Twenty-ninth Annual Report
of
The National League
of
Nursing Education
1928
HEADQUARTERS

NATIONAL LEAGUE OF NURSING EDUCATION,
370 SEVENTH AVE., NEW YORK CITY.
PROCEEDINGS

OF THE

TWENTY-NINTH ANNUAL CONVENTION

OF THE

NATIONAL LEAGUE OF NURSING EDUCATION

HELD AT

SWAMPSCOTT, MASSACHUSETTS
JUNE 18 TO JUNE 22, 1923

NATIONAL HEADQUARTERS
370 Seventh Avenue
New York, N.Y.

Baltimore
WILLIAMS & WILKINS COMPANY
1923
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OFFICERS OF THE SOCIETY

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LAURA R. LOGAN, R.N.
University of Cincinnati, School of Nursing and Health, Cincinnati, Ohio

First Vice-President
CAROLINE E. GRAY, R.N.
Western Reserve University Department of Nursing, Cleveland, Ohio

Second Vice-President
MARY M. ROBERTS, R.N.
370 Seventh Ave., New York, N. Y.

Secretary
ADA BELLE MCCLEERY, R.N.
Evanston Hospital, Evanston, Illinois

Treasurer
BENA M. HENDERSON, R.N.
Children's Hospital, Milwaukee, Wis.

Executive Secretary
To be appointed
370 Seventh Ave., New York, N. Y.

Directors (Elected in 1922)
ANNA C. JAMMÉ, R.N., 724 Wells Fargo Bldg., San Francisco, California.
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ELNORA THOMSON, R. N., 370 Seventh Ave., New York, N. Y.

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New York, N. Y.
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HARRIET GILLETTE, R.N., Episcopal Hospital, Philadelphia, Pa.
MARION ROTTMAN, R.N., Mt. Sinai Hospital, Milwaukee, Wis.
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Mrs. Gertrude Loutzenheiser, R.N., Denver, Colorado.
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Sally Johnson, R.N., Boston, Massachusetts.
Maude M. Gardner, R.N., Baltimore, Maryland.
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Candace Montfort, R.N., Oklahoma City, Oklahoma.
Sarah C. Barry, R.N., Providence, Rhode Island.
Ella Read, R.N., Galveston, Texas.
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Marian Rottman, R.N., Milwaukee, Wisconsin.
Grace Phelps, Portland, Oregon.
Faith Ankeney, R.N., Des Moines, Iowa.
COMMITTEES

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University Hospital, Ann Arbor, Mich.

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102 Spring Street, Rochester, N. Y.

FLORA BURGDORFF
School Nurse, Flint, Mich.

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University of California Hospital, San Francisco, Calif.

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Children's Free Hospital, Detroit, Mich.

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Harper Hospital, Detroit, Mich.

Committee on Finance

To be appointed

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Peter Bent Brigham Hospital, Boston, Mass.

SALLY JOHNSON
Massachusetts General Hospital, Boston, Mass.

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Illinois Training School for Nurses, 509 South Honore St., Chicago, Ill.

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Philadelphia General Hospital, Philadelphia, Pa.

LOUISE M. POWELL
University Hospital, University of Minnesota, Minneapolis, Minn.

CORINNE D. FRENCH
Philadelphia General Hospital, Philadelphia, Pa.

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Columbia Hospital, Milwaukee, Wisc.

SISTER M. DOMITILLA
St. Mary's Hospital, Rochester, Minn.

SALLY JOHNSON
Massachusetts General Hospital, Boston, Mass.

Representing the N. O. P. H. N.:
MARY BEARD
561 Massachusetts Ave., Boston, Mass.

JESSIE L. MARRINER
Bureau of Child Hygiene & Public Health Nursing, Montgomery, Ala.

LYSTRA E. GRETTER (MRS.)
Visiting Nurse Society, Detroit, Mich.

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To be appointed
TWENTY-NINTH ANNUAL CONVENTION

Committee on Headquarters

ELIZABETH C. BURGESS, Chairman
Department of Nursing and Health,
Teachers' College, Columbia University,
New York, N. Y.

Chairman of the Ways and Means Committee
(To be appointed)

Executive Secretary Headquarters
(To be appointed)

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New Haven Hospital, New Haven, Conn.

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Ind.

JESSIE E. CATTON
New England Hospital for Women and
Children, Boston, Mass.

GRACE PHELPS
University of Oregon, Portland, Ore.

Committee on Isabel Hampton Robb Fund

(Committee composed of representatives of the League of Nursing Education, the American Nurses' Association, the National Organization for Public Health Nursing.)

Executive Committee

ELSIE M. LAWLER, Chairman
Johns Hopkins Hospital, Baltimore, Md.

KATHERINE DEWITT, Secretary
American Journal of Nursing, 19 West
Main St., Rochester, N. Y.

MARY M. REDDLE, Treasurer
223 Newbury St., Boston, Mass.

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Department of Nursing & Health,
Teachers' College, Columbia University,
New York, N. Y.

CLARA D. NOYES, Director
Department of Nursing, American Red
Cross, Washington, D. C.

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Yale University School of Nursing
New Haven, Conn.

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Community Health Centre, 67 Mt.
Vernon St., Boston, Mass.

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Pennsylvania Hospital, Philadelphia, Pa.

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4708 Brush St., Detroit, Mich.

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724 Wells Fargo Bldg., San Francisco,
Calif.

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Presbyterian Hospital, Chicago, Ill.

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370 7th Ave., American Child Health
Ass'n., New York, N. Y.
COMMITTEES

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Dept. of Nursing and Health, Teachers' College, Columbia University, New York, N. Y.

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Teachers' College, Columbia University, New York, N. Y.

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Cincinnati General Hospital, Cincinnati, Ohio

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New Haven Hospital, New Haven, Conn.

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College for Women, Western Reserve University, Cleveland, Ohio

HELEN WOOD
1036 Walnut Street, Newton Center, Mass.

KATHERINE KIMMICK
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SISTER DOTTILLA
St. Mary's Hospital, Rochester, Minn.

Executive Secretary, Chairman
(To be appointed)

MARY C. WHEELER, Chairman
Illinois Training School for Nurses, 509 S. Honore St., Chicago, Ill.

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American Journal of Nursing, 370 7th Ave., New York, N. Y.

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American Red Cross, Washington, D. C.

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College for Women, Western Reserve University, Cleveland, Ohio

HELENA McMILLAN
Presbyterian Hospital, Chicago, Ill.

ELIZABETH BURGESS
Teachers' College, Dept. of Nursing and Health, Columbia University, New York, N. Y.

S. LILLIAN CLAYTON
Philadelphia General Hospital, Philadelphia, Pa.

MARY M. ROBERTS
370 7th Ave., New York, N. Y.

ANNE STRONG, rep. from the N. O. P. H. N.
Simmons College, Boston, Mass.

GERTRUDE HODGMAN, rep. from the N. O. P. H. N.
370 7th Ave., New York, N. Y.

Etzel P. Clarke (Mrs.)
Robt. W. Long Hospital, Indianapolis, Ind.

BENA M. HENDERSON
Milwaukee Children's Hospital, Milwaukee, Wisconsin

Committee on Publications

Committee on International Relations

ADA M. CARR
National Organization for Public Health Nursing, 370 7th Ave., New York, N. Y.

FLORENCE M. JOHNSON
American Red Cross, 598 Madison Ave., New York, N. Y.

EFFIE J. TAYLOR
New Haven Hospital, New Haven, Conn.

FLORENCE M. JOHNSON
American Red Cross, New York County Chapter, 598 Madison Ave., New York, N. Y.

MARY K. NELSON
46 Westland Ave., Boston, Mass.
TWENTY-NINTH ANNUAL CONVENTION

Committee on University Relations

LAURA R. LOGAN, Chairman
University of Cincinnati, University Hospital, Cincinnati, Ohio

ANNIE W. GOODRICH
Yale University School of Nursing, New Haven, Conn.

CAROLINE E. GRAY
Western Reserve University, College for Women, Cleveland, Ohio

LOUISE M. POWELL
University of Minnesota, Minneapolis, Minn.

ETHEL P. CLARKE (MRS.)
Robt. W. Long Hospital, Indianapolis, Ind.

ADA BELLE McCLEERY
Evanston General Hospital, Evanston, Ill.

Committee on Budgets

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Mt. Sinai Hospital, New York, N. Y.

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Massachusetts General Hospital, Boston, Mass.

MARY KELLY
Rochester General Hospital, Rochester, N. Y.

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University of Minnesota Hospital, University of Minnesota, Minneapolis, Minn.

AMY HILLIARD
Samaritan Hospital, Troy, N. Y.

HELENA McMILLAN
Presbyterian Hospital, Chicago, Ill.

S. LILLIAN CLAYTON
Philadelphia General Hospital, Philadelphia, Pa.

ADA BELLE McCLEERY
Evanston General Hospital, Evanston, Ill.

Committee on Publicity

JANE VAN DE VREDE, Chairman
American Red Cross, 249 Ivy Street, Atlanta, Ga.

Executive Secretary at Headquarters
(To be appointed)

Committee on Nomenclature

BLANCHE PFEFFERKORN, Chairman
University of Cincinnati, Cincinnati, Ohio

MARIAN VANNIER
University of Minnesota, University Hospital, Minneapolis, Minn.

HELEN WOOD
1036 Walnut St., Newton Center, Mass.

Committee on Affiliations with Training Schools for Colored Nurses

JANE VAN DE VREDE, Chairman
Department of Nursing, Southern Division, American Red Cross, 249 Ivy Street, Atlanta, Ga.

Committee on Problems of Education in the Small Hospital

To be appointed
AMERICAN SOCIETY OF SUPERINTENDENTS
OF TRAINING SCHOOLS FOR NURSES

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

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

Officers for years following have been:

1894 New York, January 10–11.
   President, Anna L. Alston; Secretary, Louise Darche; Treasurer, Lucy L. Drown.
1895 Boston, February 13–14.
   President, Linda Richards; Secretary, Louise Darche; Treasurer, Lucy L. Drown.
1896 Philadelphia, February 11, 12, 13, 14.
   President, M. E. P. Davis; Secretary, Mary S. Littlefield; Treasurer, Lucy L. Drown.
1897 Baltimore, February 10, 11, 12.
   President, M. Adelaide Nutting; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.
1898 Toronto, February 10, 11, 12.
   President, Mary Agnes Snively; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.
   President, Isabel McIsaac; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.
1900 New York, April 30, May 1–2.
   President, Isabel Merritt; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.
1901 Buffalo, September 16–17.
   President, Emma J. Keating; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.
1902 Detroit, September 9, 10, 11.
   President, Lystra E. Gretter; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.
1903 Pittsburgh, October 7, 8, 9.
   President, Ida F. Giles; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.
1905 Washington, May 1, 2, 3.
   President, Georgia M. Nevins; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.
1906 New York, April 25, 26, 27.
   President, Annie W. Goodrich; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.
1907 Philadelphia, May 8, 9, 10.
   President, Maude Banfield; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.
TWENTY-NINTH ANNUAL CONVENTION

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

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

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

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

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

In June, 1912, the name of the society was changed to THE NATIONAL LEAGUE OF NURSING EDUCATION.

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

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

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

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

1917 Philadelphia, Pa., April 26 to May 2.
President, Sara E. Parsons; Secretary, Effie J. Taylor; Treasurer, Mary W. McKechnie.

1918 Cleveland, Ohio, May 7 to May 11.
President, S. Lillian Clayton; Secretary, Effie J. Taylor; Treasurer, M. Helena McMillan.

1919 Chicago, Illinois, June 24 to June 28.
President, S. Lillian Clayton; Secretary, Laura R. Logan; Treasurer, M. Helena McMillan.

1920 Atlanta, Ga., April 12 to April 17.
President, S. Lillian Clayton; Secretary, Laura R. Logan; Treasurer, M. Helena McMillan.

1921 Kansas City, Missouri, April 11 to April 14.
President, Anna C. Jammé; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson.

President, Anna C. Jammé; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson.
1923 Swampscott, Massachusetts, June 18 to June 25.
President, Laura R. Logan; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson; Executive Secretary, Effie J. Taylor,

The Society has affiliations with:

American Nurses Association
The American Child Health Association
National Vocational Guidance Association
American Social Hygiene Association
National Association for Study and Prevention of Tuberculosis
National Education Association
National Organization for Public Health Nursing
PROCEEDINGS

OF THE

TWENTY-NINTH ANNUAL MEETING

OF THE

NATIONAL LEAGUE OF NURSING EDUCATION

SWAMPSCOTT, MASSACHUSETTS, JUNE 18 TO 22, 1923

June 18, 1923

Monday Morning Session

The meeting was called to order at 10:30 a.m. by the President, Miss Logan.

This is the opening business session of the Twenty-ninth annual meeting of the National League of Nursing Education. I will ask the Secretary to read her report.

REPORT OF THE SECRETARY

Many of you have a vivid memory of the enthusiastic and interesting meeting held in Seattle last year, and while much of the charm of the place and the personalities can not be reproduced in the printed report or magazine, those who have had only the opportunity to read about it have doubtless appreciated that papers of remarkable excellence were presented and those of us who were there have a new realization of our privileges from what we have heard at that meeting.

The Board of Directors held a meeting in Seattle, July 1, 1922, and decided after conference with the American Nurses Association Directors that the time had come to take the step we had so long talked about and employ a full time Secretary at Headquarters, so it was arranged; and in January Miss Effie Taylor brought to the work at Headquarters her long and devoted experience and her enthusiasm for professional development.

On September 28, 1922, the Board of Directors met in New York and spent most of the session in considering the problems of Headquarters.

In January the usual mid-year meeting was held in New York and in conjunction with the American Nurses Association arranged new forms of
cooperation in order to efficiently use the new opportunity of having two full time secretaries at Headquarters. The usual routine business was transacted and after two days the meetings adjourned. It was voted to approve the plans of the Education Committee to arrange for the classification survey of schools of nursing. A referendum vote was taken later in which the Board voted approval of the work of the Central Council of Nursing Education.

An appeal was sent out by the Membership Committee for an increase in numbers, asking to have the names of eligible persons sent to the Secretary; 785 names have been sent in,—5 have just been received from China—and blanks have been sent to them; 105 have been returned thus far, and most of them passed by the Committee.

Our relations with the Associations with which we are affiliated have not been essentially changed; Miss Julia C. Stimson represented us at the meeting of the Child Hygiene Association; Miss Elenora Thomson is our representative at the National Education Association meeting in San Francisco. Miss Eleanor Hamilton took our greetings to the Dietitians Association. Miss Noyes was our representative at the recent conference on Social Work in Washington and Miss McMillan and Miss Carol Martin attended the Conference on Hospital Service in Chicago.

During the past year five members of the League have died: Miss Cornelia Happersette, Lock Haven Hospital, Lock Haven, Pa.; Sister Emma Detmer, Deaconess Hospital, Cincinnati, Ohio; Miss Bertha Erdmann, Longmont, Colorado; Miss Inez Lord, Rhode Island Hospital, Providence, R. I., and Miss Mary Haarer, New York State Department of Education.

Twenty-one members have resigned.

Our present membership is: Honorary members, 9; life members, 5; active members, 735; new members, 145; members in arrears for dues, 129.

Oregon State League has been admitted to membership.

At the Board meeting held June 17, it was voted to recommend that Mrs. Chester Bolton and Dr. C. E. A. Winslow be elected by the League to honorary membership.

Routine business was transacted.

Respectfully submitted,

MARThA M. RUSSELL,
Secretary.

Miss Logan: Will the Secretary please read the names of the two recommended by the Board of Directors for Honorary Membership.

Miss Russell: Mrs. Chester Bolton and Dr. C. E. A. Winslow have been recommended by the Board of Directors for Honorary Membership.
Miss Henderson: I move that the organization as a whole affirm and accept the recommendation of the executive board in appointing Mrs. Bolton and Dr. Winslow to Honorary Membership.

The motion was approved

Miss Logan: Will the Treasurer read her report.

Miss Henderson: The fiscal year of the National League of Nursing Education is the calendar year, therefore, this report does not include the five months of the present year.

