those little threads of celestial origin, woven for us vainly sometimes but rather during the earthly lives become celestial by ways beyond our understanding. And believe me the love of God Himself comes to us through the lowliest tears, and the arms of the Eternal of the Everlasting God embrace us in a baby's clasp. And if you would have a full measure of life, if you would know the full significance of the value of your profession, learn to put into the satchel that you take, not only bandages and herbs and potions and pills, but fill in the crevices with human love and human tenderness. This is the basis of professional ethics. This is the basis of life. This is the basis for which God sent you into the world, that you might love much, that you might pity much and that you might not hate at all. Remember all your life that the highest value is to be found in the things that are not in the market place—that are not in the market place.

THE PRESENT TREND OF ETHICS

By PROF. STEVENSON SMITH

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First of all I have to tell you that I am a frightful sentimentalist, and for that reason I have learned to restrain my emotions of necessity, and I am going to be anything but sentimental in the treatment of this subject. You can usually tell a dyed in the wool sentimentalist, because he sneers at things which are touching and
does not shed a tear when matters which move others are spoken
of in his presence. I have to get away from it, because if I did
not I would break down here and weep, and so in dealing with the
matter of professional ethics, I sought for something to explain
the present status of ethics among nurses. I spoke to a few nurses
and they all said that professional ethics had not been written
down on paper; that there were many things which a nurse was
expected to do and a great many more which she was not to do, but
that a code, as far as was known, had not been formulated and
universally agreed upon. That gave me part. But as I walked
down the corridor of Philosophy Hall, where both Professor
Bissett and I have offices, I saw a code of professional ethics for
lawyers framed on the wall, and I thought, at least here is some-
thing which I can seize upon and use; and I was very much shocked
to find that upon analysis practically all the rules which were
stated there had reference to the financial status of lawyers. That
is, the thing which one lawyer was not to do was the thing which
interfered with the business of his associate. And that made me
worry a little, because I felt certain that lawyers do not believe that,
I know them so well.

And so I am very glad that Professor Bissett spoke before I
did, because I might possibly have said things that would have
been quite untruth, which would quite mislead you. And the
truth of the matter is this, that when you put things on paper,
when you formulate certain ethical regulations and put them on
paper, it is such a cold blooded thing that your better nature
does not enter into it. You do it because of a certain drive which
is present day and night, a drive of financial necessity. Every
code of ethics that you have ever read is based upon financial
necessity. I should say about nine-tenths of it is, and the rest is
that generous outburst of the writer that he uses possibly some-
times to cover up a deeper motive and a most worthy one, but
you find it and you find it constantly.

Now I do not want to deceive myself and I do not want to de-
ceive you; but I have made a little study of the ethics of various
professions and vocations, beginning with the early codes of the
guilds in England and coming down through our early American
codes, which were of course borrowed from England and to some
extent the present organization of labor. The result of all this
seems to me to point to one thing; that the place that a person is hit hardest is that part of him which contains his money; and wherever you find a code of ethics that code of ethics is directed towards everybody getting his own money and getting as much of the other person’s as possible. There is the rule of the elders, which you meet with everywhere: a person of long service deserves more money, deserves more respect, deserves a great many privileges which are not granted to people of short service. We find that in the nurses’ code.

Now this is not financial. There are two things into which we can divide ethics: one the obligations which are placed on us by the code, the other the privileges which the code gives us. As to the obligations, they are more numerous than the privileges. The privileges are more or less unwritten, they are matters taken implicitly. For example, in the case of ethics among workmen, the man longest on the job is supposed to retain his position when there is a turnover and certain men are discharged. It is done regularly; it is true everywhere.

Now the financial vice today is by no means limited to federated labor’s articles of incorporation or to the opinions which are held by lawyers, the opinions which are held by doctors. I think we have to face this thing. I think we have to face it squarely and I think we have to see that it is an unfortunate fact. But why worry about it? Why not accept it and try to better it?

In the first place, the trend of ethics does not show any material change, as far as I can see, from the earliest organization of labor to the present time. There is a certain unconsciousness of power which organized labor feels and a certain consciousness of peril which organized capital feels, but as far as the ethical code is concerned it is limited only by what the writers of the code think that their own group can secure. I think it is primarily selfish, as you find it written on paper. And for that reason I think that one of the best things that ever happened to us here today was what Professor Bissett said. I know Professor Bissett well enough to know that he means every word of it. In other words, there is a very great difference between the written code and the actual sum total of habits which any one has in the profession. The trend of the ethics of any organization, I think, shows the ethics to be pretty much at a standstill. We may change the
wording to suit conditions. We may change certain rules to have greater benefits; but the same motive is seen in the old code of the guilds in England and the present code of American workmen.

Now are you offended that I should speak of labor, the organization of labor, before a group of nurses? I am sure that you are not, because neither you nor I is in any sense interested in any such organizations outside of our own profession. And in my profession there is no such organization. I have no quarrels and I have no interest, personal interest, in any such code. But you will find wherever you meet with the use of ethics that the code is brought in to settle a dispute, which seems itself to regulate conduct in business. That is, we drift along in a good-natured way until something occurs which has to be settled. Suppose a man on the job refuses to work and another man is put on. Then we turn to the written code and to a certain extent to the unwritten code, and according as he can make his decision stick or not, the particular even becomes a precedent and is written into the system, and thereby we build things up.

Now this whole matter is one of growth and accretion. Nobody wrote this code of lawyers' ethics which hangs on the wall of Philosophy Hall; no one person wrote it. It was written by lawyers for centuries and this is the outcome of it. In your case I assume that such codes are not written. But I want to give you a basis for an ethical system of a very practical sort, one which you yourselves practice, and you may ask why you do it. You do it impulsively; you do it without counting the consequences; you just do it because you are trained to do it.

One of the several points which I secured from a very hasty conference with a few nurses was this: probably the most outstanding fact in the opinion of nurses and physicians concerning their cooperation in medical work is that whether the physician is right or wrong he should be shown respect. Now among my acquaintances who are physicians are numbered some brilliant men, and a few that are not. And very well might any one ask the question, why in the world should we show respect for false opinion? Suppose you are on a case; suppose the physician is doing something wrong and you know it; why should you not interfere? I think this touches pretty close to the interests of every one. But I will tell you as a psychologist that you should
not interfere, and after sermoning you with these platitudes I will tell you a story.

A long time ago now, as it is counted in psychological theory, a man in Germany had three horses. They were trained horses. They were horses that could count and subtract; they could multiply and divide; they could speak English and German and French and do a lot of other things, such as extract square roots. They used to stand in the stables and talk to each other; all this according to the testimony of their owner. The University of Berlin was interested and sent a Commission to investigate the horses. The Commission took the horses into the courtyard of the university and tested them out in the absence of the owner. He was carefully placed in custody so that no relation was possible. And they asked these horses questions and the horses stamped out the answers. They talked with their feet, by stamping once for A and twice for B and three times for C and so on. In the case of numerals they simply stamped the proper number. The University of Berlin Commission went back and reported that the horses actually did it, that there was no question about it, there was no fraud, the horses had been trained to do it. And then a man from another country, Claperede, appeared at that time, and he said of course they did not do it. So he went up to Eberfeldt, where the horses were, and he asked the horses questions and they answered him, and then he asked the horses from behind a screen and they did not answer him; they just kept on stamping until he came out from behind the screen, and they stopped. And he asked the horses questions when he wore a mask over his face, and the horses kept on stamping, not stopping with the right answer. And he asked the horses questions the answers to which he himself did not know and they kept on stamping indefinitely. The horses had learned to perceive those small changes in the human face which take place when the listener hears the horse approaching the proper answer—a minute change, so small a change that it is not recognizable on the part of a person who is standing there watching, but it is recognizable by the horse, because the horses were given a lump of sugar or a piece of carrot every time they stopped, and they had become very keen in reading the face of the questioner. Claperede made a demonstration and the mysterious horses of Eberfeldt were no
longer mysterious. Still they are interesting, remarkably inter-

esting, in that you can train a horse to read the face of the questioner with a precision which permits him to fool a commission from a university.

The thing which stood out, however, is this: that you cannot fool people by telling them something that is not true. Last spring we had together a group of bankers, approximately sixty men prominent in banking in this country, who were good enough to sit and listen to us talk to them; and a great many interesting things came out concerning the way in which they tell whether a man is a forger or not. If you were at a cashier’s window by the desk and a man came in and said, “I would like to cash this check,” what would you do? You would say, “Who are you and what are your references? Please go and get a friend, a man who knows you, and bring him back here and let him vouch for you and I will cash the check.” But the cashier does not do that. You walk into any bank in Seattle with a check which you have made out, not on your own bank, that is, forged a check—arrange with the president of the bank not to have you arrested, if you wish, but anyway forge a check, walk up to the cashier’s window and say, “I would like to cash this check” and he will not cash it for you; but walk up to the window with a check drawn on your own home bank, in which by some chance or other you still have a little money, and place that before him and say, “I would like to have this cashed,” and he will cash it; he will cash it nine times out of ten; because he has developed the same eye for check cashers as the horses at Eberfeldt developed for questionnaires concerning the matter of the square root of minus eight or any other question that could be answered by stamping. One man here in Seattle has cashed checks, many days hundreds of them, for ten years. He cashed the majority of the checks that come in without identification; and he has never made a mistake; he has never cashed a bad check. He has the record.

Now why? You could not do it but they can, because they have learned to observe the behavior of people. They do not know an honest man from a dishonest man, but they know a man who is honest at this minute from a man who is dishonest at this minute. It is not a question of the length of a man’s nose or the distance between his eyes, as character analysis would have you believe;
it is nothing of that sort. It is his manner, it is his behavior, and they read it with perfect precision.

A woman came in to see me not long ago with a boy. We have at the university the Department of Applied Psychology, where parents bring their children when they do not know what to do with them, and we conceal from them the fact that we do not know either, and give them some advice. Well, this woman said, "I am sure that this boy will land in the penitentiary." I told her that under those circumstances we would try to find the boy some other place to live than in her house. And she said, "What do you mean? You would not recommend that the boy be taken from me?" The boy had been in the juvenile court once and was rather wild. And I said I did not think it was fair to the boy that she should think that and that he should have to live with her. "But," she said, "I take care to see that he does not know that I think that." It cannot be done, of course, absolutely.

Now why is it that when an old top sergeant walks up to a company and says, "Fall in," gives any command, they hop to it instantly with perfect prevision, and some young lieutenant just out of officers' training school, with all the dog that he can put on, and the dignity and the front, gives a command, and it is obeyed slowly? It is because the top sergeant knows he is going to be obeyed, that is all, and the boy does not. The reason that you get by in half the difficulties of life is that you have confidence. You know that you are going to; at least you do not doubt it.

Now exactly the same is true in nursing; if you think that the physician in charge of the case is not doing a good piece of work, then get off the case, of course. Certainly do not stay there with the impression in your mind that you can deceive your patient into thinking that everything is going splendidly. Now of course this puts the onus upon the physician absolutely, and I think you are willing that they should accept it, are not you? Would not it be a wonderful world if there were nothing but good physicians in it? The reason, psychological reason, the psychological basis for this code of loyalty which you have is simply the success of your treatment. It is as impossible to make a patient feel the proper encouragement, the proper satisfaction, to have the proper hope, if you do not believe implicitly in the physician in charge of the case, as it is for the man who forges a check to cash it or for
the youngster to command a regiment or for the mother to bring her boy up, keep him out of the penitentiary, or indeed for anybody to carry out any responsibility which involves social relations.

Now this applies not only to nurses it applies to all that you associate with. It applies to your physician friends. There is quite an unwillingness on the part of nurses, as far as I can see it, to tie themselves down blindly to the direction of physicians. I speak with that complete freedom with a detachment I enjoy that authorizes me to state that, and so there is nothing partisan here.

I know a particular physician who happens to have brains as well as a lot of other qualities, training as well, and never thinks of a person as being about to die. You know I remembered him and I had a friend whose wife had pneumonia—and this chap came to me and said that his wife was extremely ill, extremely depressed, and he did not know whether she was going to pull through; and he walked around in a way that indicated that he had given up all hope. And I said, "Do you actually go in and see your wife looking like that?" And he said, "I am very cheerful when I am with her. I cover over all this feeling I have and I am extremely cheerful." "Well," I said, "for goodness sake stay away from her." And I asked him who his physician was. He happened to be a friend of mine, a man with a sad bedside manner, a very wonderful physician, but very sad. And I said to him over the phone, "Do you mind giving up this case? I am an outsider, but do you mind giving it up?" And he said, "No, I would like to." And I called the other chap and he came there and what was the difference? They get about the same thing; nobody can improve on anybody else's technique of the treatment of pneumonia, obviously. They get about the same thing, only one of them thought she was going to die and one of them thought she was going to live, and she lived. That is, it was just a tossup for a while, but she did. That is hardly experimental, but it is what I mean.

Now where there is no unification of authority, where there is not that loyal support of the person in charge, it shows; it shows in one's manner; it shows in one's attitude, one's face, everywhere, when you think it does not. If you could keep it from showing you should stop nursing instantly, because you are so much better
fitted for another vocation, that of acting. If you could keep it from showing you would be the greatest actors in the world today. It is what cannot be done. A few people attain to some approximation of it. They can hide their feelings and simulate other feelings. But they are the ones—you will pardon me for referring to money again—who make a million dollars a year in the movies—no, they do not either; they make a great deal less on the legitimate stage, in France.

Now I am very glad to say that I can talk this way, not as a member of the medical profession or the nursing profession; that is, as a rank outsider. And if I were not a rank outsider of course, what I have said, would have no weight at all, because it would only be a bit of private ethics, a thing which I want to impose upon you. And so, having attacked this question from what he called the spiritual side and having arrived at the same conclusion that I would have arrived at attacking it purely from what we know of psychology, I think that we can be pretty sure of this; that the code of what we ought to do can hardly depend upon finances; it can hardly depend upon the result of one’s efforts in terms of money. And yet have you discovered the fact that ethical codes in every vocation are nine-tenths based upon money and money values and money returns, salaries, wages, things of that sort? You can, I think, answer the question, “Why should we show loyalty to each other and why should we show loyalty to our associates in the medical profession?” Not on the basis that it is ethically right, because, between you and me, I do not care anything for ethics. I mean I am the most unethical person in the world. I never was actuated by any ethical code that I can remember, but because it is a very fine thing to do and it gets results. It is true that we might go over from the beginning to the end the application of psychology to nursing, because you can give right here and there a basis for ethics.

I was asked to talk on the trend of ethics, discovering, as far as my researches went over twenty-four hours, that there had been no change in ethical motives from the beginning of time, or at least from the beginning of vocational organization. I was thrust back upon the subject of the psychological basis.
Miss Logan: We have some time and I am sure you would like to ask some questions regarding ethics. Some people think that nurses are unemotional and have no sympathy, as so many times said. I am glad to know that psychologists have had their sympathies so organized that they too are unemotional.

Is there any discussion? Are there any questions you would like to ask the speakers?

Miss Grace Holmes (Portland): I wish Dr. Bissett had not gone out. I would like to hear him again for a moment on one of his early points. Dr. Bissett cleared the floor of our predecessors in the care of the sick with one sweeping and slurring remark that they came in and put on a flaxseed poultice and said a kind word and departed and left the undertaker to finish the job.

I sat a year ago in a meeting of the Northwestern Association of Nurses, and I wanted the entire group to take one good look at me, because I was an exhibit. I am still that same exhibit: the first training school in the United States was started the year that I was born. And I think it ill behooves us, as far as we have gone in a half century, I think it ill behooves us to make slurring remarks about the women who took care of the sick before we got on the job or the women that are taking care of the sick today that we cannot possibly touch, because there are not enough of us or because we are not economically able to put our services at their disposal. And I rise to pay a tribute to the women who are honestly doing nursing work that we cannot do and that are filling the gap in the care of the sick that we are not able to fill. I pay tribute to the women who are practical nurses and to our grandmothers, who took care of us before there were nurses or any nurses' training schools in the United States at all.

Miss Logan: I think I understood Professor Smith to say that service was the basis of ethics. I am sure that we none of us question the service which has been rendered to human beings in the years that have gone.

I want to say, too, that in the years in which nursing has been organized as a profession we really feel that service has been the basis of all our efforts. Nothing else would account for the long hours of twelve-hour duty on the part of young student nurses, long hours, twenty-four hours on the part of many of the women—had no one to take their place, even though she knew in justice to
herself that she should not be there, in justice to her future work that she should not be there.

Are there any questions that you want to ask Professor Smith? If not the meeting will be adjourned.

Thursday Afternoon, Regular Session

(The meeting was called to order at 4.30 p.m. by Chairman Annie W. Goodrich.)

Chairman Goodrich: Dr. Beard's paper on "The Educational Spirit of Nursing" will, I am sure, be one of the outstanding memories of this very brilliant and stimulating convention.

I do not need to introduce Dr. Beard.

Dr. Richard Olding Beard: Ladies and gentlemen of the League of Nursing Education: Owing to the late invitation that came to me to give this second address before the nursing organizations, the correct title of my address did not get upon the program and it is not quite that which Miss Goodrich has suggested to you. I think it becomes a little closer to the nurse than that. It is not "The Educational Spirit of Nursing" but it is rather "The Educated Spirit of the Nurse"; and I do think that there is a distinction there that has something of a difference in it.

THE EDUCATED SPIRIT OF THE NURSE

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I suppose it is true that a cross-section of the profession of nursing is very much the same as a cross-section of any other calling in which women have been habitually engaged, as, for instance, in the profession of teaching. It is not so very different from a cross-section of any definite calling which men have followed, as that, for instance of the medical profession. I wish it were. I have a feeling that it ought to be.

The participants in a calling so distinctive as that of nursing should have a quality all their own. A work so big, so developmental, should put its stamp, its sign-manual upon its workers as a cult. Distinctiveness, however, in human activities is not so much a matter of the work, as it is of the personality of the worker.
And that, perhaps, is the chief reason for the choice of the topic which I am to discuss with you today: "The Educated Spirit of the Nurse."

We are living in a day, and it is a new day,—in which quality has taken precedence as a prime factor in every human equation. The tests of fitness,—native fitness,—are being applied, even in the vocations of business. In face of the patent fact of a shortage of pupil nurses in many of the schools, I shall venture to insist that it is quality rather than quantity that we must consider in students of nursing.

It is not enough that a young girl wants or thinks she wants to be a nurse. Her purpose should be canvassed; her initial fitness should be tested out. I do not know, despite my long association with nursing students, whether nurses are born.

Nevertheless, I am quite sure that there are women possessed of the funded qualities which go to the making of a nurse and they are the women among applicants for a nursing education, whom we are trying to find. I know that nurses to be made must be of the right kind of stuff to put into the making. If we are to look for the spirit of nursing,—the educated spirit of the nurse,—we must have the material into which it may be fused.

Among all nature students variation of species is an admitted fact. It is as notable in the human subject as it is in any other form. It gives a basis upon which the process of natural selection may work.

The attempt has been made in the past to distinguish between natural and so-called artificial selection. The difference is not there. Artificial selection is that phase of the process which is assisted by human intelligence. Intelligent selection is natural selection at its highest potential. The principle of intelligent selection should be applied to the fundamental education of the individual. In applying it human variations should be taken into the account. Similarly, intelligent selection should be the guiding principle toward the vocational choice to which adaptation tends. It should govern the educator in determining whom to admit to a given calling or profession.

The mere fact that some one wants to be a nurse perhaps predicates tendency, but it does not necessarily indicate either mature purpose or essential fitness. The argument of the indulgent
educator that everyone should have a chance of education is justified, until it comes to the matter of education for a service profession. It is a friendly attitude toward the individual always, but it does not take due account of the public welfare. When human health and happiness, when human life and human relations are at stake in the hands of the supposably educated person, the argument of unrestricted education comes up against a false conclusion. Before the bar of the public good the fitness of the applicant for these primary functions of service must be judged.

And there is a psychology in the art of selecting students for a profession. It puts a value upon the thing sought for, in the mind of the seeker, if it is more or less difficult to get. The young woman likes to think that she is called to a vocation. She loves still more to be chosen. She dedicates herself more truly when she becomes the subject of choice. There is a wonderful significance attaching to the old story of the tidings, borne by the Angel, to the Blessed Mary of her appointed destiny. Her response is beautiful and it is fundamental of the character of womanhood in all ages: "Behold, the handmaid of the Lord."

But the psychology of selection extends not only to the individual selected but to the chosen group. As the product of intelligent selection they quickly take on a composite quality; they achieve a solidarity which fosters a class spirit, a school spirit, a University spirit.

What are the principles then to be applied in the practical selection of nursing students?

First, not so much age as maturity. We have maintained, until recently a fixed age limit. I am inclined to think that we have now done a better thing, in saying: An applicant may be not less than eighteen years of age but she must evidence sufficient maturity. There is so wide a difference of development among girls that it seems well worth while to canvass their physiologic, rather than their calendar age. Again, fitness is the prerequisite. For many a girl there may be a distinct advantage in bridging the age-gap between high school graduation and her acceptance in the nursing school. On the other hand, many candidates of eighteen who have graduated from high school remain so immature that it were better to recommend them to the five year course in arts and nursing. The first two years of that course spent in the College
of Science, Literature and the Arts, will do much to ripen character and to stabilize purpose. Equally they may serve to develop the social spirit, lacking too often in the high school graduate, which may prove the soil ultimately susceptible of cultivation to the ends of service.

The preliminary requirement of high school graduation for admission to the University Schools and to some of the major hospital schools, has been somewhat persistently assailed by those who betray a too great anxiety for added numbers of registrants. While it is true, of course, that a high school diploma does not gauge any fixed content of teaching or study, it serves as a safe assurance at least that the preliminary purposes of education have been fairly well achieved and that the student so taught is prepared to absorb and to utilize in adequate measure the scientific knowledge fundamental to her professional training. A satisfactory examination in high school subjects may, of course, substitute the diploma.\(^1\) I do not know of any other suitable substitute at the proposed age of admission. Intelligence tests are urged and might well be added, as a matter of trial, to the present requirement. It is doubtful that they serve as a safe alternative. Their determination of mental age at this period of life has its chief value in the discovery of sub-normality which is not likely to be notably present in those who successfully complete a high school course. They may discover super-normality in the non-graduate, but even so it is determined by a sort of mental gymnastics which do not assure the candidate's capacity either to acquire or to apply knowledge to use. Dr. Stanley Hall has recently said, in effect, that up to about high school age "our Binet-Simon tests can grade and mark, at least for intelligence, but here they baulk, stammer and diverge." They cannot be said to afford any test of the spiritual values of the applicant as related to the vocation of nursing. From the high school teacher, on the other hand, who has taught and studied the student during a four year course, testimony of her quality of character is frequently to be had. Reference to such a teacher should be made a part of the student's application and all such references should be investigated.

\(^1\) It is interesting to note that the Report of the Rockefeller Foundation Committee on Nursing Education, submitted at the Joint Session of the Nursing Organizations at Seattle, June, 1922, advices the prerequisite of the high school diploma.
I assume that a complete physical examination is a prerequisite for entrance to a school of nursing. It should not only be made by an experienced member of the clinical staff, but it should be carefully scrutinized. Physical defects should be followed up and if possible remedied or removed. The spirit of many a nurse suffers under the handicap of deteriorated health and education fails measurably of its task if the harder taskmaster of physical disability competes with it.

It is well that we should analyze very carefully the moral purpose of the applicant in undertaking nursing education. Her motive in the choice of a profession; her appreciation of its privileges and its obligations; her persistence of desire in the face of family opposition or financial circumstance; her sense of ethical responsibility should be considered. The attributes of the spirit of service may be still in embryo, but they may be recognized, if not initially, within an early period of her teaching. In no wise may the birth of that spirit be postponed until her education is completed. If it is, it will die a-borning.

Her attitude toward the sick and the suffering; her interest in her entire hospital world; her abundant desire to take her whole part in it; her love of knowledge for its own sake; her respect for authority; her reverence for childhood and old age, these are the symptoms of her possession of the spirit, demanding and desiring education, in the nurse.

By the end of her preliminary course, or her probation period, as it is sometimes misfortunately called, it should be possible for her teachers collectively to recognize its indwelling power.

The exercise of the principle of the intelligent selection of the student nurse has also a psychologic influence upon her group. It stimulates a group consciousness, which soon passes into a sense of loyalty to the school, into a University spirit which is powerful as a motive of conduct and scholarship. It inspires in the members of the group a sense of loyal following and often of effective leadership.

The racialism of the Jew was founded upon the tradition that he was a chosen people. The campaign of Gideon against the Midianites was an object lesson in the exercise of the principle of intelligent selection. It resulted in the choice of men of efficiency and good will.
The spirit of the nurse is educated by the institution of Student Government. Genuinely supported it inculcates in her the pride of behavior. The association upon a level of student responsibility with her peers gives her a strong motive to behave. The criticism of her fellows is the most powerful deterrent of misconduct. She does not want to lose caste. At once the most critical sentiment, the keenest judgments, the most judicial decisions are brought to bear upon each member of the group. A composite spirit is again cultivated; the doctrine of noblesse oblige is re-created. And it carries on into her after life. The sense of personal responsibility, of group consciousness, of school loyalty is transmuted into an ideal of conduct worthy of her profession, of obligation to her clientele, of contribution to the social good. Nay, more, in the women of large and noble spirit, educated by these associations, a yet loftier impulse may arise. She accepts her calling at the point of its highest call. It is the old impetus of King Arthur's round table to the search of the Holy Grail. Sir Galahad was the loftiest embodiment of the spirit of his group.

The spirit of the nurse, in process of education, lives in a body of flesh. Nutrition is an important agent in the maintenance of the integrity of both. Good food and hygienic methods of feeding are essential to their growth.

And it is not only the body, but the spirit that is to be fed. The food of the spirit is happiness, at least in the days of youth. "Joy is the grace we say to God." There should be room and provision for recreation in her busy nursing life. She has need of light and beauty, of color and the rhythm of movement. The normal young woman should be a creature of delight, though she bobs her hair and does a number of other supposedly outré things in these very modern days. She is for the most part, nevertheless, a very wholesome and an altogether human thing. It is well for her to learn the uses of leisure and to carry over the love of it and the occupations of it into her professional life. "Let her be glad and rejoice all her days." She will have need to, God knows.

The influence of education itself upon the spirit of the nurse should be profound. A cultivated respect for the sources from which her knowledge is derived goes far to heighten her appreciation of the values of her education and the significance of her service.
The teacher is a prime factor in the growth of that spirit. Its cultivation depends greatly upon the personality and power of the teacher. Rest assured, the student is not mocked. She is the keenest judge there is of educational values; she is the most critical of audiences; her mental analysis goes straight to the heart of sincerity and cuts with equal keenness to the rotten core of sham. She knows by instinct the true teacher. He or she who companions the pupil, who can be a student with students, is a teacher of the highest type. Who daily lives with his disciples remains fresh of feeling and young of spirit. It was the influence of that companionship which the biographer of the great Darwin records, when he says simply, "He walked with Sedgwick."

The education of the nurse should rise from so high a source that it will be in the nature of a daily baptism for the mission of her future. Such a spirit, so educated and inspired, will submit graciously to the discipline of service, will accept gladly the details of unpleasantness she must share, will dignify her work in the doing of it, will come to see nothing in it that is common or unclean.

It is something for you who are concerned in the making of nurses that whether or not they are born in the flesh, they are assuredly born in the spirit. That does not diminish your responsibility for the education of that spirit.

Where the spirit of the individual nurse that you are molding will lead her to, you do not know. We may always cherish the possibility of the greatness of the spirit we are leading on. To the teachers of great men and great women the world owes much. It is a signal service to have dropped your mantle upon the shoulders of one greater than yourself.

The University education of the nurse has its highest appeal in that it gives to the girl a vantage ground from which her educated spirit may take lofty flight. The apostle said, "By the grace of God, I am what I am." With equal piety many of us may say: "By the grace of a good Mother, by the grace of a good School, by the grace of a great University, I am what I am."

The dwarfs of the profession are, for the most part, the graduates of the pigmy schools. If inferior motive gives birth and direction to a school, how can you expect, in turn, that out of it women with
high ideals will be born. If self-interest inspires the teaching hospital, what better is likely to inspire the pupil. If the hospital takes its toll of her, is it not to be anticipated that she will take her toll of the public?

Thank God, there are exceptional women who have come up out of great tribulation, whose grace of patience has saved them from the danger of retaliation, who have made good because they were good, "despite the blows of circumstance." Nevertheless, too many a virgin spirit of hope and helpfulness, of desire for service, of the will to serve, has been anesthetized past recovery in the wards of a hospital school.

If intelligent selection should operate in the choice of candidates for nursing education, it should surely continue to operate in the process of the education of the nurse. The school should study with painstaking care the tendencies, the adaptations, the achievements of its nurses in the making. It should give intelligent direction to their development. That "one star differeth from another star in glory," finds its feeblest but practical metaphor in the fact there are uses for square pegs and for round pegs which, nevertheless, will not fit into each other’s holes.

Differentiation is a task to be jointly shared by the educator and the educated. A well-rounded, varied and complete course introduces the pupil-nurse to a miniature world of experience. It puts before her eyes a kaleidoscope of function. By means of it, the distinctive educated spirit of the nurse is to be developed and by that spirit her ultimate distinctive service is to be dictated.

Specialization should not be undertaken in the undergraduate school. It means a forcing process which rushes the young plant into flower at the expense of its rootage. The specialist in nursing, as in medicine, should be the product of graduate study; but the direction that her specialization may take, should be determined by a continuing process of intelligent selection under the instructive influences of experience in practice. The specific quality and bent of the nurse may be discovered in her student days; they may be studied and promoted by her fundamental teaching, but they should be reserved for full development under the light and heat of actual service. There are divers gifts in differing human vessels and they require varying human culture.
This one may be so stored with knowledge that from her fund of theory and experience multitudes may be fed. She typifies the teacher of nursing.

The content of teaching in another mind may be put into so perfect solution that it is available for direct use and forth from it the waters of human healing may come. She represents the potency of the nurse to the patient.

A third may be so imbued with the principles and practice of preventive medicine that she becomes the expositor of the faith of the first great health teacher. "It is not the will of my Father who is in Heaven that one of these little ones should perish." She is the public health nurse in the field.