REPORT OF THE TREASURER

FINANCIAL STATEMENT

(January 1, 1922, to December 31, 1922)

Cash Balance, January 1, 1922 .................................................. $4,390.21

Receipts during year:
Membership Dues ................................................................. $3,678.25
State Dues ........................................................................... 302.50
Calendar and Headquarters ................................................... 8,237.21
Publication Sales ..................................................................... 3,823.16
Interest, Bank Account .......................................................... 94.80
Contributions to General Fund ............................................... 30.00
Convention Receipts ............................................................... 132.00

$16,297.92

Disbursements:
1922 Calendar and Headquarters Expenses .................. $7,590.83
Printing and Stationery ......................................................... 190.17
Officers' Expenses ................................................................. 1,084.30
Cancelled Membership Checks ........................................... 20.15
Annual Meeting ................................................................. 749.60
Annual Report .................................................................. 1,824.48
Miscellaneous ................................................................... 126.21
Postage ............................................................................... 106.96
Exchange on Checks ............................................................. 11.65
Clerical Expenses ................................................................. 52.36
Publication Committee ......................................................... 3,401.68
Refunds .............................................................................. 14.50
Association Dues ................................................................. 70.00
Educational Committee Fund .............................................. 25.00

$15,267.89

Balance December 31, 1922 ......................................................... $5,420.24

This is to certify that I have examined the records kept of cash receipts and disbursements for the National League of Nursing Education by Miss
Bena M. Henderson during the year of 1922, and that I believe the record to be correct and to agree with the report attached.

F. Alfaretta Voorhees.

Miss Henderson: May I just state that of this $1335 received for contributions to Headquarters, $1000 was received from Illinois, and $335 contributions from other sources.

REPORT OF THE MEMBERSHIP COMMITTEE

The membership Committee reports that 145 applications have been received and passed upon during the year.

Carrie M. Hall, Chairman.

(The list of new members is included in the directory of Membership appended.)

REPORT OF COMMITTEE ON INTERNATIONAL AFFAIRS

No meeting of the Committee has been called and it still lacks a fifth member. The Chairman, however, because of her position has an unusual opportunity to gather foreign news, and begs to submit a brief summary of activities in the educational field in foreign countries. The American Red Cross has been concerned with five schools in Europe, as follows:

Miss Helen L. Bridge, Director, Warsaw School of Nursing, Warsaw, Poland.
Miss Ita R. McDonell, Director, Poznan School of Nursing, Poznan, Poland.
Miss Marion G. Parsons, Director, Prague School of Nursing, Prague, Czechoslovakia.
Miss Lyda W. Anderson, Superintendent, American Hospital, Constantinople, Turkey.
Miss Rachel Torrance, Director, School of Nursing, Sofia, Bulgaria.

The assistance rendered by that organization has varied, but has always included the selection of the staff of Nurse Directors, the number supplied being from two, as at Sofia, to five or six, as at the American Hospital and School of Nursing at Constantinople.

The School at Prague after four years of American nursing direction, on June 1, 1923, was entirely assumed by Czech authorities. While the direction of that at Poznan will either be assumed within the next six months by the local Committee or else be closed. The withdrawal of the practical teaching field after two years has presented a question attended by such
pronounced local difficulties as to warrant this course, unless a reversion of decision on the part of the Hospital authorities can be secured. The School at Warsaw has developed on a dignified, sound, educational basis, and was made possible through a gift from Miss Dorothea Hughes, a graduate of the Army School of Nursing connected with the Walter Reed Hospital, Washington, D. C. The Commencement Exercises of the first class to graduate from the school in Warsaw will be held in October. The financial situation in Poland is so serious that the Committee and Miss Bridge, the Director, have found it very difficult to meet the problem of supplying “coal and cabbages” not to mention the salaries and equipment necessary to conduct a modern School of sixty students. The School at Constantinople connected with the American Hospital has also suffered because of the defeat of the Greek forces in Asia Minor and the burning of Smyrna. All Armenian and Greek student nurses immediately withdrew, as they were afraid to remain. This School, unlike the others, is practically maintained by American funds secured through an American Committee representing the American College for Women, Roberts College, the American Red Cross and American Board of Missions, and various commercial groups such as the American Tobacco Company, Standard Oil and others. The School at Sofia, Bulgaria, the last of the group to be organized, is also developing on a sound educational basis. With the exception of the Constantinople School, the others have been organized under the auspices of a Local Committee, usually composed of representatives of the Ministry of Health, the Municipal Government, Department of Education and State University and the National Red Cross. In only two instances have the Schools been connected with a Red Cross Hospital, Warsaw and Bulgaria. Similarity in main points of organization exists in all, viz.:

Course. Two years including a three months preliminary course and some public health training.

Educational requirement for admission. Equivalent to full high school education although subject to some variation.

Tuition. In nearly all of the Schools a fee is required. Eight hour days. Separate residences with suitable classrooms and a curriculum that would correspond favorably with that recommended by the National League of Nursing Education of the United States have been adopted. Auxiliary Committees of women are being organized, for the purpose of interesting the women of the countries in the students and their life while in the School, and to assist with directing attention to ways and means of popularizing a modern system of nursing. An Alumnae Association
has been organized by the graduates of the Prague School, and others are under consideration.

Certain problems are common to all, such as difficulties with the language, compelling the utilization of interpreters, and the lack of textbooks either in French, which is universally used on the continent, or the language of the country. These practical difficulties added to those incident to the organization of a system of education in countries where nursing has from time immemorial been regarded as a mental occupation to be performed by servants or the responsibility of Sisterhoods, and where tradition has been against women taking part in any activity outside the home, and the unstable economic conditions make the task of these little groups of pioneers one of colossal proportions, exacting a heavy tax upon their courage, patience and physical strength.

The responsibility for the future of the graduates in countries where their usefulness has not been demonstrated is one which brings some anxiety. Through the League of Red Cross Societies and other organizations interest in "public health" has been aroused and so far the graduates are quickly pressed into service. The "short course" for the Health Visitors—given considerable impetus by English and American Health and Relief agencies—is still popular, although it is noted that interest in some localities is waning. The League of Red Cross Societies has assisted with the organization of a School of Nursing at Belgrade, Serbia. An English nurse, Miss Newton, is in charge. A new school building has been erected, largely financed by the American Commission to Serbia. In Bucharest, Roumania, Budapest and Hungary, the League of Red Cross Societies has also facilitated the introduction of English nurses into local hospitals for the purpose of developing schools of nursing or improving those already in existence.

In Haiti a School of Nursing, housed in a new school building, erected through a gift by the American Red Cross, with a staff of four American nurses, is reporting progress.

In the Philippines where a very extensive public health nursing program has been developed under the American Red Cross Chapter at Manila and where Miss Alice Fitzgerald is acting as a member of the Governor's staff, comes word of the organization of a League of Nursing Education, while the Graduate Nurses' Association is perfecting its organization in order to qualify for membership in the American Nurses' Association. By Scholarships and through private means student and graduate nurses have come from France, Poland, Czechoslovakia, Porto Rico, the Philippines and elsewhere, to this country to prepare for service in their own countries.
Many interesting contacts are being made through these students, closer relations are being established and a sympathetic understanding is being created that tends to bring nurses as well as the countries closer together.

AMERICAN NURSES’ MEMORIAL SCHOOL AT BORDEAUX, FRANCE

The Advisory Committee of American nurses which has been provided for by the Board of Trustees in the Charter of the School, includes the following representatives:

American Nurses’ Association:
Mrs. Jean Celhay, graduate of Presbyterian Hospital, New York City, residing in Bordeaux, France.
Miss Clara D. Noyes, Chairman.
National League of Nursing Education:
Miss Anna C. Jammé.
Miss Helen L. Bridge, Warsaw, Poland.
National Organization for Public Health Nursing:
Miss Anne Strong.
Miss Katherine Olmsted, Director Nursing, League of Red Cross Societies.

Three vacancies are still unfilled, it is hoped to secure these in Europe from outside the nursing profession. This Committee forms the official link between the nurses of this country who gave the Memorial and the authorities of the School and Hospital at Bordeaux, France, with which this is connected. The School and Building is a model, so far as teaching and service facilities are concerned, but housing facilities will not be adequate when the new Hospital is built. In further explanation of this point, may I state: At the time Dr. Hamilton made her first appeal, she felt that 250,000 francs would be adequate. At that time this amount represented $50,000. However, when the $50,000 was collected the value of the franc had depreciated, so that a sum of something over 800,000 francs were purchased by the money given by the American nurses. Some of us felt that this would probably erect the building as originally intended. Following the war, however, came great increases in the price of labor and building material, and as a consequence it was not possible to complete the building in its original form, that is a main building with two wings. The Committee felt at the time that it was better to complete all the classrooms, lecture halls and service departments, building as many bedrooms as could be secured. This was done so that while the School has all the facilities as indicated above, housed in one wing and the front building, one wing is still unbuilt.
A Report has reached the Committee suggesting the possibility of Mlle. Mignot, Superintendent of Nursing at the Memorial School, coming to America for a special course in Training School administration. If this plan materializes, another link in the chain will be added. Dr. Hamilton has also expressed a wish that a qualified American nurse might be secured to serve as instructor in the School. The salary would be fixed according to the French standards and facility with the language would be a definite requirement. It is hoped that some arrangement of this nature may be affected.

EUROPEAN LEAGUE OF NURSING EDUCATION

The little group of American nursing educators in Europe feeling the need of an opportunity to discuss problems connected with the establishment of schools of Nursing in countries hitherto without such institutions, came together at Prague early in 1922, for a conference. Out of this grew a plan unpretentious in its proportions for a European League of Nursing Education, patterned more or less after the American National League of Nursing Education, as far as purpose and eligibility for membership were concerned. It was also felt that inasmuch as the Schools represented were in countries without national nursing organizations that this movement might ultimately form the basis for such, which in the future might qualify for membership in the International Council. The conference gradually began to be called the European Council of Nursing Education, which unquestionably caused some confusion, especially on the part of the officials of the International Council.

The second meeting of the little group was held in Paris, and at the invitation of the League of Red Cross Societies used their assembly room, and secretarial assistance. Questionnaires and letters were sent out by the Chairman, Miss Marion G. Parsons, prior to the meeting, indicating that members of Training School Committees, Boards of Trustees, and other public spirited individuals would be invited to the Open Sessions. About three hundred people came and through some misunderstanding seemed to expect not only to be present at the business meetings but with power to vote upon the questions under consideration. The League of Red Cross Societies also offered permanent office and secretarial assistance. The small group of about fifteen nurses who had come together for professional reasons were placed in the position of either refusing this offer or accepting it. If the latter, they lost their identity as a professional group and became absorbed in a larger organization, composed of both professional and non-professional members. If the former they ran the
risk of offending the League and creating the impression of being aggressive and non-coöperative. They did not unanimously accept the invitation of the League of Red Cross Societies, which then withdrew its offer and we understand immediately extended the same offer to the International Council of Nursing, of which Baroness Mannerheim was president. The status of the European League of Nursing Education since the meeting in Paris appears to be the same. Reports indicate pending applications for membership, but as the by-laws defining eligibility qualifications were, as far as we can learn not adopted, the final outcome looks uncertain.

INTERNATIONAL COUNCIL OF NURSING

A meeting of the Executive Committee of the International Council will probably convene in Copenhagen in late July or early August for the purpose of considering this invitation. The International Council organized for the purpose of bringing nurses through National Associations into closer touch and by study of professional questions not only assist in strengthening the foundations upon which nursing is resting, but standardizing nursing education and laws controlling state examination and registration as well. It has also stood for the principle of professional freedom and the rights of self-government. The American nurses are members of the International Council of Nursing through the American Nurses’ Association, of which the President for the time being serves as a Vice-president and is a member of the Executive Committee. It has marked time during and since the World War. That some adjustments are necessary is clearly indicated, but any move that would ultimately rob the Council of its present self-determining rights would be a serious blow both in Europe and elsewhere to the development of nursing on a sound professional basis.

CORRESPONDENCE WITH JOINT COMMITTEE OF CANADIAN ASSOCIATION OF TRAINED NURSES AND CANADIAN ASSOCIATION OF NURSING EDUCATION

Correspondence has been conducted with the Chairman of a Joint Committee representing the above groups, which was appointed for the purpose of gathering information on the relation of the educational group in a given country to the larger organizations, and also to secure opinions as to the best type of nursing organizations to meet the highest needs of all. The Chairman of the Committee ventured to suggest the practicability of one large national organization with a sub-division of education and one of public health nursing, and sections on specialties such as private duty, etc., as a possible means of meeting the situation where the nursing population is not great. She also ventured to call attention to the danger
that lay in the multiplication of organizations which might not be felt nationally, but which tended in distant states or provinces, where there were but few nurses, to ultimately weaken nursing. This suggestion was sent by the Chairman as an individual, not as representing the opinion of the National League as a whole, and could therefore not be regarded as official.

This report gives an incomplete picture of the development of nursing throughout the World. From China we hear of new schools and a national association, with its own secretary. From all quarters of the globe reports reach us of newly created interest in modern systems of nurse education. This Report, therefore, gives but a brief picture of what is happening. The Committee has had too short a time in which to study the situation and aside from this brief résumé has no specific recommendations to offer.

Respectfully submitted,

HELEN SCOTT HAY,
MARY K. NELSON,
FLORENCE M. JOHNSON,
CLARA D. NOYES, Chairman.

Miss Logan called attention to the fact that as the report on the Bordeaux School was a report for the Joint Boards, and involved some question of assistance it required a separate action. Before accepting the report a letter from Dr. Anna Hamilton was read as follows:

My dear Miss Russell:

We are very pleased, Miss Mignon, my assistant, and myself, to hear that Miss Bridge is to be a delegate of the National League of Nursing Education.

Miss Mignon met Miss Bridge at the conference at Prague last June and again in Paris last March. My assistant was quite taken by Miss Bridge whose principles were just what we also hold.

We have now 44 pupils and a good many candidates on the waiting list to enter our school. This developing in spite of many difficulties, especially from people who wish to uphold short courses for nurses in training. Unfortunately, the government has got into touch with these easy methods and many people are trying to get them adopted officially.

But our school cannot develop without the new hospital building which is to be erected near the Home, the American Nurses Memorial. We are hoping to begin to build next August—if we are successful in getting the $50,000 which remain to be found.

It is very difficult collecting funds for hospitals here, for everybody says hospitals are to be built by the town—private hospitals are very few indeed. Ours is the only one in Bordeaux.

Everybody who sees the beautiful Memorial School is so surprised to hear that all the money to build it was subscribed by nurses! It is such a lovely abode and we are so very grateful to have it.

I hope you may some day come to see this Memorial.

Believe me very sincerely yours,

DR. ANNA HAMILTON.
THE REPORT OF THE PUBLICATIONS COMMITTEE
(From January, 1923, to June, 1923)

The Publications Committee of the National League of Nursing Education has held two meetings since January, 1923.

The function of this Committee is to decide upon reprints of articles published in the Magazine and to make suggestions for new articles for publication, to prepare publicity material, and to prepare and publish the Calendar and other articles as authorized by the Board of Directors.

The development of this work is retarded by the excessive cost of printing, and the slow returns from the sale of the reprints and articles.

Reprints in small numbers make the single copies extremely expensive, and for this reason only a limited number can be sold; thus, the desirable and helpful information must be withheld from those who would often be benefited by its distribution. On the other hand, to order in large enough quantities to get advantage of the reduced cost of printing, a large amount of money must be expended as a first outlay, and a good deal of time given to its publicity and distribution, but there is no part of our work of greater value and we are constantly receiving letters indicating that the articles sent out have been helpful. We have not, however, articles and pamphlets on many subjects on which our members need information and we have no authoritative source from which to supply it.

One way by which this need could be met would be by publishing from Headquarters a small monthly bulletin or leaflet dealing with the practical problems, on which our members need help and advice in administering their schools.

Many of the questions which come to us are discussed by Miss Roberts in her editorials, or in articles which she makes a special effort to obtain, but so often the questions asked, are technical and pertain only to nursing education, and are particularly interesting only to principals of schools of nursing and instructors. These problems could be more adequately dealt with in a purely educational and technical paper. Then, too, the material would be available in a less expensive form, and would be the property of the League at Headquarters for distribution. We need many more articles dealing with general information on nursing and nursing school problems for free distribution. At the present time we distribute free of cost to some extent the literature we have on hand, but in that we must depend in part at least, for the receipts from publications for the maintenance of Headquarters. We are handicapped and limited in extending this most effective means of supplying publicity and information.
By the authority of the Board of Directors we have prepared the Calendar issued in 1923, "Leaders in nursing education" in the form of a booklet and copies of it are on sale at the Headquarters office. This booklet will be a valuable addition to the former booklet, entitled "Early leaders in nursing education." and both of these booklets should be in the hands of every graduate and student nurse, who is interested in the history of Nursing.

The plans for the Calendar for 1924 are under way, and in response to letters sent out for nomination to about 100 of the members of the League, American Nurses' Association and National Organization for Public Health Nursing, selected from different parts of the country, and representing each type of nursing work, the personnel of the Calendar has been compiled. The selection is a very splendid one, and the short history sketch of each of the nurses, together with the contribution she has made to nursing, will make the Calendar one of the most interesting of the group. It will be ready for distribution and sale early in the autumn.

The same procedure was followed as last year in trying to place our publications before the members of our organizations viz.; whenever possible exhibits and packets have been sent to state and district meetings. A large number of reprints and pamphlets were disposed of in this way.

A list of League publications was printed in the Journal and reprints of these are available at Headquarters.

In response to the greetings to the 1923 graduates, we have received several letters of inquiry and requests for advice from students about to graduate, and also from the recent graduates, which are most encouraging in the light of our endeavor to make National Nursing Headquarters of practical value.

E. J. Taylor,
Chairman.
THE REPORT OF THE COMMITTEE ON THE STANDARDIZATION OF CREDITS

The Committee met in Cincinnati, Ohio, on December 20, 1922, and in Swampscott, Massachusetts, on June 17, 1923.

At the December meeting the Committee decided upon the following action:

1. That a partial report of the Committee as given in Seattle be published in the American Journal of Nursing.

2. To request that a paper or round table on the subject of credits be made a part of the program at the annual meeting in 1923.

3. That the use of the system of evaluating and crediting, which was worked out by the Committee in 1922, be recommended to schools of nursing.

4. That schools of nursing in issuing transcripts of records in theory and practice be urged to be careful to specify the unit of credit.

As a result of the meeting in June the Committee desires to make the following recommendation:

That the Educational Committee incorporate in its report on the revised Standard Curriculum the number of credit hours necessary in both theoretical and practical work for graduation. That in this report an explanation be made of the difference between the quarter credit hour and the semester credit hour, and that the unit of credit be clearly defined. It is suggested that the report of the Committee in 1922 be used as the basis of this statement.

Respectfully submitted,

M. HELENA McMILLAN,  
MARY C. WHEELER,  
LOUISE POWELL,  
LAURA R. LOGAN, ex-officio,  
ADA BELLE McCLEERY, Chairman.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

This Committee begs to report that the usual business has been transacted since the last report was presented.

Two meetings have been held, one in Seattle on June 29 and the annual meeting in New York on January 16, 1923. At this latter meeting, the election of officers took place resulting in the reëlection of the officers for the preceding year. It was decided that the course in Public Health Nursing given at the University of Michigan be included with those recommended
by the Committee. The Committee decided to give three scholarships of $250 each and to offer them to those wishing to prepare for administration or teaching in schools of nursing.

In February, announcements were sent out to all accredited schools, to central directories and to members of the Committee. Many inquiries and 29 definite applications were received; one application coming in after the lists were closed. Of these 29, 5 were ineligible, 5 were eligible to receive the LaVerne Noyes scholarship and were advised to transfer to that Fund. Of the remaining 18, the following were awarded scholarships:

Agnes Gelinus, Peter Bent Brigham Hospital, Boston
Delia H. Newton, Framingham Hospital, Framingham, Mass.
Florence A. Ambler, Samaritan Hospital, Troy, N. Y.

The McIsaac Fund now stands at $219 and a loan of $200 has been promised from this. Gifts to this Fund to the amount of $53 have been received, and already 9 persons have had the benefit of loans from the McIsaac Fund.

E. M. Lawler,
Chairman.

REPORT OF THE COMMITTEE ON ETHICAL STANDARDS

The Committee on Ethical Standards presented a report at the annual convention of the National League of Nursing Education, held in Seattle, Washington, in 1922. In that report, the Committee made definite recommendations, one of which was that a committee be appointed to prepare a statement of the Principles of Nursing Ethics, that the personnel of this committee consist of representatives from:

The American Nurses Association
The National League of Nursing Education
The National Organization for Public Health Nursing

This report was accepted, the recommendation approved and adopted. The Presidents of the three organizations have appointed the necessary personnel for their committees as follows:

Representing the American Association:
Shirley C. Titus, Superintendent of Nurses, and Principal of the School of Nursing, Columbia Hospital, Milwaukee, Wis.
Sister M. Domitella, St. Mary's Training School for Nurses, Rochester, Minn.
Sally Johnson, Superintendent of Nurses, Massachusetts General Hospital, Boston, Massachusetts
Representing the National Organization, Public Health Nursing:
Mary Beard, 561 Massachusetts Ave., Boston, Mass.
Jessie L. Marriner, Director of Bureau of Child Hygiene, and Public Health Nursing,
Montgomery, Ala.
Mrs. Lystra E. Greetter, Visiting Nurse Society, Detroit, Mich.

Representing the National League of Nursing Education:
Louise M. Powell, University Hospital, University of Minnesota, Minneapolis
Minnesota
Corinna D. French, Philadelphia General Hospital, Philadelphia, Pa.
S. Lillian Clayton, Director of Nurses, Philadelphia General Hospital, Philadelphia,
Pennsylvania

This Committee is not ready to present recommendations as the entire personnel was not appointed until May 14, 1923. The time since then has been too short, and the members of the Committee too widely separated to make a study of the subject possible. The committee will study the subject and prepare a report to present to the national organizations at the fall meetings of the Joint Boards. There will then be ample time for revision before the report is presented to the members of the organizations at the joint convention of 1924 in Detroit, Michigan.

S. Lillian Clayton,
Chairman.

REPORT OF HEADQUARTERS COMMITTEE

The Headquarters Committee functions particularly in the capacity of an advisory committee with the secretary at headquarters. Three meetings have been held since the organization met last year and two meetings since the present committee was formed on January 1, the members of the committee at the present time are Misses M. Adelaide Nutting, S. Lillian Clayton and Elizabeth Burgess. The possibilities of the development of the activities at headquarters and the possible means of financing it and the provisions which should be made in the by-laws for the executive secretary have been discussed at these meetings. The directions in which headquarters will grow are daily being demonstrated, as the secretary’s report will show. To allow for the greatest development of usefulness will call for a much larger budget than is provided for at the present time. If the office is to be the center of all the official work of the League there must be additional secretarial assistance. At the present time the secretary is unable to function in as many ways as she should as the representative of the League because of the burden of routine work which under present conditions she necessarily must carry.
I need not, I think, here outline the possibilities for headquarters, as Miss Taylor’s report will describe that in a much better way than I can. There seems, however, little question but that in the future there should be branches, as it were, of headquarters, if not in individual states at least in different sections of the country, and that there should also be field workers. The organization should be enabled to take its full share in the program for health work which is being carried on, but this cannot be done at the present time because of insufficient finances.

In addition to these matters the committee after careful study made definite recommendations to the Chairman of the Revisions Committee regarding the position which the secretary at headquarters should assume and the title by which she should be known.

ELIZABETH BURGESS,
Chairman.

REPORT OF THE EXECUTIVE SECRETARY

On January 2, 1923, the newly appointed Executive Secretary arrived at the League Headquarters office, though it was not till a week later that definite responsibility was assumed, as Miss Albaugh very generously remained to help over the period of adjustment and gave inestimable aid and advice. This made the necessary break much less difficult and trying and the work continued with less interruption and disarrangement than would otherwise have been the case.

You know at this date the work of the American Nurses Association and that of the League was assumed by its own executive officer and it has been a most interesting task to work out the adjustment and I would like to say that under some circumstances it might have been an extremely difficult and unhappy experience but with Miss Deans as Secretary of the American Nurses Association it has been not only an interesting experience but one of profit as well, and we have each come to the place where we do not think in terms of organization but only in terms of what we can contribute to the big thing which we jointly represent. Though separated in the detail of our work we have one purpose and one spirit, and the recommendations we are planning to make for a better organization at Headquarters have been worked out thus far together and before 1924 we hope to have studied the problem in its many and varied aspects and have something worth while to recommend.

During the first month no real progress was made. The board meetings of both associations were held from January 16 to January 19, 1923, and the necessary financial and administrative adjustments were made.
The Executive Secretary was made secretary and treasurer of the League Headquarters and given authority under the Board of Directors to carry on the work.

A budget was voted for the work of Headquarters as follows:

<table>
<thead>
<tr>
<th>BUDGET</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Secretary</td>
<td>$4000.00</td>
</tr>
<tr>
<td>Assistant, one-half time.</td>
<td>1000.00</td>
</tr>
<tr>
<td>Filing clerk, one-half time.</td>
<td>660.00</td>
</tr>
<tr>
<td>One stenographer.</td>
<td>1500.00</td>
</tr>
<tr>
<td>Rental.</td>
<td>1182.00</td>
</tr>
<tr>
<td>Telephone.</td>
<td>83.28</td>
</tr>
<tr>
<td>Information service, etc.</td>
<td>47.04</td>
</tr>
<tr>
<td>Toilet supplies.</td>
<td>9.90</td>
</tr>
<tr>
<td>Shipping room service.</td>
<td>100.00</td>
</tr>
<tr>
<td>Postage.</td>
<td>120.00</td>
</tr>
<tr>
<td>Petty cash.</td>
<td>60.00</td>
</tr>
<tr>
<td>Mimeographing.</td>
<td>60.00</td>
</tr>
<tr>
<td>Printing and stationery.</td>
<td>62.50</td>
</tr>
<tr>
<td>Emergency fund.</td>
<td>150.00</td>
</tr>
<tr>
<td>Insurance.</td>
<td>44.30</td>
</tr>
<tr>
<td>Painting offices.</td>
<td>34.00</td>
</tr>
<tr>
<td>Steam alterations and partitions.</td>
<td>90.00</td>
</tr>
<tr>
<td></td>
<td>$9203.02</td>
</tr>
</tbody>
</table>

One-quarter of this amount was placed by the Treasurer of the League in the Corn Exchange Bank to be received quarterly and a financial statement of all expenditures and receipts is submitted monthly by the Executive Secretary to the League Treasurer.

The old set of books kept jointly for the two organizations were audited and filed and a new set opened up by each organization, and after paying all outstanding joint accounts the joint remaining bank account was equally divided and expended in some necessary office equipment to more adequately carry on the work of each office.

The first adjustment was that of office space; formerly there had been one large and two small offices paid for jointly by the two organizations. One of the offices had been sublet to the Editor of the American Journal of Nursing, and as this was a most desirable arrangement from every point of view excepting space the question to be decided was how to fit four people and four desks into three offices and give each one the necessary room to carry on her work. After a little planning and many conferences it was decided to divide the large office by a glass partition and sliding doors and assign this office to the League secretary, while the other two offices were assigned to the American Nurses Association and the American Journal of Nursing.
The rent of the office of the American Nurses Association and the two offices occupied by the League is paid equally by each association, and the work of the placement bureau is carried on in the League office.

We have heard it said that many of our members wonder what is done at Headquarters and whether or not it has a function and like many of our present day institutions whether or not it has a justification for existing.

Perhaps in no better way can we get a picture of the growth of the work at Headquarters and its development than by comparing the statistical record of the actual detailed routine office work for the month of May, 1922 and the same month, 1923. You must note that the record of the work during the month of May, 1922, includes not only that relating to the League but that relating to the American Nurses Association as well, as the records were kept for the Joint Headquarters at that time, while the record of the month of May, 1923, relates only to the work of the League. This report is exclusive of circular letters:

<table>
<thead>
<tr>
<th>May, 1922</th>
<th>May, 1923</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letters received</td>
<td>612</td>
</tr>
<tr>
<td>Letters written</td>
<td>452</td>
</tr>
<tr>
<td>Form letters</td>
<td>178</td>
</tr>
<tr>
<td>Personal interviews</td>
<td>97</td>
</tr>
</tbody>
</table>

One of the most important activities at Headquarters is the placement bureau which has grown so rapidly that it should have the full time of one person to adequately conduct it. Under present conditions it is carried on with only a moderate degree of efficiency and with very little satisfaction to the Secretary.

Much more study should be given to the requests which come to the bureau from the hospitals and also from the nurses. Much less time should be lost in assembling credentials and in making contacts and much more time should be given to following up the contacts made. If more time were available for this branch of the work closer contact could be kept with other vocational and placement bureaus in order that duplication of effort would be avoided and greater efficiency secured. To fit the right person into the right place is a question for study and not, as it often is at present simply linking up the available persons on our lists with the available opportunities. We try to coöperate through conferences with the secretary of the vocational bureau of the National Organization of Public Health Nursing and she in turn coöperates with us. The same reciprocity is carried on with Miss Burgess at Teachers' College and to a less extent with the Central Registry for Nurses, The Social Service Bureau, and the Bureau for Part-time Work.
It is interesting to note that the Bureau for Part-time Work which has two to four full-time workers in its office, and refers all types of professional and occupational workers to part-time positions, considers 70 to 80 positions filled a good month's work, while our average is a little less than half that number.

One of the greatest handicaps we have to adequate service is the failure on the part of both the hospitals and the nurses to keep in close touch with us after filing an application. Very often an application is filed and the applicant will either take another position, or in the case of an institution fill the position without notifying this office. This means that we must indefinitely write follow-up letters. These again are often not answered and in the meantime we keep referring both applicants to positions, and positions to applicants. In many other cases several letters are written before a satisfactory reply is received, and not infrequently we hear through quite an outside source that the position has been filled or the applicant has accepted another position. I must add, however, that this condition is improving and we are getting many more responses to our letters than formerly and the nurses are notifying us more frequently as to their action.

Another situation most difficult to meet is the failure on the part of the individual nurse to realize her inadequacy for certain positions. It is quite amazing to note the number of young nurses, and sometimes older ones with little or no experience who refuse to accept minor administrative appointments, and demand posts of great responsibility and large remuneration for which they are not in the least prepared.

Still another difficulty is the failure on the part of institutions to appreciate the need for adequately trained women for the chief or important executive positions.

One institution I have in mind at present appointed a young woman as Superintendent of the School of Nursing and since then as Superintendent of the hospital who was referred to us for floor duty. The position was accepted by the nurse after conference when she was advised against it because of her unpreparedness. A similar conference was also held with one of the Board members and the seriousness of the situation discussed but for some reason she received the appointment and at the present time the administration of the hospital of 70 to 80 beds is in her hands and the School of Nursing as well.

The placement bureau is managed at a considerable expense to the organizations and it may be desirable in the near future to consider the possibility of making it partly at least self-sustaining though the fact that it is carried on without a fixed fee has many advantages and is a means of establishing contact with our nurses and institutions.
The expense of the placement bureau is jointly carried by the American Nurses Association and the League.

An important function of the office at Headquarters is to provide desirable publicity material and be responsible for its distribution. This branch of the work has not been developed to any extent but almost daily opportunities present themselves of which we should take advantage but good and effective publicity requires money, time, study and some knowledge of the art.

We need to prepare pamphlets, circulars of information on all kinds of nursing subjects and many phases of nursing work, with slides and pictures and many of these should be available for free distribution.

We have requests for information on plays, pageants, motion pictures and ideas for class and commencement days. We receive also requests on how to recruit students and how to organize schools of nursing. We have requests for information on all kinds of nursing activities, nursing courses, affiliations and postgraduate work.

We are called upon to supply information to prospective students relative to schools of nursing in certain states and almost daily we are asked to recommend schools or discuss their merit.

To be sure that students are given the best information and that they are directed along the right path often taxes ones ingenuity. No doubt you have seen the short article entitled, "wanted 50,000 girls for a great opportunity," which appeared in the June number of the Pictorial Review. The article was printed as a joint activity of the three Secretaries and the Editor of the American Journal of Nursing at Headquarters. It is not the article we submitted but the thoughts we presented are still buried within it but clothed in magazine language. It has had its result, however, and although only out for fifteen days we have had about 267 replies and requests for information. To all recruiting pamphlets have been sent, and to about fifty the Secretary has written special letters enclosing a small pamphlet on nursing as a profession and directing them for further information to the nursing councils or persons qualified in the various states. We are also receiving requests for information on nursing through the bureau of the Metropolitan Life Insurance Company.

Several letters and publicity articles for newspapers have been prepared as a joint activity at Headquarters and the result suggests that much good might be accomplished if this activity could be developed.