And in yet another, her educated spirit and purpose may be subjected to so fractional a distillation that forth from her the very wine and word of life will flow. She is the missionary to the people of the things that belong unto their health and therefore unto their peace,—the promotor of public health education.

Do I talk in symbols? Symbols have always been the safest vehicle of truth to the teacher; the language of the educated spirit.

I was asked by your Committee to talk to you, the leaders of nursing education, upon some advanced topic in teaching. I do not know of any topic more vital than this of "The Educated Spirit of the Nurse." I realize that so far I have discussed rather her education; the inevitable thing in order that she may be educated. I have tried to suggest to you, first of all, the importance of the intelligent selection of the student nurse whose spirit is ready for the baptism of education. And, second, to suggest to you the principles of the education by which her spirit may be baptized. There remains to discuss the mission of the educated spirit of the nurse.

I do not propose to talk about the particular forms that her work may take. In this day of marvellous development of the possibilities of nursing service there is large room for the exercise of choice by that spirit and for the further cultivation of it by use.

From every land, from every nearer field, from the bedside of the sick in home or hospital, from the teaching school of nursing, from the physician's office, from the group clinic, from the relief
agencies of state and city, from the rural community, from the baby and child clinic, from the public school, from the great industrial corporations, the call comes for the nurse of the educated spirit. Whenever she of the educated spirit answers to that call her spirit is known and read of all men. Even the unintelligent of the people hear and heed her gladly. Without that spirit, alas! With it,—uneducated, alack!

So often have I heard the complaint, coming from the Doctor, of the nurse over-educated and without the true spirit of nursing,—although usually he does not know just what he means by that,—that I have recently made it a business to try and find out what he does mean. I have talked with a number of physicians about it.

I have discovered a notable group in the medical profession that does not say and does not think anything of this sort. Among them are men who realize that there are as many and perhaps no more misfits in nursing than in anything else. For the rest, I think it is usually meant that the nurse is over-trained and under-educated; that her training has put the emphasis upon her rights instead of her privileges and her obligations, upon her limitations rather than upon her opportunities; that if she ever had any semblance of the spirit of nursing it has been trained out of her, that her little feelings have been exaggerated and her of sense responsibility has been atrophied. This is a pen picture, and not an altogether bad one, of the occasional product of the unfit school. She is an unfortunate to herself and a mischief to her calling. She is of the sort who must go off duty when her rest hour strikes, no matter whether her patient is comfortable and companioned, or not; who draws a hard and fast line between the professional things she may do and the domestic duties she must not or will not do; who demands her full and fixed stipend whether her patient can pay it or cannot; who knows no sliding-scale of fees adjusted to circumstance. You can find her replica in the profession of medicine, with equal rarity and equal misfortune in the finding.

The mischief of it is that she serves to set an alleged type, when she is merely a departure from the normal. It is perfectly true that she tends to draw the attention of the physician and the public to a certain lack of elasticity of behavior upon the part of
many nurses which she presents in an over-drawn and distorted form. The tendency is suggestive either of a deficiency of the native spirit of the true nurse, or of a lack of the education which should set that spirit free from the trammels of a too set system. More often than not her school has been responsible for the warping of her nature, resulting from a too great fixity of somewhat senseless rules, a narrowness in their interpretation, and a discipline which stresses the letter rather than the spirit of the law.

Elimination, and it will come in time, is the only remedy for the profession for the past graduation of the unfit. Prevention of her presence in the profession is the possible safeguard of the future. Intelligent selection is the preventive mechanism.

These criticisms of the educated spirit of your profession are of moment in that they touch intimately the question of a very much needed reform; and it is a reform in which, with the assistance of other public bodies, your organizations should be immediately concerned. It is a question of social justice,—the adjustment of the nurse’s fee to the economic conditions of all classes of society. I say advisedly to all classes of society,—because you cannot adjust the scale downward unless you are also at liberty to adjust it upward.

The fee is not too high. It is scarcely more, at the present time, than the wages of unskilled labor and it does not equal those of the skilled mechanic when it is estimated on an hourly basis. But it is too inflexible.

I doubt not, indeed I know, that the individual nurse often tries to do justice in this matter, but she cannot accomplish the reform by herself. It should be a matter of publicly considered and announced purpose.

The physician or the lawyer has no fixed fee. He has, perhaps, certain general limits; but he grades his fee constantly to the financial capacity of his client. The best method of this adjustment is through the operation of the group clinic, the business manager of which ascertains the circumstances of the patient and charges a suitable fee. It would seem quite feasible, at least in the large centers of population, for nurses to do likewise; to

1 The report of the Rockefeller Foundation confirms this judgment.
organize themselves into group clinics, under a business manager who should minimize for them their own living expenses, who should serve as a registry officer, detail them to hourly, daily or weekly service, graduate their charges to the patient's capacity to pay, jack-pot their earnings, pay their support bills and her own salary out of it; and pro-rate the net earnings of the group to the periods of employed time of each nurse. It is more than probable that the arrangement would prove profitable to the nurse as well as fair to her clientele. The group might well include certain specialists, as well as what we may call the general practitioners of nursing.

I think the time has come when this problem, as a matter of social justice, must be faced. And it is not merely social justice, as applied to the actual charges of the nurse; it is justice of the most social sort in that it makes it possible for the same general quality of nursing service to be given to all economically conditioned classes of the people; in that it will in time eliminate the mischievous proposal, so frequently arising in these later years, of the sub-nurse. It suggests, also, a desirable conservation of the time of the nurse in practice.

I do not at all think that this is the only measure by which this fair result is to be secured.

The extension of an hourly nursing service of graduate nurses through visiting nurses' associations and existing nurses' registries, is quite possible.

The further education of the public in the larger and generally economic use of the hospital and its nursing service, as the desirable home of the sick, will promote an economy of nursing.

To you, educators, I should like to suggest the further possibility and perhaps the educational profit of drafting senior students in a three year course, in brief rotating periods, into private practice, under the direction of a supervisor and at a moderate charge. It might prove possible to divide the earned fee between the school and the student. Would it be worth while for you to think about it and perhaps try it out?

To some of you it may seem that this economic question has nothing to do with the educated spirit of the nurse,—with her spirit or with its education. But to do justly and to love mercy remain two parts of the three essentials of religion proclaimed by
the prophet Micah. Surely to lose sight of the fee, to make it a mechanism rather than an end of nursing, is to promote the quality of social service in the educated nurse.

It cannot be too often urged that service is the life of a profession, that professional education, unemployed in service, is a poor investment; that privilege is bestowed upon the profession as a consideration of service. But, after all, there is a yet higher light by which we live. The educated spirit of the nurse can thrive and grow and find its ultimate satisfaction and fulfillment only in the fact that it serves, and that its service is inspired by love.

The nurse in private practice or in hospital service, the nurse in public health duty of any sort, the institutional or the educative nurse, the nurse in the home, the wards or the clinic, in the public school or in the community at large, may differ each from her sisters in the necessary measure of her preparation, in the degree of her fitness, in the quality of her work;—but she is one with all her kind of the educated spirit in the fact and the blessedness of her loving service.

It is a great pleasure to have met with you, it is a great privilege to address you, but it is a joy of the spirit to work with you. In the memory of those noble women who have made the profession of nursing what it is today, in the thoughts of the great multitude of devoted workers who are serving the people in sickness and in health, throughout the land, in the hope of your yet higher destiny, in the faith of your greater educational future, in the communion of a common service, I bow in homage before the educated spirit of the nurse.

Miss Goodrich: Are there any questions?

I think the suggestion relating to the group practice very interesting. The great difference between the practice of the medical profession and the practice of nursing, is that the private duty nurse does not go from a free case to one that pays, but remains on one case at a fixed rate of payment.

I am of the opinion that the community ought to be educated as to the cost of its sickness and health programs. What we need is a form of insurance—some group subscription for the various and varying kinds of nursing service. The cost otherwise is
prohibitive. Recently we felt that there was no greater service we could render through the visiting nursing service in New York than that of providing a nurse at confinement to those people in the community who could not go to a hospital and could not afford a special nurse. For some time we could not bring the cost lower than $23 for each case. We have now reduced it by a variety of experiments to $11 in each case. We hope this will decrease still further as the service increases.

The development of the group nursing service would perhaps be more difficult than arousing the community to a study of the nursing service required and its cost as expressed in visiting nursing and special nursing for serious illness. And the establishment of yearly subscriptions on that basis. Is there not some one who would speak on that subject?

Dr. Beard: I should like to ask Miss Goodrich whether that cost does or does not include any care of after visiting at all in an obstetrical case.

Chairman Goodrich: No, the cost that I gave you related simply to nursing attendance at the period of birth. Sometimes eight or ten cases will come at once. One can never regulate such a service. The problem of that service, is a very intricate one, and I believe that the community should help us to solve a system which will be equitable both to the nurse and to the patients.

A member: Could the nurse going out into private nursing during the period of training help in this matter?

Chairman Goodrich: The question is asked if the nurse going out, as Dr. Beard has suggested, into private nursing during the period of training, would help in this matter.

Miss Noyes: It seems to me that that would be a great temptation to many hospitals to exploit the services of the nurse, just what we are trying to get away from.

Chairman Goodrich: I agree with Miss Noyes. We have felt that that was one of the most difficult services to guard. I believe in sending an undergraduate nurse out for a period of experience in visiting nursing, but only under very careful supervision. Under such supervision and instruction, she has an opportunity of studying the problem of the family, and I believe it broadens her point of view.

Miss Jammé: Is there any fee for that?
Chairman Goodrich: No; except, that we ask all patients to pay what they can for the nursing service.

Miss Kiernan: I would like to ask Dr. Beard if that visiting nurse proposition has been tried out in any city that Dr. Beard suggests.

Dr. Beard: I have heard of one such effort being made in Los Angeles. I do not know whether it has proved successful or not. It was called a nurse bureau there, it was not a business affair at all. It was for the cooperative benefit of the nurses who associated themselves together and it was under the matron who took care of the home, and the nurses lived there and they went out at her direction and she collected the fees and graduated them to the circumstances of the patients.

Of course there are great variations which would have to be made between the maximum, I think, and the minimum of a group clinic in medicine; but nevertheless it seems to me much a matter of organization, and I am inclined to think it would prove fruitful of benefit to the people and I am inclined to think it would prove to be of profit to the nurse, even, financially speaking. The point of essential importance in regard to such a group clinic game is the selection of a good business manager, who would be bound to inquire into the financial circumstances of the patients to whom the nurses are sent, and to grade the fee to their capacity to pay.

While I am on my feet I would like to say just a word on this matter of sending out nurses from the training schools, but I should like to call your attention to the limitation of that that I suggested; first, the limitation of time, for limited brief periods of time; second, in rotation, that is, that the nurses should have their turn for the benefit of their teaching. Third, that the fee should be a small or moderate one if charged at all. And fourth, that it should be under the supervisor of the school. Now all of these things seem to me to be very important safeguards. If this thing is determined by the school itself there is not going to be any danger that the hospital should exploit it.

Now I know how the finances of the School and the hospital have been badly mixed up. I know how difficult it has been to get any real feeling of independence in the school administration. But nevertheless such a fee should come directly to the benefit of the school and possibly to the benefit of the student. It should
certainly not be a matter of charge so far as the patients are concerned. Of course I appreciate the value of the clinical service for the nurses in visiting nursing work; but even so, the Minneapolis visiting nurses in the Minneapolis Country Visiting Nurses' Association are giving rural service now every day at a moderate charge, and that is a very desirable thing for them to do. And if our students may go to that then why might they not go to private nursing in which a little larger fee would be paid with equal profit?

Miss Laura Logan (Cincinnati): It seems to me that we have so recently pulled out from that field, it is not so many years ago that students, and I think in some cases you will find in our application blanks of the League of Nursing Education, "Do your students go on private duty in their senior year?" The time may come when we may think it of service and return to that form. But after all cannot the principles of nursing be taught in the hospital training school laboratory—which, by the way, we are just in the beginning of separating from the hospital itself? It will take a long, long time for the hospital authorities who do make the body of the training schools think and speak in the language which Dr. Beard speaks. Our own nurses do not yet speak in that language, which separates the hospital from the school of nursing and leaves it out of the hospital. And as we start in before we arrive at that point I am afraid we are going to have trouble.

Chairman Goodrich: May I say that I think the test of whether that is a good method relates to its educational value. Any service that we require, any experience that we give during the training, should be very carefully tested, should it not, for its educational value? The educational value of the visiting service is quite different from the educational value of special duty. In the one as they go from case to case; their experience is similar to that of the ward service in the variety and the different stages of diseases, their complications and all those problems, which makes the content of nursing experience to take the student's time, as a special nurse, in the ward of the hospital, or in the home limits that experience.

I think the point that we have to keep in mind very much, Dr. Beard, is that we must educate the community to realize that they
cannot lay the burden of the cost of sickness, upon the nursing profession. They have got to determine how it can be met. I am sure we must have a rising vote of thanks to Dr. Beard for again coming before us. The meeting adjourned.

*Friday Morning Session, June 30, 1922, Administration of Schools of Nursing*

The meeting was called to order at 9:00 a.m., by President Jammé.

*President Jammé:* Our program this morning is on the Administration of Schools of Nursing, and Miss Johns will take charge of the session. Miss Johns is connected with the department of nursing of the University of British Columbia, and it gives me great pleasure to introduce Miss Johns.

**ADMINISTRATION OF SCHOOLS OF NURSING**

**By ETHEL JOHNS**

*University of British Columbia, Vancouver, Canada*

There is a certain quality of distinction lent to this morning's session by the fact that it will be the first conference on Administration in Schools of Nursing to be held since the presentation of Dr. Winslow's synopsis of the long expected report of the Rockefeller Foundation. We have heard, but, mercifully perhaps, we have not comprehended its tremendous implications. Nevertheless we still live and move and have our being.

We are not quite sure whether our elaborate structure of education has crashed about our ears, of whether, as we vaguely hope, though the foundations are shaken, it still stands four square to all the winds of controversy which sweep about it.

The consequences of that report are quite incalculable. Much time must elapse before even its more immediate results make themselves apparent. Because of it many things will be done; but one thing it will not do. It will not prevent our compulsory return in a few days to our respective institutions, and to our individual tasks therein. True we may have left what we fondly imagined was a school of nursing only to find upon our return that it has suffered a change and is only a training school after all.
There are no schools of nursing,—the report says so—and in our hearts we know that the report is right. Still, the training school such as it is remains, and whether we like it or not we are expected to carry on as though nothing had happened.

For the purposes of this introductory statement, I propose to disregard the report in so far as it is possible to dismiss completely from one’s mind the overwhelming significance of it. Prolonged and careful study will be necessary before it can be comprehended, much less acted upon. My aim, therefore, will be to afford a basis for discussion of existing conditions, rather than to indicate future development, and to drive in more or less clumsily a few pegs upon which fruitful discussion may be hung.

To review even the outstanding features of such a many sided subject in any detail would be tedious and unnecessary. It is so enormous in its scope that only a few of the most salient points can be touched upon. The choice of these is difficult, and their relative importance is not easily determined, but in presenting certain questions I have endeavored to select only those in which all schools small as well as large might find a common interest.

I am taking for granted that conditions in this country are similar to, if not identical with, those with which we are confronted in Canada, and I will ask you to bear with me and to correct me if I make statements, on this assumption, which are not borne out by the facts as you know them.

To begin with I assume that a certain disparity exists in your training school standards. In Canada the disparity is very marked. We are younger than you are. We are the last frontier; we are still pioneers.

In our province, and that by no means the most backward, the presence of fifteen sick persons under a roof justifies, from a legal point of view, the establishing of a training school for the instruction of young women in one of the most important and difficult of the arts. Fifteen sick persons and a roof, and there you are. It is just as simple as that.

In that same province, I hasten to add, there are some large hospitals conducting training schools of a high grade but before the laws of this province these institutions are all on a par. The fifteen bed hospital and the six hundred bed hospital are supposedly able to offer to their students opportunities and instruction of equal value.
I should judge that in your country this disparity in standards is not so marked, but there is a great disparity for all that, and there will be for some time to come, because here as in Canada pioneer conditions still obtain to some extent. Do not misunderstand me. I am not decrying the small school nor the small hospital. Both were, and in some parts of the country still are, integral and useful parts of the community life.

I remember very clearly one small hospital. It served a small northern community then in the early stages of development. Its board of directors was composed of farmers of the district and a business man or two. Its medical staff comprised the three overworked general practitioners of the district; its ambulance was the patrol of the Royal Northwest Mounted Police; its "matron" a youngster of twenty-two just out of training; its nursing staff a group of three pupils who had never seen the inside of a high school.

The financing of this institution was precarious to the point of absurdity, but its modest budget constituted a very serious problem for the few taxpayers of a scattered and struggling rural population. This hospital, like many another, made the training school the keystone of the financial arch. An epidemic of typhoid came along and the little school rose to the occasion with true gallantry. Better nursing has been done no doubt, but none more devoted, than those three pupils afforded their patients under conditions of almost hopeless discouragement. From an educational point of view their training school, as they fondly called it—poor children—was a pitiful joke. But the community it served did not see it quite that way. They were absurdly grateful. You see some of them would have died if the hospital had not been there.

Perhaps we had better remember these human values when we are obliged to standardize these schools out of existence, because of course they will have to go very soon. But should not the Rockefeller Report's ringing challenge speak less loudly than the cry of human need? These schools must not be destroyed until something better has been established to take their place. Let us remember that.

I may be wrong, but my western spirit tells me that throughout this week there have been present in our gatherings women from
whom we have heard very little who are responsible for the
management of very small hospitals, nursed by very small schools.
Any discussion which ignores this important phase of community
service fails of its purpose, and I most earnestly hope that in
subsequent debate these women to whom the people at large owe
so much, and who contribute so greatly to the nobility of nursing
service, will not hesitate to speak their minds.

It should be possible in a gathering such as this to find com-
ground where small schools and large might discover that their
basic problems—detail apart—with which each must contend, are
essentially similar, though on the surface they appear different.

Let us see. To begin with neither could escape consideration
of the following questions, chosen more or less at random, and
yet all fundamental to administration.

First: What is the relationship of the school to the hospital it
serves? How, and by whom, is it governed? How financed?

Second: What is the status of the head of the training school?
What are her qualifications? What special preparation has she
received? To whom is she directly responsible? What powers
does she possess?

Third: What is the attitude of the medical staff toward the
training school?

Fourth: To what extent, under the present system, is the execu-
tive and administrative head of the training school able to dis-
charge satisfactorily her duties in the dual capacity of educational
director of the training school and director of nursing service?

I submit that here is common ground, not in the questions only,
but in part at least in the answers thereto.

Questions one and two regarding the control and the training
school and the status of its director may be discussed together,
since they are so closely related as to be practically inseparable.

In all schools, large and small, the director usually outlines her
administrative policies and prepares her curriculum of instruction,
subject to the approval, more or less perfunctory, of constituted
authority.

In the smaller hospitals she has the advantage of direct access
to the Board of Directors. In the large schools she may, if she
is fortunate, appear in person before a Training School Committee,
or she may be constrained to keep in touch with the central source
of authority, through the medium of a more or less sympathetic general superintendent.

Now a training school committee may be either an asset or a liability, but it is at worst a point of direct contact with ultimate authority, and at best a valuable instrument in the hands of a capable women for the instruction of governing bodies regarding the aims and efforts of the department of nursing.

It must be acknowledged that this process of enlightenment is slow. The knowledge, and frequently the interest of these gentlemen is commonly confined to the burning question of finance, and does not include any real understanding of the educational aspect of the institution. Cheap nursing service they can and do appreciate, but such minor details as a program of education is, to quote The Young Visitors "as piflle before the wind." Nevertheless that attitude can be modified very considerably if the personnel of the committee can be made to include persons who are authorities on education, and if meetings can be held regularly so that interest does not flag.

In this connection an illuminating answer was received in reply to a recent questionnaire. The query was as follows: "Have you a training school committee?" The answer: "Yes." How often does it meet?" "Whenever there is a row on."

Here is an excellent example of how not to do it, but I contend that such a committee meeting only for the purposes of warfare is better than none, in that the director of nursing can, if she will, be an upstanding member of it, able and willing to formulate sound policies and to defend them if need be.

It is high time that directors of training schools attached to hospitals of fifteen beds or fifteen hundred came out from behind the purdah once and for all and claimed the right of appearing at regular intervals before governing boards for the purpose of discussing training school problems.

In many schools the director is represented by the general superintendent at meetings of the directorate. This practice is open to question—yes, even in the comparatively common instances where that official has a real grasp of the questions at issue, and a personal interest in the development of the school.

The burden borne by the director of nursing is a crushing one. Responsibility such as hers claims, and has a right to claim, some
earth should be debarred. They do not need this chastening influence.

Now we come to the fourth and last question: Can the duties of the director of nursing service and director of education be discharged satisfactorily by one and the same person? This is a riddle which each and every woman who aspires to be a director of a school of nursing must answer; or, in a professional sense, die. Most of us die, more or less lingeringly. Witness the 60 per cent turn over in a single year quoted at a recent meeting. Most mornings of the week the riddle takes some such concrete form as this:

Miss A, treatment nurse, in Ward One, presents herself at the training school office and tearfully exhibits twin swellings in the parotid region, very suggestive of mumps. She retires to private life. A rapid mental review of available resources reveals no one at the moment who can fill her place. The staff of Ward One is reduced by this catastrophe to a mere corporal’s guard of two recently capped probationers and the senior nurse is posted for a class in psychiatry at 2:00 p.m. The question at issue is: Shall she attend that class or shall she be instructed to absent herself in the interests of Ward One? I will leave it to those of you who have known the doubtful joys of authority to answer. Something seems to tell me that there will be a vacant chair at that lecture, an excellent one, by the way. Still Ward One pursues the even tenor of its way, and that is something. We salve our conscience by telling ourselves that the rights of the patient are paramount, and they are. No one questions it.

A little later in the morning it becomes necessary to arrange a change of night nurses in Ward Two. A portion of the hospital inhabited by derelicts who remain there because there appears to be nowhere else on earth for them to go. Not very promising so far as enriching nursing experience is concerned. Still someone must do it. How about Miss “B”? She came off just a little while ago, and really should go to the diet kitchen tomorrow. Still it is less disturbing to hospital routine to send her there again. And the rights of the hospital are paramount. One must remember that.

Next the awkward question arises as to whether Miss “C” can any longer be left in the Eye and Ear, Nose and Throat
Department. It is true that Dr. "S" appreciates her dexterous assistance with his tonsil cases. If she is taken away insistent demands will again be made for that graduate nurse whose salary can by no means be squeezed out of an empty treasury. Does it matter very much if we allow Miss "C" to hand sponges just a little longer and conveniently forget that she will have to forfeit that precious month in the social service department, to which she had been looking forward so eagerly? After all the medical staff must be placated. They have been so difficult lately.

These instances are, of course, trivial. Why spend time in describing them. But they illustrate the fact that whether we acknowledge it to ourselves or not, the following classification of interests exists in our mind and influences our action in any given case: The interests of the patient comes first; those of the hospital second; those of the medical staff third, and those of the student nurse last.

Let us examine this classification and see how far it is justifiable. There need be no argument regarding the first named. The moral right of the sick to be considered first cannot be called into question. It is a human right. It transcends all other claims. But what about the others? Is it unreasonable to contend that these three might be placed upon an equality? Is there no way in which we can safeguard the interest of the pupils and still render these twin Caesars, the hospital and the medical staff all that is justly their due?

I have no intention of representing the pupil nurse as a martyr. Far from it. Her condition today is immeasurably better from the point of view of comfort and physical well-being than it has ever been. I do contend, however, that she should be given a more adequate reward for her services in the form of sound instruction than is now vouchsafed her.

Educational authorities tell of the tragic waste of youth caused by misdirected education. Talk about shackled youth! The nursing schools are full of it; eager young minds, enthusiastic, keen, tied down day after day to routine tasks, void of any ray of interest. Yet these very tasks could be made vital if the necessary spark of imagination could be struck out of them.

But you say we have our classes. Oh, yes—we have them. In many cases they are routine tasks also, only a little less irksome
than those of the ward, because one can at least sit down to
them.

We have not yet forged that link that binds theory and practise
together and vitalizes both. At present both are heavy and lifeless,
despite the earnest effort expended on them. The students realize
this whether we do or not. This is a little conversation over-
heard one day in the service room: "That's not the way to do
it." "But that's the way they did it in class." "Oh, yes, I know;
but we do it like this in the ward."

No wonder the statement has been made with some show of
truth that despite improved teaching methods the quality of the
practical nursing care given to patients has deteriorated. This
serious shortcoming is laid at the door of those who are known to
advocate the higher education of nurses. It matters little who is
to blame if it be true. The important point is how and by
whom can it be remedied. Someone has to see to it that class
room procedure and ward procedure are at least on speaking
terms.

The question is who? Not the instructor. Her hands are more
than full. Not the ward supervisor. She must keep her depart-
ment running smoothly. What about the director herself? Yes,
she could do it if she were not totally submerged in adminis-
trative detail. It begins to look as though a director of education
might be needed; someone whose duty it shall be to coordinate
the class room and the wards; someone who will be accepted as an
authority by the ward supervisor unhesitatingly and whose presence
in the wards for the purpose of checking up the practical work of
pupils will not be resented, but will be welcomed.

It might be possible that all the instructional staff should be
placed under her direction; that she should formulate curricula
and generally be held responsible for the direction of all matters
pertaining to education. What then is to be her relation to the
director of nursing service? Who is to take first place? I make
bold to say neither. How then are their respective activities to
be coordinated? By good common sense and mutual coöperation;
each being supreme in her own field, subject to the general author-
ity of the central governing body. What are the advantages of
such a radical departure from accepted custom? This at least,
that we can then abandon our fruitless search for women who are-
able to direct nursing service and educational policies at the same time.

I do not say no such women exist. They do, a few of them, but their professional usefulness is curtailed by the abominable conditions under which they work. Either they must fail in one capacity or in the other, or perhaps in both.

Administrative and educational functions cannot be satisfactorily discharged by one person, for two reasons. First the type of mentality suited to lead in each phase differs materially. One is not inferior to the other, they are different—that is all.

Second, as you know, the very nature of hospital service renders a certain degree of conflict inevitable between the interests of the hospital and the welfare of the school. It is not fair to ask any woman to hold the balance even, unaidered. A just compromise is more likely to be arrived at if each side has a champion to safeguard its interests subject to the ultimate control of competent central authority.

In our large schools, yes, and to some extent at least in our small schools, there is something to be said for a division of duties. Supervision of nursing service—call it administration if you will—is a task of such paramount importance that it demands the concentrated and undivided attention of one woman. The same may be said of the direction of the school. The chief reason for the frequent changes in the directing personnel is that we cannot or will not realize this fact, and exact, year after year, from our ablest women, heartbreaking toil, rewarded only too often, by ultimate failure.

It must frankly be acknowledged that such division of authority as is here recommended, is open to criticism. It strikes at the very root of things because it challenges our present system of discipline, that rock upon which we conceive the entire structure to be built. I wonder whether we are not tempted to pluck that rock from its place and to use it occasionally as a club with which to stun into insensibility any unwelcome new idea that dares to show its audacious head.

Subsequent speakers will discuss the possibilities of University affiliation, of the central school of nursing, of adequate preparation of training school administrators and educators. Surely there will be found a more excellent way.
The new school of nursing is even now in the building. We of the older generation grope about painfully, laying its foundations as best we may. The new generation with the arrogance of youth looks on impatiently, anxious to begin upon that superstructure that we shall never behold. It is enough for us to see, swinging to its appointed place in the foundations, the obscure stone each of us has toiled to smooth and make perfect so that it might be worthy. May we not be pardoned if, in wistful faith, we grave upon it these words: "After me cometh a Builder. Tell him I too have known."

Miss Johns: It has been a matter of grave disappointment to me and I am sure to you also, that Miss Gray, the director of the school of nursing of the Western Reserve University, has not been able to be with us, although she has been kind enough to prepare a paper for our use here.

I shall ask Miss Roberts to read Miss Gray's paper for us.

Miss Roberts: Let me say I count it a great privilege to read anything Miss Gray has prepared, and this paper in particular.

CENTRAL SCHOOLS OF NURSING IN CONNECTION WITH UNIVERSITIES

By CAROLYN GRAY

Naturally my approach to this subject is influenced by the work I am attempting to do, and it would have been more accurate if the title of this paper had been expressed in the singular number instead of the plural.

I know little of Central Schools, but I am learning something of the difficulties of organizing one Central School, and perhaps something of our experience in Cleveland may prove interesting. I presume you will agree with me that the essential difference between a Central School connected with a University, and other types of central schools is that the first should measure up to academic standards, the nursing students should qualify for admission just as all other students do, and the work done should be of University grade and entitled to credit.

If you accept this definition you will probably agree that a survey of the existing schools of nursing is necessary, and gives a
valuable starting point. When the report of the Cleveland Survey was first published I thought it a remarkable and interesting book. But since I have been working in Cleveland I have come to regard it, and depend upon it in much the same way that a tourist in a strange country depends upon his Baedeker. It is a perfect mine of information, and this information is assembled in such fashion, that it gives first a birds eye view of the whole problem, and then the detailed minutiae that shows up the similarities and dissimilarities of our schools in a truly remarkable way. I count it great good fortune to have had this report, for it has been a veritable guide in my visits to, and study of various hospitals.

There are twelve registered Schools of Nursing in Cleveland and these vary within rather wide limits. Some are very good, and some are operating under great difficulties. The number of new students required each year is about 300, but this represents the number that can be accommodated in limited quarters, rather than the number actually needed. Plans for new hospital buildings for Lakeside, Maternity, Children’s, Huron Road, St. Luke’s, are under consideration and when completed the need for students will probably be doubled, because this list includes our largest and most active hospitals. In every instance the bed capacity is to be decidedly increased. In addition City Hospital is adding new pavilions at a rapid rate, and each new pavilion calls for an increased number of students. Each of the five new hospitals has to meet the problem of providing dormitories for its students and graduate staff. A sixth hospital (Mt. Sinai) is also planning to build a dormitory for its students.