Previous to accepting the appointment at Headquarters the Secretary felt that the best results would be obtained by confining one's efforts to work within the office and that more efficient work could be done by correspondence and literature than by personal visits.
After six months experience, however, there is reason to modify that impression, and while correspondence and literature will always be a most effective machine, it will not take the place of personal contact, and to make the best use of our Headquarters and develop its resources and bring into the field the result of our research, someone must go out and carry the message with her. The women in our schools are too busy to pay much attention to the letters we write and the appeals we make. They are too overburdened with their daily problems to study and read the literature we send and they cannot be interested in things which seem so far off. You may judge if this be true by the statement that out of 2000 circular letters sent out from this office under recent date only 25 replies have been received.

The Secretary has been invited to visit several State Meetings and has had the opportunity of presenting the work at Headquarters to a few local groups but only a very small amount of field work has been undertaken, but it is most important that some provision be made as soon as possible for the extension and development of this urgent need if we are to function in a practical and helpful way. To stand off, criticise and dictate what should be done is not enough, we must carry back into our schools the result of our research and experience and we must learn the difficulties and handicaps to progress by first hand contact with those who are dealing with the practical problems.

At National Headquarters a library is maintained by the National Organization for Public Health Nursing, the Mental Hygiene and the Tuberculosis Associations. As an educational organization we should have some participation in that library other than the benefit which we receive from it. We accept its services and we contribute nothing to it. We should have book shelves there which represent nursing education and which would be available to our members. We should build up a library of reference on nursing subjects of every description. Our League proceedings should be there and a collection of nursing text books. By courtesy we have the use of anything available on the shelves but we do not contribute to its richness or efficiency.

Perhaps it may be of some interest to know that since January, 1923, the American Nurses Association and the National League of Nursing Education have been made associate members of the Common Service Committee, which is the executive body of the National Health Council.

Organizations and Associations are through this Committee brought into close contact and have the opportunity of sharing each other's experiences and participating to some extent in their joint activities. A monthly luncheon is held to which each member organization is invited and after the business which affects the group is disposed of one or more of the direc-
tors discusses the work of his organization. In this way a somewhat close relation is maintained between the organizations engaged in the various fields of health work.

Early in the year the National Health Council was asked to undertake a survey of the nursing resources in a nearby state and as the survey included some state hospitals and training schools the Executive Secretary was invited to become a member of the special committee with Miss Stevens and Miss Crandall. Under the authority of the Board of Directors of the League the Secretary assumed the responsibility for the survey of the nursing in the schools and for the evaluation of the results in conference with the state investigator.

The National Organization for Public Health Nursing and the American Child Health Association each assigned their own field investigators but in that we have no workers to assign it was necessary to make a different arrangement. We have been able through the cooperation of Miss Gilman of the New York State Education Department to appoint a trained investigator under the direction of the Headquarters office but at the expense of the participating state, to make the survey which will be undertaken during the month of July.

I have said nothing thus far about the spirit at National Nursing Headquarters and the cooperation of the workers which there exists. To really feel it one must be there and experience it. As you know the offices of the three organizations together with that of Miss Roberts, the Editor of the American Journal of Nursing, are side by side, and I am safe in saying that what comes to one comes pretty much to all.

We are trying to think in terms of the big thing we represent—the project for which we exist rather than the organizations of which we are the secretaries.

We confer daily on many questions of mutual interest and derive help and inspiration from our contact. We learn and profit from each other's experience and we have the benefit for our own particular problems of the research and investigation each has made. In this way we contribute our resources and the result obtained by expert workers in each branch of our work. Much has been accomplished during the past six months, but so much is to be accomplished in the future that the progress seems almost as nothing in comparison.

The present staff at Headquarters must be enlarged to permit of expansion and development. Field workers must be added. Information, Placement, Publicity and Speakers Bureaus must be established and some responsibility for our share in the library undertaken.
To adequately picture or outline the possibilities for the development of the work at Headquarters would be a subject for a pamphlet instead of a report but with facilities and resources all things desired no doubt will come to pass. It is the means we need, not the vision.

E. J. Taylor,
Executive Secretary.

Discussion

Considerable discussion followed the report of the Headquarters Committee and that of the Executive Secretary relative to ways and means to more adequately finance what was agreed upon as one of the most important and far reaching responsibilities of the organization.

One suggestion made was to ask every nurse in the country to give one dollar each to what was termed a “great educational project.”

Many questions were raised as to the advisability of the plan in view of the fact that, first “every nurse” meant an appeal to the American Nurses Association and this might cause some misunderstanding and be subject to misinterpretation as the American Nurses Association also maintained an office at Headquarters, and second, even though this plan were satisfactorily carried out, it was only a remedial and not a permanent measure.

Misses Goodrich, Eldredge, Gilman, DeWitt, Hilliard, Henderson, and Peterson, Mrs. Clark, and others took part in the discussion and while different views were presented the fundamental idea underlying the whole discussion was how to meet in the most adequate way the present need and provide a plan for the future, through which a responsibility for education would be created in the entire body of nurses, thus ensuring sufficient means to satisfactorily carry on the work.

The final result of the discussion was the acceptance of a motion to carry back by the state presidents or some representative of the state educational organization a recommendation to the state associations that every nurse be asked to contribute one dollar for the educational work at Headquarters.

Following the discussion it was agreed to appoint a Ways and Means Committee to study the problem involved and bring in a report as to how the League Headquarters can be permanently financed.
Laura R. Logan presided.

REPORT OF THE EDUCATION COMMITTEE

(For the year 1922-1923)

In the absence of the Chairman of the Education Committee, Miss Isabel Stewart, I have the honor to present the following report:

Since the 1922 meeting of the National League of Nursing Education in Seattle, the Education Committee had held two regular meetings, one on January 16, 1923, in New York City and one just previous to these meetings on June 17, 1923, at Swampscoot, Mass. A special meeting of the New York members of the Committee was also held in New York City at Headquarters on April 12, 1923, prior to the chairman's departure for Europe, in order to review the status of some of the special work undertaken by the Committee and make plans for its being carried on in the absence of the Chairman of the Committee.

In order that the work which the Education Committee is at present engaged in may be quite clear to those who may not recently have been following the work of this Committee, I am giving the present membership, and reviewing briefly the present activities.

The Committee was reorganized in the fall of 1922. At the present time its membership is composed of:

M. Adelaide Nutting, Department of Nursing and Health Teachers College, Honorary Chairman
Isabel M. Stewart, Department of Nursing and Health Teachers College, Chairman
Effie J. Taylor, Secretary Headquarters National League of Nursing Education, Secretary

Other members:
S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa.
Sr. M. Domitello (Instructor), St. Mary's Hospital, Rochester, Minn.
Carolyn Gray, College for Women, Western Reserve University, Cleveland, Ohio
Nellie Hawkinson (Instructor), recently at Massachusetts General Hospital, Boston, Mass.
Gertrude Hodgman, Educational Secretary, National Organization for Public Health Nursing.
Helen Holliday, Baylor Hospital, Dallas, Texas
Katharine Kimmick, Ford Hospital, Detroit, Mich.
Laura Logan (ex-officio), University of Cincinnati, Cincinnati, Ohio
Helena McMillan, Presbyterian Hospital, Chicago, Ill.
Anne Strong (Public Health), Simmons College, Boston, Mass.
Sub-committees of the Education Committee may also include members who are not on the General Committee. This plan increases interest, assists in distributing responsibility and makes increased work possible. Moreover it makes it possible for the Committee to strengthen its work through the assistance of an individual who is especially interested in some phase of the Committee's activities but who may not be able to serve the Committee as a whole.

Those who are serving the League in this way at the present time are Mrs. Anne Howe and Miss Christine Schaefer who are giving assistance to the sub-committee on Attendants. Misses Elizabeth Miller, Margaret Dunlop and Corinne French are assisting on the Committee studying the problem of Supervision. Misses A. M. Carr, June Ramsey and Elizabeth Melby are assisting on the Committee on Lantern Slides.

At the present time, the Committee is engaged in the following studies for which sub-committees are responsible:

- Attendents, their Function and Training—Miss Mary Roberts, Chairman.
- Supervisors, their Duties and Training—Miss S. Lillian Clayton, Chairman.
- Lantern Slides, History of Nursing—Miss Mary Roberts, Chairman.
- The Committees on “University Schools” and Costs of Nursing Education” (not active at present).
- Committee on Grading—Miss Elizabeth Burgess, Chairman.
- Committee on Plan for Securing Financial Assistance for Grading—Miss Isabel Stewart, Chairman.
- Committee on Revision of the Curriculum—to be appointed as soon as a decision can be reached on the basis upon which this revision should be made.

Two of the members of the Education Committee, Misses Taylor and Burgess are also representing the Committee on the Education Committee of the National Organization for Public Health Nursing, and in a similar way, Misses Strong and Hodgman represent the Education Committee of the National Organization for Public Health Nursing on our Committee.

The work of these two Committees frequently bear on projects in which both groups are interested, and this representation not only keeps each Committee in touch with the work of the others, but as you can readily see, makes for closer coöperation.
The results of the year’s work of two of these committees is to be presented to you on Tuesday morning, namely, that of the sub-committee on Attendants, and the sub-committee on Supervision, of which Miss Clayton is Chairman. Miss Corinne French has been studying the subject of supervision in connection with her work with Miss Clayton at the Philadelphia General Hospital and is to give us the results of this study in a paper on “The Preparation and Field of the Hospital Supervisor.” Miss Roberts, Chairman of the Sub-committee, will present an interesting study of the work of the Attendant.

Two other subjects in which the Education Committee is deeply interested and which have been studied at its request will be presented at that time.

Institutes and Summer Schools, by Helen Wood.
Experiments in the Consolidation of Instruction in Nursing Schools, by Eliza P. Reid.

The Committee on Lantern Slides, Miss Roberts chairman, whose task is that of preparing a set of slides illustrating the development of nursing in this country has been at work, but while interesting sources have been uncovered, it has not as yet been possible for busy members of the committee to give the time for the travel and study required to make a selection. Slides showing the development of mental nursing can be selected from a large number prepared by the Society for Mental Hygiene.

The two special reports which the Education Committee as a whole has to present are the work which has been done in relation to securing financial support for the plan of grading schools of nursing; and the study made relating to the revision of the Standard Curriculum.

I will at this time report on the work and plan for the grading of schools, which was reported on last year by the Chairman of the sub-committee. I hope that at a later business meeting that it will be possible to present the results of the study on the revision of the curriculum. The committee on an actual grading plan has been inactive this year, for the reason that no further work could be done until the support of the plan by other organizations who would be concerned was obtained and the necessary financial assistance assured.

The Chairman of this Committee and Miss Anne Strong have acted with Miss Stewart (the Chairman of the Education Committee) in forming a plan for securing financial assistance. This activity was authorized by the Executive Committee of the League in January, 1922.

Since that time two of the “Foundations” have been approached. One of these has indicated an interest in the plan and the representatives of the
League were told to return later with their request in full and with the endorsements of Medical and Hospital representatives. Since receiving this slight encouragement, the President of the League, The Committee, and other members who have been in a position to assist, have been active in the matter.

The plan in brief is that the National League of Nursing Education be responsible for the main part of the grading; that this Committee be small, two or three members, and that there shall be one representative each from the two other national nursing organizations, the American Nurses Association and the National Organization for Public Health Nursing.

Also because of the close relationship between nursing, and both medical and hospital work and because we do not wish to duplicate work already done by these bodies in their grading of hospitals, it is proposed that the American Hospital Association, the American College of Surgeons and the Council on Medical Education and Hospitals of the American Medical Association be asked to appoint one representative each to act on the grading committee.

Because the conditions and problems in Canadian Nursing Schools are practically identical with our own, the two nursing associations of Canada, the Canadian Association of Nursing Education and the Canadian National Association of Trained Nurses, were also invited to unite with us in extending the grading plan to nursing schools in Canada as well as in the United States, and to appoint one representative each on this Committee.

We have the assurance of the President of the Canadian Association of Nursing Education of great personal interest, but as yet have no official communication from that organization.

I very much regret having to report that the Canadian National Association of Trained Nurses writes that, while believing that standardization and classification of Training Schools a very necessary and desirable procedure, they feel they are not as yet ready to carry out such a plan.

It therefore appears that this portion of the plan would necessarily have to be omitted for the present. We would hope, however, that the Canadian Associations will later join us.

It is understood that the service of the Committee would be entirely on a voluntary basis, but that necessary expenses (such as hotel and travelling expenses involved in attendance at meetings) should be met from the funds of the Committee.

An office would be maintained in New York (preferably in the Pennsylvania Terminal Building, near National Headquarters office) with a secretary and one or two stenographers to handle the data sent in by the schools and the correspondence.
Two or three qualified field workers would be employed to visit the schools applying for rating. The plan would be to include in the list of schools those giving postgraduate courses in public health nursing and other branches of nursing work. These field workers would necessarily have to be experts of wide experience in the field of Nursing Education and competent to obtain all necessary data in the schools they report on.

These reports would be presented to the Committee for action. It is thought that the work will extend over a period of at least three years, and with the strictest economy will call for a budget of at least $30,000.

ENDORSEMENTS

The general outline of the plan has been presented to a number of representative medical men, hospital representatives, and members of hospital boards as well as nurses and it has met with the most cordial reception.

Everyone approached seems to feel that the time is ripe for such a plan to be put into execution. It is particularly gratifying to have the endorsement of the American Hospital Association and the American College of Surgeons, and the promise of their fullest cooperation.

Other organizations and individuals who have endorsed the plan are:

The American Nurses Association
The National Organization for Public Health Nursing
The Eastern Council of Nursing Education
The Southeastern Council of Nursing Education
The American Red Cross (Staff Council)
Dr. C.-E. A. Winslow, Chairman, Committee for the Study of Nursing Education
Miss Josephine Goldmark, Director of the Survey of Nursing Education, recently completed

We are still waiting the action of the Committee on Medical Education and Hospitals of the American Medical Association. This Committee could not take action until their meeting in San Francisco which follows our meetings by a few days.

There have been several conferences with representatives of this Committee, especially in view of the fact that during the past year that organization has appointed a committee to make a study of Nursing Education. Their plan and our plan are in some respects similar, and it is at present thought that with some adjustments by both associations, the work may be carried on jointly. Possibly this Committee may act as an independent committee, rather than one having the name of the League.

The whole matter at the present stands thus, and it is hoped that by Fall we may be in a position to present our completed plan to the interested Foundation with our request for financial aid.

Elizabeth Burgess,
Acting Chairman.
REPORT OF NOMINATING COMMITTEE

The following are the accepted nominations for the officers of the National League of Nursing Education:
President: Laura R. Logan, Cincinnati, Ohio.
First Vice President: Carolyn E. Gray, Cleveland, Ohio.
Second Vice President: Mary M. Roberts, New York City.
Secretary: Ada Belle McCleery, Evanston, Ill.
Treasurer: Bena M. Henderson, Chicago, Ill.
Directors (two years): Adelaide M. Nutting, New York City; Helen Farnsworth, Kansas City, Mo.; Harriet Gillette, Philadelphia, Pa., and Marion Rottman, Milwaukee, Wis.

Respectfully submitted,

ADELAIDE NORTHAM,
Chairman.

Following the acceptance of this report, the president announced that according to the by-laws nominations from the floor were in order.
The following nominations were made from the floor:
First Vice President: Helena McMillan.
The president announced the names of the tellers and inspectors of election as follows: Bertha Allen, Helena Daly, tellers; Misses Kimmick and Leech, inspectors of elections.

REPORTS FROM THE ADVISORY COUNCIL

California: The Northern Branch of the California State League of Nursing Education reported an enrollment of 88 active and interested members.
The League has organized an Instructors Section which reports monthly meetings for the purpose of a discussion of topics and problems relative to teaching. They have had the cooperation and interest of many members of the faculty of both Stanford and the University of California, and also from the State Department of Education.

A Surgical Section was organized for the purpose of standardizing the training in operating room work for the student nurses, both practical and theoretical.
The meetings of the League have been of great interest and profit to the members in providing a social center as well as in providing instruction in educational subjects of particular interest to nurses and in bringing before its members many general community problems.
Colorado: The Colorado State League of Nursing Education held its annual meeting in conjunction with the Graduate Nurses Association, the sessions of the two organizations lasting for three days.

Interesting papers and discussions on the various nursing educational activities were participated in by members and prominent men and women associated with education.

The Denver Section in conjunction with the schools of nursing in the city has established a combined lecture course for students. The lectures are given three days each week.

Three new high schools are being built in Denver and the School Board has expressed its willingness to place in the curriculum of one of these schools—the subjects necessary for a pre-nursing course—while another of these schools will be equipped for the instruction of student nurses.

A community commencement was held in 1922 which was so satisfactory that a second community graduation was held in June, 1923.

Connecticut: The Connecticut State League has reported five meetings during the year and a most successful annual meeting in conjunction with the Graduate Nurses Association and the Public Health Organization.

The Educational Committee is working on a definite standard for the equivalent of one year of high school, which will eventually result in all equivalents being evaluated by the State Board of Education. The League has also been active in assisting to secure an amendment to the State nurse practice act.

District of Columbia: The District of Columbia reported monthly meetings. It assists in arranging annually a series of lectures on professional problems and social service for the senior students in the various schools of nursing. A community baccalaureate sermon was also given this year. Progress in registration was reported and for the first time a nurse connected directly with an executive and teaching position in the training school was appointed on the Board of Nurse Examiners.

The most important advance reported was a plan for establishing a central school of nursing for the preliminary instruction to be located probably in the Walter Reed Hospital, and if possible to be opened during the present year.

Illinois: The Illinois League of Nursing reported activities in several directions. The League is organized with an instructors group, a supervisors group and an educational committee. The educational committee is now preparing an Institute to be held in Chicago in September.
Indiana: The Indiana State League will hold its sixteenth annual meeting in Evansville in October. It arranged its activities for the past year under three headings, viz.:

First, those which were for the purpose of forming contacts with members throughout the State.

Second, those which were for the purpose of forming contacts with other nursing organizations.

Third, those which were for the purpose of forming contacts with other educational organizations.

In each of these distinct phases of work the organization reported progress and satisfaction particularly relative to the second type of contact. These contacts were made through the distribution and sale of National League publications Christmas Calendars, Christmas greeting blotters and through a Miniature Central School of Nursing exhibit which has travelled through Indiana, Wisconsin, Iowa and Oregon, and last of all to the National League convention.

Maryland: The Maryland State League of Nursing Education reports a 50 per cent increase in membership and a growing and keen interest in its activities.

The formation of local leagues throughout the State has not seemed possible due to the fact that the small or medium size towns have not more than one or two accredited schools. However the members have shown their interest in coming to the state meetings which are held most frequently in Baltimore with great regularity. Four regular meetings have been held and interesting topics discussed.

The efforts have been mainly directed towards standardizing nursing methods in the schools and recruiting student nurses.

Miss M. E. Pearce from New York was engaged by the League to speak in the high schools of the eastern section of the state. Fifteen high schools were visited and good results obtained.

The schools report an adequate number of applicants and a marked improvement in the type of young woman applying for entrance.

Massachusetts: The Massachusetts State League of Nursing Education reported an increase of 25 per cent in membership during the year.

Such subjects as “Mental tests,” “Parliamentary law,” “How to arouse the interest of pupil nurses in teaching,” “The habit clinic,” and “Conferences with head nurses” were discussed.

Three meetings during the year were held in association with the State Nurses Association.
It is hoped to organize for section meetings in the Central and Western part of the State during the coming year. The members feel a great deal has been accomplished.

**Michigan:** The fourth Institute for nurses has just been held with the same success that characterized the other three, namely, that they have answered the need of instructors, administrators and public health nurses, and have paid for themselves.

During the last three years nine pieces of original work have been undertaken:

1. Material has been collected for a History of Nursing in Michigan. We expect that it will be written and completed during the coming year.

2. An extensive survey of hospitals in Michigan has been made. The material is at hand and the analysis and summary completed. This piece of work will be finished as soon as conclusions are drawn and recommendations made.

3. A course in ethics was outlined and a list of questions for class room discussion made. A report of these with a copy of Miss Stewart’s questionnaire and a brief history of ethics since its early beginnings, was sent to accredited training schools. Considerable interest has been aroused and several good outlines planned as a result.

4. A study was made of faculty personnel and organization in training schools. Questionnaires were sent to nineteen representative hospitals and the results showed that in the majority the faculty is composed of training school officers, nurse instructors and ward supervisors. The number of courses taught by doctors alone differed considerably, the greatest unanimity seemed to be on pathology, psychiatry, and venereal disease, half of the number stating these were taught by physicians. Twelve of the nineteen stated that some physicians were paid for their lectures, five stated that all lecturers were paid at the rate of $3 to $5 per hour, and seven of the hospitals reported gratuitous lectures. The replies showed that all the lecturers in these hospitals were specialists in their subjects. Sixteen stated that bedside clinics were held in connection with the teaching of medicine and surgery. The remainder reported no clinics held for nurses.

Suggestions brought forth by this study were:

a. More paid lecturers.

b. Closer correlation between theory and practice.

c. Ward work in preliminary course under direct supervision of instructor.

d. University affiliation should be encouraged, with university control of entrance requirements and graduation.
5. Replies to questionnaires from fourteen leading hospitals, concerning the responsibility of physicians in training school affairs revealed the following:
   a. Practically every hospital has its own method of choosing the Superintendent of nurses.
   b. In the majority the assistants and instructors are appointed by the superintendent of nurses with the advice of the superintendent of the hospital.
   c. The curriculum was determined by different groups, there being no general custom.
   d. The training school committee appears to be different in all hospitals. From this brief study it seems that the League or the American Nurses Association might, through already established channels, do something toward standardizing the organization of training schools.

6. The League undertook a piece of work toward the establishment of a separate school of nursing in the University of Michigan. This plan was presented to the Board of Regents early in 1922. The Educational Committee took active steps in the matter since many nurses did not understand the plan nor realize its educational importance. The Board of the Michigan State Nurses Association voted to sponsor the plan and share publicity expenses. Printed material was sent to the districts and every women's club in Michigan. A representative spoke before the State Federation of Women's clubs and various other interested groups. This work on the separate school has been an advantage in the development of nursing education in Michigan but has been a failure in that the State was not educationally ready to accept the plan at the State University.

7. The work on mental testing has continued over a period of four years. With every class entering the University Hospital since fall, 1921, the student's mental rating, the average of two tests, has been compared with her standing and the correlation found to be very high. Last year eliminations were made, following the mid-semester examinations, based upon these tests and the student's records, this being considered more economical for the hospital and better for the student. This spring graphs of these tests were made with the norm of the army Alpha for comparison. Such graphs of students' theoretical and practical work should be valuable. Unfortunately it is not yet possible to set the standard of mental rating as high as desirable, and eliminate those below it, although all entrants comply with college requirements. A graph of students leaving the school was found interesting; the largest number, from the "A" group, left because of "illness," the next largest group leaving because of "difficulty with mental work," in which 5 out of 8 belonged to the lower "C" group.
8. Questionnaires were sent to 35 colleges concerning the five-year course. Twenty-three replies were received. Such a course is given in 16. Of these the superintendent of nurses has faculty status of associate professor in 5, with a salary of $2400 to $4500. The course is given in the College of Liberal Arts in most instances and leads to the degree of B.S. in the majority of schools. Out of the 16 replies 15 stated the opinion that the course should be continued.

9. A study of the budget for training nurses was made this year. It shows that the average cost to the hospital for the training of one nurse for three years is $2079.21. The return in service to the hospital is $2790.90, showing a gain to the hospital per nurse of $711.69.

(Details of these studies may be obtained at Headquarters.)

Tuesday Morning Session

In charge of the Education Committee of the National League of Nursing Education, Elizabeth Burgess, acting Chairman, presided.

REPORT OF SUB-COMMITTEE ON ATTENDANTS

I. The task assigned. To make a job analysis of the work of attendants. Job analysis, as defined by Tead and Metcalf in “Personnel Administration” is “A scientific study and statement of all the facts about a job which reveal its content and the modifying factors which surround it.”

Value to employers: (a) To standardize an operation. (b) To improve an operation. (c) To define responsibilities. (d) To provide a statement of sequence of operations at a job. (e) To secure data on which to draw up a job specification. (Useful to know what the demands of a job are upon the worker in point of training, aptitude, temperament, in fact, all necessary qualifications.) (f) Amounts of output produced by different degrees of skill. (g) Effect of work on workers. (h) To coördinate all jobs more soundly.

Value to workers: (a) Effect of work on workers. (b) Fact basis of agreement with employees.

Value to public: (a) Secure data on which to settle disputes. (b) Secure data on which to set up particular standards. (c) To give publicity to wholesome conditions.

II. The Committee has assumed that trained attendants, as distinguished from practical nurses in the usual acceptance of that term, and from ward helpers, both untrained workers, are a group of workers who have had an organized course in an institution caring for the sick. (In Maryland alone this type of worker is now licensed as a practical nurse.)
III. Types of Training: Three types of training are now being given: (a) Entirely in hospitals. (b) Class work at Y. W. C. A. with subsequent hospital experience. (c) The Household Nursing Association type which combines (1) classes at a center, (2) hospital experience, (3) supervised practice in homes.

IV. The scope of the study: The cordial cooperation of 13 organizations and institutions employing or training attendants was secured.

Those included were:

Household nursing organizations, 2; mental hospital, 1; tuberculosis hospitals, 2; surgical hospital, 1; general hospitals, 5; hospital for feeble minded, 1; and Y. W. C. A., 1.

Forms for recording a day’s work were sent out with the request that each attendant record her actual work hour by hour for one week.

Records were received and tabulated for a total of 420 days as follows: (a) 33 student attendants—private duty 66 days, hospital duty 140 days; (b) 24 graduate attendants—private duty 51 days, hospital duty 158 days. In addition to the above, 28 students sent in hospital records for one day each in a small general hospital and 8 graduate attendants in private duty sent summaries of the cases cared for over periods of from two to seven months. (c) No records of attendants were secured from the public health field. Two graduates in “social service” are understood to be engaged in assisting patients to and from clinics and work of a similar character.

V. Character of the work: The records indicate clearly that the attendants trained entirely in large institutions are doing a large amount of ward housekeeping, such as checking and caring for supplies, routine care of wards and accessory rooms. Practically every elementary procedure is indicated many times and there is frequent reference to assisting nurses with treatments, assisting at clinics, and the like. Two records only indicated that hypodermics were being given by attendants presumably not trained to give this treatment inasmuch as they are designedly omitted from the curricula of the schools from which the records came.

The same criticism applies to the administration of medicines in the same series of records.

Records from the Household Nursing Associations, indicate these treatments legitimately given as these attendants are taught not only both these procedures but also catheterization. These latter attendants receive their hospital experience in small hospitals having acute services.

The summary of private duty cases cared for by 9 attendants, 7 of whom graduated within the last six months, indicate a large percentage of
8. Questionnaires were sent to 35 colleges concerning the five-year course. Twenty-three replies were received. Such a course is given in 16. Of these the superintendent of nurses has faculty status of associate professor in 5, with a salary of $2400 to $4500. The course is given in the College of Liberal Arts in most instances and leads to the degree of B.S. in the majority of schools. Out of the 16 replies 15 stated the opinion that the course should be continued.

9. A study of the budget for training nurses was made this year. It shows that the average cost to the hospital for the training of one nurse for three years is $2079.21. The return in service to the hospital is $2790.90, showing a gain to the hospital per nurse of $711.69.

(Details of these studies may be obtained at Headquarters.)

Tuesday Morning Session

In charge of the Education Committee of the National League of Nursing Education, Elizabeth Burgess, acting Chairman, presided.

REPORT OF SUB-COMMITTEE ON ATTENDANTS

I. The task assigned. To make a job analysis of the work of attendants. Job analysis, as defined by Tead and Metcalf in “Personnel Administration” is “A scientific study and statement of all the facts about a job which reveal its content and the modifying factors which surround it.”

Value to employers: (a) To standardize an operation. (b) To improve an operation. (c) To define responsibilities. (d) To provide a statement of sequence of operations at a job. (e) To secure data on which to draw up a job specification. (Useful to know what the demands of a job are upon the worker in point of training, aptitude, temperament, in fact, all necessary qualifications.) (f) Amounts of output produced by different degrees of skill. (g) Effect of work on workers. (h) To coördinate all jobs more soundly.

Value to workers: (a) Effect of work on workers. (b) Fact basis of agreement with employees.

Value to public: (a) Secure data on which to settle disputes. (b) Secure data on which to set up particular standards. (c) To give publicity to wholesome conditions.

II. The Committee has assumed that trained attendants, as distinguished from practical nurses in the usual acceptance of that term, and from ward helpers, both untrained workers, are a group of workers who have had an organized course in an institution caring for the sick. (In Maryland alone this type of worker is now licensed as a practical nurse.)
III. Types of Training: Three types of training are now being given: 
(a) Entirely in hospitals. (b) Class work at Y. W. C. A. with subsequent 
hospital experience. (c) The Household Nursing Association type which 
combines (1) classes at a center, (2) hospital experience, (3) supervised 
practice in homes.

IV. The scope of the study: The cordial coöperation of 13 organizations 
and institutions employing or training attendants was secured.

Those included were:
Household nursing organizations, 2; mental hospital, 1; tuberculosis 
hospitals, 2; surgical hospital, 1; general hospitals, 5; hospital for feeble 
minded, 1; and Y. W. C. A., 1.

Forms for recording a day’s work were sent out with the request that each 
attendant record her actual work hour by hour for one week.

Records were received and tabulated for a total of 420 days as follows: 
(a) 33 student attendants—private duty 66 days, hospital duty 140 days; 
(b) 24 graduate attendants—private duty 51 days, hospital duty 158 
days. In addition to the above, 28 students sent in hospital records for one 
day each in a small general hospital and 8 graduate attendants in private 
duty sent summaries of the cases cared for over periods of from two to 
seven months. (c) No records of attendants were secured from the public 
health field. Two graduates in “social service” are understood to be 
engaged in assisting patients to and from clinics and work of a similar 
character.

V. Character of the work: The records indicate clearly that the attend-
ants trained entirely in large institutions are doing a large amount of ward 
housekeeping, such as checking and caring for supplies, routine care of wards 
and accessory rooms. Practically every elementary procedure is indicated 
many times and there is frequent reference to assisting nurses with treat-
ments, assisting at clinics, and the like. Two records only indicated that 
hypodermics were being given by attendants presumably not trained to 
give this treatment inasmuch as they are designedly omitted from the 
curricula of the schools from which the records came.

The same criticism applies to the administration of medicines in the 
same series of records.

Records from the Household Nursing Associations, indicate these treat-
ments legitimately given as these attendants are taught not only both 
these procedures but also catheterization. These latter attendants receive 
their hospital experience in small hospitals having acute services.

The summary of private duty cases cared for by 9 attendants, 7 of 
whom graduated within the last six months, indicate a large percentage of
postpartum and chronic cases. It was not possible to arrive at an exact figure because some of the diagnoses might be either acute or chronic, for example, cardiac.

The records of student attendants on private duty were all of chronic or convalescent cases including postpartum cases. This group of records indicate routine care of patients plus amounts of housework varying from the care of the patient’s room up to the preparation of meals for ten persons. Many of them include the care of children. One record naively notes that the hens were fed!

Some of the procedures most frequently enumerated are listed below (from records of student and trained attendants).

Routine: Babies to mothers; delivering trays; care of utensils; cleaning beds; accompanying patients to laboratory, X-ray, etc.; Dusting; spec. to laboratory; feeding patients, errands (telephone); carbolizing beds; counting linen; care of linen closets; care of bath rooms; preparation of dressings; preparing and delivering nourishment; care of flowers.

Elementary nursing procedure: a.m. and p.m. care; bed baths; foot baths; care of ether patients; sterilization of instruments, of bed pans; bandaging; alcohol sponge; washing hair; tub baths; assisting in clinic; assisting with packs: temperature, pulse, respiration; medication.

Treatments: Dakin’s to wound; local applications; pressure sores; nasal irrigations; enemata; eye irrigations; balsam dressing; ichthyl dressing; hot compresses to eyes; postpartum care; care of breasts.

Advanced nursing procedures: Hypodermics; catheterization: high colonic irrigation; eye irrigations.

VI. Qualification of attendants: There is more agreement on this point than any other. Age, 18 to 48 years. Education required: Grammar school or an equivalent which is probably not very rigidly evaluated.