Invariably the question arises, shall each school provide laboratories and teaching facilities in its dormitories, thus building six teaching sections, one for each dormitory? Or shall they combine their classrooms, and erect a school building that will serve their needs, and also serve the teaching needs of other schools that may wish to take advantage of such an arrangement? There is very general agreement that a school building will best serve the needs of the various hospitals, and will take care of increasing needs most readily.

Accordingly we have come to think of our Central School as one of the three branches of a complete University School, which is our ultimate goal. And this idea of a central school has taken deep
root in our hearts and minds, for it offers not only a solution of many teaching problems, but a constructive plan to meet prospective needs. May I say right here, that our building is as yet, only a thing of dreams and hopes, aspirations and ideals, nevertheless in imagination it often takes shape and we see laboratories for classes in nursing procedures; chemistry, physics, bacteriology, nutrition, anatomy and physiology; a rest room for our students; a reference library and offices for the various instructors.

And these instructors we picture as members of the faculty, having both university and hospital connection. We have even pictured our location, (not perhaps the exact plot of ground, but as near as possible to the College for Women). It is planned that each Nursing School will continue to admit and house its own students, so that each will locate its new dormitory as near the hospital they serve as they wish. But because the Central School is to be the teaching building for many hospital schools, it seems wiser that it should align itself with the College which is preeminentiy concerned with the education of women. Moreover the nursing students will benefit by this connection and have a share in the cultural opportunities, traditions, and atmosphere of college life. On the other hand, the college students will see Nursing as one of the professions for which they may fit themselves, and a mingling of both groups of students will do much to break down the isolation of our schools and bring about a recognition of the common elements in our problem, for both the College and the Schools of Nursing are striving to educate women to live up to their highest levels of usefulness.

All these dreams of our physical plant have not deterred us from spending the major portion of our time in planning such re-organization of our curriculum and hospital experience as will make it possible for our students to have their work recognized in terms of academic credit. We expect our Central School students to matriculate at the College, and even though their professional education will not entitle them to a degree, it will entitle them to a certain amount of credit toward a degree, so that if at any future time they wish to return and complete their work for a degree, they will be recognized and accepted just as any other student whose course has for any reason been interrupted.
This whole plan pre-supposes that the opportunities offered in the various nursing schools expecting to become affiliated with the Central School shall be comparable and of equal value. The social conscience and cooperative spirit that are characteristic of Cleveland prompted the decision to extend University affiliation to any Nursing School that is willing to comply with certain standards. These standards are based on the Survey recommendations, and were worked out in conference with representatives of the Nursing Schools, and a special committee from the Faculty of the College for Women. These standards are as follows:

1. School of Nursing Committee. That each school affiliating with the College shall have representation on the Committee of Citizens supporting this work.

2. Committee on Affiliation. That applications for affiliation between a Hospital School of Nursing and the College shall be made to, and acted upon, by a special committee appointed by the College. This committee shall consist of one member from the Committee of Citizens supporting this work, one member from the Faculty Committee on Nursing Education, one Superintendent of a Nursing School nominated by the Local League of Nursing Education, and the Director of the Department.

3. Budget. That the budget for the School of Nursing shall be separate from the general budget for hospital expenses.

   That all instruction, whether given in the College, school classrooms or hospital wards, shall be paid for.

   That there shall be a definite understanding of the amount of time to be spent in teaching by persons who serve in the dual capacity of administrators and instructors. Such services shall be paid for separately and charged to the budget of the hospital or school as the case may be.

   That for a period of five years schools shall be allowed to operate under plan 1 or 2:

   Plan 1. Entrance fee of $25.00. During preliminary term school provides board, lodging and laundry. Student provides own textbooks. After preliminary term school provides board, lodging, laundry, uniforms, and textbooks.

   Plan 2. Entrance fee of $25.00. During preliminary term school provides board, lodging and laundry. After preliminary term school provides board, lodging, laundry, and pays student an allowance of $15.00 per month which is intended to cover cost of uniforms and textbooks.

4. Entrance Requirements. High School graduation or equivalent acceptable to the College.

   18 years of age.

5. Preliminary Period. That there shall be a preliminary period of four months during which elementary nursing and the basic sciences are
to be taught. Work on the wards during this period shall be only in connection with classroom teaching.

6. Basic Training. a. That there shall be a basic training of two years and four months.

b. That the education offered during the two years following the preliminary term shall be in accordance with the following schedule:

**Class Work in Hospital**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs and Solutions, Materia Medica and Therapeutics</td>
<td>3</td>
</tr>
<tr>
<td>Medical Nursing including Pathology and Diet in Disease</td>
<td>4</td>
</tr>
<tr>
<td>Surgical Technique, Surgical Nursing and Nursing in Specialties: Orthopedic, Gynecological, Eye, Ear, Nose and Throat.</td>
<td>4</td>
</tr>
<tr>
<td>Obstetrical Nursing</td>
<td>2</td>
</tr>
<tr>
<td>Pediatric Nursing</td>
<td>2</td>
</tr>
<tr>
<td>Communicable Diseases (to include incipient tuberculosis, social diseases, skin, and occupational)</td>
<td>5</td>
</tr>
<tr>
<td>Mental Hygiene and Mental and Nervous Diseases</td>
<td>3</td>
</tr>
<tr>
<td>Massage and Occupational Therapy</td>
<td>2</td>
</tr>
</tbody>
</table>

Practical experience in all these branches. Class work to precede or be simultaneous with practical experience.

**Time Assigned to Various Departments**

<table>
<thead>
<tr>
<th>Department</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medical including Diet in Disease</td>
<td>4</td>
</tr>
<tr>
<td>General Surgical including Surgical or Medical Dispensary</td>
<td>4</td>
</tr>
<tr>
<td>Operating Room or Accident Ward</td>
<td>2</td>
</tr>
<tr>
<td>Vacation</td>
<td>1</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>3</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>3</td>
</tr>
<tr>
<td>Communicable Diseases</td>
<td>3</td>
</tr>
<tr>
<td>Mental and Nervous</td>
<td>3</td>
</tr>
<tr>
<td>Vacation</td>
<td>1</td>
</tr>
</tbody>
</table>

c. That in addition eight months of elective work shall be offered. This elective work shall include special opportunities in nursing of private patients, surgical nursing, nursing of children, public health nursing, teaching, supervision, and giving of anaesthetics. (Other specialties such as psychiatric nursing may be added.)

7. Clinical Facilities. That each school shall provide adequate clinical facilities for instruction, not only in the four main branches, i.e., medical, surgical, children’s diseases and obstetrics, but also in communicable diseases and mental and nervous disorders.

8. Correlation of Classroom Instruction and Hospital Training. That classroom instruction shall precede or be simultaneous with ward training. Class work shall be repeated for different sections to make this possible, and shall be in accordance with schedule.
9. College Credit. That all nursing students who wish College credit shall submit a statement of their professional training (including theory and practice) on blanks to be provided by the College.

10. Vacation. That a vacation of one month shall be allowed each student the first and second year.

11. Hours of Duty. That the hours of day and night duty shall be limited to 44 hours per week.

12. Night Duty. That night duty shall be limited to 12 weeks, no term of which shall be longer than 4 weeks.

13. Provision for Supplementary Services. a. Graduate nurses shall be in charge of wards and provide for adequate teaching.

Two-thirds time charged to administration
One-third time charged to instruction

b. Graduate nurses shall supplement number of the students needed to staff the wards.

The hours of head nurses shall be limited to 48 hours per week.
c. Ward helpers for duties exclusive of those needed for education and experience of the student.

Much time has been spent in visiting hospitals, and in meeting various boards and interested groups for the purpose of presenting and explaining these standards. This has been a very interesting part of the work, for it has afforded opportunity for acquaintance and mutual understanding based on the give and take of friendly discussion. All of the schools are interested—many are definitely planning to put our requirements into effect. The general response has been a frank recognition of the difficulties inherent in such a task, coupled with eagerness to make a sincere attempt to solve them. Repeatedly we have put the question—Shall we go ahead without attempting standardization? The answer has always been an unequivocal no. A few schools recognize that they cannot qualify but bear us no ill-will, and are content to jog along in their own way. As our project will not injure them, there is no reason why they cannot do so, possibly more successfully than heretofore, because all applicants who cannot qualify for admission to the Central School will be referred to them.

We estimate it will take at least two years for our most forward looking schools to qualify because the changes required are far reaching, and must be made gradually in order that the work of the hospitals shall not suffer.
While waiting for our plans to materialize, we have conducted several courses for the graduate nurses employed as instructors, supervisors and head nurses in our various schools. The purpose of these courses has been to develop an appreciation and understanding of our project, so that we may be able to count on a certain degree of like-mindedness, in those who occupy such key positions.

Further progress depends upon an endowment to cover:

a. The cost of erecting a teaching building.

b. The cost of furnishings and laboratory equipment.

c. The upkeep of the building.

d. Light and janitor service.

e. Salaries.

Miss Johns: Miss Goodrich will speak on the topic of the school administration. The work placed upon Miss Goodrich has been enormous, and I cannot express too largely my sincere appreciation of what she has done and that she is willing to help us further.

Miss Goodrich: I am speaking on this with the greatest hesitation.

Perhaps I should try to speak rather to the general topic of it can be of any help, and if it is I shall be very glad to give that assistance.

May I say, Madam Chairman, a word or two about the report of the Rockefeller Committee. No one can know except those who were intimately connected with the work what this study meant. It was good to witness the members of the committee, though holding decided and differing opinions, coming together to send out this report as at least the best presentation of their combined consideration of the subject.

This much we can say, that the Dean of the Medical School of Harvard, that conservative university, has put himself on record as believing the University School of Nursing is the best answer. To have achieved that would have been worth all the time and money consumed by the report.

We put that group of educators and professional men up against a very serious problem, and I am sure this report is going to be of much further reaching value no matter how much each of us and
even the members of the committee will differ on certain conclusions.

In the main we are all, throughout this great convention, at one on two points, namely, that our schools have not been what we want our schools of nursing to be, and secondly, that we believe the importance to the community of our work, justifies the university school.

To go back, if I may, to the question of the central schools. This, of course, is a burning question, and it seems to me that it is emphasized by the report on "The Principles of Hospital Administration and the Training of Hospital Executives" which had just been issued by the committee on the Training of Hospital Executives.

This report shows that

At the present time there are between 7000 and 8000 hospitals of over 10 beds in the United States, having a total bed capacity of almost 700,000. Over 80 per cent are institutions of 100 beds or less; about 40 per cent of 25 beds or less; 75 per cent of all the hospitals of 500 beds or more are institutions for nervous and mental diseases. More than 40 per cent of the total number of beds are in these last named institutions, although they constitute less than 10 per cent of the total number of hospitals. About 70 per cent of all the hospitals are in communities of 5000 or less, and 56 per cent of the counties of the country have no hospital facilities, although the bed occupancy in hospitals devoted to relatively acute conditions averages only 67 per cent.

It does seem to me fundamental to the whole question of the central school is a survey of your community. What is your population? You know that your acutely sick, is two per cent. That means, of course, 2000 in a population of 100,000, or twenty persons for each thousand constantly sick.

Then we have the question of prevailing diseases. If you conceive as I do that nursing education should no longer be determined by what a given hospital happens to take into its wards, but upon the prevailing and serious diseases in the community which can be cured or prevented, you will have to study your community for this then.

In New York State, and it does not differ, unfortunately, from other communities we have 258 suffering from tuberculosis for every 100,000 of the population, 392 suffering from venereal
diseases, 334-plus with mental disease; and approximately 21 deaths per thousand yearly.

If you have therefore a community of 50,000 or 25,000 you know what your maternity problem is, your number of constantly sick, and the number of cases of the other diseases I have mentioned.

The second important question is what are your institutions of education within a given area? Will they permit you to consider the possibility of establishing a central preliminary school or course?

If you have a normal school, if you have a girl's college, if you have a home economics institution, you have a place where you can think in the terms of a preliminary course in those sciences which should be basic to the practical and theoretical experience in the school of nursing.

The industrial situation is also of importance.

I think of one town I was called to when I was inspecting, schools of nursing because no course was given in pediatrics. The hospital has 50 beds and had a building on the grounds erected for contagious diseases, but they were not using it for that purpose.

There was an infant mortality in that town of over 156 per thousand in 1911. The infant mortality is still very high there.

Then you must study your hospitals. Have you more than one hospital?

I think of a town of about 30,000 population where they have a girl's college and across the street from the college is a beautiful hospital of about 50 beds. A number of factories not far from that town, you could build up without much trouble a good preliminary course and I believe an excellent school of nursing could be developed.

I never have been to the state hospital for the insane near that town that I was not told that a large number of the women patients came from the industries in the town adjoining.

There was an opportunity for a course in sociology and in economics and above all in mental diseases. When you have studied your town in relation to its educational institutions, its industries, its institutions for the care of the sick as expressed in hospitals for active services, hospitals for tuberculosis, and hospitals for mental diseases, you should go before your com-
munity, I believe, with the figures of their loss through their failure to raise an adequate budget to protect their health needs.

To do this is impossible without a staff of graduate nurses. Do not forget, that the visiting nursing service has come into existence all over the United States, with a budget prepared to carry graduate nurses. The student nurse is the exception fortunately in the visiting nurses association and consequently when we get a student body, we are able to limit their field work to 28 hours a week in order that they may have minds and bodies in a fit condition to carry on their theoretical work. There is another very important study to be made—the study relating to the time needed for nursing procedures. We have not given enough thought to that and I could never express my gratitude to Miss Greener for her contribution to this subject. How many of us have realized that one student nurse in a ward with 25 patients at night for 12 hours, means 29 minutes per patient including the time required for charting? We know that some of these patients would require much of the time of one nurse at night and that would cut down considerably the average of 29 minutes for the other patients. We should study therefore night and day nursing procedures and the non-educational procedures that student or nurses do in the wards.

My own feeling about the subsidiary group is this—I do believe that in a central school you can gather together in almost any area an appreciable number of young women who have had high school education. If you can find in your area such educational institutions as I have mentioned you can establish a good preliminary course and demand that course plus your high school, expecting the students to pay for the same; you could then allocate the students to the different hospitals, and I believe that within a population of 100,000 you could give your students an excellent and varied experience.

I go back again and again to the fact that you have got to rouse your community to the necessity of raising a budget almost on a per capita basis for this project. I believe you will find women in the community older women and married women to come in on salary for the non-nursing procedures and I believe they should be trained to do them properly.
I believe you could give excellent courses and ones which would be valuable to home-keepers. Further, I think that there are young women who would be glad to have part time service to aid them to complete their high school course. I believe we have allowed the exploitation of our young women long enough, and it should not be continued under another name. I think we should aid and abet every young girl in the community in completing a secondary course if it is a possible thing. I am glad to say that we have as members of our staff some who have not had their high school work who are making up their deficiencies; one young woman having finished her high school is now going through college. We are able to do this because our week is a 44 hour week.

I believe we could work out a splendid experience for those young women, urging them however to come to the larger cities for supplemental work in any service in which their experience has been weak.

Students have been sent all the way from Vermont to New York and from city to city. There is no reason why we should not give a very excellent experience as far as it goes in some of our very fine small hospitals.

I want to say as a person who has conducted a school of nursing in a great municipal hospital, and in some of the smaller ones,— and have had the privilege of visiting small hospitals all over the state of New York as an inspector—I am convinced there is an asset in the small hospital if the teaching is properly conducted. There is a personal relationship to the student which is one of the losses in our great municipal institutions.

We are today emphasizing the fact that clinical instruction should be given to small groups, and we are doing away with the large classes which were formerly the custom.

The idea of the Central School is to have the two or three small hospitals in one community now each trying to carry a school without success to combine in a central school where really adequate nursing education can be given. The great error is that while the community pays for every kind of business it tries to conduct, still seems to think the nursing service of the hospitals rendered by an unpaid force of students. If the community con-
tinues on that basis it must understand it will not obtain the students.

You have to have elasticity which comes only from a graduate staff. You ask where can you get them?

My reply is "Where do we get the means for the Visiting Nurse Service?" Why do they climb the stairs and walk the streets and carry bags?

In the first place there is the commanding interest of the situation itself, the great need of the service which is rendered. Something over 600 students have taken a one month's course in obstetrics in the past five years in the visiting nurse service at Henry Street, and I do not think there are half a dozen who in telling of what they feel to have been the advantage of the course that have not said they were appalled at the conditions they found and the great need of their services. They felt it was a most interesting and illuminating experience, one of the most vital months of their training.

I contend the same great interest can be put into the cases in the wards of our hospitals. We have a 44 hour week which means 5½ days of 8 hours a day. And I have told you that when we add to it three two-point courses in the college, which means 6 hours of theory a week, we have reduced that to 28 hours a week.

If we make the life within the hospital of the right kind, if we have a highly equipped woman supervising and directing their instruction, we will be able, I am sure, to gather together an increasing number of graduate nurses in institutions. But let me add let them live outside and let them be free, but do not think that graduate nurses are going to submit to the discipline that still obtains for students.

Chairman Johns: I am going to ask Miss Kranz to discuss the points brought out in Miss Goodrich's able address.

Miss Kranz of Utica, New York: I am afraid I cannot do Miss Goodrich's address justice. I am from Utica, New York, a city of 100,000. We have five hospitals and registered training schools. We have one hospital of 100 beds and one of 75 beds, and one between 80 and 90 beds, and the state hospital of about 2000 beds.

We have decided to have a central school of nursing. Perhaps it would be well to tell how we happened to think of having the central school.
Our inspector came to Utica and told us she thought it would be a splendid thing to have a central school of nursing at Utica. Immediately the principals of the training schools talked it over and called a meeting and invited all members of the different hospital boards to come to the meeting, and finally we decided we would have a central school of nursing, and that it would give a preliminary course of four months.

We have had very little difficulty in getting the different members of the boards to fall in with our plans, and on the first of August we expect to have our educational director come and plan our work.

The central school is to be held at the Academy. The Board of Education have given us the use of two or perhaps three rooms in the academy. The lectures will be given in the large lecture room and also for demonstrations we will have rooms which are well equipped, and home nursing is being taught there now, and where we will have several beds where procedure will be taught, and we will have a chemical laboratory and the laboratory for teaching dietetics.

There will be only four hours on the wards by the pupils during the preliminary course. They will go from each hospital at stated times to their classes, and we will allow the nurses—the question of car fare came up and we agreed that each hospital should allow $5 a month to the students during the preliminary course, and that will cover their car fare. The hospital is only about 20 minutes ride from the academy, and the nurses will have to spend very little time in going to their classes.

We will have two sections. We will take in pupils in September and January or February, to give them four months preliminary courses. Each principal of the training schools will be expected to teach some classes in the central school, and we probably will have someone from the academy to teach the chemistry. That has not been fully worked out, because we have not our plant fully completed as yet.

I do not know whether there is anything else to tell.

The member: How is the director paid?

Miss Kranz: The expense is divided between the different hospitals.
Miss Goodrich: I would like to ask a question. What is the arrangement relating to the various hospitals? You have that big state hospital for the mental cases. Will the students from the other hospitals go to the mental hospital?

Miss Krantz: I rather imagine they will come to the hospital for mental case instruction. The superintendent has been giving lectures this winter to nurses from all the hospitals in the city. This year St. Elizabeth has not come. We have been combining the classes for one afternoon and the nurses have been having instruction together and we had a group of about 40 or 50 pupils going around to each hospital this year, combined, and we had two hours off a day in that way that all received instruction at the one time.

Miss Goodrich: Given in the day time or at night?

Miss Krantz: At two o’clock in the afternoon and after the lecture he took them through the hospital and showed them the procedure in the mental cases, and we thought in that way the nurses in Utica would get good instruction in the care of such patients.

Miss Goodrich: Will they go to the city hospital for communicable diseases?

Miss Krantz: That has not been arranged. The city hospital has not a training school at the present time and they have not come in the training school, but we think in another year they will if they get their training school started again. Only 5 hospitals will have the central school.

Miss Goodrich: But they have communicable disease wards?

Miss Krantz: Yes, that is the only one in the city that has a communicable ward. And we have a working committee and on that committee is a member of each board and the superintendent of public schools, and we have a woman who is not connected with any of the hospitals and we still have one member of the board to select, which makes a working committee, and we will have a chairman of that committee and a secretary and a treasurer who have not been appointed.

They may have had a meeting since I came away.

Miss Jamme: Who initiated the movement? How was it first started? Who made the first step?
Miss Krans: Miss Eakins when she was inspecting and the rest of us were notified and we had a meeting and it was discussed. I think we had four or five meetings, and finally got it down to the permanent committee. They appointed a committee and asked for recommendations as to what should be done, and that committee recommended a permanent committee and the officers and what should be done about employing an educational director; and this last meeting was to determine salaries, etc. And the equipment for the school is to be supplied by the different hospitals.

We have not made out a budget, but we expect we will have to, but we have this woman on the board after she was asked to serve from the community, and she said "I will give you $100 now and you can buy anything you need" and she has plenty of money, and I expect she will help us a great deal.

Miss Jammé: I am very practical. I want to know what salaries you have decided on for the educational director and the others. I know of some others who want to do the same thing.

Miss Krans: The salary for the educational director was fixed— I do not know whether it would be all right for me to tell it or not—but the salary for the educational director was $3000. That is what we have decided on now. It may have to be changed. This is only the beginning. We are anxious to have this work out well, and we have a very wonderful woman coming to us from the state department, Miss Gillette—maybe some of you may know her. We are very glad to have her come. She is coming the first of August. That $3000 does not include maintenance.

Miss Goodrich: I wish very much those who would be interested in getting this report of the training of hospital executives would get it because it is very valuable.

It can be obtained from 22 E. Ontario St., Chicago, but I believe it would be very helpful for this reason: Dr. Rappleye who has been from East to West and spent some time in California, emphasizes the place of the hospital in health service, and allocates a certain per cent of the cost to administration, education etc. I think it would be a help in the central school.

Miss Logan: Madam Chairman, after all Miss Goodrich's paper is a plan, just as these other plans are. I think we had a wonderful advantage in hearing Miss Goodrich's plan so early in the course, when she has had the advantage of the statistics
gathered by this famous Rockefeller Committee, and I am sure her work will profit thereby very much.

I think in discussing this plan of Miss Goodrich’s it reveals the fact that it resolves itself into a discussion as to the best way to go about planning a central school.

As I understand from the hurried delivery of Miss Goodrich’s address, the plan is the grouping of the common interests of say 5 or 6 hospital training schools in a building having its equipment and its teaching force on or near the university campus, and that this central school will be affiliated with the college for women in the university, and they expect to receive funds through the Community Chest. The committee of citizens interested in raising the funds are to bring this need before the community as a whole and then go about raising the funds.

This may prove to be the best way to bring together the interests of the nursing profession in the community. It is a good thing that it is going to be tried out in different communities.

I remember in the early discussions in connection with the school of nursing in the Western Reserve that there were two positions taken by members of the university staff and by those from the outside that were called in for advice, that the university should establish a school of nursing and make a contract with the other plan.

We have used the term affiliation in our meetings rather loosely, and we have used the term educational director rather loosely, and we are also beginning to use the term supervisor so it does not mean the same thing in different institutions.

Being a definite school in the university is a very different thing than being affiliated with the university, and this plan in Cleveland I believe as explained in the paper is an affiliation. If I am wrong and if anyone present has gotten anything different from the paper or has been in close touch with it I wish they would speak.

As Miss Nutting has pointed out in her pamphlet, a sounder economic basis at Hopkins College has demanded a presentation of the funds before they establish their school.

In the state institution where the school already exists, where it is maintained by taxes, they may be able to start right away without waiting for an endowment, but in this situation in Cleveland,
Miss Gray definitely says they are planning to get funds directly through the Community Chest.

Whether the educational needs of the central school can be met by taking up a certain apportionment of every budget in every hospital now allowed to come and to put into it—or to use Miss Goodrich’s word—allocated to a central school I do not know; but I keep wondering in our own situation in Cincinnati for the purpose of raising the standard of nursing education which is the best way to go about it.

Of course the education of your community to the need for the raising of standards, and the need for the pooling of interests and the avoidance of duplication, is the first thing, as has already been pointed out by several people.

Dr. Baird in his discussion at our conference the other evening made the point that it would be a great saving in bringing the school into the university in a centralized manner, because a certain course would not need to be repeated to the nursing students themselves, but that they might enter courses already in existence in any particular university.

I am just opening up the point that may be taken up in this paper. I do not feel, Madam Chairman, I have had the time to give Miss Goodrich’s wonderful report the study it ought to have had.

Miss Johns: I am going to call upon Miss Wheeler to tell us something about this subject.

Miss Mary C. Wheeler of Chicago: One of the big problems in the small school for the Superintendent is to be the Superintendent of the Hospital, Directress of Nurses and Head of the Theoretical Department, all at the same time. It is difficult for the small school to have its Theoretical Director, both financially and because few prepared women are contented in such positions. The Central School for the preliminary period is not wholly satisfactory—with either the small or large school.

We are working along a new plan for us. The Head of the Theoretical Department blocks out the class work in six week periods for each group of students. During this period of intensive class work and lectures, the students are relieved from night duty, they have time for study and short hours on the wards. When free from intensive class work, they assume their regular
time on duty and another group is in the class-room. This plan avoids waste of the Instructor, Lecturer and student and maintains better health standards.

Miss Shaw: We attempt at Magill University to provide an opportunity for preparation for the work of teaching and supervision, and also for the work of administration in our schools of nursing or training schools, as we feel they are at present only in the beginning.

The school for graduate nurses under which department the present work is carried on was opened two years ago. The first year we only attempted in the way of institutional preparation to give a course for teaching and supervision. The second year we added to the course after the preparation for administrative work, requiring for that course that the student should have shown some qualifications for executive work in some position she had held.

Necessarily our numbers are still small, but we feel that surely some opportunity for such preparation must be very essential in an effort to improve the education of the nurses.

The course we offer for administration divides itself into four groups, subjects along the fundamental lines of educational work.

That is psychology and principles of teaching, and those are required electives along that line.

The second group are subjects which we hope will give the student some better idea of the health emphasis at present so necessary, advice in health work and the necessity for increasing and emphasizing the health attitude in the education of the nurse, and we require that the students in the administration course take the course given in preventative medicine, and we offer them elective courses in nutrition and other allied health subjects.

The third group is the group pertaining more particularly to her own work. That group includes such subjects as hospital administration, administration in schools for nursing, and administration dealing with problems in the education of nurses, and with all these courses we have opportunities for field work, and require excursions and that type of study.

The fourth group is an elective course and in that course is offered a course in pathology, social service and other subjects. I know the few students we have so far have found the work even in its beginning valuable. But I think far more than the educa-
tional knowledge along any of these special lines which they may have gained, far more valuable than that has been that we do see that their attitude toward the whole question of nursing education does develop and one hopes that that essential thing is what one may be able to give them, a different realization of what nursing education should be; realization that there is necessarily, with the new emphasis on public health, the existence of new public health standards, a complete change on the emphasis, as well as the method of nursing education; and it must not just be education along the line of time in one department or in another department, but only along the line of case experience and the realization that the needs of the community must be met, and that when she goes into any school what she must try to do is not to just prepare herself to teach her students just enough to pass their final examinations and go out to do any one type of work satisfactorily or to take their places in the professional examinations for registration, but to be capable in meeting the needs of the community in which she hopes to work.

Miss Johns: I think we must resolve this meeting in to an informal round-table meeting. I am sure all the previous speakers will welcome questions. There may be many you want to ask.

President Jamme: I want to ask Miss Goodrich in regard to the point of the graduate nurses in the hospital living outside the hospital. I know this is done in many places and with great benefit to the nurses. How is the question of her salary and maintenance adjusted? Being in the hospital usually the salary would include maintenance: living outside involves rent and other expenses.

Miss Goodrich: I realize that the question of salary is a difficult one. The salaries for institutional positions are, since maintenance is provided higher than for other branches of nursing. As New York is with the exception of Detroit the most costly city in which to live the salary schedule of the Henry Street Visiting Nurse Service is the second highest, I believe for such organizations. It provides as follows:

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<tr>
<th>Position</th>
<th>Salary Range</th>
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<tr>
<td>Regular staff nurses first six months</td>
<td>$1400</td>
</tr>
<tr>
<td>Regular staff nurses second six months</td>
<td>1500</td>
</tr>
<tr>
<td>Regular staff nurses at end of 1st year</td>
<td>1600</td>
</tr>
<tr>
<td>Assistant supervisor</td>
<td>$1700 to $1800</td>
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<tr>
<td>Supervisor</td>
<td>1900 to 2000</td>
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<tr>
<td>Field Director</td>
<td>2250 to 2400</td>
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Since maintenance is not provided it must be acknowledged that these are very moderate especially for the regular staff members. Our staff numbers approximately 250 and is divided as follows: 177 staff, 30 supervisors, and 8 executives. We require four years of secondary work for enrollment as a regular staff member. Promotion to the supervisory posts calls for a public health course in an accredited college such as Simmons College, Boston, or Teachers College, Columbia University, New York. We have comparatively little trouble in obtaining the ever increasing number demanded by our constantly increasing body of work. I believe this is largely due to the eight hour day and the forty-four hour week together with the privilege of living away from the center. I believe that similar adjustments should be possible for the entire personnel of an institution; not more than a forty-four hour week for all paid personnel, in some instances less than this period for the student. Even as we now understand we must provide a properly balanced diet, must we understand the importance of a properly balanced daily life with work, mental and physical, recreation and rest. Such an adjustment of the life in an institution would, I am sure, compensate for a less salary. I have not found nurses mercenary, quite the contrary.

_Miss Johns_: Is there anyone else who would like to speak to the same interesting point?

_Miss Wheeler_: Our problem became acute because our Nurses Home is limited in the number of single rooms, because each graduate should have a single room and because our graduate staff had increased from 65 to 120 since February, 1917.

We add $20 per month to the regular salary for room-rent, and they room wherever they wish. Meals and laundry are provided for in the Nurses Home.

As a rule, the graduates prefer to live in the Nurses Home. They have no hospital or training school duties when off duty.