A group of 141 records, a part only of which are included in the above study of days, indicated only 15 persons with one or more years of high school. Six of these entered schools for nurses. Four graduate attendants are now working for the high school credits necessary for admission to schools for nurses. Four schools report this tendency to enter schools of nursing on the part of those qualified. Nationality: In this same group of 128, 35 per cent are American; 42 per cent are Irish, and the remainder from various European countries. Another group of 171 is stated to be largely American with a few Norwegians and Swedes.

The one Y. W. C. A. reporting states that the type of person taking their course has deteriorated since a period of hospital training has been required.
VII. The job in relation to the organization: The Y. W. C. A. and household nursing courses are sincere efforts to meet a community need. The institutional courses were started quite frankly to meet an intramural situation. The directors of all the courses believe in them implicitly, some of them going so far as to say that the care of their patients has been revolutionized. All feel that they need assistance in the further development of the work. There are many difficulties, chief of which is the shortage of suitable applicants and the large percentage who fail to complete their training. Most of these are dismissed when trial proves them unsuitable.

Three hospital schools established in 1919 report that 43½ per cent of those enrolled were graduated. One of the household nursing associations has graduated 51 per cent since 1918. Figures from other schools are not available.

Twenty-three per cent of the hospital group remained in the institutions where they were trained, 52 per cent are in other hospitals, the remainder having died, married, or accepted miscellaneous positions such as those in doctor’s offices.

Eighty-seven per cent of the graduates of the Boston Household Nursing Association are either on their own registry or employed in institutions.

VIII. The job in relation to the community: The contribution of this subsidiary group to the care of the sick is certainly an appreciable one. It undoubtedly could be vastly increased by: (a) state licensure; (b) well organized courses subsidized for a sufficient time to study and adjust the various factors in the situation; (c) well organized and responsible centers of distribution; (d) more generous attitude on the part of graduate nurses; and (e) suitable publicity making a dignified rather than a disparaging distinction between the registered and licensed nurse and the registered and licensed attendant. This distinction can not be enforced by means of uniforms. It is about as easy to regulate uniforms as it is to enforce the Volsted act. It can not depend upon coercion. It might be brought about by the growing esprit de corps of the attendants themselves.

The question of training attendants is far from being wholly economic since attendants can not live on salaries very much lower than those of nurses. It is a question of providing more trained workers of known abilities and status.

Having rigorously refrained, up to this point, from quoting any part of the detailed analysis of this whole problem by the Committee on Nursing Education, the committee begs to close with the following from the Winslow-Goldmark report.
wishes to take care of the sick. Had she failed to accomplish her desires she would have dropped from the ranks long before the possibility of teaching could have occurred to herself or to her advisors. We sometimes look to those nurses who have had college or normal school training and wonder why they do not combine their various accomplishments and become instructors. Had they enjoyed or felt themselves fitted for teaching they would probably never have entered a school of nursing. To whom then of our number shall we look to take up this burden? Some nurses may find it convenient for personal reasons; but for the most part the ones who will choose this branch of nursing with its necessity of special preparation will be those who feel that the inspiration of helping to mould the lives and development of the many nurses who may pass through their classes brings to them a far greater satisfaction than any piece of nursing work that they might accomplish of themselves. They have chosen teaching, not because they like nursing less, but in order that they may put out at the greatest rate of interest the nursing principles that they have acquired. Looking at teaching in this light, it would seem that the spirit which leads so many young women to follow “the Lady of the Lamp” would result in more nurse instructors. But few have inherited enough of the pioneer spirit of Florence Nightingale, and must needs be urged by certain attractive sides of the instructor’s life which in all schools are somewhat limited and in many schools conspicuous by their absence: i.e., lack of duties other than teaching, plenty of time for preparation, suitable office and class rooms, adequate library and teaching equipment, enough assistance, and such a salary that will enable her to live comfortably and take time off frequently enough to replenish her mental equipment for the job. Undoubtedly there is plenty of suitable material for teachers in our schools to take care of several generations of student nurses. Are we making the field attractive to the possible prospective instructors?

Once having found the instructor, how shall she fit herself for the task of teaching? Few are able to take a special course for teachers at some such place as Teachers College, and even our normal school graduate does not find her preparation is just what she needs in teaching nursing students. The average young instructor must begin her class room work equipped only with her three years of training and possibly a year or two in some executive hospital position. Usually the Superintendent of nurses with her many administrative duties has little time and frequently little knowledge to help the instructor plan and organize her work. Here is the occasion for the holding of an institute or conference where instructors and those especially interested in the educational side of nursing may come together and
discuss their problems with much mutual satisfaction. These institutes
should be held in round table form rather than in formal lectures, and dis-
cussion and questioning should be very free. It will be found that the time
allotted is all too short when once those taking part are awake to the oppor-
tunities of the occasion; therefore, members present must be encouraged to
present their difficulties, suggestions or questions early in order that all
may profit by the interchange of thought. It will be helpful to prepare in
advance a list of subjects for discussion which all, who are to attend, may
have some days before the meeting in order that they may be able to crys-
tallize their thinking to the end that discussions may not drag, but keep to
the point at issue. Sufficient free time should be allowed, however, for any
person to bring in some subject which may not have occurred to those
having the program in charge.

Leaders for discussion groups should be carefully chosen. They may not
appear to contribute very much to the program, but unless they are people
whose knowledge and experience in the subject of the meeting is rather in
advance of that of the average members of the group there will be a lack of
direction in the discussion that will result in a failure to bring out those
points which should be most helpful and stimulating. Usually a leader who
is personally acquainted with the members present, and knows when to call
on those who should have a definite contribution to make from their own
experience will contribute most to the success of this type of discussion.

The most satisfactory institute should last at least three days, and it is
evident that if the six hours a day are to be spent to advantage and not to
become wearisome, the schedule must be sufficiently varied. Because some
teachers may have a considerable body of knowledge without much ability
to "get it over," a practical presentation of teaching helps will be found use-
ful. For instance, a complete layout of laboratory equipment for teaching
bacteriology or chemistry will show to those who dread the teaching of
sciences an encouraging idea of the simplicity of such a layout, especially
if a class at work in laboratory section could be visited. An opportunity
may here be made to inspect a good set of students' note books which are
often the best indication of the quality of teaching they are receiving.

An exhibition of slaughter-house specimens which can be obtained almost
anywhere, will demonstrate to the teacher of anatomy and physiology how
she may most efficiently supplement her text book work. To go into further
detail, if a visit can be made to some class of nurses actually in session,
and this visit followed by an informal discussion of the method of presenta-
tion of the subject, the general conduct of the class, methods used to stimu-
late activity on the part of students or any similar class room problem,
much help and suggestion for the application of teaching principles can be taken home by the various instructors present. We often find clever devices invented by nurses in local hospitals the demonstration of which will be of great interest to teachers in other schools.

If the institute can be held in the vicinity of a normal school, high school or college where well trained teachers are holding classes, an hour spent in such a class room will give a nurse much food for thought which she may carry to her own class room even though the subject in hand is quite foreign to a nursing curriculum. An institute held near a teaching hospital enables nurses to get in touch with the latest methods of treatment. Demonstrations of nursing procedures will help considerably in standardizing the teaching of practical nursing. Because three days or even a week is a short time when we think of all the possibilities for a program, institutes should always be as practical as possible. Their organization seems to belong peculiarly to the State Leagues of Nursing Education which should so plan them that they may be convenient as to time and place to the schools in outlying communities which doubtless need the help of conference and the “getting together” even more than do the schools in large centers. Since all progressive work, and therefore all education, is continually changing institutes and summer courses are the means by which any graduate and especially a teacher can keep up-to-date in her particular line of work.

As the institute fills a local need in a small and very specific way, so the summer course meets the same need in a larger way and on a more generalized scale. Probably the greatest demand in the summer course is in the line of methods of teaching and the matter of organization of schools of nursing including the arrangement of the curriculum. This would presuppose lectures by experts as well as group discussion, and takes on the form of any college course which must extend over a matter of some weeks in order to accomplish anything of permanent value. It is gratifying to see the number of summer courses at various universities planned for graduate nurses this year, showing that the need is growing and being recognized. The assistance which we are receiving from educators in these courses brings into closer contact and greater sympathy the nurse and the thinking public, giving educators an insight into the needs and the possibilities of nursing education. The first class of nurses to ask for the summer course are the nurse instructors who feel the lack of sufficient background in those subjects, particularly the science, which they are expected to teach. Often they can register to good advantage in the regular course offered in Chemistry, Physiology, or whatever subject is desired. If the group of nurses is large enough, a special course is generally arranged for to meet the particu-
lar demand of the teacher of nurses. This would include teaching methods as well as the general presentation of the subject. Most instructors feel that if they are to continue in educational work they should work toward the completion of an entire college course for themselves, and with this in view any special courses arranged for these nurses are generally made of sufficient academic value to carry some credit toward a degree. For the same reason the nurse will desire to take general college courses of cultural as well as of pedagogical value, and the summer course gives her this opportunity provided she meets the requirements for students entering for a degree.

But aside from the special preparation for her particular task of instructing nurses, or her personal development in acquiring a college education of untold value to the nurse instructor taking a summer course in a university, is the getting away temporarily from the hospital atmosphere with its many and vital distractions, and associating in an academic atmosphere under stimulating surroundings with teachers in other fields, a group of enthusiastic men and women who make up the vast majority of all of our summer schools. Such contacts are bound to send the nurse back to her teaching with more enthusiasm and inspiration for mere teaching than she can ever receive from studying with nurses alone.

But we must not think that the summer course is planned for the instructor alone. As was said in our opening paragraph, the superintendent of nurses, the one who moulds the policies of the school, who makes possible—or impossible—the standard of work done by the instructor, who must be the one to demonstrate the correlation of theory and practice in the school of nursing, and who interprets the value and necessity of the education of the nurse to her Board who are more often interested primarily in the bedside care of the patient—who more than she needs to study educational values and systems, to meet other educators, and find the way to apply the general principles of all education to her own field? The superintendent as well as the instructor is to be considered in the organizing of these university courses.

It is well that most summer courses are found in universities which already foster in some fashion a school of nursing. This insures a sympathetic attitude of the administration toward this special group of students. But whether or not this be the case, a nurse educator is usually appointed as director of the course, as she can better make the necessary contacts between the small group and the whole institution, and can best direct and advise the work of the students, especially in selecting elective work which will be of particular value. One of her problems is sure to be to keep the
nurse from electing too many subjects. Besides the required work of the
department time should be left for one elective subject, and seldom should
a nurse be encouraged to take more. Because in her own line of work she is
expected to do the impossible thing of teaching six, seven or eight subjects,
the nurse instructor yearning for a similar variety on her college schedule
is the despair of the average professor; and if she learns in her university
that she cannot do more than two or three things at a time and do them well,
perhaps the nursing school—sometime in the millennium—will provide the
number of instructors on its staff appropriate to the number of subjects in
the Curriculum! Then can we require that teachers shall really be prepared
in their subjects.

Only a word should be said for extension courses for instructors, and that
is—prohibit them! What teacher after a busy day or week (the usual
program for a nurse) can do justice to herself or her students by trying to take
evening courses. She needs recreation, but not the kind that demands the
mental effort required by college work. We admire the grit of the instruc-
tor who makes this effort, but we wish someone in higher authority would
use his or her influence in the direction of making possible the summer course
for that teacher, and saving any surplus mental energy during the school
year for the work in hand.

Extension work for other nurses is valuable—with the same prohibition
as above, if regular work is so exacting that extension courses can be
taken only in time that should be used for recreation. For instance, head
nurses, whose duties are executive rather than primarily educational, may
find considerable mental refreshment and stimulation in the extension
courses of cultural value; and if a large enough group is interested, a class
may be arranged for even in the hospital.

We have not attempted to touch on the big field of institutes for public
health nurses, the institutes in Child Health and Hygiene, School Nursing,
etc., that are doing so much to bring the latest ideas to the busy public
health nurse in her particular field; but we may say in closing that the
opportunity for the institute is legion. If an effort was made to foster such
during this next year to the tune of several in various parts of each state, a
definite step would be taken to meet an educational need that is not—
and probably cannot be—met in any other way.

Discussion

In discussing Miss Wood’s paper several members reported that during
the past year, institutes of various kinds had been held with most encourag-
ing results. Some of the points brought out were that in order to derive
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a real benefit from an institute it should last for at least five days. That it should be varied in its content but arranged with some sequence and method. That one or two topics should be concentrated upon instead of trying to cover a whole term's work in three days. That some financial arrangement should be entered into to meet the expenses in order that a worth while program could be arranged.

Miss Samuels reported a very satisfactory institute held in Montreal which lasted two weeks. The program included five subjects which were intensively studied and the courses in each directed by specialists.

THE PREPARATION AND FIELD OF THE HOSPITAL SUPERVISOR

BY CORINNE D. FRENCH, R.N.


The hospital supervisor is not a new figure upon our professional horizon. On the contrary, she is associated with the earliest beginnings of our nursing history. When we turn back to the pages of the past, we are constantly meeting her under divers names, and busied with varied duties. Why is it that the present demands that we pause and consider most carefully the hospital supervisor of today? Is she in any way different from her predecessors? Is she called upon to contribute to this age something which former ages did not ask of her? Why is it necessary to renew her acquaintance if she has been for so long a member of our ranks?

A mental survey of the present day supervisor and her field very soon gives us the answer to our questions. Whereas in the past the supervisor's function was principally administrative, today she has a three-fold calling. She must be both supervisor and teacher as well as administrator. "Learn through doing" was the motto of the apprentice method of procedure in our early training schools. Hospital life then was far less complex than the busy routine which our wards reflect today. The principal care and comfort of the patient was the prime objective toward which all effort must be directed, and the supervisor's chief duty lay in guiding and perfecting in her student nurses, the skills necessary to obtain this result. Practical instruction in these skills was given at the bedside of the patient. Because of the more simple routine, the supervisor was able to keep her students under her constant scrutiny. In this way, she was able to guide and to assist whenever the need arose, and to inhibit through immediate correction the habit formation of undesirable skills.
As a result of this type of supervision, a high degree of practical technic was developed. Nursing principles were evolved, and the foundation of our nursing profession firmly laid. To the supervisors of the past, and to those whom they supervised, do we owe a tremendous debt of gratitude. It was their dignity, their enthusiasm and untiring activity, their adaptability and foresight, which have built this firm foundation upon which we of the present so confidently stand while we look into the future, a foundation upon which we must not only stand, but must build, both wisely and well. And in this building process, just where does the present ask our hospital supervisor to place herself, and with what tools for building must she be equipped? The mere fact that on every side, from both small and large training schools, queries are constantly coming concerning the supervisor’s prerogatives, proves at once that the hospital supervisor is forging her way to the front rank of builders; it may be to the laying of the corner stone itself. It proves to us that the hospital supervisor today must meet the demands of her profession with somewhat different tools perhaps, but in just the same spirit, and with the same high ideals as the builders of the past met their problems.

Yes, the present is making new demands upon the supervisor, demands, which if fairly met, must necessarily develop both the supervisor and her field along more varied and wider paths than ever before. And it is because of this steady progress, this quiet but persistent adaptation to meet the ever-changing demands indicative of growth, that we would do well to consider together for a brief moment the necessary qualifications, and the scope of activity of the present day supervisor as we meet her in our hospital.

During the past few years, the field of supervision has broadened. This change has been due in part to the increase of ward activities, to the gradual inclusion of the study and treatment of the mental and social, as well as physical aspect of the patient, and to the slow shifting of the emphasis from curative to preventive medicine. Our hospital wards have not only increased in number, but in the variety of services offered to the sick. Our hospitals have become centers of ceaseless activity, centers for the constant discarding of the old, and acceptance of the newer and more highly tested science. Our training schools have increased the number of their personnel in order to meet the needs of the ever-increasing number of patients. The entire organization of both hospital and training school has been radically changed, and with these changes, the hospital supervisor has had to keep pace in growth and adaptation. Today her province is no more a single path. It has grown to be a veritable network of avenues which are constantly increasing, steadily progressing. In this progressive march, we
see the hospital supervisor taking on the function of the instructor, along with her practical, administrative duties. We see her so overburdened with this dual responsibility, that a natural division is made, resulting in two types of supervisors—a supervisor of practical procedures and a supervisor of theory. We have watched, and perhaps shared, in the accumulation of a definite body of specialized knowledge for each of these divisions of supervision. We realize that in spite of our constant efforts, the type of supervision given in some of our training schools is often not above criticism, and almost unanimously we feel in our training schools the present lack of correlation between the theory of the class room and the actual practical work of the student in the ward. At the present moment we are groping our way toward the creation of a type of supervision which, while retaining the best of our past and present systems, will rectify their deficiencies.

And what is this type of supervision which the hospital supervisor must give today? This type of supervision must be based upon a clear understanding of the psychology of human relationships. If the supervisor is to succeed, she must have a large background of knowledge and experience on which to draw. She will need a varied equipment of tools, in addition to those of her technical field. A knowledge of psychology, philosophy and sociology should be among her most valued tools. She must not only be skillful in the direction of the student, in the perfection of her nursing technic, but she must at all times help the student to identify herself and her work with the common end, which in this instance is the patient. Both the supervisor and the student nurse should work together for the good of the community. There is simply a division of labor. The intensive work is done by the student nurse with her patient, the extensive work is done by the supervisor. It is she who must go out to gather in all that can add to the efficiency of the intensive work. The supervisor must work indirectly for the good of the patient through the student nurse but at all times she must see the student as an objective in herself, assist her in the development of her own personality and guide her latent power to its highest function.

Professor John Dewey of Columbia University gives as his definition of the meaning of supervision the following: He says, that “The true meaning of supervision should be just what the word divided means, 'super' meaning above, and 'vision' meaning an outlook beyond that possessed by the inexperienced. Because of years of training and experience, the vision should be greater, and it should be the function of the supervisor to use this vision for the inspiration of others. Vision is looking over the heads of others, in order to see details, in order to advance.”
If the hospital supervisor is to keep this vision before her students she must herself keep on growing. It is necessary for her to be constantly reaching higher levels in order to encourage others to grow. She must turn without herself for knowledge. She must translate all her experience into a reservoir for others to call upon. The need for better and more scientific preparation for this increasingly important branch of our profession is being felt generally throughout our ranks, and more and more of our recent graduates are definitely preparing themselves through advanced courses of study and post graduate work for such supervisory positions.

Simultaneously with the increased interest in the establishment of this more scientific form of supervision, there is evolving in our training schools today another type of supervisor, who is arising to meet the need of better correlation between ward and classroom. This supervisor is known under various names. She is sometimes called the head nurse, or she may be an assistant head nurse, or as she is more frequently spoken of, the teaching supervisor. Her field is neither ward nor classroom, but both. Her background of experience must have embraced both executive and educational training. Her professional, personal and educational qualification should be of the best, and above all, must she know how to join both the super and the vision in her association with her student nurses. In other words, the present demands that our hospital supervisor of today must, in every way, be qualified to place herself in the very front ranks of the tireless builders of our profession.

In conclusion, I would like to give you a brief sketch of an experiment carried on this past year in a well-known municipal hospital. This experiment was the introduction of the teaching supervisor into the ward personnel, in the effort to more closely correlate the excellent body of theory given in the educational department, with the practical nursing procedures, as carried out upon the wards.

**Field.** In June, 1922, a section of this hospital, known as the Men’s Medical Department, was chosen as the field for this experiment. This department has a daily average of two hundred medical patients, distributed throughout eight wards. Five of these wards take care of general medical conditions, while one ward each is devoted to diseases of the skin, to erysipelas, and to typhoid fever and pneumonia. It is considered that this department offers an unusually fine opportunity for the teaching of medical nursing technique, and for the observation and treatment of medical diseases.

**Personnel.** The administration of these wards was placed in the hands of four assistant head nurses of wards, who correspond in ranks and position to
the customary head nurse of any hospital ward. These assistant head nurses are under the direction of the chief administrator of the department, who is known as the head nurse of the department, acting as the head nurse's first assistant, and working in close cooperation with her is the so-called teaching supervisor, whose duties are both administrative and teaching. A second assistant to the head nurse takes entire charge of the arrangement of classes and clinics for the medical students, and visiting physicians, thus releasing the assistant head nurses for the actual nursing procedures of their respective wards.

Survey. In June, 1922, the teaching supervisor was appointed, and the following two months were spent by both, head nurse and teaching supervisor, in a careful survey of the entire department, noting every phase of the work, both administrative and educational. Based upon this survey, a plan was evolved for the effective administration of the department, and a definite teaching program mapped out by the teaching supervisor. This plan was carefully discussed with and approved by the departmental assistant head nurses and the staff of the educational department, and was actually put into practice by the first of September, 1922.

Plan. The students from the three classes are assigned to the department through the training school office. They are carefully distributed by the head nurse throughout the wards, and both head nurse, teaching supervisor and assistant head nurses, unite in the effort to provide for the student a varied, well-balanced, medical service. The actual division of ward duty is assigned as per custom, by the assistant head nurse of the ward, who holds herself responsible for the supervision of her student nurses. Assisting her in this important work, is the teaching supervisor. This supervisor, through her administrative duties as assistant to the head nurse, is in close touch with every phase of the department. She is, therefore, able to understand both the administrative and the educational problems, as reflected daily throughout the wards, and is ably fitted for her position as bedside instructor. This is her chief task—to supplement to a much greater extent than the assistant head nurse with her manifold duties can at present do, the supervision and the instruction of the individual student nurse. Daily with groups of one, two or more students the supervisor holds bedside clinics and classes in the various wards.

A careful record is kept of these clinics and care is taken to see that each student receives an equal amount of supervision and instruction. This instruction is in addition to the regular medical lectures, classes and demonstrations which are provided by the Educational Department in the general curriculum of the training school.
Conferences. A departmental conference is held weekly by the head nurse and her entire staff of assistants. In this conference the problems of the department are freely discussed by all, and the procedures for the coming week are carefully planned. Twice a month the staff of the educational department meets in conference with the Departmental Staff, and the closest cooperation between the two departments is maintained in the carrying out of teaching methods and nursing procedures.

Results. At the present time, the experiment has been in operation for ten months, and the following decisions have been reached in regard to the results:

First: That the general principle of the experiment is a sound one, and one worthy of further demonstration.

Second: That supplementing the regular medical instruction with actual bedside teaching given by a qualified supervisor especially prepared for this work, is bringing results in the way of keener interest, more careful nursing technique, and a general broadening of vision of the individual student nurse.

Third: That the feeling of interest and cooperation in this mutual experiment on the part of the members of the staffs of the Educational Department and of the Medical Ward personnel, has helped materially in breaking down those invisible and apparent barriers between administration and teaching, which are common to so many of our training schools of today.

The greatest difficulties which have been met in this experiment are those which are also common to most training schools. They are:

First: The personal element which manifests itself in misunderstandings and in clashes of personalities not conducive to cooperation and progress.

Second: The limited number with which to efficiently carry on the work. This factor limits the amount of time which the assistant head nurse of the ward may devote to the supervision of her student nurses. It limits the number of students who may be free at any one time for this bedside instruction, and it materially ties the hands of both head nurse of the department and the teaching supervisor in their respective administrative and teaching tasks.

Discussion

An active discussion followed the reading of Miss French’s paper, as to the number of nurses required to carry out successfully such an experiment and make it possible for the students to profit by such careful supervision. The discussion brought out the fact that the weakest point in the experiment was an inadequate supply of student nurses and the necessity of sometimes changing their work to meet the needs of the hospital in the midst of this specialized training.
Miss McMillan asked if it would be more advantageous to try such an experiment in a smaller department and the opinion expressed, was that it would in all probability be much more easily done in a smaller department.

Miss Johnson told of an experiment in supervision she is making in the Massachusetts General Hospital. She has appointed in the school an instructor from Simmons college to follow the young nurses in their work through the wards and give bedside instruction and supervision.

Mrs. Clark expressed the feeling that the entire Ward Staff should be a part of the teaching personnel.

Miss Logan described a system prevailing in the Cincinnati General Hospital where the same teacher in a given department gives the class room instruction and then follows the students in the same type of work on the wards. For example, the medical supervisor gives the medical classes and observes the students in their medical nursing practice on the hospital wards. She described the relationship of this teaching supervisor who has charge of the teaching in two or more wards to the head nurse as a superior officer. She thought the ideal arrangement would be to have a teaching supervisor in each large ward.

EXPERIMENTS IN CONSOLIDATION OF INSTRUCTION IN NURSING SCHOOLS

By E. PRÉCILLA REID, R.N.

Utica, New York

We are trying many experiments in nursing education. Some of these will fail, but improvements are coming, and the growth of real nursing schools will steadily increase. We have only to look back even ten years to be sure of this. We have university schools, schools in connection with junior colleges, central schools unaffiliated, and coöperative teaching not central-ized as far as classes are concerned. Each school or group of schools will have to work out the educational problem according to local conditions and requirements.

One very great opportunity for those nursing schools fortunately situated, in the junior college. This is rather a new institution, but the number is rapidly increasing. The junior college has apparently grown out of at least two needs: overcrowded freshmen classes in the universities, and the great desirability of large numbers of students obtaining one or two years of college work without the necessity of attending some distant college or university.
The idea had been suggested in various ways for perhaps forty or fifty years. The movement was not actually attempted in this country until about twenty years ago. The junior college offers for the most part instruction in courses usually given in the first two years of the regular college course. In California, and in some Western colleges, there is a decided tendency to "vocationalize" the school, offering courses to fit the demands of the community in which the college is situated. These vocational courses are given in addition to the usual academic subjects.

A small proportion of these colleges are privately supported, others are supported by the state. In the case of the latter, no tuition is charged to residents, though there may be laboratory fees. The curriculum, the educational preparation of the teachers, etc., are as a rule subject to the approval of universities, and full university credit is given to students completing courses in the junior college.

Several colleges have included under the heading of "vocational courses," departments of nursing. Working with nursing organizations and training schools, curricula have been worked out, including sciences and strictly nursing subjects. These have included for the most part those subjects given in the first four months, or the preliminary course. The advantage of having well prepared teachers in the various subjects, of systematized and well rounded out courses, is thus given freely to the schools of nursing, so situated that they can avail themselves of the opportunity. The cost will be little or nothing to the hospital or to the student, and the results much better than can be obtained by the usual method whereby one instructor covers many subjects. The nursing department of such a college is usually under the direction of a competent nurse instructor, who also gives instruction in nursing subjects.

The schools of nursing in Kansas City have such an affiliation with the Junior College of Kansas City, with Miss Helen Farnsworth in charge of the Department of Nursing. Seven to nine hospitals send students to this Department of Nursing, the hospitals paying car fare and furnishing textbooks. The college furnishes all equipment in the chemical, bacteriological, physiology and cooking laboratories, also all material used in teaching practical nursing and solutions. In the beginning, the material for these last classes was furnished by the hospitals, according to the number of students sent to the class. Three college instructors give part time to the nurses classes, the director gives full time. The salaries are all paid by the Kansas City Board of Education, under whose jurisdiction the college is run.

One very interesting thing must be mentioned. Many of us would welcome the opportunity to watch the results. The nursing class is divided into
sections of twenty to twenty-four each, based upon a group mental test
given at the beginning of the term. Groups showing the highest markings
are given more work, and it is considered that the students do their best
work when grouped together in this way.

The connection of the training schools of Kansas City with the Junior
College began in 1918–1919, with an evening course in chemistry, and a day
class in foods and nutrition. In the following year a full preliminary course
was arranged, with over thirty student nurses. Last year 175 student
nurses applied for admission, but all could not be accommodated in the fall
class. Practical procedures are taught in this school, and the hospitals
cooperate in carrying out standard methods as taught in the college.

The number of schools affiliated wholly or in part with a university is
increasing. These range all the way from schools where a few subjects
only are given by the university to the schools offering a complete five year
course. Three years are spent in the university, and two in the hospital.
The student receives a B.S. degree and a diploma in Nursing upon the com-
pletion of the full course. The University of California, Stanford Univer-
sity, Western Reserve, The University of Minnesota, and The University
of British Columbia in Canada, all offer such a course, varying more or less
in methods and regulations. The students register in the hospital training
school, and are sent, as affiliating students, to the university. Here they
receive certain courses, or all of the required courses. The hospital wards
serve as laboratories, where the students gain practical experience. In some
cases the hours of duty, type of supervision, etc., are governed by the univer-
sity and the training school, in others, entirely by the training school. Only
those who can meet the college entrance requirements may take the full
five year course, and receive a degree. A large proportion of the students
in the above schools still take the usual three year course, without receiving
any college credits.

The new school to be opened in connection with Yale University will
probably be very different from any of the present schools, and more nearly
our ideal of what a school for nurses should be. As it will not be hampered
by lack of funds, or the immediate needs of the hospital, the curriculum can
be worked out with only the needs of the students to be considered.

The idea of the Central School apart from the college or university is
gaining a little ground. All schools are not so situated that they can
affiliate with a college. It may not be possible either from the point of view
of location, finances, or educational preparation of the student. Then
too, all universities are not yet ready to cooperate with us. Their classes
are full, and it is not always possible to arrange for an extra group of stu-
dents requiring a certain amount of special class work. In these cases Central Schools may be established, the hospitals pooling resources, equipping central classrooms, and engaging instructors. This will not only lessen the cost of instruction, to each hospital, it also tends to systematize the class work, to improve and standardize methods of nursing, and to insure well prepared instructors.

This work is still decidedly experimental, but seems already to show some growth. A suitable central place for class rooms will have to be considered. The City Board of Education may be a help here, in loaning rooms that can be spared in one of the educational buildings. This may be a normal school or a high school.

Two Central Schools independent of college affiliation which have been started within the past two or three years, are in Philadelphia, and in Utica, N.Y. In Philadelphia the Central School has the advantage of Drexel Institute, where the students are sent for instruction in chemistry, dietetics, and bacteriology. The school pays tuition fees for the students enrolled in these classes. Other classes are held in rooms rented at the University of Pennsylvania. There is a director in charge of the school, and two nurse instructors giving whole or part time to the nurses classes. Teachers on the Drexel staff teach dietetics and chemistry. Practical Nursing is not taught, owing partly to the difficulty of obtaining a suitable place for such instruction. Eleven schools are in connection with the Central School of Philadelphia.

The school in Utica has had during this first year five schools in connection with it. It was initiated through the cooperation of the training schools of the city, and is supported entirely by them. In this case the school was fortunate in securing the full sympathy and cooperation of the Board of Education, that has loaned rooms in the Academy for the use of the school. A lecture room, demonstration room, an office and a cloak room, have been placed at the disposal of the school, free of any expense. The Principal of the Academy, and members of the Board consider the Academy a city institution, the nurses training schools also as belonging to the city, and are glad to have the rooms used for their instruction, as long as the rooms are available.

The director of the school does part of the instructing, and part is done by the principals of the schools sending students. Demonstrations in practical procedures, and practice periods in nursing technique are conducted, the sciences and other subjects being grouped around these classes. Two classes were taken in during the year; one in September, and one in February, with seventy-three students in all. The principals of the schools
and their assistants conduct the demonstration and practice periods, thus keeping in close touch with the procedures taught. No practical procedure has been taught that has not first been carefully planned with the principals of the various schools. One of the strong points of this organization is the very close connection with the home school of the student, with reference to everything taught in the schools. Another is that the Central School belongs to the hospitals, which support it, and also that the governing board is made up of the principals of the schools, and members of the Board of Managers of the hospitals concerned.

Another method used to a certain extent during the past few years is co-operative teaching. This is worked out in various ways, in some cases the teacher has a certain number of classes in a number of schools, in other places, the instructor not only teaches, but supervises the entire class work in a number of schools.

Among the difficulties which we have to encounter in all our educational problems are—misunderstanding on the part of the public, lack of comprehension of what a nurse's education should consist of, or of the functions of a student nurse. Lack of financial support, and also the large amount of work required of the student nurse in the hospital wards. Night duty comes in here as a very difficult problem.

Holding classes in high schools, colleges and universities, will assist materially in educating the public to the fact that the training of the nurse is and should be educational. The publication of the Report on Nursing Education, and the reviews of this report, will also reach a large number of people. With greater understanding will come greater support from the public and more rapid improvement in the conduct of the schools. One word of warning. If it is necessary to use class rooms in a high school, and also to secure the assistance of high school teachers for any of the subjects, it will be difficult for many to understand that nursing education is not, or should not be, of high school grade. We must ourselves keep the distinction clearly in mind, in order to avoid future difficulties. We want high school graduates in our schools as far as is possible, therefore we must give work in advance of that given in high schools. We know that schools of dentistry, law, engineering, agriculture, etc., are more and more requiring one to two years of college work before specializing. These schools are considering lengthening rather than shortening their courses. We must not fall too far behind, and then expect to call our schools professional and educational institutions. Another thing we must think about.