_Miss Deavers of Cincinnati_: We have a separate home for our graduate nurses and that has worked out very satisfactorily. These nurses have their own sitting rooms and we have a little kitchen attached to it where they can have their meals when off duty.

_Miss Johns_: I think Miss Carr is in the room, and I think she would be able to give us something of interest on this subject.
Miss Carr: Our nurses have their meals in the hospital and also their laundry is taken care of. Supervisors are paid $100 a month with meals and room. The director lives in the school and also the assistant and also the operating nurses.

Miss Soehlmer: We are able to accommodate all the nurses within the nurses home with the exception of one young woman who takes care of the head nurse work on a particular floor and performs the technician's work in the laboratory, having had such a course. She preferred to live at the home and pay $20 additional. We are paying her $120 and added $20 for the maintenance on the outside, but we are taking care of her laundry and two meals a day.

Miss Johns: Will you discuss the question of the relation of the head of the training school to the board of directors, as it is found in the small school? I take it for granted you have direct contact with the board?

Miss Soehlmer: I do very decidedly, because having charge as well of the training school and having to deal with the administration of the hospital having the hospital duties and the training school at the same time, makes me very definitely connected with the board.

Our board meets twice a month, and once a month we give it a regular monthly report. They are a woman board of managers and very closely associated with all the activities of the school and of the hospital.

Miss Johns: I want to bring out the fact it is an advantage to have close communication with your governing body.

Miss Catlin: I meet with the house committee when there is any occasion. Not necessarily a row on, but if there is to be any change in salaries or any change in personnel of the hospital or training school, and that is about all the communication I have with the board of directors. I meet with them in the monthly meetings, and give them a statement, but not necessarily a statement of the training school, but in regard to those matters in which they are more particularly concerned.

Miss Johns: Is the medical staff represented on that committee?

Miss Catlin: Yes, they have representation on the board and they are requested to attend, although they do not often attend. Are there any other questions?
Miss Goodrich: You spoke of the gentlemen on the board. I suppose your boards are composed as most of the boards of our hospitals are—of men. I have wondered if this is for the best.

Miss Johns: I do not like to draw any invidious comparisons, but I think I hold the long distance record staying with one board, a women’s board.

Miss Goodrich: I think at least one woman should be on every board of every hospital. Many prominent women are becoming interested in our problems, and I think such women and educators should have a place on the boards connected with schools of nursing. I am sure every school of nurses requires such a committee or board.

Miss McCleary: We have both men and women on our executive board, and both are interested, the men no less than the women and the women no less than the men.

Both the superintendent of the hospital and the superintendent of the nurses meet with the board in executive session each month and it has the great advantage of the superintendent of nurses being familiar with the natural problems of the hospital and the hospital board learning about the school problems, and consequently we have been able to establish some reforms which we never would have been able to put across otherwise.

We have also other little conferences which I think are good. On Tuesday afternoon we are always home and they all come to my sitting room and have something to eat and I serve coffee and we take up in that conference all the things that trouble us. Perhaps there is something unpleasant that has occurred and sometimes it is a change of policy, but we talk them over and find it very useful and helpful.

When I go home I will tell them about the trend of this convention and the things we should be doing about it, and I think it is one of the best things we have in the institution as it tends so strongly toward harmony.

We never think of taking up anything in the committee without discussing it frankly at the small conference and we have it pretty well thought out when it comes before the executive board for action.

One thing about the training school committee which should be recognized, it does not have the power to vote, and for that reason
I think the superintendent of nurses should have the right to present her own problems to the board of directors. I believe if the hospital has a school in connection with it every member of that hospital board is also a member of the student board.

*Miss Jammé:* At one of our meetings years ago I remember there was a heated discussion about representation of the members of the alumnae on hospital boards, and it has been a good many years since then, and yet a good many schools are struggling with that matter, how to get representation on the board. Probably somebody here has been able to accomplish that.

*Miss Buab of Spokane:* Very recently we got an alumnae member on our board and did it through politics. We worked a board member who is a man and who liked to do things for himself into thinking he was doing it, and we got the board member.

*Miss Goodrich:* I wish we might hear from Philadelphia as to the way in which they have centralized their schools with the university connection, because there has been a very conspicuous piece of work done in Philadelphia.

*Chairman Johns:* I am sure it would be a pleasure to have them tell us.

*Miss Dunlap:* The central school was started on the first of February of this year. We started with a class of 66 probationers; of those I do not remember how many stuck.

This was first planned by the Philadelphia League of Nursing Education with the help of the Hospital Association. A committee was appointed from these two organizations. We asked the hospitals to help us financially, and the first semester we said we would do that ourselves, to see if it would prove a success, and the instructors were chosen, from the different hospitals, some being instructors from the hospital and some superintendents of nurses, without salaries.

The subjects taught are the subjects in the national curriculum with the exception of practical nursing. That was done in the hospitals that were sending their nurses to the central school. We feel it is a success, although it is only a beginning. We are going on with it this next winter. But we have taken it up with the trustees of the training schools or of the hospitals and I believe they are to be asked to pay this next semester for the pupils attending at the rate of $50 and I think $10 for registration fee,
and that would be $60 per pupil, and a committee has been ap-
pointed—I think two members from the Philadelphia League
and two members from the Hospital Association and I do not
now remember who the rest of the committee are. That has been
arranged since I left.

A nurse attends the central school from two to five, or 3 hours
a day, and sometimes 5 days a week and sometimes 6 days a week,
depending on the subjects she wants to finish.

We all feel it has been a decided success. The standard was
the standard necessary for the state of Pennsylvania. We hope
to raise our standard, but it is just a beginning.

The teaching was done in the university and at the Drexel
Institute. It costs more at the Drexel Institute, for some things,
as the Drexel Institute will not allow one of our instructors to
come there, and we were dubious about a course they give the
nurse, but we were very much surprised at the course they did
give in dietetics and chemistry.

Miss Goodrich: What is your relation to the University?
Miss Dunlap: Of course it is only an affiliation. The instruc-
tors from the training school do all the teaching. We rent the
rooms from the University and they recognize us that much
to allow us to come to the building.

Miss Jammé: Was there not a great deal of trouble in getting
that $60 per capita?
Miss Dunlap: I do not know yet.
Miss Jammé: Are the students charged tuition?
Miss Dunlap: The students are not charged tuition in
Philadelphia.

Miss Giles: Our nurses are not on duty more than two hours
during the days they attend the classes. The smaller hospitals
took this up and some of the hospitals had their nurses on for
longer hours and they did not do as well as those that were allowed
to have more time for study, but that was not arranged by the
committee. They were recommended as to what should be done,
but it was not compulsory.

Miss Kreusen of Philadelphia: We had about $10,000, in the
budget for the semester and next winter I believe it has been cut
down, first it was $15,000 and it has been cut to $10,000.

Miss Johns: Do you feel there is a reasonable chance to secure
it from the same source?
Miss Krevesen: They feel there will be. A number of prominent people have said they would be responsible for $500 each, and we have tried to get enough people to be responsible for $500 to make up the amount necessary in addition to paying a tuition fee for each student. I believe the last report in reference to a tuition fee was $10 for each student.

Miss Wheeler: In our school we have charged the students for the supplies $3, $4 or $5 as a fee and then we have charged on the basis of Lewis Institute which was $25, and we find it was cheaper for us to use that method than paying the salaries of instructors and providing for the laboratories, and they seemed to be pleased to have us send our students to them for laboratory work at a price that was less than for teachers for us.

Miss Giles: We feel that would be a great advantage to a small school which cannot afford laboratories of their own. It would be a great advantage to them and will also be less expensive, to have them taught at a central school.

THE JUNIOR COLLEGE PROJECT OF KANSAS CITY

By HELEN FARNSWORTH, R.N.

Briefly, hospitals of Kansas City began sending students to the Junior College for some studies in 1918, first in chemistry and dietetics. One year later the entire course of study for the preliminary course was arranged for a class of thirty-two nurses coming from five hospitals. Two classes were entered each year, for one semester each of three to four clock-hours work per day.

Six groups have now completed the course and the experiment brought about by war conditions seems a well established order in nurse education in this city. The first group are the graduates of this year of their respective hospitals, and while no especial comment has been made upon their record, the improved fundamental education they received has made for better rating than could have been possible under the old method.

Each year one or more hospitals have joined these sending to the College, until now all of the city except two Sisters' hospitals have completed arrangements for this work. Only one out of all that have tried the plan express dissatisfaction, this one being under the influence of a medical staff not in sympathy with
current ideals of nurse education as a whole. Here, the chief of
a staff has said to the writer that nurses should work twelve hours
daily, with possibly one hour off for meals; and that all the teach-
ing should be done by the doctors according to their plan. Such
reactionary ideas may prevail, in which case the first withdrawal
from the College will be watched with interest.

The heads of such high grade nurses schools as those of the
Research Hospital, Bethany Hospital, Mercy Hospital, Trinity
and St. Luke’s Hospital, etc., are thinking only in terms of the
College course and are each year perfecting their systems of
correlating the college teaching with that at the hospitals. It is a
well recognized fact among the college instructors who have the
nurse students that those students making the best records in
their work and in their school spirit are from the hospitals giving
the best cooperation.

At a recent ethics quiz given the last group just before com-
pletion of their course this question was put to them: “What
are the strong points and what are the weak points in the course
as you have experienced it, state freely after careful thought.”
Following are strong points brought out by the students:
1. Regular hours of school work.
2. Broadening influences and cultural advantages of college life
and contact.
3. Standardized courses of study by instructors specializing in
their subjects.
4. Ample laboratory facilities in each subject that could be
available in no other way.
5. Enjoyment of out-door exercise occasioned by going daily to
the college.
6. Friendships formed by meeting students from other hospitals
and stimulation of school spirit.

Against these and other points nearly all of the class stated that
the course was too short, studies begun were not pursued long
enough, and no college credits were received. To our mind, this
testimony of those completing the course is valuable and fixes the
responsibility upon those sponsoring the work to continue the
development of this plan so that such classes in the future will,
after a suitable period of hospital experience be returned to the
college for further courses of study that will in all get the credits
and draw the young women who now leave us for University Nurse Schools.

The main obstacle at present to such a realization is not the influence of a few reactionary doctors, but the indifference and lack of information of the Boards of Control of the various hospitals, who, not knowing the fine facilities afforded their nurses and not knowing the needs of such education for nurses, do not get behind the plan and demand for nurses the same kind of education the public school system gives to women in other professions. It is the job of the nurse educators and heads of nursing schools to awaken the necessary interest and see that the Boards and the public do come to a realization of the opportunities and bring about fully organized Schools for Nurses under the Kansas City Board of Education, and under other such Boards all over this land. It is only by each locality making its small advances, utilizing its advantages, and in stimulating lay interest in our problems that we may hope to have the recognition for the profession of the nurse which we all know must come before her work is done as it should be.

_Miss Johns_: It is necessary that I declare the meeting adjourned.

_Friday Afternoon Session, Education for Health Promotion_

The meeting was called to order at 2.10 p.m. by Second Vice President Carrie M. Hall.

_Miss Hall_: We have come this afternoon to the last afternoon of our meeting, which will partake of the nature of conferences.

We have for our consideration this afternoon the subject of "How can the education of the nurse be directed towards preventive work and health promotion?" And this subject will be very ably presented to us by Edith F. Bryan, Assistant Professor of Public Health Nursing in the University of California.
HOW CAN THE EDUCATION OF THE NURSE BE DIRECTED TOWARDS PREVENTIVE WORK AND HEALTH PROMOTION?

BY EDITH S. BRYAN, A.B.
Assistant Professor of Public Health Nursing, University of California

It is a tremendously wide subject, one that it seems to me is a fitting close to the remarks on health that we have been hearing during this entire convention, one that we must take very seriously, and I think we may take very happily, because in it we can look forward to greater enthusiasm, new visions and higher opportunities than we have ever had, and the nurse who fails to do that has certainly reached a pitiable point.

You wonder, perhaps, why a public health nurse should speak on teaching of the student nurse. I wish that you would associate in your minds two things. Not as a public health nurse am I speaking today, but as an educator, as a woman who is in constant touch with the pre-nursing student. In the college and in the high school I am constantly meeting the college girl who is looking forward with high vision to the thing that she wants to do as a profession, and it is as one who talks with such that I want to speak.

We are considering the problems of who shall be the nurse in the future. Shall we have enough nurses in the future? What shall we give them for training? It seems to me that a thorough consideration of this subject will answer the major number of such questions. In my work in the last fourteen years I have been in and out of nursing, so much so that people have occasionally said, "Aren't you interested in nursing, Miss Bryan? Don't you like nursing? Aren't you going to do it any more?" It has not been for that reason, but because I wished to study this particular question that I have been in and out of nursing—a nurse in training, a nurse in private duty, then a college girl doing private duty to earn my way through, then taking up social service work, to see what people in the Department of Immigration and Housing and juvenile court and play-ground commission and such for five years, to see what they said of nursing, now working with them as one of them,—then coming back into the nursing and from the other side seeing what the nurse said of the
social worker; and learning all the time, as I was, with my great numbers of people in my social work, what the people were saying about nursing; and then by studying public health to see whether or not we as nurses were failing in meeting the great task that is ours. For I believe absolutely that the task of bedside nursing in the hospitals, outside of the hospitals, in the private homes, in public health, is not the full nurse's task; it is not the whole thing, as I hope to show later on. My great vision has been the great thing which I am going to try to put in words and picture for you today. You say, perhaps, "Well, if you do that you are indeed hitching your wagon to a star." I am; I have; and that star has gone with such a velocity, the usual velocity of stars, that it has been a rough road, with many bumps and a great deal of dizziness. That is exactly what the nursing profession is having today, dizziness, to try to keep up with the demands and the needs that are before us every day and every year. For four years I have been studying one hospital, its educational possibilities, as a member of the Committee on Nursing Education in the university, studying the five year students, studying the three year students, seeing what the demand was, seeing them before they go in, asking what is their reaction after they are in, asking what is their ultimate opinion after they are graduated. All through it I have heard and felt the urge upon these girls for greater service, something more than we have in just our bedside nursing. They are young women of acute vision, keen insight, laboratory research minds, if you please, and they are beginning to say, "Why do we not do something to prevent this thing instead of merely caring for it?" I am talking of the hospital nurse, not the public health nurse. We are getting that idea, that we must prevent, not the thing that has already occurred—that is impossible—but prevent the thing which we see visualized in the few months or years of the patients lying before us, the thing which we can see come in in their next few years. What are we doing to prevent that thing? We must do something; we will do something. And as I say, I want to reiterate again that I am not talking from the standpoint of the public health nurse. If we prepare every nurse by education for preventive work and health promotion what should our program be? That is our great vital question, of course. In the first place, it seems to me, we
must consider the nurse herself. If we are going to keep health in a nursing school we must demonstrate our sincerity by providing health for the nurse to whom we are teaching it. And what are we going to do for them? We have our entrance examinations; they must be rigid. And when they come in, having passed the entrance examination, what is our next duty? I will illustrate by school nursing. After we have an examination of the school child what do we do next? We set a standard. We must set a standard of what is good health in the young woman of the age that comes into the training school, a height-weight standard. And when the nurse or the woman who comes in to enter the nursing course in any particular falls below that standard, then careful consideration must be given by the hospital administrator or the one that admits her to the hospital and the new class as to what she can do—and I say "can" advisedly—what she is to be permitted to do in the training school to bring herself up to physical efficiency as well as the ability to do efficiently the work which you are laying out for her to do.

After we have done that and set our standard then we must have a very careful yearly follow-up. It is not enough—we are familiar with the schools who examine their teachers when they come in and then allow them to work for twenty years without any examination, and after that twenty years immediately develop anything that might chance to come their way. We quarrel with them, and still we deliberately take nurses into our hospitals, give them a physical examination touching just about how they are and then promptly we proceed to forget about it during the rest of the time, and as long as they are not sick they are getting along very well. If they are sick we take very good care of them. That is not right. We must look towards efficiency more; we must look towards the day of graduation of that nurse and see that when we send her out we send an exponent of health, one who has the right to talk on health, because she herself is an example of that of which she is talking.

And then another thing of which we must be more careful, and that is prevention of that which can be corrected. Does that sound ambiguous? Let me tell you: when I was a social worker, a physical educator having charge of a recreation center, at one time I had a class of fifty-three nurses in one orthopedic class,
every one of whom were there because of their feet. And that is a crime. Fifty-three fine young women spending their time to gain a profession, than which we will own none higher, and yet being obliged to take their own time to correct defects which were causing constant pain in their feet. We must needs study and do the thing which will prevent that which can be corrected, whether it is feet or other parts of the body, which must be considered if efficient work is to be done.

We must have and give to the girls a real knowledge of the communicable diseases, of the epidemiology which they should know. You say, "We are giving it in all of our courses." Well, if you are it did not take; because when they come to us they know precious little about it. And I really think that the reason it does not take is because it is one of the things that you are willing to give them theoretically and do not insist upon their having a demonstration of it. Too little do we give of actual service; and by service I do not mean bedside care; I mean service of the nurse in presenting to her demonstrations of that which we are teaching in the book on communicable disease. They must know more of this; and why? Do you think because of public health nursing? No, but because of their reaction. The number of nurses that graduate from hospitals afraid to take care of communicable diseases, acute or chronic, is something that we need to consider seriously. Afraid to do it; and why are they afraid? Because they are ignorant. If they know they have an immunity to the disease they are not afraid of it. If they understand of what that immunity consists they can get it. And we must teach them those facts, so that they can have that immunity, can gain that service and knowledge, and therefore go out to all the phases of their work unafraid, and ready to do the thing which comes to hand, whether it be institutional or private duty or what not.

Now the second point, we need to have a different attitude in our sick nursing, a different attitude towards the disease, a different attitude towards the patient. I am not talking from the social standpoint; I am not talking from our kindliness. Let us take a few departments of the hospital and consider them one at a time.
Since I have just spoken of communicable disease, I will take that most flagrantly neglected portion of our hospital work as my first illustration. If a girl is to have her training in the isolation or the barrier hospital, first you must see what her immunity is, and in that we teach her what immunity is, for all the things for which immunity is possible, but is dispelling her fear by actual knowledge, and then we will not hear, as I heard only recently said, "There are hardly any of my girls that want to elect, and it is an elective with us." There is not a nurse living that does not want to know it all, if she is not afraid of the getting of that knowledge. And they will elect it, if you make it possible for them to elect it without fear.

Then a teaching knowledge of the result and effect of those diseases, and the acute scarlet fever, for instance, pneumonia, measles, whooping cough—simple. How many of your nurses know that after all it is not measles that we need to consider so carefully, it is the result as a foundation stone of tuberculosis? How many of them know that when their name comes, where that happens to be their bit of work, that it is not the care of that particular case that counts; it is their knowledge of what that case will lead to that is going to count for so much? When mothers realize this—and we nurses alone will never make them realize it—we are going to have a call for barrier hospitals in our cities to which the major number of our children with these communicable diseases will be sent, when no longer will we then recall the old saying that it is a good thing to have them while they are young and have it done with. But every mother, when a child has any one of those so-called simple communicable diseases, is going to say, "What can I do with this child, and consider not only this but all the rest of my children?" They are going to look at it in terms not of just caring for the sick, but in the effect of that sickness on every member of their family. And then we will have barrier hospitals full at times, perhaps, with a conglomeration of diseases, but no great number of any one, because by prompt isolation we will stop the spreading of those simple diseases.

Now consider in the more chronic diseases, what is the work which we should do in prevention and in health promotion which will educate the nurse? What can you do with that old chronic case that you get so tired of? We hear it; you are very kind to
them but it is the case, I am saying, you are tired of. Not the individual; a nurse does not allow herself to become tired of an individual; she may be tired of a case. But what can you do? Do you know that, seriously taken, there is your best missionary of health? Because you have them with a tedious condition, illustrating the lack of health, and with a long period of time to teach them the laws and rules and possibility of health. And if every chronic case was so taught during their period in the hospital, concerning their diet, concerning their daily habits, concerning their conditions in the home which are similar or dissimilar to the hospital, think what that would be when they went back into their family carrying all this knowledge with them. Think what it would mean to our great public as we stand as promoters of health, with these missionaries coming out constantly from what used to be considered the rather more uninteresting wards of the hospitals.

Let us take our second department, surgical. And you will say, "Well, there is nothing we can take of any prevention in the surgical work, because it has already happened before they came." All right; granted. Appendectomy—they are never going to have any more appendixes to take out, so what can you teach them? Is not appendicitis the best illustration from which point to teach all mothers about elimination? Is there anything that more vitally attacks one thing and from which you can go out to every type of elimination, body elimination, than appendicitis? If to every case of appendicitis in the hospital there came a teaching from the nurse to the person of that need to be taught on the various types of elimination, what would that be as a forerunner of health to our people as they go back into their homes? I can recall a case when I was a student nurse and I was not an old enough nurse, to have any reactions which could be depended upon, so I only repeat the comments of my head nurses at the time. A little woman in sad condition, and their reaction was wholly one of revulsion from the man there. That man was not to blame. He was just exactly what you and I and other people like us have made him by not putting the truth of things before the people who want and need to know the truth. And what is more, that man was allowed to go out from the hospital, and I am pretty sure I am right in saying that not one soul there said one word to
him about where he could go or what he could do to cure himself of that disease which did all but cause ruin in the family. When we know the percentage of laparotomies due to such causes, and instead of trying to teach we simply hold them in contempt, which is the worst, you and I, or they in their ignorance? Surgery has an immense amount of preventive teaching to be done. We can teach not only that this thing shall not occur again, but we can teach that the future possibilities of this condition shall not occur again.

Another department, epidemics. I think our voice always softens when we think of epidemics. You know the little lonely children, you know the long hours, you know the receptive hearts there. And we could teach practically every lesson of health important to childhood in two weeks' time to the child in the children's ward. Everything that a fairy can do—and there is nothing that a fairy cannot do. There is not anything that a fairy cannot teach. And if the nurses could give the food that is eaten because a fairy prepared it, and tell why the fairy prepared it, and which fairy prepared it, that lesson would go home for always to that child.

There needs to be one other point of coöperation here, one that we have some places and have not in others, and that is a deeper coöperation between dietitian and nurse. I would almost like to ask for a show of hands, but I will not, on how many hospitals make it a rule to have a report back to the dietitian on the food served. How many report back whether the patients enjoy a particular thing, whether a patient ate a particular thing, so that they get a conscientious coöperation between the dietitian and the nurse day by day, to have the food prepared which is not just palatable but desirable from every standpoint? What is really our reception of those magnificent women who know so much more about the chemical changes in the body due to the type of food eaten than you and I do, that there is no comparison between their knowledge and ours? Do we look up to them? Do we show them the reverence which their knowledge deserves from us? Do we work in coöperation with them in a way which makes it possible for them to serve in the way that they should serve? In the children's ward it could mean absolutely everything, because if a child even wants you to think it is good, it will eat what
you wish; and if it can be prepared once in a fairly palatable fashion and presented to the child, the mental antagonism to that thing would be gone forever, even though mother might not season it quite so well. Those dietitians will come to our work much more happily if we can cooperate and give them an opportunity to use the knowledge which they have.

Now a fourth department, maternity. That is absolutely unlimited, the possibilities there. Have we a reason for teaching? Let us just consider for a moment what are the possibilities. You and I know that if there ever is a time in a woman's life when her family seriously try to remove from her the burdens of life, that is the time. They have saved for months to have the money to pass through this period without strain. They have arranged for temporary help in the home as far as possible so that the mother can be freed from the worry at home. She comes, therefore, to this lying-in period free from stress of outside things, or as nearly free as she ever is. After a few hours of pain she is comfortable. We will say that out of fourteen days the average woman has ten days of fairly comfortable rest. What is the psychology of the situation? A new born babe has been laid in her arms; and you and I know that we are discussing the possibilities clear up through college and professional life. In other words, during those fourteen days of the lying-in period there is constantly fitting back and forth across the mind of the mother the possibilities of this child as an adult. Is not that the very best and most fertile field into which to sow the seed of knowledge of what is the right up-bringing of the child? I grant you, though, that ten days is not long. It is not a great deal except of the immediate infant thoughts and cares that we can put into the mind of the mother. But what can we do? Our government has placed at the disposal of every woman enough free pamphlets of the very highest type of information on breast feeding, bottle feeding, clothing, infant feeding, pre-school child feeding and everything that concerns the health of the child; not the sickness but health of the child. If every woman who reached maternity should go out with the knowledge of where to write and for a few cents or none at all have that information put in her hands, what would that mean? And think of the majority of mothers who would really use it and think of the immense number who come into our hospitals for that lying-in period. There is our possibility in our maternity.
Do you know the time is coming when, instead of looking at it merely as a place for the delivery and infant care of her child, the post-partum care, our mothers, if we will live up to a program of this kind, are going to look on that institution as a normal school for the raising of their infants? And we can among us, without a great deal of extra work for the individual nurses, because those pamphlets are easily handed out. And think of the long hours of lying there, when the hands are a little too tired to want to hold up a book, but a pamphlet not quite so large as this little blank book, and which has two sheets opening, and which would not weigh the hands of any one.

When a maternity ward is approached by an expectant mother to secure room for the lying-in period, how many of our hospitals inquire the history of prenatal care? The only thing that most of us ask is, "Have you secured your physician who is going to attend you?" If we should prepare a history sheet which, when that woman comes in, says, "Conditions necessary for us to determine: Your blood pressure; have you had your regular urinalysis made? Have you been taught about the regular evacuation of the bowels, bathing, exercise, during the prenatal period? Have you been taught anything of the mental habits of the prenatal period and the diet?" How many times would we be obliged to present such a history sheet in any one district before the mothers would begin to know what it is they want to ask about? By merely having those questions presented to a woman who is about to come in at the birth of her child, she certainly would never come a second time without knowing something about that, and many of her neighbors would know it too. Think of what an educational influence we could spread over our country by a simple history sheet that would only take a clerk in the office a very few minutes to fill out. I grant you a nurse could do it better, if she knew her job; because she could do it from a standpoint of science and of sympathy too. I think if such a course as this were followed in our maternity schools that even the anti-bodies that fought us in various districts would soon want to come to our normal schools of infant health.

If such a program as this is going to be presented to the student nurse it will have to be very carefully planned and worked out. I conceive that it can be done without a great deal of additional
work to the staff of the present training school. There is one thing that would be essential—it would take extra time—that would be an occasional conference with the instructor who knows this work, concerning what ought to be taught to the individual patient because she is a student. And each case should have a moment’s consideration. But I think that that would be more cheerful chat than generally occurs after seven o’clock in the evening among the nurses; more cheerful, more enjoyable, more acceptable. Instead of passing over the fact that you had prunes again tonight, if you could talk about what prunes would mean to a certain patient it would be a more cheerful discussion of prunes, it seems to me, and other things not equal also in desirability and importance.

A nurse should learn how to make a report of the condition of her patient, which might mean possibilities of teaching her patient. Do you say that I am trying to put public health nursing in the under-graduate school? If you put it all there, I can still find enough training for public health nurses to take them two years instead of one. There is not anything in that that is not essentially the work of the public health nurse any more than it should be that of the institutional nurse and the private duty nurse. I absolutely agree with Dr. Snow when he said the other day that this program does not belong to the public health nurse alone, it belongs to every nurse, who are no longer those who care for the sick, but are the advocates of health just as much. Do you wonder what this has to do with the private duty nurse? Let me tell you what I think it has to do. I think it would be the absolute salvation of the private duty nurse. We are saying that the private duty nurse—I have often had it said to me. “You are trying to get all the nurses to be public health nurses; we will not have any more private duty nurses if you get what you want.” We want private duty nurses; and I want to tell you that this program will make the private duty nurses, in the years to come, instead of having less we will have more; instead of worrying about salaries there will be less worry about salaries. Why? There will be a greater call for her when she does a job like this.

Is it honest, let me ask you, is it honest to sit reading or knitting or crocheting when the house and its household is reeking with wrong living? And yet we have gone out, you and I both, from
houses and said, "Meal after meal they did not have a thing but meat and starch." What did we do to see that they had something besides meat and starch? And how much of actual health did we teach while we were there as a private duty nurse? We would go out and tell of the terrible sanitation of the house or of the surrounding country. How much actual knowledge, useful knowledge, did you put in the hands of that family that made it possible for them to go out intelligently and show that neighbor or the land owner or themselves what must be done to make that a sanitary habitation? How much did you give them that was usable? How many health habits did you teach the children while you were there? How much of diet did you correct while you were there? Is it honest, I ask it again, for us to sit knitting or writing while our patient is asleep and the whole household reeking with wrong habits of health? If I had my way no nurse should ever be allowed to graduate until she read the "Health Master," how one private physician went into one family and taught health in that family as a liver in the family. It would be wonderfully pleasant to the private duty nurse to see her profession with a vision like that. Think of the individual results of health promotion and then think of the wide sweeping waves of knowledge that would go across our country, if private duty nursing was taught in each private case—understand me, I am saying nursing here—if private duty nurses taught in each private duty case: if every case to which a private duty nurse goes some particular individual of the family was taught one thing or more what would be the possibilities of health during war or epidemic? We would not need so much our classes upon home hygiene; we would not need them, because every woman would know how to do at least one thing. Let us realize what would be the effect of such training on the student nurses, of this work in the hospital as I have been outlining it. It would preserve the one radical thing which we take away from our nurses, our American girl, when she goes in the hospital. You and I as American girls need to be taught how to obey without question. The American girl thinks she is a boss. She needs to be able to stand beside the surgeon in the operating room, and then if through her mind there may be the idea flash that another man would do it in a better way, that she should not go into the
operating room. The nurse should be taught to leave her personality outside the operating room and go in absolutely subservient to the master mind that is doing the work. But she should not be asked to leave the personality outside the hospital. There are only certain places where any woman has a right to ask another to leave her personality, her initiative, herself, outside of the thing she is doing. We have no right to take away, as we do take away, the initiative of the individual women after she comes into the hospital training school. How are we going to prevent it in the face of what I just said, that every American girl needs to be taught to absolutely obey and make herself subservient to another mind. But it is not impossible to do two things at once, that is, during a period of years. If every nurse who is given an initiative piece of work on teaching through the hospital in each of these departments, the things which she is learning and making herself the giver of that which she knows, to one who does not know, she would be creating within herself a new initiative, a new executive ability as she presented to the instructor her patients that needed teaching and then presented a plan she would whereby teach, it would be creating in herself instructor-ship that would be the salvation of our women when they graduate from the hospital.

Those two things can be done side by side and they must be done side by side or our young women will not want to be nurses. We must find a way to get away from the killing of the personality of the individual, the killing of the initiative, the killing of the executive power. We are more and more making our call a call to young women of brains and initiative and ambition. As we send out that call we must present a program which is worthy of the call, and the higher our call goes the higher and the greater will be the response. We have heard that ethics is unselfish. It is, but it must be a willing service. That is where the true side of ethics comes in, that we do a thing because we want to do it, not because we are told we must do it. With that demand for greater social understanding, the demand for greater mental nursing, the college girl will be glad to come and use her resources, to use the educational ability she has been given in college, and all her mental possibilities that she has learned in the handling of her patients. We will have no difficulty in selling our wares as nursing schools of
education if we present wares of some such type as this. The greater the call the higher the type of young women that will respond to the selling of such wares. And we will go on, and just as more of the young women come in and tell us of their visions and ideals, and we get to the point where we are willing to accept what they say as at least worthy of consideration we are going to have higher and better presented to us all the time.

There have been two needs for such a paper as this today: the first the need to supply this call to young women to enter the nursing profession; the need to adequately meet the expectation of the public and of our own profession that we fully carry our share of the burden of supplying health to our people. I thank you.

Miss Elnora Thomson: I think we have all been inspired by the things Miss Bryan has said to us. It is always a great source of satisfaction to me to appreciate the fact that public health nursing grew out of private duty nursing and that the first public health nurse was a private duty nurse, and that she was selected because of the fact that she had given such marvelous service. As I have listened to Miss Bryan I appreciated how far we have gone already in education and how all education at the present time is in a transition period; that is, we are getting away from the former education, which means the school room and only the things that are in the school room, to an education which brings the student more closely in touch with the people. I appreciate the fact that we have a real contribution to make to education, because we began with our close contact with the people and coming into the pure educational field from that side.

It is not strange that we begin to see some things that are wrong in our education. It is because women in our profession have seen things that were wrong in our education that we have gone the length we have in improving those conditions. It is only when people become satisfied that they cease to grow; and if we ever become satisfied we would be the first to cease to grow. But we never are satisfied. The nursing profession never has been satisfied. We have always known that there was more to get than we have already gotten.

Miss Bryan spoke of killing the initiative of the young woman. As I have been teaching women in public health nursing classes,
women who have been nurses, I have found that the initiative was not killed, it was simply inhibited. The initiative was there, but we had, and necessarily in the beginning, to learn the sort of thing which belonged to the time in which we learned it but which no longer is necessary; not exactly the same moralistic way in which it formerly was applied. That hospital discipline has done something for us I think is demonstrated by the fact that we can take into an organization a few women trained in other ways, can fit them without a great deal of adjustment; so there is something to be said about that side of our training. But that it can be modified has been proven in many schools, and that it can be modified to advantage we are definitely sure.

However, I am not the least bit discouraged about nursing education. It is only a way to something better; it has arrived at a new point of difference, going to reach its destination as a highly skilled, highly educated profession of women who are sincerely anxious to serve; and that is the greatest thing that can be said about any group of women.

I think Miss Bryan's paper is a distinct contribution to nursing education and I think that nurses do not sufficiently appreciate what their training school did for them in the way of education. As I take the women into my classes who feel that they have not had all the education they want, I find that their nurse training has done something for them in formal education; because while it is too difficult for the nurse in the beginning to adjust herself to a more formal method of education, she does adjust and she makes perfectly splendid growth as she goes alone in classes where there are other women who have had greater educational advantages than she has.

So we are on the right track; we will reach our destination in the way Miss Bryan has suggested to us. I thank you.

Miss Jamné: May we ask Miss Lake in what concrete way she might be directing the education of her students in preventive Work? Along what lines is she—what method is she using if she has any?

Miss Lake: Very much the method that Professor Bryan suggested in pointing out to the students in the various courses the opportunities that lie on every hand every day during their training.
Chairman Hall: Miss Allison, can you not give us a few words? Can you not add something to this?

Miss Allison: Well, not just directly, but I hammer so much what we have heard, that our young nurses know so little about health. I am just constantly at them to have them practice what Dr. Hedger called positive health; without just going a step further than the present, and I do hope they carry the message on.

Miss White: I think the pupils enjoy being reminded that they may be teachers every day. I find that my pupils sit up straighter when I remind them that while they are pupils they may be teachers, and that when they catch the health truth they have abundant opportunity to pass it on to the patient.

Miss Hall: I think it is rather discouraging to some of us heads of training schools at times to see how careless our pupils apparently are concerning their own health. I have tried to excuse that on the ground that they are young and they are just about like other school girls, even though they have had the advantages of the kind of teaching that we give them in the schools of nursing concerning health. And I do think that really youth is the only difficulty, viewed as a difficulty.

Has any one else anything to say to this topic?

Miss Lake: There is one point that came to me since I spoke a moment ago. Last year at the institute we had a very inspiring man speak to us on the difference between instructors and teachers. And I used that simile that he used over and over again to the students to very good effect. He pointed out that an instructor might be simply a person with a large body of information and simply stated facts to a class. That would answer the description of an instructor. But a teacher was something altogether different from that. A teacher was some one who had something to give as an individual; and the great teacher, the greatest teacher that we have had, was Christ; and that every nurse in going out in her care of the sick must be a teacher of health.

Miss Hall: Any one else?

Miss Jammé: Madam Chairman, I will ask another question. I would like to ask if the schools are using the state board of health bulletins in any way as reference to help them in showing the student what is being done by the state department in the health prevention.
Miss Eldredge: In Wisconsin, although we have not been working very long, we have instituted a plan of sending out on the first of the month to every accredited school in the state bulletins on some matter of public health. We have placed all the training schools of the state on the list of the state board of health for its regular publications.

In the State of Wisconsin we have the Department of Communicable diseases and the Department of Social Hygiene and the Department of Child Welfare, and I am constantly on the lookout for those, to see what books we can send each month. For instance, we have sent all the literature we can get on tuberculosis, all we can find on child welfare and everything they had about cancers, and have sent those marked with the stamp which we put on in out office for the training school literature. In one or two schools I have found when I have gone into them that they have a rest or rack on which this literature is put out. In one school I found a list on the wall where the students were expected to sign after they have read this literature.

We have also put them on the mailing list of the Wisconsin Anti-Tuberculosis Association, and every first of the month we are going to try to have something. The first of August if possible, if not the first of September, I expect to write them and send to every school a report of this convention.

Miss Jammé: I would like to extend that information from Miss Eldredge to the fact that in our state board examination questions we usually try to incorporate something on preventive medicine that may communicate to the school the use of the bulletin, so that they can prepare their students for just that thing, that would make the matter of prevention one of the things in the examination.

Miss Eldredge: One of the things we have done is to write to every school asking them to invite one of the deputy health officials to come and talk to their students, not on communicable disease in the sense that we have communicable disease lectures, but on the side of prevention and the control of it; so they may have what your state is doing and know what the board of health officer means by all this. Of course I can not tell you how far it has reached; I have only been in the state since October.
Miss Hall: Is there any state where the bulletins of the health department are utilized? I will say that every month, bi-monthly, those bulletins come to my desk and they always go into the nurses' library. How much they are read I do not know.

In Massachusetts we have also attempted the method of having the deputy health officers come to our senior pupils for lectures, but not altogether successfully, I have to say; because those deputy health officers often come to us bringing a social point of view or bringing the state's point of view. They have to spend too much of their time in reviewing the clinical phase and the questions which had already been well covered in our own school, so that for the time being we are discontinuing those lectures.

Miss Eldredge: I wonder if I could tell them how we managed it. I am one of the Directors in the Bureau of the State Board of Health. On every Monday morning we have a conference and if we wish to bring anything up we bring it up at that time. And I deliberately told the health officer that we did not want any talk, I told them what I did want presented, and being in the meantime the head of the Bureau, I told them what we did want or we wanted from them was what the state was doing, and also that we have a very new way of presenting every one of our problems to them.

Miss Jammé: I would like to say in California it is always a fight between the state and the health officers down in the state to get them to report and our morbidity statistician tells me that the nurses are far better than the health officers when it comes to reporting, that they can depend upon the nurses.

Miss Eldredge: No more than any local health officers. They are officers sent out by the state board of health.

Miss Hall: Is there any further discussion?

Miss Jammé: I would like to say that I believe we should incorporate the teaching of preventive medicine right down in our curriculum, that we should use all our literature that comes to us from the state, as those books really are all right books, so a student will carry them around with her and learn what diseases are reportable and what diseases are not reportable and everything about it. It should be right down deep in the curricula, not just in the library.
A member: I would like to speak as representing a group of college girls who entered in training during the war, the Vassar group. There were twenty-six of us and about eighteen remain. Night after night as we came off the ward we discussed the problems of nursing education, certain very vital things, and this question was discussed more than any other: why should we not teach our patients on the wards that we could teach them, and how much it would mean to them. Many of those girls did that on their own initiative, and of course we realize that it has been started in training schools. But we saw a great deal of very fluent girls who could do the work. And possibly most of those girls who had a high school education would benefit very much, as Miss Bryan suggested, if allowed to teach their patients, not only college girls who had teaching experience, but the girls who had a high school education. Many of them in particular were undergraduates and we used to look them over and size them up and say, "This girl would make a splendid teacher and that girl would make a splendid teacher. And why do we not have a course in teaching of at least their own information and thereby teach themselves in applying health rules to their own lives as well as a vocation?"

Miss Hall: Have you anything to add, Miss Bryan?

Miss Bryan: I would just like to add one thing. When I spoke of the student nurse teaching I meant that the student nurse could teach the patient that which she herself has been taught. I think that the other thing can be done, should be done, but we will have to go very cautiously in the doing of it.

Miss Hall: We were to have had present this afternoon Mr. Richard M. Bradley to speak to us upon "A Financial Basis for Extending the Work of the Graduate Nurse to the Whole People." Mr. Bradley is not able to be here but he has left his paper, and Miss Eldredge will read it.
A FINANCIAL BASIS FOR EXTENDING THE WORK OF THE GRADUATE NURSE TO THE WHOLE PEOPLE

By RICHARD M. BRADLEY

Brattleboro, Vermont

I wish, as a layman and a business man, to speak to you on certain economic aspects of the nursing profession, in the belief that until some economic defects in your present methods of service are recognized and dealt with by you and by your leaders, those features of the nursing situation which you all know to be unsatisfactory will continue, and will not be remedied by the many efforts legislative and otherwise that have absorbed much of your collective energy. My reason for asking this privilege is that for more than twenty years, in connection with the use of money in dealing with the exigencies of sickness and maternity (having had occasion to expend for the purpose many hundred thousands of dollars and having dealt with many individual cases), I have come in contact with much nursing work in its direct application to the people.

In this I have seen so many able and noble women expending themselves in alleviating suffering, and have seen them so insufficiently compensated, not only in money but in results that I feel I may not remain silent if anything I can say will help us to look at the matter from a somewhat different angle; from its economic and financial side as contrasted with its technical and professional side.

It has been discovered lately that in all therapeutic work, the technical advance has gone ahead of progress in financial and organization lines, and steps are being taken in certain directions to remedy this. It would be a great misfortune if in this the graduate nurse were left out of consideration, and I therefore wish to indicate how she has been injured and how she should come in when dealing with plans for remedy.

Our general problem of care in sickness and maternity involves the application of modern methods to a population about 80 per cent of which belongs to the class called independent persons of moderate means.
According to recent estimates the body of people with incomes of two thousand dollars or less, received about 60 per cent of the gross annual income of the country or some thirty-seven billions of dollars. Since this class largely support the country, they must necessarily carry their own expenses, and success in giving them the advantages of modern therapeutic methods must often depend upon diverting an adequate part of their own incomes to this purpose.

Our trouble is that we are trying to operate with an old financial system that is too primitive for modern requirements.

Formerly the ordinary family looked almost entirely to the family doctor and to the practical nurse in the emergencies of sickness and maternity, and although many lives were lost and disability went without remedy, the financial problem was comparatively simple and was settled between the parties on personal lines. The case is different now. We have the hospital, the specialist, the surgeon and the graduate nurse, all necessary if life and health are to be preserved but all involving exceptional expenses.

These expenses are not of the class called regular living expenses, such as food, clothing, rent, etc., but are of what may be called the catastrophe class, like fire or accident, striking here and there and involving families at irregular times in great and exceptional expenses.

They are, however, expenses that can perfectly well be met through the benefit system or insurance method, by distributing the exceptional loss over many families and over longer periods of payment, as is done with regard to other similar expenses, and as is done for certain kinds of nursing service for the poorest part of the population by the Metropolitan Life Insurance Company.

In this connection, I find that there is an idea that such liabilities are covered for other classes by ordinary insurance underwritings but so far as I can ascertain, such policies are very limited in their number, seldom cover service to be rendered in sickness, but merely loss of earnings, and seldom even then cover more than what happens to the income earner, and not what happens to the earner's dependents.

Now, what is the effect of this condition of affairs upon the various modern agencies that have sprung up to handle sickness,
especially the hospital, the specialist, the surgeon and the graduate nurse?

The hospital trustee and the nursing organizations committee pass around the hat with intensified effort to meet their mounting deficit. Their endeavors in too many cases fail, and have the disadvantage of undertaking to fulfill a vital public function that can not be adequately discharged by the contribution method. In many cases they have lamentably failed in seasons of stress. They are conducting great and important public industry without adequate financial foundation, and are too often confronted with the alternative of not doing necessary work, or inflicting great apparent hardship by charging heavily for it. The last may be said of hospitals that are supported largely through payments from their patients.

The surgeon and the specialist have evolved the practice of charging Peter for the service rendered to Paul. The difficulty of this method apart from the liability to abuse, is that he can no longer extract from his richer patient enough to give adequate service to the poorer.

The result of all this has been inadequate service, hardship, and general public dissatisfaction, and I have personally seen the hard-earned results of many years savings swept away, and independent families reduced to suffering and dependence, all through perfectly legitimate charges for services rendered by hospitals and doctors and nurses.

Now where does the graduate nurse find herself placed in this state of affairs? I think it may be said that she is deprived of her birthright. Her place is at the bedside of thousands of difficult and critical, often desperate cases, throughout the country where she is now unknown and often not even thought of. She can not find full satisfaction in her work till this reproach is removed, for which she is not to blame.

We have in the newly graduated nurse a young woman sent out from her place of education after giving three or four of her best years to preparation ostensibly to do work that is now financially inaccessible in 80 per cent of the cases where it ought to be done. It is work at which she can probably not labor more than two thirds of her time and retain her health and strength, and whether her hours be longer or shorter, the years in which she can
give her best powers are limited. In order to provide for herself and for her dependents, she must be adequately paid, and that adequate pay must be a great expense at whatever amount it is finally placed.

She is not needed for all cases of sickness, there are many that can be cared for by others (and should be so cared for) under her direction, and there is much work that has got to be done in the families of the sick that she can not and should not do. But there is work that she should and must do in this great field all over the country now closed to her, a field that calls for all and more than all the graduates can do were that work properly organized and financed.

It is no satisfaction to her to see the morale of her profession undermined, by having the members in private nursing diverted to coddling the elderly rich or caring for the children of wealthy families so that the mothers may shed their responsibilities; when she knows that in thousands of homes her services are needed by those who are suffering and dying for the lack of skilled nursing that she alone can give. It is no satisfaction for her to find that in much organized nursing she is the pauper's rather than the people's nurse and that the program laid out can not possibly cover the people's needs.

As to the remedy; it is no complete remedy to rely on legislation, for the standardizing of women who do nursing will not remedy the trouble. The way to overcome the illegitimate competition of this kind is to do the work properly that has got to be done, or to see that it is done properly. Moreover, there are none too many laborers in the field, and many now working there if rightly organized and directed would find a proper outlet for their energies and do their work better.

It is useless to turn to organized nursing as at present usually conducted, for that too, in spite of the examples afforded, mostly in other countries, makes little or no provision for benefit payments (except through the Metropolitan).

In Chicago, all but 13 per cent of organized nursing work depends on contributions and is limited in amount by what can be so raised. In Boston, it is a little better, but not much, and St. Paul until recently was entirely charitable as to its organized nursing. These are types. This organized work was originally
started as charity, and in spite of certain valuable demonstrations its progress in getting out to the people has been at times hopelessly slow; it also needs the same remedy in the same way of distributing the burden by benefit payments. As to the nursing and medical professions; the work of properly organizing the finances of therapeutic work in this country can hardly be put upon the persons whose main energies must necessarily be taken up by technical and administrative work. The most that can be asked of them is that they shall not insist upon impossible financial methods for accomplishing that they wish to have done.

The point of attack is the business and financial people who are responsible for your hospitals and nursing organizations. What is needed from them is less philanthropy and check drawing and more of the business brains they give to other things. They must organize insurance and benefit payments, so that the people’s needs can be met out of their own pockets. You should tell them that if they want young women to enter their hospitals to become nurses, they must organize the finances of nursing so that she can do her own work where she is needed after she graduates. They must do this just as they must reorganize the finances of their own hospitals and surgery work so that the ordinary independent citizen can pay for what he needs to have supplied. Otherwise—they are beginning to know it—they will have the whole thing taken over by the state and thrown into politics.

There are signs of better things; I hope you will watch the Henry Street work in New York, and the Missouri Valley hospital in Kansas City, where the attempt is being made to enable people of moderate means to finance their emergency service from their own pockets. In Brattleboro, Vermont, where we have at present a highly developed system for a town and country district, home and hospital, we hope to inaugurate a system whereby it will no longer be necessary either to curtail services or to create financial distress in furnishing adequate attention to every individual case.

There is only one way out. It is no more possible to supply the people with modern service in sickness by our present methods than to pay their fuel or groceries by passing around the hat, or to expect them to meet the cost of occasional fires out of their current income. The whole therapeutic system is de-bauched by
outworn charity traditions that impede progress, and a change is
demanded. There is much money in the pockets of the people
available for less important things, and it can be made available
for this that is vitality important if we go to it. When the
changes come, I hope that the nursing profession will not let
itself be left out of the going. I hope that it will be ready; and
ready to lend a hand in the forming of local benefit associations
to pay for hospital and nursing service, so that not only will the
hospital be provided for, but we shall have a graduate nurse avail-
able in every home when she is most needed.

Miss Goodrich: Mr. Bradley has touched upon a vital ques-
tion, whether it relates to hospital or home care. How we can
give adequate nursing service and provide the proper income for
the women who are rendering it at a price which is at all possible
for the great majority of our citizens.

A project was inaugurated this spring, following a study of a
year which was conducted by Miss Ella Phillips Crandall and
for which $10,000, was given by an unknown donor. One of the
essential features of the plan was the provision of a committee
of citizens interested in conducting this experiment. The proj-
et provided that three organizations of the city, the New York
Diet Kitchen, which gives care and instruction to the pre-school
age child; the Maternity Center Association, which is concerned
with the instruction and oversight of the expectant mother, and
the Visiting Nurse Service of the Henry Street Settlement that
provides maternity care as expressed in nursing attendance at
birth and the postpartum care, and general sickness care. These
three organizations determined, after an analysis of the cost of their
various services, upon a sum which could be charted yearly to a
certain number of the community. It was found if five thousand
people would subscribe six dollars per capita that this service
could be given. Later it was decided that there should be a
fixed price for the family; namely sixteen dollars.

When I left New York we were by no means certain that this
was going to be a successful undertaking. The committee was
organized by Miss Crandall—a director was appointed, and an
area was selected that represented first a population of 40,000
which was later increased to 70,000.
The difficulties were not less great than it was imagined they would be. For instance more money was required for a publicity campaign than had been planned, and when I left New York there were comparatively few subscriptions but an office had been opened. The Advisory or Organizing Committee and the Citizens' Committee—believed that it would be necessary for us to actually function in order to obtain subscriptions. We planned to be as elastic as possible and to take any case or family that subscribed.

It is almost absurd to present to you so undemonstrated a proposition. Yet I should say that if we fail absolutely in New York I should still believe the project a good one and that in a smaller community than New York, it might be carried through. The important thing, is that it is possible to render the service that I have outlined for the sum of six dollars per capita if five thousand people subscribe that sum annually. I do not believe it impossible to obtain this, for we have a precedent in the thousands of very limited means who are insuring in the Metropolitan Life Insurance Company, one of the benefits of which is the nursing service.

I would like to say that I believe that in addition it might be possible to get a larger subscription from certain members of the community which could be put aside to meet the requirements of some serious illness in cases where the per capita sum did not carry the extent of nursing care needed. I believe that such an organization could carry a large number of nurses on salary and on an eight hour day.

May I say that when this project was agreed upon it became necessary to arrange for nursing service at the time of the delivery in that area. We had already established such care at one of our nursing centers and last year attended the birth of some eight hundred patients.

If I knew of nothing but the needs as demonstrated by the conditions which our nurses find in these homes, I should plead for some community plan which would enable us to give this kind of nursing service.

But I want to add that the charge of five dollars was so largely met that this year we have greatly extended the service. This Maternity service, cost us $26 for every delivery at first. It is now
reduced to $11. The average time spent at a delivery has been five hours. I think that also has been somewhat reduced. One reason for the excessive cost is the three eight-hour shifts, our nurses having a forty-four hour week. Our salaries are reasonable. The experience that it gives seems to be very desirable for the nurse. It is our great hope that we can enlarge this service and if by any chance the Manhattanville Health Society project is successful, we will repeat it also throughout the city. We hope this will enable the establishment of an hourly service and a staff of graduate nurses who would special the very sick cases.

If we could organize our women for a health project as effectively as was done for suffrage, we could achieve great results.

Miss Hall: Is there any further discussion of this subject or any questions that any one would like to ask? If not the meeting is adjourned.

Friday Evening Session, Red Cross Meeting

(The meeting was called to order at 8.00 p.m. by President Noyes.)

REPORT OF THE RED CROSS NURSING SERVICE

It has been the custom for many years to hold in connection with the American Nurses' Association, a Red Cross Nursing session. The reasons for this perhaps may not be clear to all of the members, particularly the younger ones. So let me at the risk of being tiresome recall them.

When the Red Cross desired to organize its Nursing Service, now nearly twenty years ago, it approached the National Organizations of Nursing, asking for their support and cooperation. As a result of this solicitation, a plan of organization and enrollment was formulated by a special committee which placed the responsibility for the organization and the definition of standards upon the nurses themselves. This plan included the organization of local and state committees, heading up in a National Committee, these committees to be made up of nurses who would review and evaluate the applications of individual nurses who desired to enroll, the National Committee advising upon standards and general questions relating to assignment and service. These
committees do not form part of the chapter organization of the American Red Cross. They are expected, however, to cooperate with them in every possible way. The connection between the State Nurses' Association and the State Committee is a close one, the National Committee depending upon the State Nurses' Association to recommend names for the Red Cross State Committee. The National Committee, however, appoints the committee and supervises and directs their work. While this arrangement exists these committees are in reality Red Cross Committees and not State Association Committees. The State Committee in turn recommends suitable names for local committees. The National Red Cross extended to the American Nurses' Association a definite form of affiliation, by allowing each State Nurses' Association to appoint a delegate to the annual meeting of the American Red Cross, with full voting power. It will thus be seen that the American Nurses' Association may have forty-eight delegates present at the annual meeting of the American Red Cross with the privilege of voting upon general policies of that organization. It will thus be seen that the relationship between the American Nurses' Association and the American Red Cross is a very close one. The American Nurses' Association accepting this relationship is morally pledged to support the Red Cross Nursing Service. For that reason, it has seemed desirable as a matter of general information and interest, to dedicate one period during the convention to the consideration of various phases of Red Cross Nursing Service.

Since our last convention at Atlanta, the Red Cross Nursing Service has not stood still. Administrative charges and the adoption of modified policies have resulted in a somewhat different alignment, but no particular difference in the relationships or in the results. The requirements for enrollment have practically returned to their pre-war basis, and if anything have been made more specific and clearcut. Citizenship, or declaration of the intentions, has been made one of the requirements. At the last meeting a total enrollment of 37,300 nurses was reported. At this meeting the enrollment is 39,000. An effort is made not only to maintain a careful classification of the enrollment, but to keep it in an active state, the importance of this procedure can at once be seen. One of the classifications is that of public health nurses, and in this enrollment slightly over 6000 nurses may be found.
The next logical step after a nurse is enrolled is the question of an assignment. It does not follow of course that a nurse because she is enrolled will be assigned, but the purpose of the enrollment is to secure a group who by preparation and intention are eligible for some type of Red Cross service. During the past two years nurses have been assigned to all parts of the world, including France, Switzerland, Czechoslovakia, Poland, Baltic States of Latvia, Esthonia and Lithuania, Turkey, Austria, Serbia, to the Child Welfare Association—Greece, Albania, Montenegro, Roumania, Hungary and Asia-Minor to the Near East Relief. Also to Haiti, Hawaii, Dominican Republic, Philippines, Porto Rico, and the Virgin Island. While at no time have we had a very large number in these countries, the number varies between 250 and 300. The character of the work performed, if time permitted to discuss in detail, would show great variation. In the countries of Europe we have worked toward the welfare of children. Large numbers of Child Welfare Centers, Dispensaries, pre-natal clinics, milk stations, etc., have been established. Instructions in the Red Cross Course of Home Hygiene and Care of the Sick has been very wide-spread, and many hundreds of these classes have been given in foreign countries. This has necessitated the translation of the textbook in Home Hygiene and Care of the Sick into Polish and Czechoslovakian languages, while partial translations have been made in Spanish, Russian and Korean. It is felt that the most constructive type of work with which the Red Cross Nursing Service has been concerned in Foreign lands is the organization of Schools of Nursing. One at Prague is about to complete its third year, and in a few months the American nurses will be withdrawn and replaced by Czech nurses, two having been brought to this country for additional instruction and experience. Two schools in Poland, one at Warsaw and one at Posen, have been organized and are well under way. The school at Constantinople which has been assisted very largely by the American Red Cross and particularly through its executive staff of American Red Cross nurses has developed into an institution of no mean importance to that country and adjacent territory. The opportunities presented through such type of educational institutions are unquestionably very great. A school with American Red Cross nurses in charge has been further
developed in Haiti. This school was started under the auspices of the navy, by members of the Navy Nurse Corps.

It would be impossible in an address of this length to give in detail a history of these schools. A full account is now being presented through the Red Cross department of the American Journal of Nursing. Three important considerations in connection with the schools, however, should be presented. The first step is the organization of local committees, consisting of representatives from the ministries of health, education, the universities, the local Red Cross and philanthropic men and women. The second is to effect a contract calling for definite assistance through this committee, covering a specific period of time. The third, the preparation of native nurses to carry on after the withdrawal of the American nurses. As a means to this end nurses from Czechoslovakia have been brought to this country, either for a full nursing course or for postgraduate work in school administration at Teachers College, as well as practical experience in local hospitals. While nurses from Poland have been given Rockefeller Scholarships and are now in this country, we hope they will present the necessary qualities for school administrators.

The school in Warsaw has been financed for a period of three years by a graduate of the Army School of Nursing, Miss Dorothea Hughes. Miss Hughes became interested in Poland through friends, who were natives of that country, and having herself entered nursing, for patriotic reasons felt that she would like to assist that country through a school of Nursing, whereby native women might have an opportunity to prepare themselves for nursing according to the highest standards. It is interesting to note that the enterprise had hardly demonstrated its value when the hospital authorities asked that the Dietary Department, laundry and housekeeping be taken over by the school. A qualified graduate of home economics has been secured, sent to Poland and added to the staff. This will enable the superintendent of the school, Miss Helen Bridge, to utilize the entire hospital as a teaching field for student nurses.

Perhaps no greater opportunity for educational work exists than the school at Constantinople. This is closely connected with the American College for Women. Miss Lyda Anderson, for several years the Director of Nursing for the Southwestern
Division of the American Red Cross, is the Director of this hospital and school.

Miss Marion Parsons directs the school at Prague, and Miss Ita MacDonnell at Poznan. In each of these countries American Red Cross nurses who speak the language and have been well prepared have been secured as assistants. A conference of the directors and instructors in these schools of nursing was held in Prague on May 30, 31 and June 1. If one were to read the program one might suspect that the National League of Nursing Education was holding a convention in that ancient and historic city, instead of at Seattle. Perhaps this first meeting will lead to other meetings and eventually a European League of Nursing Education may develop as a result. With the tapering off of the general relief work in Europe which included the care of the sick in hospitals and through dispensaries and the entrance of the Red Cross upon a program directed toward the conservation of child life, it seemed necessary to send additional Public Health nurses to Europe. In May, 1921, Miss Mary S. Gardner was asked to make a tour of our general nursing activities for advisory purposes. She returned in October having visited with Miss Hay many of the countries where the Red Cross was serving. Mrs. Elsbeth Vaughan and Miss Sophie Nelson were also secured to direct and to supervise such Public Health Nursing activities as were being developed. The Child Health Work of the American Red Cross has been largely effected in connection with the American Relief Association. Clinics of various types, milk stations, mothers' clubs, classes in Home Hygiene and Care of the Sick have been organized. A limited quantity of medical and other supplies principally layettes and children's clothing has been distributed.

Perhaps in no place has the need for the work been greater than in Austria, and it is interesting to note that in March of 1922 there were 101 of these American Red Cross Child Welfare stations scattered through the country. Forty of them were in the city of Vienna alone. The story of the work in one country is more or less the story of the work in all, with here and there additional features, such as the educational work and the training of native women as health aids in order to cover the period before the graduates from the Schools of Nursing are available. Child Health Exhibits have been conducted in many places.
It may be of interest to note that in Hungary lectures on general health subjects have been conducted, and the moving pictures used. This included 500 talks to school children in Budapest, while 500 so-called "wonder baskets" were used as a necessary means to promote hygienic conditions for births occurring in the homes. These were loaned to the mothers during confinement, and on their return to the Center are washed, sterilized, re-equipped, and made ready for the next journey.

One could discuss the activities in these countries at length if time permitted. At the end of March 1922, the Child Health Program in Europe had already reached its maximum of expansion, and preparations had begun for the withdrawal of the American Red Cross on June 30th. Here and there it is expected that an American nurse will be left to supervise and direct the work of the natives and advise the local committees, which have in every case been created at the same time the Child Welfare Center or other activities are organized, and which are expected to carry on the service. With the closing of the program some of the weaker centers have been eliminated, or consolidated with more firmly established ones. The American personnel has been greatly concerned with the development of plans for turning over the activities to the various countries. It is interesting to note that in Czechoslovakia alone that 20 Centers are to be transferred to local committees, and 20 graduates of the school of which Miss Parsons is the director have been secured to take charge of these Health Centers. A year ago not a graduate nurse was in sight. This seems like a marvelous achievement. In some instances the government has assumed the responsibility for the supervision of the Centers.

Perhaps no more interesting work has been done than that which has been accomplished in the Baltic States, where a supply of nurses of a rather superior type have been found. A Public Health Course was established at the University of Dorpat in Estonia, under the joint auspices of the Estonian Red Cross and Department of Health. Mrs. Elsbeth H. Vaughan, the Assistant Director of Nursing Service in Europe, of the American Red Cross, took charge of this course. It is expected that the graduates will direct the American Red Cross Centers after the withdrawal from that country. In May, 1922, Miss Helen Scott
Hay, after almost four years devoted service resigned and returned to this country. Her contribution to the advancement of nursing work in Europe has been especially fine.

In the Philippines, Virgin Islands, Porto Rico, and the Dominican Republic, similar work has been organized under the auspices of the American Red Cross, with the American Red Cross nurses in charge. Some of these are under American Red Cross Chapter direction, others under the local government.

In our domestic program the Public Health Nursing Service plays a conspicuous part, while instruction in Home Hygiene and Care of the Sick fills an important place (reports will be given of both of these activities), disaster relief such as that given at Pueblo one of the most spectacular services ever rendered by nurses—also in connection with forest fires, floods and accidents in all parts of the country, epidemics of typhoid fever has proceeded automatically, as disaster has followed disaster.

The Red Cross has continued its service of directing nurses toward the three governmental branches—the Army, Navy and United States Public Health Service, and at the present time we find the following number of Red Cross nurses—in the Army, 554; with the Navy, 360; with the United States Public Health Service, 1069. While all are not assigned through the American Red Cross, it would be difficult to determine how many entered the service through the efforts of the Red Cross and the publicity which it can conduct, which cannot be conducted by governmental departments.

Perhaps no question has brought greater concern to the Red Cross than that of the disabled nurses, either as the result of war, of through accident and other causes. The Red Cross through its Division Offices has sent a questionnaire to every ex-service nurse assigned through the Red Cross, in order to determine their condition upon release from service, as well as the present condition. Those who served with the Army and Navy who appear to be eligible for War Risk Compensation have been assisted toward that end. Those who seem to fall within the scope of the Red Cross provision of insurance have also been assisted. As a means toward this end the Red Cross has conducted at Bayshore, Long Island, a convalescent home, toward which many hundreds of nurses have been directed. The results of care at this
house are so well known that it is hardly necessary to speak of them. We only wish that similar homes existed in the various parts of the United States, to which nurses, either ex-service or others might be directed for rest and nursing attention.

During the year of 1921, three members of the Italian Committees which had been organized by Miss Mary Gardner in 1918, to carry on the special work instituted under the auspices of the American Red Cross were brought to this country as guests of the Red Cross, not only to study public health nursing, but particularly to look into the question of the nurse education and Schools of Nursing. They visited Boston, Newport, New York, Chicago, Cleveland, Pittsburgh, Washington and Baltimore. They were deeply appreciative of the courtesies that were extended to them by nurses and others in each place they visited. It is safe to say that they returned to Italy with a keen appreciation of the importance of the School of Nursing as a basis for any public health program.

During the past year the American Red Cross has continued its Scholarship and Loan Funds for the preparation of instructors in Schools of Nursing. During the past two years 13 were given loans, and 27 were given scholarships. The Red Cross also subsidized a Nursing Headquarters office for the American Nurses Association and National League of Nursing Education in New York City from July 1, 1920, to July 1, 1921.

Members of the Red Cross Nursing Service will be greatly interested to hear that a history of the service is now being prepared. We had hoped that it would be ready for the Seattle Convention, but we have found that this is absolutely impossible, but it is expected that it will be in print by autumn.

By the will of Miss Jane A. Delano, the proceeds from the sale of the book "Home Hygiene and Care of the Sick," as well as the income from a sum of $25,000 was left to be used to support one or more public health nurses in memory of her father and mother, to be known as "Delano Red Cross Nurses." The National Committee on Red Cross Nursing Service, through a sub-committee, has prepared a plan for the selection, appointment and supervision of such nurses. Nurses who are selected for this work, which is to be carried on in districts where nurses and hospital facilities do not exist, will I am sure look upon this opportunity
as a sacred responsibility, and will carry on in the name and spirit of Miss Delano a type of work in which she, herself, felt a deep and vital interest. Two localities have already been selected, one in Alaska, the other in the islands off the coast of Maine. The nurses of the country will watch the development of this work I am sure not only with interest, but with great sympathy and understanding.

In closing, may I call attention to the Delano Memorial. The committee of which Miss Minnigerode is Chairman is deeply interested in securing the necessary funds with as little delay as possible. It is felt that every Red Cross Nurse in the country will desire to contribute towards this amount. Let us not delay, but as in the case of the American Nurses' Memorial, carry this work to a rapid conclusion.

Finally to all Red Cross Nurses and to those who desire to become such let us keep bright and shining that wonderful motto of the Red Cross graven upon the tables of our minds and written deep in our heart, the words, Neutrality, Humanity, Service.

CLARA D. NOYES.

President Noyes: You have watched the development of the American Red Cross Public Health Nursing Service during the past few years, starting with a little group of individual nurses working in rural districts until the armistice was signed, since when it has increased to between thirteen and fourteen hundred nurses working in almost as many localities. Miss Fox will tell of the service as it is now being conducted.

REPORT ON PUBLIC HEALTH NURSING SERVICE OF THE AMERICAN RED CROSS

Madam Chairman, fellow Red Cross Nurses: I am not going to try to give you any report or history of the Red Cross public health nursing service tonight, nor am I going to talk about its problems. I could not possibly do that in ten minutes. What I am going to try to do is to give you a bit of a picture of what our nurses are doing.

Very often a city nurse comes into our office and asks us to tell her something about our Red Cross public health nurses and
what they are doing. After talking to her a few minutes in rather
general terms we sometimes suggest that she may obtain a much
more vivid picture of the work our nurses are doing if she care to
read some of their reports. Those who have accepted this op-
portunity to see the work through the eyes of the Chapter nurses
themselves usually wax enthusiastic.

I want to read you a few brief extracts from some of these
narrative reports from our nurses in order that you too may have
a “close-up” picture of their work. Some of you in this very room
are Red Cross Chapter nurses who are doing the work yourselves.
Some of these extracts may be from your reports. I wish you
were up on the platform telling the story instead of me, because I
know how much more effective you could make it. I have picked
these few extracts at random from a pile of reports which I
happened to have with me on the train. They are not extreme,
they are not unusual in any way, they are just everyday pictures
of everyday situations encountered in the everyday service of
our Red Cross public health nurses.

This first one gives you a little idea of under what sort of cir-
cumstances the nurses are working:

I had a funny experience in finding one of my school-houses. I asked
at various houses and was directed to such and such a road. Well, when
we got there the road was a stretch of the imagination—river bed and rock,
but no sign of anything like a school house in view. We came to a large
farm, drove in, found no one at home, spied two cars coming down a lane
and on inquiring from drivers were told we could not get anywhere near
the school as there was no road to it. When I assured them I had to get
there by hook or crook, they told me to drive over three meadows and open
four gates, and in the last meadow I would find the schoolhouse, but could
not get near it. Well, the three meadows were driven over and the four
gates closed (honor where honor is due) and lo and behold the little white
house hove in sight, but we could not get to it indeed, as it was surrounded
by a barbed wire fence. I had to climb over fences, and it was some climb
to try and save your clothing and not be hung by the neck. I had a fine
reception; was met with, “Oh, we have been looking for you now for the
past two weeks. I see you are visiting all the schools in the county.”
The children all remained in till 5:30 p.m. to be inspected. They had
previously been weighed, and I never was so thankful, as getting scales
over that fence would have been some job. The County Superintendent
has not been able to get to the school as there is no road.
Here is another one. This one is not quite so easy. The nurse who wrote it is in the audience:

I have just returned from a four hundred and eighty mile trip. I am almost finished with the rural schools, except a school eighty miles over the mountains where there is eighteen inches of snow. There are nine children attending the school there. It takes two days to go and two days to return. It is necessary to make the trip in a Concord stage with six horses, and the grade of nine thousand feet straight up like a ladder is made holding your breath until the top is finally reached. The stage is same kind of coach that was used in Buffalo Bill’s show known as the ‘Deadwood Coach.’

Many of our nurses do country school nursing. Here are two descriptions, one good and one bad, of what they find. The bad one is not nearly as bad as some of you could describe I am sure.

It seems too bad that more stress is not laid on some of the state laws. For instance, there is only one school in the entire county which has a jacketed stove and attached ventilator in working order, and only one school which has a well, and when I came I don’t think there were more than three wash basins in the schools.

That is one side. Here is the other side of the picture.

One of the banner rural schools prepared for my coming by ‘rushing the dentist’ and going to the little nearby roadside merchants to be weighed. Had they been expecting royalty their preparation and enthusiasm could not have been greater. Oh, for more teachers and parents like that! Needless to say that the school environment was as near perfection as could be—adjustable seats, tables and chairs for the tiny tots, water cooler with bubbler, telephone, proper ventilation. The fruit jars filled with milk stood on the shelves beside the lunch boxes just a-grinning at me as if to say, ‘We beat you to it,’” and everything else was accordingly. Although an old building it was an atmosphere in which I would be glad to have my children attend.

Here are a couple of little descriptions which show you what sort of reception the nurses receive.

Day before yesterday I went to a school in the southeast corner of the county. I had never been in this part of the county before and I asked the children to tell their mothers to come to the school to see me if they could. Well, I think the whole community and his dog were there; not only the mothers but the fathers came. They brought lunch and spread it picnic style. The doctors in the community assisted me and we examined ninety children and I also organized a class in home nursing.
Here is another one.

Following the showing of our slides at a Parent-Teachers Association at one of our far-away mountain towns, the entire School Board, accompanied by two of the teachers, brought in a truckload of twenty children for eye examinations. The gathering was representative of a "school;" not "individuals"—a son of the President of the School Board, one of the county's well-to-do citizens, six children of the village cobbler and the like. Three children of one family were found to have a congenital eye defect which glasses would not improve, seven to have an infectious eye disease. The teacher gives the eye treatments at school, as the children of the shoemaker are motherless. An amusing incident happened. A jury was called and in time one of the jurors produced his toothbrush to clean his teeth. Another promptly spoke up, "We got one of those at home. The Red Cross nurse had my child get one and we all use it, so I couldn't bring it along."

Many of our nurses are out in counties where clinical facilities are practically non-existent. If they are to have corrections made they have to scour around and provide facilities which usually means improvising an extemporaneous clinic.

Here is one description of such an undertaking:

The best piece of work our Department accomplished this month was the tonsil clinic. Sabine is twenty-two miles from a doctor and a doctor's visit costs $50. Most of the people are very small wage earners and have little surplus left over after providing the necessities, to spend on hospitals and doctors, so we thought that we could get a larger percentage of corrections done if we provided a place in which the work could be done at home. A throat specialist agreed to come down and remove as many tonsils and adenoids as we could bring to him. The principal offered us the school building and all cooperation we desired. The Chapter provided us with another nurse for the day, a member of the nursing committee with a limousine to act as ambulance driver, and the ever faithful Chairman served us in every capacity from cleaning the operating room to serving lunch for the parents.

Though that nurse does not say so she succeeded not only in getting several children's tonsils and adenoids removed but also in selling the idea of public health to the community which we have been talking so much about at this convention.

Visiting nursing in the country is not just like that in the city but it has the same spirit in both places.
During the influenza epidemic in an isolated part of the state, the nurse had a call where she found the whole family down with influenza. The father was critically ill. After the nurse had fixed up the family comfortably and was about to leave the father apologetically told her that the horse and cow had not been cared for for two days. The nurse, with the aid of her chauffeur (an ex-service man) proceeded to take care of them.

Here is another one. You can just feel the fine spirit in these.

Out in the rural section in where I hope to do most of my work. A poor family sent for me to come to them Sunday evening. It was a long way from town and after going through several creeks I found the patient so exhausted from her kind friends' treatment that I decided to remain over night and give the family some rest. There were five little children and two babies. After all had been attended to and it was quiet, I stood by the door and marveled at the noises of nature, the crickets, owls, and occasional whir of something, all the more exciting because I knew not its name. No houses within a mile or so helped to make me realize that I am a County Nurse.

Here is another example of the same spirit:

March produced her share of wind, dust, rain and mud, and added to these difficulties were the very bad roads in the section of the county in which I am now working. In some districts there are no roads, just trails leading across branches, up and down hills, in and out and around sand dunes and across creeks. Frequently I climb out of my Ford and walk for some distance to assure myself that I dare venture over such places in a car. One very warm afternoon I had to carry hay from a nearby stack to pack under my car in order that I might dig it out of sand eight or ten inches deep.

The old saying is, "Variety is the spice of life." Well I suppose I have that all right and with all my seeming difficulties I like it very much.

Here is another letter I have received during the convention from one of our nurses up in a forsaken spot in Michigan. She happens to be an old college friend of mine, and her letter is a personal one, but I thought you would like to hear it because it is written right out of her heart.

I have just come back from a trip into the back woods and my mind is awhirl—full of the picture of this glorious country and the despair of the people. I come back from every trip so in love with the work and the people, and so discouraged over my own limitations that I can't get any sort of perspective at all.

The country is really too lovely—I ride through pine woods and "burnings," over sandy plains and down clay hills—past little lakes set in the
valleys and stop at the big log cabins or tumbled shacks surrounded by fields of stumps—where children swarm about the yard, and women stop their work in the field to look at me curiously. No doctors come into these backwoods (there are only two for this whole county) each family living by the strength of its own efforts, and no easy living among these stumps clearing the required two acres a year that makes them tax free. I go to bed at night wondering whether I am myself or my grandmother, it sounds so like the stories she told.

If I could ever get to the stage where I had confidence in myself, I'd be happy—for I know that there is no greater need for public health work anywhere in the United States.

But when you have a group of twenty women or so gather together to hear you talk—and you see them come walking in along the hot, dusty, sandy roads carrying their babies and helping the small ones trudging by their sides—and know that they have already done that day and all that they have to do every day of every week—you feel as though you had to make it worth their time—you had to give them something big enough and simple enough to fit into their lives as a part of each day. I want to give them so much that what little I do accomplish seems worse than nothing. It's as though they really were two generations behind me in education, and thought and opportunity—and yet they have something gained from hearing large families and toiling in the open—a look of patient faith, a primitive simple courage—that always fills me with great respect and awe every time I see them. Anything I can do seems pitifully small beside their accomplishments.

Today I had a letter from a women's college offering me a position for the winter as their school nurse. I guess almost anything settled would seem tame after this but it suddenly made me realize that I had to stick here no matter how homesick I got, until I had done a good job—I know now, too, that I want to work with the people as a community, all ages together—not with any one layer.

Honestly, you can't know how it all "gets you" to see people live like this until you have lived with them long enough to feel that they belong to you. I had always considered medical care of some sort the right of every person in this country—and to see these perfectly good people in the middle of Michigan without any one ever—and then to know that this county is better off than two of its neighbors—it's bad enough when viewed impersonally—but it puts you in despair when you know the people as yours, even though adopted temporarily. When I leave here, I'm going to stump the states for country health workers. You see I'm taking my first job terribly seriously!

It is teaching me such a lot and unteaching me such an equally large amount, that I don't know any more what I do believe. The one worst thing about being by yourself is that there is no one to argue things out with—and no one to laugh with. My landlady who is a character—old and a moron I guess—calls me the red nurse (she never says anything right end first) and says she doesn't think I look pretty in my grey uniform.
She thinks I work too hard and is always asking me why I don’t take a book and go sit under the “poplins” and rest.

Everyone has terrifying dogs here—great wolflike curs—that snap at you when you go near the house. I asked a man to call off his dog yesterday, and asked if he would bite. “Well,” he said laying down his axe and scratching his head, ‘he bites men folks real often, but he aint never touched a woman yet. I allow he might not hurt you,’ which is encouraging to the maker of home visits.

A day or so ago I was talking to an ideal woman, a nurse from Idaho, who is working in a county in which there is every sort of difficulty and almost entire lack of facilities, and yet enthusiasm shone in her eyes and she said she just loved her work and felt that it was great.

Why do the nurses love it in spite of the difficulties? I think it is partly because they are doing creative work but there is also another reason. Just the other day one of our field people came in from a visit to a chapter in the mountains and said to me,

I wish you had gone with me. It would have warmed your heart to see how everybody in that county adores Miss Stone (the nurse). She is loved from one end of the place to the other. She has only to say that it is necessary to undertake some particular piece of work and everybody volunteers to help with it. Her whole heart is in her work and the people know it and appreciate it and rally around her.

That is why the nurses love it, because the people they are serving love them, and so do we.

Elizabeth G. Fox.

REPORT ON HOME HYGIENE AND CARE OF THE SICK OF THE AMERICAN RED CROSS

The story is told of Mrs. Helpless and how she had learned through her course in Home Hygiene and Care of the Sick sufficient methods of caring for her invalid aunt. For the schools and rural sections where motion pictures could not be used lantern slides were prepared, the slides with captions depicting the practical work of the course.

The rural mother is probably the most enthusiastic and earnest student for she realizes that she is many miles removed from her family doctor and that in case of emergency she is the one to carry the responsibility. Some of these women have walked miles in
order to attend classes. This means getting up early and getting the family machinery moving before she leaves, and resuming her duties upon her return. To her it is an opportunity to learn as well as to meet her friends, and lays the foundation for future community development.

The Red Cross Text Book which is universally used was written by Miss Jane Delano and has been translated in whole in Czecho, Slovakian and Polish, and in part into Russian, Spanish, and Korean. It was my privilege to be in the Orient with the Red Cross Commission to Siberia when the Korean translation was completed, and I attended a unique ceremony at the giving of the certificate to the first class, a group of 20 young Korean women. It was a great event in their lives and the men folks of the family attended and seemed as pleased over the event as the rest. They felt that the American Red Cross had contributed much of value to them, especially at that time when dark clouds hung threateningly over Asia, and the outcome was most uncertain.

Benefits growing out of the course in Home Hygiene and care of the sick does not end with individuals or groups in this country alone, but extends across the waters to the war stricken countries so sadly in need of our help and guidance in matters pertaining to health education.

In the world wide movement for more practical and efficient health instruction the Red Cross through its courses in Home Hygiene and Care of the Sick has during, and since the war, played a very important part.

Minor ailments as a rule are taken care of in the home by the women of the household or by the neighborhood.

In view of the fact that ill advised or unskilled nursing may result in much suffering and sometimes seriously, it is of great importance that women learn to perform simple nursing procedures in the right way.

The object of the course is to instruct in elementary knowledge of personal hygiene and household sanitation; in the causes, symptoms and prevention of contagious and minor ailments; to train young women in elementary nursing procedures in order that they may care for members of their own family; that they may intelligently carry out the instructions of the physician; that they may learn to use their initiative in improvising home made
sick-room appliances and that they may put into practical opera-
tion such nursing procedures as may be entrusted to them.

It is hoped that through this instruction the result will be a
checking of infant and child mortality; better prenatal instruction
and an elevation of the standards of community and national life
with regard to public health requirements.

The course is given in 15 lessons and at the end of that time
the examination is taken and a certificate granted. During the
Calendar year of 1920 there were 117,908 students under instruction
and 89,748 certificates were issued. And for the Calendar year
of 1921, 85,610 students under instruction and 61,304 certificates
issued. The total number of certificates that have been issued
since 1914 up to the present time are 274,171.

This course in no way equips young women to go out into the
community as a professional nurse, and at the beginning and all
during the course, great stress is laid upon this point.

All Instructor Nurses are enrolled Red Cross Nurses and are
carefully chosen. Teaching ability as well as personality enters
into the selection of women for this important phase of nursing.
To meet the great need of better prepared instructors many of
the Universities are offering summer courses in methods of teach-
ing for nurses who are instructing, or contemplating instruction
work. The course as offered is of little value unless it is made
thoroughly practical. Every point of nursing technic that can
be demonstrated, is demonstrated. Students are not only shown,
but they must do the practical work as well. These women be-
come enthusiastic workers in the community in furthering Health
Education. It is reasonable that the mother who takes the course
begins at once to study the different members of her family from
a health angle. She is much more concerned about the fact that
her young son is a repeater in school or that her young daughter
complains of headache and inability to see the blackboard. In
case of illness she applies her knowledge of bed-making and bath
giving, and is very quick to report a rise of temperature to the
family physician.

A request for a community or county nursing service usually
follows this course if there is not already a public health nurse on
the ground. And if there is, she receives more intelligent support
and cooperation from the community at large because of this
instruction.
In the past two years the number of these classes in the public schools have increased. The classes are given as a part of the school curriculum, or as an elective course outside of school hours, and school credits are allowed.

Another means of education and an important factor in teaching groups, especially foreign women, is the moving picture. In 1920 the film, "Every Woman's Problem" was produced. It was of such simple, universal appeal and of genuine educational value, that it met with a never failing popular welcome.

Grace Harrington.

REPORT OF THE DELANO MEMORIAL

When the subject of a memorial to Miss Delano was first considered there was a full discussion as to the form which this memorial should take. Efforts were made through the members of the committee who represented every section of the country to gain some information as to the ideas and desires of the nurses in regard to the form of this memorial. The matter was kept under consideration for a year and the final decision to erect a tangible memorial in Washington, in the form of a statue or sculpture was reached after long and careful consideration.

Since this final determination, however, a number of suggestions have been received as to the form of the memorial. These suggestions are as follows: Scholarships club houses, and endowed beds for disabled nurses.

As regards the scholarship, a fund of $50,000 would provide at 5 per cent interest only $2500 a year for such a purpose and the benefit therefore, would accrue to only a limited number of nurses.

The Club House: What kind of a house could be build for $50,000 and even if it could be built or bought, who would support it, who pay the taxes and general expenses, and again a limited number only would benefit.

Endowed beds: $50,000 would endow probably five beds in hospitals. Again the limited value, and if, as often happens, the hospital was closed or discontinued, what would become of the beds?
All suggestions, as I have said, were given very careful consideration and the plan of a tangible memorial was not adopted carelessly or hastily.

It was believed that the mere mention of a memorial to Miss Delano to be placed in the grounds of the building for which she worked and under the organization to which for so many years she devoted her life, would bring from Red Cross nurses such a willing offering that there would be no need to make appeals.

Miss Delano was a wonderful friend to all nurses, a woman of whom we can all be proud, one who was beloved by those whose privilege it was to know her, for her sterling qualities, for her fine mind, her broad humanity, her intense patriotism, her lack of self-seeking and her strong sense of justice and fairness.

On Hospital Day recently, in St. Vincent Hospital, Indianapolis, Indiana, a memorial service for Miss Delano was held, at which a member of the committee, Miss Mary Gladwin, was present. Miss Gladwin was presented by the hospital with a bouquet of lilies of the valley, in the heart of which nestled a small silk bag made of red, white and blue ribbon, put together with gold thread, and on one of the white stripes was embroidered a gold star. In this bag was $130 in gold which had been earned by the student nurses of that hospital for the Delano Memorial. The address on the presentation of this bag of gold to Miss Gladwin was as follows:

Among the great benefactors of humanity in recent years the name of Miss Jane Delano takes an honored place. The reverence and gratitude of countless men and women the world over is in itself a monument which will outlive her career filled as it was with noble deeds, intense strivings to relieve a suffering world and a glowing enthusiasm which rallied to the Red Cross Service thousands of Nurses at home and overseas.

The Nurses of St. Vincent Hospital feel it a privilege to add their small gift to the countless contributions that are being made to erect a National Memorial to Miss Delano. Especially do we feel honored, dear Miss Gladwin, in having this opportunity to present it through you, a personal friend of our revered co-laborer. We hope that this monument to her memory will forever be for the members of the Nursing Profession in the United States an ideal as to the all-embracing charity of our calling, and an inspiration to personal efficiency.

This plan, it seems, might be followed by other superintendents, if they would interest themselves in this matter, which is one of
national importance, not only to nurses but to women throughout the United States, and the members of the committee are grateful to the Sisters in charge of St. Vincent Hospital and to the students for the assurance which we have from this hospital that the memory of Miss Delano is kept green and that the knowledge of her work has been so infused among the students that they have felt it a privilege to earn this money and to have their share in the erection of this memorial.

This monument to Miss Delano to be placed in the Red Cross grounds in the National Capitol means much more than that. It means that it will show the world how we as nurses can honor a great nurse, that we realize the value to the nation and the world of the work which she established, and for which she gave her life.

It is desired that it shall be a thing so beautiful as to be worthy of the object for which it is erected, so beautiful that it will attract all visitors to Washington and will be in a sense a shrine to which we of the nursing profession may come for inspiration, a renewal of courage and a determination to stand for right and justice.

Subscriptions to the fund ........................................... $3,535.80
Expenses for stationery ............................................. 195.50

Balance, August 29 ................................................... $3,340.30

Second Report, January 31, 1922 ................................ $6,751.25
Expenditures ............................................................... 109.70

Balance ................................................................. $6,641.70

Third Report, April 3, 1922 ....................................... $9,086.18
Expenditures ............................................................... 32.00

Balance ................................................................. 9,054.18

Fourth Report, April 29, 1922 .................................... 11,998.64
Fifth Report, May 31, 1922 .......................................... 15,884.26

When the fund has reached $25,000.00 it it proposed to begin actual work on this memorial.

You will note by these figures that the increase in the fund for the last month has been equal to the increase in any previous three months, and it now seems advisable for us to make an effort to complete this fund within the shortest time.

Lucy Minnigerode.
Miss Noyes: Approximately five thousand nurses are employed in the federal government services at this time. That represents a very large proportion of our membership and I am sure you will be glad to know that the American Nurses' Association has amended one of its by-laws to include the Superintendents of the Army, Navy and Public Health Nurse Corps, in the Advisory Council of the Association.

I will ask Miss Minnigerode, who is Superintendent of the United States Public Health Nursing Service to give an abstract of the paper that has been sent by Mrs. Hickey, who is now the Superintendent of the Veterans Bureau Nursing Service. She will also read her own paper.

REPORT OF THE ARMY NURSE CORPS AND THE ARMY SCHOOL OF NURSING

In the two years that have passed since the last meeting of the nursing associations, the Army Nurse Corps has been reduced from a total of 1578 (1052 regular, and 526 reserve—June 30, 1920) to a total of 845 (634 regular, and 211 reserve—June 1, 1922). The closing of many Army camps and the gradual reduction of hospitals, and the concentration of patients in large centers, have made this change possible with comparatively easy adjustment.

The relative rank conferred upon members of the Army Nurse Corps by the Act of June 4, 1920, has now been in effect two years, and certain conclusions about it are therefore justified. It has not been possible to get a large number of expressions of opinion, but the following is a summary of statements from 74 members of the Corps on duty at the Walter Reed General Hospital, each of whom was asked to put in writing her opinion as to what difference relative rank had made to her in her life and work as an Army Nurse. Of the group of 74, 61 stated they felt it had made no difference.

Seven definitely stated that it had been an improvement over the previous condition.

Six others were unable to give a definite expression of opinion.

In regard to the way in which relative rank has been an advantage, we find the following statements:
Two state that it has improved their social position.
Three that it has given them additional authority.
Two that it has improved their official position.
Six that it makes the status of nurses definite.
Five that it has secured for them increased cooperation from corps men, and improved their attitudes.
Five that it has brought about increased cooperation from officers.
One feels that it lends dignity.
One states that it has added prestige.
One that it has given the proper recognition to the Corps as a whole.
Two that it has improved discipline.
One says that it has had an "uplifting" influence.
One states that the benefit of such freight privileges as is enjoyed by officers, which nurses now have because of their rank, has been a distinct advantage.
Several said that they think the benefits of rank will appear gradually more and more as time goes on.
The disadvantages of rank are enumerated in the following statements:
Twenty-two nurses state that rank has made no difference in enabling them to give better care to their patients.
Twenty-eight state that they have had no benefits whatever from rank, and 11 say "very little" benefit.
Twenty-one feel that they have added responsibilities because of rank, and 4 added duties.
Nine feel they have had less cooperation from corps men, and 2 that they have had less from officers.
One feels that rank has increased antagonism on the part of the corps men, and 3 speak of it as a cause of ridicule.
Five have noticed no social advantage from it.
Several state that the added responsibilities and duties allow less time for the actual care of patients.
One nurse writes that while rank theoretically is important, practically it is of little or no importance.
Another nurse writes that the right kind of nurse can command respect without wearing bars, and that rank, in her mind, is not necessary.
Further statistics on the subject from a large number of members of the Corps will be collected in the near future.

There is no question in the minds of many of us who have had to deal, in time of war, with large groups of nurses, that rank would be of great advantage at such a time, particularly when traveling. For transportation officers who might be unfamiliar with the written regulations regarding the status of nurses, could not fail to see from the insignia in the uniform worn by the nurses that they belonged to the officer group, and should be given officers accomodations. Experience in the late war showed how important such an instant recognition of status would be, and how the lack of it undoubtedly worked hardship, indignity, and discomfort to many groups of nurses.

In the office of the Superintendent of the Corps, rank has made a great difference, and has added much to the dignity of Corps and its position in the army. This is evidenced by the fact that for the first time in the history of the Army Nurse Corps, the officers of the Corps are included in official military receptions at the White House, and at official ceremonials, such as the burial of the Unknown Soldier. A more vital difference however, for those who are charged with the responsibility of the Corps is the one shown in the daily office work. Prior to the passage of the bill, all official mail prepared by the superintendent of the corps or her assistants was sent to an officer of the personnel Bureau for his signature, because all official correspondence in the army must be signed by an officer. During the war the superintendent of the corps made every detailed arrangement for every member of the corps, and prepared orders for every appointment, transportation, pay, assignment to duty, discipline, discharge, etc., but never sent any of it over her own signature if it was addressed to an officer of the army. From the moment the Bill giving relative rank to nurses became effective, the superintendent of the corps has functioned in this respect exactly as though she were a man major. She has constantly been obliged to assume the full responsibility for everything that has gone over her name. She has met in daily conference with the surgeon general and the men officer heads of all the other Bureaus of the medical department, and she has been accorded the same recognition as a responsible, authoritative official, as is given to any other head of a Bureau.
Whatever the real judgment of the majority of members of the nurse corps may be in regard to rank, there has been, and still continues to be, much agitation regarding the securing of it for the various groups of civilian employees of the medical department of the army. Up to the present time the Surgeon General has been unable to recommend any of the measures suggested for reasons which are clear to those who take pains to look into the subject thoroughly. The Legislative Committee of the medical department has, however, for some months had ready a bill, which it is pledged and prepared to endorse, giving a definite military status to the members of the Army School of Nursing, with the relative rank of cadet. The legislation was prepared at the request of the officers of the Army Nurse Corps and was not brought about from the outside. All those interested may count in the sincere efforts of the Surgeon General’s office to put the matter through whenever the time is considered propitious and there is a reasonable hope of success.

The Service Pay Bill which has just become law, will make a great difference in the pay of the nurse corps, and will at last put it on a basis that will compare very favorably with that existing in civil life. This Bill increases the pay of members of the Nurse Corps throughout each period of service except the first one, and stands as follows:

First period of three years, $70 a month
Second period of three years, $90 a month
Third period of three years, $115 a month
Fourth period of three years, $130 a month

The pay of chief nurses is increased to a far more adequate amount, being $50 a month in addition to the pay as nurse. Since in the great majority of cases the members of the Corps are in their second period of three years, it follows that most of the nurses in the army will receive a material increase in pay, ranging in the case of second lieutenants in the second pay period, from $18 a month, to the first lieutenants (chief nurses) who in this same period will receive $32 a month more than they have been getting.

The pay of all the members of the office staff of the nurse corps, including the Major and Captains, in considerably reduced by the Bill because of the reduction of allowance for nurses on detached
duty. The reduction of pay of nurses in the first period from $72 a month to $70, is to be regretted, but it is not great enough to make any material difference. This change was in line with the policy adopted for all branches of the service in the first pay period. The scale of pay was worked out by the officers in charge of the matter in conference with the superintendent of the corps and her assistants and advisors, and is felt to be as fair an adjustment as could possibly be made to meet the requirements of the entire Bill as laid down by the Congressional Committee.

With full maintenance, initial uniform equipment, thirty days leave a year, extended care when sick, with the possibility of one month sick leave, insurance benefits, opportunity for advanced study, the possibility of travel, and the promised assurance of ultimate retirement on three-fourths pay, the advantage of service in the Army Nurse Corps are steadily increasing. The opportunities for advanced study referred to include the post graduate courses which 2 per cent of the officers of the Medical Department (a group which now includes nurses) may take in civilian hospitals on full pay and allowance, and the constant extension of definitely worked-out courses in certain specialties that are being given in army hospitals, such as laboratory technique, administration of anesthesia, psychiatric social service, and X-ray work. Right here it should be noted that the standard of medical and surgical work in the large army hospitals still ranks with the most up-to-date and scientific civilian hospitals, and the desire of ambitious nurses to keep abreast of the times in the nursing procedure that accompanies medical and surgical research as conducted in laboratories as well as in operating rooms, clinics, and wards, can be gratified in the army to an extent that is not often possible in civil institutions.

THE ARMY SCHOOL OF NURSING

The Army School of Nursing at the present time has 70 students, (13 Letterman General Hospital, and 57 at Walter Reed General Hospital). The class of 1921 has two members whose courses will soon be completed. In the class of 1923 there were 17, in 1924, 36, and in the first section of 1915, 16. (No 1925 students were admitted at the Letterman General Hospital in April, but will be in October.)
The total number of graduates holding diplomas is 505.

The affiliations now obtaining are the Philadelphia General Hospital (8 months' course—obstetrics 3 months, gynecology, 2 months, and pediatrics, 3 months), the Instructive Visiting Nurse Society of Washington, D. C. (4 months), and St. Elizabeth's Hospital, Washington, D. C. (2 months' psychiatry). At the San Francisco Branch the affiliations are; the Lane Hospital, and the Public Health course at the University of California.

The resignation of Miss Wood, Instructor of the school at the Letterman General Hospital, has just been accepted. Miss Wood has been with the Army School since the Fall of 1919, and has had marked success with a group of approximately 120 students. Miss Ruth Taylor, who has just completed a most successful and difficult year as instructor of the school at the Walter Reed Hospital, will take up the work of the San Francisco branch in September, after she has finished the summer course in the department of nursing and health at Teachers College, Columbia University.

It will be with great satisfaction that Miss Melby will be welcomed back at the Walter Reed Hospital at the end of June. Her years work at Teachers College will have but more amply fitted her to go on with the valuable work in the Army School which she laid down a year ago.

Both Miss Melby and Miss Taylor have been able to take their course at Teachers College while remaining members of the Nurse Corps, on full pay and allowances. Their tuition is also paid by the army. Three members of the corps are taking the Instructor's Course at Leland Stanford University under the same conditions.

The transfer of Miss Williamson to the Philippine Department was a real loss to the eastern branch of the school, but the interest and the help of Miss Elizabeth Reid, who took her place as chief nurse of the Walter Reed Hospital, is a daily source of encouragement and assistance, in all matters pertaining both to the student nurses as well as to the graduate group.

The resignation of Mrs. Alice Flash, from the western branch of the school has been accepted with the greatest regret. As chief nurse of the Letterman General Hospital in San Francisco, Mrs. Flash has rendered invaluable help both to the school and to the corps. Her decision to give up nursing and take a much needed rest will be a serious loss to the profession.
The loss from the office of the Dean of the school of the cooperation and the efficient assistance of Captain Barnes is a very serious and regrettable event, but all of the members of the school and the staff can but rejoice in the new happiness that has come to her. The death of her father after a lingering illness made her resignation imperative, but at the same time it brought about a more vital change in her life. As Mrs. Clare Stearns she will still retain her interest in the school and in each of its members and graduates, and the staff with whom she has had so long and important a contact, but she too will be a real loss to the profession.

Such statistics regarding the graduates of the school as we have been able to collect, will, I am sure, be of interest. We find from a study of all available information that of the 505 graduates who received diplomas we know of 200 who have already enrolled as Red Cross nurses. That means that 205 have not been heard from in regard to the matter. Our office has prepared 426 applications for state registration, and we already know of 92 who have passed their examinations. Several state boards have reported to us the result of the examinations of our graduates, and we have noted with pride that as yet no graduate of the school has failed. The gradings that have been sent to us from California, Missouri, Kansas, Massachusetts, and Ohio have, without exception, been excellent. All the returns in the matter of registration are not yet in.

Of the 95 graduates who entered the Army Nurse Corps, there are remaining 81 at the present time. Their distribution is as follows:

<table>
<thead>
<tr>
<th>Hospital/Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walter Reed General Hospital</td>
<td>45</td>
</tr>
<tr>
<td>Letterman General Hospital</td>
<td>4</td>
</tr>
<tr>
<td>Fitzsimmons General Hospital, Denver</td>
<td>13</td>
</tr>
<tr>
<td>Station Hospital, Ft. Benning, Ga.</td>
<td>3</td>
</tr>
<tr>
<td>Station Hospital, Camp Knox, Ky.</td>
<td>1</td>
</tr>
<tr>
<td>Army and Navy General Hospital, Hot Springs, Ark.</td>
<td>1</td>
</tr>
<tr>
<td>Station Hospital, Camp Meade, Md.</td>
<td>3</td>
</tr>
<tr>
<td>Station Hospital, West Point, N. Y.</td>
<td>3</td>
</tr>
<tr>
<td>Station Hospital, Ft. McPherson, Ga.</td>
<td>2</td>
</tr>
<tr>
<td>Station Hospital, Camp Bragg, N. C.</td>
<td>2</td>
</tr>
<tr>
<td>Station Hospital, Ft. Riley, Kansas</td>
<td>1</td>
</tr>
<tr>
<td>Station Hospital, Camp Eustis, Va.</td>
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</tbody>
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Of this number two are engaged in public health work in army camps, and a third is soon to be appointed for this work.
Twenty have enrolled in the United States Public Health Service.

One hundred and fifteen are now engaged in some form of public health work, including visiting nursing, social service, school nurses (13), and industrial nursing.

Fifty-four are holding institutional positions.

Eighty-five are engaged in private duty.

Twenty-nine have been married. Of this group, however we have heard that several are continuing their work as nurses, and are engaged in private duty.

Twenty-two are at home, 2 caring for invalid relatives.

Five are employed in psychiatric work.

One is doing tuberculosis work.

Four are at Teachers College.

One is assistant in a doctor's office.

One has returned to teaching temporarily to fill an emergency vacancy.

Eighty-three have not been heard from.

The Alumnae Association of the Army School is already showing splendid signs of solidarity. The Annual which the class of 1921 prepared before they graduated was a very definite, tangible evidence of corporate strength. The Alumnae Journal is a second evidence and is an excellent demonstration of the continuance of class spirit. A meeting of the Alumnae Association in Washington on June 8th, 9th and 10th, at which 85 members were present, is a third unifying and strengthening bond, and promises well for the future.

The problem of the constitution of the Alumnae Association of The Army School of Nursing, will be presented to you at another time, when it is hoped every effort will be made to add this strong body of 505 young women to the American Nurses Association in such a way that they will be able to meet the requirements for membership in that Association and still retain their unity. They are an historic group, a governmental product brought forth in the time of the country's trial, and as the first group of nurses ever trained by the United States Army, and the largest single group ever graduated as a class, it is a matter of vital importance that their desire to function as one body be regarded, and the necessary adjustment be made to enable them to become a part of the American Nurses Association.

Major Julia C. Stimson.
THE NURSING SERVICE OF THE NAVY

As the time approaches for the opening of the Convention in Seattle, it is with deep regret I realize that my official duties in Washington will make it impossible for me to be present at the gathering of the three national nursing organizations. I regret also that I cannot attend the Red Cross Meeting to be held in Seattle in connection with the Convention. It is possible, however, for me to send a greeting to the Red Cross nurses with the comforting knowledge that the message will be delivered by one of the Chief Nurses in the Navy, Sophia V. Kiel, who came to us during the War Emergency, and whose previous work and continued contact with the American Red Cross have made her services especially valuable, helping the civilian nurses adjust themselves to the differences incident to the nursing work in the military Service.

The passing months have brought more normal conditions to the Government Services and the reduction in personnel, as a result of closing wartime stations, has continued. Recognizing the increasing demand for nurses throughout the country, the Surgeon General directed the Commanding Officers of the Naval Hospitals and Dispensaries to report to him the minimum number of nurses necessary for the care of the sick, based on the bed capacity. This information has been the guide in the assignment of nurse personnel but it was soon realized that it was a shifting sand foundation when applied to the needs of the hospitals. Given any emergency, the first action from the hospital was a demand for "more nurses." So far as possible, we met these demands by the familiar method of robbing Peter to pay Paul; or, in other words, transferring nurses whose services could be spared temporarily from other stations. When the emergency increased or when we were unable to draw from other stations, we have had to turn for reinforcements to the recognized Reserve for the Army and Navy Services—The American Red Cross. These requests for help have always been met with cordial responses and the efficient machinery of that splendid organization was quickly set in motion in an effort to supply our needs. That the responses to Government duty were less numerous was inevitable as these emergencies were not war emergencies—but in each instance, the result was
sufficient to tide us over the acute stage and to again register the
appreciation of the Navy Department to the cooperative helpful-
ness of the Nursing Division of the American Red Cross.

It is not possible in this brief message to give recognition of
individual, nor, indeed, of the group service rendered at the vari-
ous hospitals; at the dispensaries; and on the transports. I wish
there could be a time and place when and where individual in-
stances of devotion to duty and unassuming courage could be
recited. This recital would not dwell only upon those who gave so
freely of their service during the war and immediately following
the signing of the Armistice. Unstinted praise would be given to
those who have faithfully performed the routine of daily duty
without the stimulus of excitement; who have labored on with
little of vital interest in the details assigned to them; who have
uncomplainingly kept their professional lamps burning in the dull
surroundings of small and isolated stations. The example of
loyalty they have set; the character displayed in their unnoted
work; the influence for good which they have emanated deserve
greater eulogy than can be given in a general review.

It may be of interest to note at this point that a large percent-
age of the present regular Nurse Corps came to us through the
Red Cross; the majority entered for the War Emergency and have
continued in the Service. About ten per cent of our splendid
group of Chief Nurses came to the Navy through the Reserve,
This statement should register a dual appreciation—one from the
Navy that these efficient nurses have remained a part of the Ser-
vice; one from the Red Cross that it was able to assign to the
Government such a proportion of nurses capable of advancement
to these important positions within a relatively short period.
The Government Services have been stimulated by the fresh
civilian point of view and the enthusiasm which is a part of the
Red Cross initiation; on the other hand, the Civilian Service has
realized the stability and reliability of the Government Services.
Mistakes have been made by forming opinions at close range and
in giving undue credence to individual points of view frequently
presented with incomplete or hastily endorsed data, but in process
of time the nurses have realized that there were good and sufficient
reasons for many restrictions which at first they did not
understand.
There has been much talk of standards that were raised or lowered and many of us were concerned that the consequent instability would seriously affect our profession. We have come to realize, I believe, that our standards must fit into the principles of efficient citizenship. We must plan carefully for the broad wholesome general good and we must be prepared, always, to revise and reject our most cherished opinions. Meanwhile, we must ever aim at relative perfection which is only to be achieved by the exercise of eternal vigilance, coöperation and obedience to safe recognized authority.

In closing I want to dwell a moment on the word "coöperation." It is the master key to our success individually and as a professional group. Recently, a Conference of the Veterans' Bureau was held in Washington. The Superintendents of three Federal Services were directed to submit papers bearing upon the nursing problems, and the favorable discussion which followed the reading of these papers was gratifying to our profession. The insistent comment which we heard on all sides was a gratified surprise that the three Services had not dwelt upon the particular service represented by the individual but had merged their efforts to force a general professional recognition. It was a demonstration of the value of coöperation:—individually we would have caused only a ripple of comment but our united efforts in the presentation of the professional status of the nurse will continue to bear fruit. Development of the Nursing Services, the development of our profession in education, public usefulness and general recognition is still before us and our success, I believe, depends upon faith, a spirit-quality, and upon insistent and persistent coöperation. This attitude will give us power which will result in a mighty progress for the profession which unites us here tonight.

Mrs. Lenah S. Higbee.

The Nursing Work of the United States Public Health Service

At the meeting of the American Nurses Association in Atlanta, the general activities and accomplishments of the United States Public Health Service were discussed rather than the nursing, in the hope that this important government organization might be
more clearly made known to you. Until the recent World War, the Public Health Service had worked so unostentatiously and quietly that the tremendous value to the nation, the people and the community, of the scientific and research work done apart from the practical work were little known. With the sudden expansion of the Hospital Division, the Service was immediately forced into the limelight where it has remained almost continuously for the past three years. The purpose of this paper is to tell you something of the development of the nursing department in the Public Health Service and the future possibilities for nurses in the various departments of this Bureau.

When the Public Health Service was designated as the chief agency concerned in the medical care and treatment of disabled ex-service men, there were available 23 marine hospitals with a bed capacity of about 1500. Due to the lack of funds, these hospitals were not as up to date as the Service desired. Nurses were employed in only a limited number of these hospitals; chief nurses were unknown. There was no organization at Washington responsible for nurses, no quarters available in any of the then existing hospitals, and little or no machinery available for the proper establishment of a corps of qualified nurses.

Thousands of patients were in need of immediate hospitalization and no facilities for caring for them were available. In this emergency the Public Health Service, by the Act of March 3, 1919, was authorized to establish hospital beds in sufficient numbers and with sufficient rapidity to meet the need.

Nurses were being discharged from the Army and Navy and they, like everyone else, were tired of war and its results, and longed only to get home for rest and recovery from the overfatigue and horror of their days of front-line work. The Public Health Service had no machinery available for the recruiting of nurses and appealed to the Nursing Department of the Red Cross to secure and recommend nurses for these hospitals, in the same way as Army and Navy nurses were recommended; and true to its form, the Red Cross responded and a number of nurses were recruited for the hospitals of the Service. These nurses had little or no knowledge of the conditions which they would be called upon to face or the discomforts they would have to endure, and it is a monument to their devotion to duty and to the service of
their country that a large proportion of nurses in the Service today have three years to their credit.

Starting with 1500 beds, an inadequate medical personnel and no nursing service, the Public Health Service built up an organization in three years of 81 hospitals with full equipment, facilities and personnel to care for 20,000. The old marine hospitals were enlarged, repaired, modernized and improved new hospitals were acquired; District Supervisors' officers established in 14 districts. All hospitals were equipped with full clinic, x-ray, laboratory, physico-therapy (including all its various branches), occupational-therapy, and social service departments. In fact, these hospitals have facilities for meeting all needs of all patients hospitalized within them.

Nurses are appointed to the Public Health Service hospitals in a ratio of one to every ten patients, and to be eligible for appointment must be citizens of the United States, graduates of a recognized School of Nursing, and registered.

The Civil Service Form 1312 is used as an application blank, since it is necessary for all nurses to qualify under the Civil Service regulations. The Civil Service Announcement for nurses' examinations states that for the United States Public Health Service, nurses must show their certificates of registration; and this department desires to go on record as stating that in all matters pertaining to the establishment of high standards, the Civil Service has been found most cooperative. The Commission has shown a willingness to secure for this department the type of nurse desired, with the necessary training and qualifications.

The examination for Civil Service is what is known as a non-assembled examination, and is merely the filling in of an application blank in full. Careful reading of the blank questions and announcement and compliance with all requirements bring rapid results. Carelessness in filling in the blank or in securing vouchers, failing to send required photograph, etc., means that the papers are returned to the nurse and indefinite delay in appointment occasioned. Therefore, all nurses are urged to file this application carefully, answering all questions, and forwarding all references and papers required.

A number of efforts were made to secure legislation during the past three years, which would place the nursing service of the
Public Health Service on a more stable foundation, but without success, due principally to the difficulty of obtaining authority for a corps of professional personnel exclusive of commissioned personnel. I, personally, have felt—and all Service nurses with whom I have talked agree with me—that a commission for nurses in the Public Health Service would be more detrimental than helpful. The Service is a civilian service, the patients civilians, and weary of or unaccustomed to military discipline; and, therefore, no effort at all has been made to have the relative rank given the Army Nurse Corps extended to the Public Health Service. The McKenzie bill recently passed provides approximately the same salary and privileges as the Sterling-Lehnbach reclassification bill under which Public Health nurses will be classed, and the Services today are more nearly equal in this respect than they have been heretofore. The Sterling-Lehnbach bill is still in appropriation Com. and if passed must go to conference.

Two years ago the nurse corps numbered about 500. When the hospitals were turned over to the Veteran’s Bureau 1442 nurses on duty in veterans’ hospitals were transferred. Thirty-eight nurses in dispensaries were transferred February 1, 1922 and on August 20, 1921, the Public Health unit in District No. 4 was transferred with the District Offices.

In April of 1921, when the shortage of nurses was much discussed, the Public Health Service, like all other organizations, was short of nurses by about three hundred. Three Assistant Superintendents were appointed by promotion from Chief Nurse and were detailed one to the West, one to the Middle West, and one to the East. These nurses not only visited all Service stations in their respective districts but all training schools and nurses’ organizations; they attended State Nurses’ meetings; and in four months’ time, through their efforts and the cooperation of the various nursing organizations in their districts, all vacancies were filled and the nursing department had a list of about 250 nurses available for appointment.

In the Spring of 1921 the advisability of establishing a school for intensive training of nurses in tuberculosis work was discussed, the school to be established in connection with a similar school for medical officers. Conferences were held with Miss Marshall of the National Tuberculosis Association and Miss Alice Stewart
of the Pittsburgh Tuberculosis League, with the result that the school was established and very successfully conducted with Miss Stewart in charge, assisted by Mrs. Mary Hickey, one of the assistant superintendents of nurses. Fifteen Service nurses, two Navy nurses and several civilian nurses were entered for this course and all expressed themselves as receiving great benefit from the instruction given.

January 1, 1922, the first fifteen student nurses were ordered to report at Fort McHenry for nurse training. The curriculum for this training school was prepared in accordance with that established by the National League of Nursing Education, and it was submitted to the Board of Regents of the University of New York for approval, which was given. The requirements are about the same as for the Army School of Nursing. The school was placed under the direction of Miss Emma Nichols of the Boston City Hospital and to date has progressed most satisfactorily. It was proposed to enter between 15 and 20 students every four months. This school has also been transferred to the Veterans' Bureau and is no longer under the jurisdiction of the Public Health Service.

The need for additional nurses trained in psychiatry was apparent early in this work and it has long been the intention of the Service to establish a permanent school, similar to that one at Oteen for tuberculosis, for post-graduate courses in psychiatric nursing. This desire has not as yet been accomplished as there were no stations where all facilities could be secured—quarters, teaching facilities and lecturers. It was the intention of the Public Health Service to open such a school at the Bronx hospital as soon as possible. This school was not established because of the transfer of the hospitals to the Veterans' Bureau, but all preparation for its operation had been perfected.

On May 1st, the veterans' hospitals were transferred to the Veterans' Bureau by executive order as provided for in the bill establishing the Veterans' Bureau and the Public Health Service has no further responsibility or jurisdiction in the matter. Fifty-seven hospitals were transferred with the entire personnel, doctors, nurses, aides, dietitians, and other employees. The Public Health Service retained only the Marine Hospitals to which additions of the new hospitals at Tanner's Creek, Norfolk, Virginia,
Hudson Street, New York City, and the Leprosarium at Carville, Louisiana, had been made.

In the nursing department of the Public Health Service, a uniformly high standard as to the qualifications of nurses has been observed, and this high standard has been made possible by the consistent interested support of the officers of the Public Health Service, who have stood firmly behind the nursing department throughout these three years and who, even in times of great stress when there was an alarming shortage of nurses, steadfastly refused to lower the standard of qualifications in order to fill vacancies. This attitude on the part of the officers of the Service has enabled the nursing department to maintain the high quality of nursing which has been the rule in these hospitals, and has also resulted in an affection for the service on the part of the nurses in a spirit of loyalty for the Public Health Service which has shown itself in many ways since the transfer of these hospitals to the Veterans’ Bureau.

The activities of which I have spoken thus far have concerned only the Hospital Division of the Public Health Service, but other Divisions as well are employing or hoping to employ nurses.

Under the Division of Scientific Research the work in rural sanitation, child hygiene, and industrial hygiene, are conducted; nurses are interested in the development of the work in all these fields. Investigation in regard to pellagra, trachoma, malaria, typhoid fever, poliomyelitis and many other diseases affecting man are also carried on under this Division. A number of nurses are employed in the trachoma work which is most arduous and requires an unusual type of woman. She must have stability of character, an ability to command the friendship and admiration of the community in which she works. These nurses do duty in eye hospitals; they do district nursing in homes often remotely situated, visit schools, churches, etc. Their modes of travel vary from Pullman cars to pack mules or walking. These nurses are carefully selected and a most efficient group has been obtained and maintained. The interest in this work is shown by the fact that many of the nurses originally employed are still on duty.

Nurses are employed in several of the Quarantine Stations and it is believed that this work will grow since the activities of this Division have quadrupled during the past few years.
The work of the Division on Venereal Disease is well known to most nurses and will be discussed in a paper by the Supervising Nurse of that Division, Miss Anne Doyle.

Therefore, while the Public Health Service is primarily an advisory service, there seems to be in it almost unlimited opportunities possible of development and of great interest to nurses. This development will of necessity be slow but it is, I believe, sure. The work is done usually in cooperation with other agencies, and because of this, when nurses are employed for this cooperative work women with unusual tact and judgment, as well as with special training, are required.

The Public Health Nursing Unit organized in connection with the office of the District Supervisor of District No. 4 was an interesting example of this cooperative work. Contact was made through the State Health Officers with the Supervising Public Health Nurse of each State who promised her cooperation and that of the State Public Health Nurse in the following up of the disabled ex-service men of her State. All State nurses were interested in this work and were most cooperative not only in reporting cases, but in following them up. A Public Health Service nurse was appointed to each state who visited the cases in localities where there were no Public Health nurses. There were five nurses in this unit, and when the District Officers were transferred to the Veterans' Bureau they were carrying through this cooperative method over 3000 cases in the four states. Their purpose was to give health instruction and supervision to such claimants among disabled ex-service men, particularly tuberculous and neuro-psychiatric cases, who for any reason were not hospitalized or who had been discharged from a hospital. This unit is still carrying on with the same personnel who were transferred to the Veterans' Bureau.

Before closing, I wish to speak of the medical care for nurses who become ill because of their government service as civilian employees. These nurses are eligible under the United States Compensation Commission for treatment in government hospitals, provided they show a definite connection between the service and the disability. The United States Employees' Compensation Act provides that employees of the United States who sustain injuries while in the performance of duty shall be furnished
medical and surgical treatment by United States medical officers and United States hospitals, whenever these are available. When United States medical officers or hospitals are not available, treatment is to be furnished by physicians designated by the Compensation Commission. The Commission cannot pay for treatment obtained from other sources unless it is clearly shown that it was not practicable to secure treatment from a United States medical officer or a United States hospital, or, where these are not available, from a physician designated by the Commission in your locality. Definite information can be obtained from the Government official at the head of your office or establishment or from the postmaster of your city.

The Commission publishes instructions as follows:

What to do when Injured: (1) Report the injury to your immediate official superior without delay. This is important to protect you in case of dispute. Also make note of the names and addresses of those witnessing the injury. (2) Then secure first-aid treatment. Do not neglect the small injuries. Sometimes blood poisoning or permanent disability or death results from neglecting a slight injury. (3) Treatment by the medical officer or dispensary of your establishment, or if there is none, by the physician of hospital provided by the Compensation Commission to treat injuries, will cost you nothing. Your official superior has a list of such physicians and hospitals, and will give you an order for treatment. (4) Claim should be made promptly. Unless made within one year, Commission is without jurisdiction. The blank form for this purpose may be obtained from your official superior. (5) An injured employee is entitled to have any claim for payment of compensation or medical or hospital service on account of an injury on or after September 7, 1916, passed upon by the Compensation Commission. If in doubt about your rights under the compensation law, write to the Compensation Commission.

In closing, I wish again to emphasize my belief that in the hospitals for ex-service men there is given as good nursing care as can be found in the country, and to state that the nurses in this Service, have shown a patience under trying conditions, a devotion to duty, an adherence to the highest professional standards, that I do not believe has ever been equaled. This has been a particularly trying type of service. The patients are difficult, the work most arduous, the living conditions in many stations uncomfortable, though unavoidably so, recreation often limited, and we all know how difficult it is to carry on under such
stress. The Nursing Service has been commended many times by those in authority who have been in position to know conditions existing in these hospitals, and the Public Health Service appreciates the service rendered in so creditable and devoted a manner.

LUCY MINNIGERODE.

REPORT OF THE UNITED STATES VETERANS BUREAU NURSING SERVICE

With the executive order of April 29, 1922, transferring to the Director, United States Veterans’ Bureau, all hospitals formerly operated by the United States Public Health Service for the care and treatment of beneficiaries of the United States Veterans’ Bureau, came the necessity for the establishment of the United States Veterans’ Bureau nursing service. One thousand four hundred forty-two nurses were transferred in accordance with this order. A Nursing Sub-Branch was established in the Hospital Section, Medical Division, of the United States Veterans’ Bureau under the immediate charge of a Superintendent of Nurses, responsible for the supervision of all nurses and their activities, and for the selection and recommendation to the Director of all nominations, promotions and transfers of nurses. In this connection it may be stated that the same standard required by the Public Health Service for appointment was adopted by the Bureau, that is, nurses selected for this service must be citizens of the United States, graduates of recognized training schools for nursing registered, and able to qualify under the regulations of the Civil Service Commission. Nurses making application for follow-up work in the United States Veterans’ Bureau must have had at least four months training in Public Health nursing. Service in the United States Army or United States Navy Nursing Corps entitles the applicant to preference in matters of appointment as a nurse of the United States Veterans’ Bureau.

Soon after the establishment of the Federal Board for Vocational Education it became apparent that there was need for a system of medical follow-up for men taking training and a number of nurses were placed on duty to make contact with these men in placement and institutional training for the purpose of instructing
them in the simple rules of healthful living and of discovering early or incipient illness that might require immediate treatment and to aid the trainee in obtaining treatment promptly.

About this same time the United States Public Health Service organized a Public Health Nursing Unit in the districts for the purpose of doing follow-up work in connection with beneficiaries of the Bureau of War Risk Insurance applying for compensation or medical treatment through that Bureau. A Chief Nurse was appointed in the office of each District Supervisor and follow-up nurses in the office of each State Supervisor. Contact was made with claimants by these field nurses for the purpose of aiding them to secure medical treatment and hospitalization, when necessary, and to offer advice and to place claimants in contact with proper agencies for obtaining medical evidence in connection with their compensation claims. This work was assigned to nurses experienced in Public Health nursing and familiar with social problems and able to render valuable aid and assistance by discovering undesirable conditions and aiding the claimant to overcome these by proper counsel and through reference to proper agencies.

The purpose of these nurses was to effect an adjustment to such home conditions as reacted unfavorably upon the sick man and to enable the claimant to adapt himself to his environmental situation. These nurses were required to familiarize themselves with all matters pertaining to training and compensation so that when a claimant who had been ill recovered sufficiently to warrant his consideration for training, he was referred to the training director.

With the consolidation of all the agencies rendering service to the disabled ex-soldier and sailor as provided in the Act of August 9, 1921, establishing the United States Veterans’ Bureau, this Bureau assumed the obligation of providing follow-up nursing care for all beneficiaries, both trainees and compensation cases, and as a result of this, the present follow-up nursing service of the United States Veterans’ Bureau has been established. Approximately four hundred graduate nurses are doing follow-up work in the office of the District Managers in the fourteen regional offices of the Bureau.

At the present time there is a Chief Nurse in the office of each District Manager and one in the offices of the sub-district mana-
gers with field nurses going out from these offices to make contact with the claimant and trainee. Each nurse submits to the Chief Nurse of the district a weekly report of the visits made, and, after a review by the Chief Nurse, the reports are forwarded to the District Manager. A monthly report of all the activities in the various districts is forwarded to the Superintendent of Nurses in the Central Offices, Washington, D. C.

Tuberculosis and neuro-psychiatric cases are concentrated upon and visited once per month or oftener if necessary; in other cases the thirty, sixty or ninety days system of follow-up is maintained. In rendering this service the interest and aid of the American Red Cross, the American Legion and other cooperating agencies interested in the welfare of ex-service men are enlisted.

In addition to the field nurses doing follow-up work, nurses are on duty in all dispensaries and clinics operated by the United States Veterans' Bureau, assisting the physician in making examinations and affording medical, surgical and dental treatment. The United States Veterans' Bureau Nursing Corps also embraces approximately fourteen hundred graduate nurses on duty in hospitals operated by the Bureau. The Bureau plans the continuation and expansion of the policy for graduate nurses in the service of the Bureau; beginning June 1922, an intensive course in training of treatment of tuberculosis is being conducted at Oteen, North Carolina, with an attendance of thirty Bureau nurses, fifteen of these being nurses on hospital duty and fifteen from the group doing follow-up work. This course is comprised of instruction in the fundamental and supplemental factors in the treatment of tuberculosis, standard treatment, hazard of occupation, vocational training and ultimate placement of the tuberculous patient, the prevention of tuberculosis from a standpoint of public health and personal hygiene, nurses relation to the responsibility in prevention of tuberculosis, emphasizing the dignity and importance of the nursing care for tuberculous patients, procedure governing nursing in dispensaries and clinics and visiting nurses doing follow-up work. It is confidently believed that this course will yield valuable returns in enthusiasm and technical equipment from nurses performing service in connection with the treatment of patients of this Bureau suffering with tuberculosis.
Through the Nursing Department of the American Red Cross many of the nurses now in this service were secured, and it is the desire of the United States Veterans' Bureau to express its appreciation and to request the continued cooperation of the Nursing Department of the American Red Cross, that all may carry on in this great work—the rehabilitation of the ex-service men and women.

MARY A. HICKEY.

Saturday, July 1, 1922, closing session

The meeting was called to order by the President at 11:00 a.m.

President Jammé: We will first have the report of the secretary.

REPORT OF THE SECRETARY

Report of business session, National League Nursing Education, held in Seattle, June 26, 1922, Monday, 9:00 a.m.

The meeting was called to order by the President, Miss Jammé.

Report of the Secretary read and accepted.

Report of the Treasurer read and accepted.

Reports of Standing Committees read and accepted. Thirty-seven new members were reported by the Committee on Membership.

Report on Headquarters was read by Miss Noyes and carefully discussed.

Motion was made by Mrs. Dahlgren that a letter of thanks be sent by the Secretary to the Headquarters Committee showing our appreciation of the work accomplished.

Respectfully submitted,

MARTHA M. RUSSELL,
Secretary.

REPORT OF MEMBERSHIP COMMITTEE

The following members have placed their application, and they have been accepted by the Board of Directors and are recommended to you for further action. Henrietta Marguerite Adams; Ethel M Carlstron; Mary A. Catton; Emily Isabel Elliott;
Hazel A Goff; Anna Jones; Marguerite C. Kelly; Gladys Lastinger; Mary E. Martin; Teresa R. Murphy; Ursula D. Payne; Marie C. Petersen; Mary S. Power; Margaret Rice; Lillian J. Ryan; Elsie M. Smith; Olga E. Solberg; Ethel Swope; Roberta M. West; Tillie Wilcox and Helen Young.

MARY C. WHEELER.

President Jammé: You have heard the report of the membership committee. What is the pleasure?

(Moved and seconded that said report be accepted, carried unanimously.)

President Jammé: I am sure we are very glad to recommend these new members and to accept them into the privileges and opportunities of our National League of Nursing Education, and we hope the membership committee will give us such a report quite frequently and even double the numbers. Might we not well anticipate that we should have an average of one member in our National League from each of the 1700 schools of nursing in the United States. I think that is something we must work for in all of our states to see that everyone who is connected with our schools and with nursing education should be in our National Organization. The more members we have the more we will be able to do.

We have another report of a standing committee and that is the Report on the Department of Nursing and Health, which was not read at our last meeting as it had not yet arrived.

REPORT ON THE DEPARTMENT OF NURSING AND HEALTH, TEACHERS COLLEGE, COLUMBIA UNIVERSITY, FOR THE YEAR 1921-1922

The registration of students during the academic year, October, 1921 to June, 1922, shows the total number to be 295 composed of

a. Graduate nurses ........................................ 196
b. Undergraduates in combined course with Presbyterian and St. Luke's Hospitals .................................. 19
c. Undergraduates in short Public Health course (largely army nursing students) .................. 69
d. Occupation therapy .................................. 11
Of the graduates there are

In their third year........................................ 14
In their second year.................................... 63
In their first year........................................ 119

The distribution of students according to the divisions of the Department shows:

a. In training school administration.......................... 27
b. In teaching in training schools.............................. 47
c. In public health nursing including all branches........ 187
d. In combined course in affiliation with hospital.......... 19
e. In teaching home nursing.................................. 4
f. In occupation therapy.................................... 11

Total number working for B.S. degree....................... 106
Total number working for M.A. degree....................... 12

Educational records show

High school graduates.................................... 179
With additional work in college or normal school of 1 to 2
  or 3 years................................................ 62
Full college work bringing degree of B.S. or B.A........... 20

The remainder come from private schools, academies or foreign schools.
Twenty-seven colleges and universities are represented among the graduate students.

One hundred and fourteen training schools for nurses are represented
with 13 students coming from each of two of our leading schools, Johns
Hopkins and Presbyterian.

The students come from 38 states with New York (39 students) and
Pennsylvania (17 students) in the lead.

There are 29 students from 12 other countries which include Canada
and 11 foreign countries.

The work of the Department is growing increasingly difficult,
a situation to which many causes contribute. The first obviously
lies in the fact that the field of labor whose needs and demands
we are trying to the very best of our ability to meet is very large,
varied and complex, presenting always (and particularly at the
present stage of its history) a field bristling with problems of
large human and economic import which are peculiarly stubborn
in their resistance to solution. Those who are to direct the schools
of nursing, hospitals and public health work of today are being
called upon for capacities of a different and far higher order from
those which have served this field of work in the past. In our efforts to help prepare nurses to give what is now needed we find the unsettled questions of the time constantly projecting themselves, and we would be wise indeed if we knew how to answer them, or to find people anywhere who could do so.

Our other difficulty lies in our rapid growth which taxes heavily the resources the college can provide for us in the way of space for class and conference rooms, offices and clerical staff. These discomforts which are shared by other departments of the college have been endured by our entire staff with admirable patience and cheerfulness, and we are looking forward hopefully to the larger space which will be released for us when the new library building now going up in front of our present quarters is completed.

The year has gone by with little outward change in so far as new appointments to the staff, new branches of work, new courses of instruction are concerned, but it has been a year of continuous and searching study of the entire range of work which has grown up in the Department during the past decade—a study dealing with substance, methods and direction of instruction. Such changes and developments as may seem advisable in the Department will be based not only upon studies of the new requirements outside which we want to meet, but upon careful examination within to see how far existing resources will enable us to go.

Among the new appointments for the coming year we are happy to announce that of Miss Elizabeth Burgess who comes as a full time member of the staff in September. She brings to our students the fruits of a wide experience which will be a great advantage to them.

Former students and friends of the Department will rejoice to hear that Dr. Haven Emerson has just been appointed professor of Public Health Administration in Columbia University, the first of this title, and will continue as a member of our teaching staff.

Some progress has been made during the current year in several branches of work in which there has long been interest. We have been repeatedly asked to provide some courses which would be helpful for supervisors, those who in addition to supervisory duties devote a fair proportion of their time to teaching of that most important subject called practical nursing.
The steady introduction of courses in home nursing and child care into public schools calls for some definite preparation for those nurses called upon to teach these subjects. Two great branches of public health work, school nursing and rural nursing, have long called for special consideration and for developments in the training of workers for these fields which could not be made until a serious study of the needs in the fields themselves had been made. We have been able to at least begin studies in all these directions, and have worked out programs of study for nurses interested in three of them. Rural work will be the object of special attention during the coming year.

Anna C. Maxwell,
Chairman.

President Jammé: There is a recommendation in the minutes of the Board of Directors of June 24 recommending that Dr. Richard Olding Beard, of Minneapolis, be recommended to the assembly as an honorary member. What action do you wish to take on this recommendation of the Board of Directors?

Miss Eldredge: I move that this recommendation be adopted.

Carried.

Secretary Russell: I have a telegram to the convention:

May I ask that the following resolution be presented to your convention:

WHEREAS, nearly four years have elapsed since the armistice was signed, without bringing peace to the near east, and our faithful allies and Christian minorities in the near east are still fighting for life and political and religious freedom;

And WHEREAS, the Near East Relief, now caring for over a hundred thousand orphan children, and has many more not yet reached; and whereas, a hundred thousand Christian girls and women are still held in Moslem harems:

Be it therefore resolved, [etc. (Reads resolution.)]

President Jammé: You have heard this letter. Do you wish to make any recommendation on it or do you wish to move to support this movement in the Near East as embodied in the letter?

(Resolution endorsed.)

Secretary Russell: The next letter is an invitation for next year. The Wisconsin League of Nursing Education extends to the National League of Nursing Education a cordial invitation for
1923 convention to meet in Milwaukee. A. M. Northam, President.

We have several invitations from St. Paul for 1924, and St. Paul has graciously withdrawn in favor of Detroit, but they have asked us to consider that these invitations were to apply to our 1923 meeting.

The Massachusetts States Nurses' Association has also asked to have us consider their invitation for 1923.

President Jammé: You have heard the letters of invitation for the next convention I think probably it would be well for us to take it up now.

(A rising vote was taken and Boston was elected for the meeting place for 1923.)

President Jammé: Now the question comes up, which is a very important one, as to the time we should hold our meeting, what time of the year. Has any one any suggestion to make as to the time? There is always the question of graduation and the question of closing the year, and there is the question of the summer sessions, of institutes, state association meetings. Has any one a suggestion, as to when we should hold our next convention?

Miss Henderson: Possibly Miss Hall could tell us what time would be most acceptable to have us, which would not conflict with other organization meetings.

Miss Hall: We have a New England Division of the American Nurses' Association which meets on alternate years, so it is due to meet next year in Vermont, and we will need to avoid conflict with that. Last year that occurred in May and I presume will occur in May next year, but I do not know the exact date.

President Jammé: Any other considerations? Sometimes we are influenced by the matter of season or climate, but Boston always has a good climate.

Miss Eldredge: I hope we do not have it in the early part of June. The question there is holding examinations, on account of students going out of school, so if we do not have it then we have to go back.

President Jammé: Would you like it referred to the Executive Committee? We would like very much to have had the voice of the assembly, because the Executive Committee is frequently
puzzled as to the time. The summer sessions begin I think about the latter part of June or the first part of July; in some states they come earlier. It might be helpful to enable us to decide about the time. For instance, we held our Kansas City meeting in April, which seemed very early. That was to get it over before the graduations begin. Could we arrive at some conclusion by saying between the middle of June and the first of July?

*Miss Wood:* The railroad rates would be effective in June. They commence May 15.

*Miss Eldredge:* Could we move to leave it with the Executive Committee, asking them to take into consideration the different factors of rates and other things, and settle on a time that would be as nearly as possible a time which would meet all exigencies?

(On motion referred to Executive Committee.)

**REPORT OF THE INSTRUCTORS' SECTION**

The Instructors' Section has several very interesting papers. The only recommendation was the election of the officers: Miss Nell Brown, Chairman; Miss Lake, Secretary; Sister Domitilla, Miss Isobel Stewart, Mrs. Helene Hermann, Miss Mary S. Power and Miss E. J. Higbid as officers:

*Martha M. Russell,*
*Secretary.*

*President Jammé:* Now we will proceed with the report of the round tables, taking them in order as they occurred. The first round table is "The Educational Function of the Journal." Is there a report from that round table?

**REPORT OF ROUND TABLE ON EDUCATIONAL FUNCTION OF THE JOURNAL**

A discussion of the Journal, its relation to the various groups of nurses; the consensus of opinion is that it is primarily a graduate Journal and should expend its major effort on the broader aspects of educational and organization work and health teaching. It was recommended that the Journal encourage the wider use of books by nurses by publishing reviews of books for professional
or general reading and thus teach nurses to use many sources of information rather than to consider the Journal the one source of information.

MARY M. ROBERTS.

REPORT OF ROUND TABLE ON THE IMPORTANCE OF PSYCHIATRIC NURSING IN THE CURRICULUM

Miss Thompson stated that inasmuch as this round table was to be the Nurses Round Table, and in order to begin the discussions as quickly as possible, she would call on members present to give their opinion upon the importance of Psychiatric nursing.

Miss Alma Haupt of Minneapolis stated the only branch of nursing not included in the University School of Nursing was Psychiatric nursing.

Miss Haupt, with several other nurses, was sent to Psychiatric Institute for special training. She recommends:

- First, Psychiatric training in an affiliated school if it cannot be given in the school where other nursing training is provided.
- Second, that every school of nursing give to the student nurses a knowledge of the training which may be given in schools other than their own, which will advance their personality as well as their technical skill.

Miss Jones of Minneapolis has had some psychiatric training and finds it most important. She suggests that more attention be given to the normal reactions and control, especially in the training of children. She believes that the home training is a very important factor in many public health nursing problems, such as malnutrition.

Miss Jones also emphasized the need of differentiating between mental hygiene, mental deficiency and insanity.

Ada Eldredge of Wisconsin suggested that any human being before attempting to associate with another human being should study Psychology. She believes that Psychology is a great factor in the relationship between the superintendent and the student and between the instructor and the student. The fact that so many of the nurses who gave most valuable service in the Army were graduates of Psychiatric Hospitals is sufficient evidence to indicate the necessity of including this in the curriculum.
of the student nurse. She hopes to be able to arrange Psychiatric nursing for all student nurses in Wisconsin, whether within or without the state.

Miss Jammé of California believes Psychology should be placed early in the course, but considers that great care should be taken in recommending books for miscellaneous reading. The study of Normal Psychology is of great benefit to the superintendent, to the student and to the graduate nurse in private duty.

Psychiatric nursing will be helpful in the curriculum and the time is coming when we shall say, not "can we," but "we must include it."

The question arises as to whether it should be made an elective or absolutely required.

Miss Hines and Miss McLaren added to the general discussion which brought out the personal and professional importance of Psychiatric nursing to the superintendent, all nurses in training and the graduate nurse in private duty.

The following resolution was unanimously carried:

Resolved that this body recommend to the National League of Nursing Education, that the study of Psychology of the normal child be introduced into the schools of nursing in connection with children's training.

Resolution approved.

President Jammé: The next round table occurred on Thursday morning: "How Can Post-Graduate Courses be made of more value?"

Miss Hall: This report was prepared by the Secretary of the meeting, Miss Watson, and was turned in to the Secretary of this organization. I will present it.

REPORT OF ROUND TABLE ON POST-GRADUATE COURSES

The points discussed were principally as follows: The subjects offered in the post-graduate course; Where such courses were given; Is an allowance paid? Is a fee charged? Is maintenance allowed?
It was brought out that the subjects most frequently desired in securing a post-graduate course are obstetrical, pediatric and contagious diseases, anesthesitics, also medical and surgical nursing, laboratory technic and X-ray. And it was brought out that in a number of instances there were demands for a year's course in combination with laboratory technic, x-ray work and administration of anesthesitics.

The arrangement of the course seemed to vary according to hospitals. Maintenance is usually given. In most cases an allowance is paid rather than a fee charged. Some schools have definite time for entrance and other schools take the applicants at any time they care to come.

The reasons for desiring courses seemed to be field work for public health nursing and nurses coming to a strange locality desire post-graduate courses in order to introduce themselves to the hospitals and to the medical profession and inefficient courses, some secured a long time ago and some secured in hospitals too small for recognition.

The association brought out the fact that post-graduate courses in the main are not at all well developed. The consensus of opinion was that we deplore post-graduate courses being given merely to increase the working force of the hospital. It was advocated that a fee for post-graduate courses be charged, for two reasons: first, that the student desiring a post-graduate course would value it more on the general ground that one values a thing that is paid for; and secondly, that if the school was receiving the fee it would feel greater obligation in providing their course, in providing a sounder curriculum and better teaching for it.

*President Jammé:* The round table held on Friday morning was on "Inspection of Schools of Nursing from the Educational View-Point." Miss Giles will give that report.

**REPORT OF ROUND TABLE ON INSPECTION IN SCHOOLS OF NURSING**

At the National League of Nursing Education Round Table, held in room 2 of the Plymouth Congregational Church, June 30th, at 8 a.m., Miss Anna Jammé of California presided.
The subject for discussion was Inspection of Schools of Nursing from the Educational view point. The chairman divided the subject into four parts as follows:

a. Is inspection helpful?
b. Who is to be educated?
c. Methods of inspection
   - Function of inspector
   - Time for inspection
   - What to inspect
d. Methods of making report

Is inspection helpful? All those who spoke on this subject felt that it is helpful to all departments of the hospital, including the Superintendent of Nurses, Superintendent of the Hospital, Faculty, the Board of Trustees, and the Student Nurse. In one case, where the senior students' notebooks were collected and handed to the inspector, there has been a marked improvement on the appearance of those which followed. It is believed that the inspection in most cases are constructive, rather than destructive, and that she helps more than she discourages.

Who is to be educated: The assembly seemed unanimous in the opinion that the Superintendent of Nurses must share her education with the Superintendent of the Hospital, the Faculty and the Board of Trustees. Further, the inspector is never free from teaching standardization of records and reports.

Methods of Inspection: First, the function of Inspector. In the first place it was pointed out that the title, "inspector," was rather startling, but the officials in the Hospital should be made to feel that the inspector was there for the purpose of giving help and suggestions, rather than to find fault; that she is a friend rather than an enemy.

Time for inspection: We believe that the majority of the persons in the assembly believe that the time of day does not matter; that at all periods of the day the value of the work is important to the inspector; that while not necessarily ethical, it is advisable that the inspector call the Superintendent of Nurses on the 'phone and ask if it is suitable for her to call on a certain day; if the Superintendent is not at home, then her assistant must respond to the call. It is further suggested that the Inspector visit the wards first and later the office records and books. The length of time should be more than one day, a week if necessary.
What to inspect: Everything that has to do with the educational side, and the living conditions of the nurse—utility rooms, work rooms, linen rooms, medicine closets, the proper care of the wards and ward supplies, dining room and food, nurses homes and equipment, the superintendent’s office and its equipment.

Methods of making report: The hour for adjournment having arrived, this subject could not be discussed, although the suggestion was made that at least three persons connected with the institution should receive a copy of the report, viz., the Superintendent of Nurses, Chairman of the Training School Committee, and the President of the Board of Trustees.

Respectfully submitted,

IDA GILES.

President Jammé: The round table on institutes and instructors. Miss Logan has the report of that round table and will read it.

REPORT OF THE ROUND TABLE ON INSTITUTES AND INSTRUCTORS

Several institutes were reported at the round table: institutes held in California, in Ohio, two in Michigan, three at Columbia for inspectors of schools of nursing, one at Glacier Park, in Montana.

As to the question of fees, it was found no fees were charged in some cases and in some cases a small fee charged; that the length of time for the institute ranged from five days to two weeks. The two weeks’ institute was held in Michigan and was held in two parts; the first part for one group and the second part for another group.

The recommendation coming out of this round table was that we go on record as approving institutes held under state leagues, especially those leading the way to summer sessions.
REPORT OF THE ROUND TABLE ON INTELLIGENCE TESTS

Miss Alice Lake presided; two interesting papers were presented, The Problem of the Backward Student, by Lauretta Morrissey, and Intelligence Tests, by Helen Kurtti.

These papers brought out the value of the intelligence tests in corroborating the judgment of school officials regarding a student whose capacity seemed below normal.

The technique of such tests and manner of applying its conclusions was explained.

Reports from the Robert W. Long Hospital, Indianapolis and the University Hospital in Ann Arbor where these tests have been used were given. There was a very interesting discussion.

The conclusion seemed to be that at present the chief practical use of these tests for persons as old as our students, was that it furnished a means of deciding regarding the possibility of a student's development somewhat earlier than is possible by usual observations.

Report accepted.

REPORT OF ROUND TABLE ON VENEREAL DISEASES

At 4:30 p.m. on Wednesday, Miss Lilian White presided at a session to consider the present state of the control of venereal disease; Miss Anne Doyle of the U. S. Public Health Service spoke and said that they were anxious to get as definite data as possible regarding any teaching they could assist in introducing into the schools of nursing in order that the nurses who came into the Public Health Service should be able to help with this great problem.

Discussion centered around the necessity for bringing a high ideal of personal purity and intelligent understanding of all sexual problems to our nurse students so that, as they meet the problems in their work they may be able to help and not be overwhelmed by its sadness and misery. The responsibility of the Superintendent of nurses, who stands in the relation of a mother to her neophytes, was stressed, but there were no definite recommendations made.
REPORT OF ROUND TABLE ON THE APPLICATION OF MODERN TUBERCULOSIS METHODS TO THE WORK OF THE INSTITUTIONAL NURSE

The importance of the instruction of student nurses in the care of this disease was stressed and the importance of her attitude in making the patient content as he accommodates himself to the rest and fresh air which form so great a part of the treatment. The responsibility for proper feeding, such occupation as is ordered also lies with the nurse.

She is also in a position to combat phthisisphobia.

REPORT OF THE RESOLUTIONS COMMITTEE

To the members of the National League of Nursing Education:

WHEREAS, The twenty-eighth annual meeting of the National League of Nursing Education is concluding a week of enthusiastic and instructive conferences in the city of Seattle, Washington,

Therefore, Be it Resolved, That we concur with the American Nurses Association in expressing our heartfelt thanks and sincere appreciation of the efforts all those who have in any way contributed to the pleasure and comfort of those attending the meetings, especially to His Honor, Dr. E. J. Brown, the Mayor of Seattle, for his cordial welcome to the city and to the people of Seattle for their hospitality.

To the efficient Committee of Arrangements under Miss Mae S. Loomis of the Seattle City Hospital including all its sub-committees to whose untiring efforts, zeal and thoroughness is due the great success of this convention! We would especially mention the assistance rendered by the local graduates and pupil nurses, serving as ushers and and in other capacities.

To the Board of Directors and the entire staff of workers of the Young Women's Christian Association for their cheerfulness, cordial cooperation, genuine hospitality, untiring effort, and patience under exacting conditions, in throwing open their house with all its perfect equipment for the use of our members to the exclusion of their own activities.

To the Board of Trustees of the Presbyterian Church for the generous offer of the use of its auditorium for the evening sessions.
To Board of Trustees of Plymouth Church for the hospitality shown in opening their doors for the convention.

To the ladies of the Orthopedic Hospital for their social activities as expressed in the reception Tuesday evening at the Rainier Club.

To the Taxi-cab Companies who have so kindly reduced their charges for the members of the convention.

To Mrs. F. W. Hargrave of the American Legion Auxiliaries and Mrs. G. H. Guy for providing flowers in such profusion for our delight.

To those citizens of Seattle who have donated their cars for our enjoyment.

To those organizations which have served tea each afternoon in the Tea Room.

To the Rev. Mr. Mathews, pastor of the Presbyterian Church for his invocation at the opening session.

To Mr. Vivian, the song leader and the soloists and accompanists who contributed the music programs at the evening and afternoon session.

To the Western Union Telegraph Co., the Postmaster of Seattle, the Railway Transportation officials, and the Police Department of Seattle for the special arrangements for our comfort and convenience.

To the Nurses Transportation Committee under the efficient direction of Miss R. Inde Albaugh assisted by the Division Directors of the American Red Cross Nursing Service for having so satisfactorily arranged special trains and rates.

WHEREAS, A communication has been received that a League of Nursing Education has been formed in Europe, Therefore, Be it Resolved, that we send them our formal greetings and assure the members of our appreciation of their effort to standardize nursing education.

WHEREAS, The Young Women's Christian Association is establishing branches of this organization in professional schools for women, Therefore, Be it Resolved, that we endorse this movement and recommend to our schools the furtherance of this activity.

WHEREAS, This organization appreciates the action of Yale University in conferring upon Miss M. Adelaide Nutting the
honorary degree of Master of Arts, and of Mt. Holyoke College in conferring upon Miss Annie W. Goodrich the honorary degree of Doctor of Science, Therefore, Be it Resolved, that we extend to Miss Nutting and to Miss Goodrich our hearty congratulations and our joy in the honor thus conferred.

Whereas, For many years Dr. Richard Olding Beard has advocated higher educational standards in schools of nursing, Therefore, Be it Resolved, that we extend to him our appreciation of his wonderful vision of the need to maintain our national health which has led him to constructively criticize and advance nursing education.

Whereas, The White Cross has developed a program leading to the suppression of the illegitimate use of narcotics; Therefore, Be it Resolved, that while we as nurses are primarily engaged with the problems of cure, we urge most earnestly that those who make and enforce our laws and we most earnestly urge all parents, all teachers and all authorities to acquire such knowledge of this menace as will enable them to safeguard their children and pupils and to put them on guard against this insidious temptation by which they are beset.

Respectfully submitted,

M. ANNA GILLIS,
EVELYN H. HALL,
ADELAIDE NORTHAM,
ADA BELLE McCLEERY, Chairman.

President Jammé: You have heard the resolutions presented by our Resolutions Committee. What is your pleasure in regard to this report?

Miss Logan: I move that this report be accepted. (Carried.)

President Jammé: Have you any further resolutions that you would like to add to the report?

Secretary Russell: Madam President, I have the draft of a letter to be sent to Dr. Winslow, Chairman of the Rockefeller Committee to study nursing education:

The National Association of Nurses assembled in convention in Seattle have had presented to them the report of your committee for the study of nursing education. They desire to express to you and your co-workers the profound appreciation with which your report has been received by
our three organizations, appreciation of the spirit of sympathy and justice which has actuated you in making this study and the deliberate and scientific consideration which you have given it. We wish especially to express our indebtedness to Miss Goldmark and our appreciation of her great contribution. The results of this study and its accompanying recommendations we confidently believe will further the advance of nursing education to the end that we may render a greater service.

President Jammé: Before I place this to the vote of our organization I would like to say that this report was made to our joint organizations, and as we do not hold a joint meeting before we leave Seattle, it has been proposed that the communication would be placed before each one of our organizations, and that it be sent out as a joint letter from our organizations. What is your pleasure in regard to this communication?

Miss Hall: I move the acceptance of this communication. (Seconded and carried.)

The next in order of business is the report of the tellers of election. You remember at our last session we had the report of the Nominating Committee, which was a unanimous report; there were no nominations from the floor.

(The ballot was read by the Secretary.)

BALLOT

For President
Laura R. Logan

For First Vice-President
Carrie M. Hall

For Second Vice-President
Amy R. Hilliard

For Secretary
Martha M. Russell

For Treasurer
Bena M. Henderson

Directors for two years
Anna M. Jammé
Annie W. Goodrich
Mary C. Wheeler
Elenora Thompson

Miss White: I move that the Secretary be instructed to cast the ballot of the organization for the members as they appear on the ballot.
President Jamme: You have heard the motion that the Secretary be instructed to cast the ballot of the organization for the ticket as it is now read.

Miss Henderson: May I rise to a point of order? The nominations from the floor have not been closed. It is necessary that they be closed.

President Jamme: We accept Miss Henderson's point of order.

Miss Giles: I move that the nominations be closed. (Motion seconded and carried.)

President Jamme: We will place Miss White's motion, which you have heard, seconded by Miss Roberts. (Carried.)

We will proceed to introduce our new officers. The President for the coming year, Miss Laura Logan. Miss Logan hardly needs an introduction. We all know Miss Logan and we all know what a very splendid President she is going to make.

The officers present were introduced and accepted their responsibilities in brief replies.

Miss Giles: I should like to move a vote of thanks to our retiring officers who have served us so faithfully in the past term.

(The motion was carried.)

Miss Dunlop: I think we should give a rising vote of thanks to our retiring President, who has worked so long and so faithfully for this organization, a very efficient worker.

(The motion was carried unanimously by a rising vote.)

President Jamme: I wish to thank you very much for your appreciation of my work as your President. I think the presidency is the greatest gift an organization has in its power to bestow on an officer; and I accepted it with a great feeling of timidity—when I thought of my illustrious predecessors and what they had done in office. All through my presidency I have thought continuously of those who have gone before us, who built up our organization, who represented it before the public and before the nurses of the country. I kept feeling continually how inadequate I was to fill or commence to do what they had done. I thought of Mrs. Robb, Miss Nutting, Miss Goodrich and the others, the long list of names that we have as our Presidents. I have been happy in my work. I have enjoyed it very, very much. I have enjoyed the support of the splendid Board of Directors. Not once have they failed me when I went out to them for advice or
help. I have enjoyed working with our organization, and I have felt it was a tremendous privilege, quite the acme of my nursing work. I leave it very confidently in the hands of my successor, for I know she will carry on the ideals and be the voice of our organization before the public and before the nurses.

Miss Eldredge: May I make a motion that the League of Nursing Education send greetings and regrets for the absence of Miss Maxwell, Miss Riddle, Miss M. E. Davis and Miss Linda Richards?

President Jammé: If there is nothing further a motion to adjourn is in order.

(On motion the meeting adjourned.)