Quoting from an article by Wm. Proctor, "The Junior College in California" (School Review, May, 1923): "The drawing and holding power
of an institution intended for the teaching of adolescents depends in no small measure upon the variety of student activities maintained . . . . social and athletic.” We must endeavor to plan a more normal student life in every respect.

Tuesday Afternoon Session

Adda Eldredge, R.N., President of the American Nurses Association, presided.

THE RELATION OF HOSPITAL SUPERINTENDENT TO PRINCIPAL OF SCHOOL OF NURSING

BY MARY L. KEITH, R.N.

The young friend who is responsible for my name on this program, says that I have played the game long enough to know something about it, so will I please lay my cards on the table and show how it is played. Although a firm believer in playing the game, playing it as well as I can with the cards that are dealt me, and playing it without too much grumbling about holding poor cards, I have only one formulated policy governing relationship with the principal of the school and that is, determination to play fair. I here present some of our daily problems to show how this policy, stumblingly followed, has contributed to the result.

The principal who has been associated with me for ten years, says there are only two professional subjects on which we agree, namely, outline of study and discipline, whereas, from my point of view, there is only one subject on which we agree, and that is recreation. With this slight discrepancy we do agree that on every other phase of nurse education we have differences of opinion. Happily, we have a good running start in that outline of study, discipline and recreation are not subjects for controversy. Among the subjects on which we hold slightly different views are: Housing, maintenance, finance, food, equipment, ward helpers, and the daily care of the patient. I start with two propositions:

1. The superintendent who holds the end responsibility must have some method of control.

2. Whatever the method of control, lubricants are needed to eliminate friction.

My experience has been in hospitals and schools under the same management and control. From schools not an integral part of the hospital we shall want to hear in the discussion.
EXHIBIT A. HOUSING PROBLEMS AND COÖPERATION

If a federal law existed that forbade a sufficient number of sleeping rooms for nurses, I should say that law is being generally obeyed. However that may be, I belong to that large and unfortunate group who administer hospitals wherein the number of sleeping rooms for nurses is less than the number of nurses required. Now that ground is broken for permanent relief, I confide to you that for eight successive years, as the number of students increased, we have faced the problem of housing the incoming class. One at a time, we have taken over a house here or a flat there, and demanded the maximum number of rooms within a given space.

Formerly our principal of school was never pleased with any plan I presented for these alterations, while I thought the waste basket was the place for the same plan after she had amended it. Now we each take an outline, work on it independently of one another, and find the result surprisingly alike. After comparison, we adopt the best and eliminate the worst features of each, and being convinced that we have done our best, present the composite plan for approval. If the result is not all we anticipated, we know it was the architect or somebody else who muddled it—not we.

A specific housing problem which was worked on diligently for days, was that of remodeling a three-story brick building for temporary use and again increasing the number of students, versus: an increase in the number of graduates who would room outside, without increasing the number of students.

We computed the shortage of student night nurses the second year and of senior students the third year if no increase was made, the saving of instructors and supervisors and the number of graduates necessary to bridge over a three-year period. We found that the cost of the required number of students for eight-hour duty, plus the cost of preparing them educationally, plus the cost of remodeling the house, was about the same as the cost of a less number of graduates for ten and twelve-hour duty.

The question was not one of finance. It had resolved itself into a question of our obligations to the community. Should we be producers or consumers of nurses? The board accepted our findings and decided to maintain the larger school to supply the public need; which will be done amid difficulties which would seem insurmountable if we ourselves had not underwritten them.

EXHIBIT B. MONEY AND UNDERSTANDING

I used not to understand why so many hospital workers (including the school of nursing faculty) act as though money problems were loathsome
diseases which they would contract if they considered them. Partial enlightenment has come with years.

One money problem is the waste and destruction of supplies. The nursing department say, "We don't understand." Understanding money values is a hard lesson to teach, but it can be taught to the few who desire understanding if it is given a place in the curriculum and repeated until the repeater feels like a multiplication table.

Last year a young and enthusiastic assistant, who at her own request was studying the cost and distribution of supplies, gave a talk to junior students. Among other things she told them the cost of gauze per yard and that we bought 150,000 yards a year; how that amount might be reduced if they were more careful in saving that to be salvaged; how haemostats, costing $2.25 each, ran into money when 150 were in daily use; that the cost of one year's printing was $2000 and she showed printed forms that had been used for scratch pads. A silver plated teapot that had been on the gas stove was shown, also a pair of scissors costing $7.00, which looked like 30 cents after some unknown experience. This talk and demonstration was repeated the following week to the intermediates and again to the seniors. Next it was given by request to the faculty and graduate supervisors and finally to the Board of Managers, making five times within two weeks. The results were encouraging even though they will be short lived and the ground will need frequent recovering.

Following these talks more gauze was salvaged, fewer rubber goods and instruments went to the laundry, less printed matter was used to line boxes and there was less unknown breakage. More hopeful was the number of interested students who asked the price of new instruments, the cost of new equipment, asked to be shown the difference between aspirating and and lumbar puncture needles and might they see an instrument, the name of which they had heard.

The assistant who gave these talks, occasionally asks for five minutes at the fifteen-minute daily conferences of head nurses. She estimates that five minutes so spent each month, prevents a waste of $100 per month. She says if six weeks go by without representation at these conferences that soap and printed matter accumulate in the wards instead of in the store rooms, hot water bottles collect in the laundry, gauze to reclaim falls off 50 per cent, requisitions are in excess of needs and that she has figures to prove it.

**MONEY UNDERSTANDING AND BUDGETS**

Some years ago a certain hospital was put on a budget basis. Except that the superintendent had the willingness to learn, she was like any other
greenhorn in the budget world. Perhaps it was for companionship, perhaps it was for practice, that she talked budget rather freely, applied it to her own income and talked about that. The principal began to take notice and to ask questions. In time she asked a question the superintendent could not answer, a stimulus which had a favorable reaction.

Before the budget days the dialogue would be: Principal—What about the national convention this year? Superintendent—I suppose we had better send a representative. What do you think it will cost? (Any figure given was likely to be exceeded.) Now the question is:

“What will the budget allow for the national convention?” The answer is given in dollars. Next day the name of the suggested delegate may be heard or the report may be that two delegates are taking potluck on the budget allowance, making up the deficit, thinking the hospital is generous and determined to bring back all they can, which they do. This last example of money and budget understanding being conducive to harmonious accomplishment illustrates another asset, namely:

EXHIBIT C. FREEDOM OF CHOICE

Boys in our yard flashing light from the sun, neither stop nor leave the yard when so commanded; but when they are told either to stop or leave the yard, they will leave with heads up and no hard feelings.

A money allowance for student activities carrying with it some elasticity of use, we have known to be spent entirely for music; another time we have seen it go for food without music; we have known it to charter a motor boat; we have seen it divided and apportioned to different committees; never have we seen it spent exactly as we would spend it, but the majority of students have been pleased and we have had no occasion to criticize. Yet we are slow to offer our principal of schools an equally harmless freedom of choice. If we gave them more freedom on familiar ground I think they might be more ready than they now are to consult us when serious issues are at stake.

EXHIBIT D. COMPROMISE

A detached house with frontage on two streets is occupied by supervisors. Unusual isolation, unusual freedom. The superintendent is inclined to post a few regulations for the conduct of the residents under the heading of Information, a title which has supplanted that of “Rules.” The school principal favors some form of home rule after the manner of student government. Nobody else seems interested and no action is taken. We wait to see what happens. After it has happened several
times, a letter approved by both superintendent and principal is sent to
each resident of that house. The letter reads:

My dear Miss——:

Inasmuch as we would like the —— House to shelter an informal happy home life
without emphasis on institutional features, we have refrained from making and posting
regulations for its conduct. Rather, we take this method of saying to each of its residents,
that, in our opinion, all social activities should cease, all visitors depart and all lights
be out before 12 midnight.

As to overnight guests, the superintendent’s approval should be secured in advance and
any guest so approved may occupy such room or bed as is assigned.

We take it for granted that you desire no form of activity, social or otherwise, that
would merit disapproval. May we, therefore, suggest that in case of doubt you confer
with one of us? We shall appreciate your cooperation.

Cordially and sincerely yours,
Signed: ———.

This compromise measure yielded the desired results; also thanks
acknowledgments or apologies from various individuals. I have found
compromise to be one of the agencies that bring results quickly.

EXHIBIT E. PERSONNEL, TOLERANCE

Our success as administrators whether of school or hospital depends on
the heads of departments. I suppose we are all looking for people of (1)
excel lent character, (2) excellent professional qualifications, (3) pleasing
personality. I suppose we all do the best we can with the prospects that
are available and that we are often disappointed in our own selections.

It is easy to underrate the essentials and overrate the non-essentials
and it is difficult to preserve the balance.

After we have done our best, we shall need to be generous in our judgment
of one another's selections and modest in the expressions of our own
opinions.

EXHIBIT F. FOOD, CONFIDENCE

I have seldom known the principal to agree with either the superintendent
or the dietitian on the question of food for the nurses. As a topic for
general conversation it is in the class with the weather, and often I think
the school administration would do well to leave it there. In my opinion
the field of nursing and health is the most fertile and productive field in
which women work. Why should we leave it to wander in the field of
nutrition which is somebody's else life work?

The selection, preparation and serving of food is full time occupation
for those who make it a study over as long a period as a nurse's training.
I have found dietitians, not always good housekeepers, but always well grounded, receptive to new ideas, eager to keep abreast of the times and anxious to please. I consider them quite capable of feeding a group of healthy young women.

Food values are not the dietitian's whole problem. Other factors are: Variety to be secured, caprices of appetite, shortage of labor, scarcity of money and lack of necessary equipment. Also present are the difficulties of catering to both the sick and the well and nourishing all ages between 1 day and 90 years—not on different days, but all on the same day every day in the year; always there are special diets if not a metabolism department, and always there is the student's course in dietetics, which is necessarily a blend of principal's ideas, dietitian's ideas and state syllabus.

A few principals recognize the existence of these and other difficulties. They do not understand but they have confidence in the superintendent and in the dietitian and a belief that improvements will come as soon as circumstances will permit. They tell me it is this confidence that makes them tolerant, which is a point well taken, remembering that scientific feeding is younger than scientific nursing.

Confidence is the point here stressed, mutual confidence in one another's good intentions. In my opinion no other quality compensates for the loss of confidence. Personally, I would rather lose my job than lose the confidence of my co-workers—and I have no desire to hold it any longer than I hold the confidence of my Board.

While speaking of confidence, may I transfer it to the field of student government? As long as we enroll young and immature students who have had few of the experiences of life, student government will be no relief to the administration. The point should be understood by both superintendent and principal, who will find it more difficult to influence from behind the scenes than in the open, and who will use often their united efforts to prevent failure.

They who benefit are the students, particularly the officers. The administration does not benefit until some of those who are student government officers return as graduate supervisors. Student government is for the education of the student. As yet she seems to be ready for it in some limited form only, but even that develops her along present day lines. The youth of today both at home and in school has great opportunity for individual expression. As the twig has been bent so the bough is inclined and we could not, if we would, handle the present generation as my generation was handled.
If we have confidence in youth, student government is our opportunity to show it. If we have not confidence in the youth our civilization has produced we are indeed in a bad way.

EXHIBIT C. A SENSE OF HUMOR

A sense of humor is what keeps some of us afloat; without it as a life preserver we might go to the bottom. Not laughing at people, but with them, or at oneself. Jokes on myself I pass on to the serious members of my family; even though they do not reciprocate, I imagine the tension is loosened a little. Apropos of suspicion a recital is in order of how I carried home an aluminum kettle unwrapped, and was arrested for shoplifting.

The spectacle of a weeping woman whose scalp has been laid open by her lord and master when supper was late, takes on a less tragic aspect when the woman commiserated me for having "no man at all" earnestly prays that I "may get one soon." To wake under a blanket of snow and shovel it off with a palm-leaf fan is a practice in adaptability. To overhear one assistant say to another, "And I waited until Miss Keith was in just the right mood and then I asked her and now we're going to have it," is enlightening for a superintendent who thinks she is equable.

EXHIBIT D. CONFERENCES

(*Last of series*)

It is my experience that complaints from whatever source eventually come to roost in the superintendent's office. Some of them concern the nursing department and are the subject of conference with the principal. A conference usually clarifies a difficult situation after which some plan can be formulated. Whoever attends conference is entitled to be heard as well as to hear the view of others. Complaints that involve students are usually those of omissions. They come from patients whose hair was not combed or faces not washed or from patients who found it difficult to feed themselves. Complaints about graduates are usually of a personal rather than a professional nature. They dress too well. They go out too much. They disorganize the family life. These things we cuss and discuss. What is it we do or leave undone that makes these criticisms possible?

Complaints are only one subject of conference. There are questions of policy and other questions to be considered. The manufacturers discontinue the making of our nurse's uniform gingham—because women don't wear gingham any more. Conference on that, in which we include the
President of the Alumnae and the President of the Student Body. Student body want white shoes made part of summer uniforms. Conference on that in which the Orthopedic Staff man takes part. Other subjects of recent conferences are electric appliances in student bedrooms, care of wood floors in nurses’ home, clothing belonging to patients that is lost, ordering—“hooch,” paper napkins, tooth brushes, foreign matter in the sewer, vacation schedules, the training school office payroll.

CONCLUSION

These exhibits may mean nothing to you. To me they indicate that confidence is the basis of control. Not fear, nor respect, nor admiration, but confidence. Our school principal, whom I timidly ask, Does she think confidence is the basis of control? says, she is sure of it and that furthermore it is the only control any of us have these days. Delighted to have uncovered this point of positive mutual agreement, I acknowledge my indebtedness, record my thanks and offer as our joint findings: that in the relationship of the superintendent of the hospital to the principal of the school:

1. The basis of control is confidence.
2. Lubricants that lessen friction are: understanding, freedom of choice, tolerance, sense of humor, cooperation, compromise and confidence.

Discussion

In discussing Miss Keith’s paper Miss Hilliard said: “I think one of the great points in Miss Keith’s success in keeping her superintendents of nurses has been her sense of humor and that she has been willing to give the superintendent of nurses a free hand, just as far as it is in her power to do so.

“The first principle that a superintendent should have in dealing with a superintendent of nurses is to accord her the treatment she would expect to be accorded if she were superintendent of nurses herself.

“Furthermore, the superintendent has the right to expect from the superintendent of nurses a certain allegiance and a sympathetic understanding of her problems.

“Friction sometimes comes between the superintendent of the hospital and the superintendent of the school of nursing as a result of too much dignity on one hand and too little understanding on the other. It will be well to remember that the superintendent of the hospital must spend the money that is at her disposal as judiciously as she can, and if she does not
have to spend a thousand dollars in lost or ruined instruments and other supplies and equipment she can spend that money in education of the nurses; and the principal of a school of nursing could be of great assistance in enforcing economy and thereby gaining money for educational purposes.

"We have found at the Samaritan Hospital at Troy that the most effective way of controlling loss and elimination of waste is by inventory. A very complete inventory of every piece of equipment is required weekly. It has been a very great surprise to see the resulting curtailment of waste."

As Miss Hilliard finished her discussion Miss Linda Richards came into the meeting, and was greeted by a rising salute and applause.

Miss Richards responded from her Chair "It is very lovely and I appreciate it exceedingly."

Miss Eldredge expressed regret that some of our new associates in hospital work, and also boards of directors men and women were not present to hear the discussion. She spoke of the opportunity the superintendent of nurses should have to spend some of the money herself, instead of being absolutely dependent on the bounty or dictation of the superintendent of the hospital or medical board. She thought not only would more opportunities be provided for the school, but that it would be of advantage to the superintendent of nurses to have a little practice in budget making, and be in a position to train the student nurses in the same way.

Miss Hilliard responded that she felt it was often the fault of the superintendent of nurses herself that this opportunity was denied her, as she did not often suggest that she was ready to accept this responsibility nor did she prepare a budget for her school.

THE DELANO MEMORIAL

Miss Lucy Minngerode reported:
$35,000 has been collected for the Delano Memorial Fund and the committee has decided to go ahead with the work of securing Congressional consent for the placing of the Memorial on government ground immediately facing the main entrance to National Headquarters. This is considered the more desirable setting for our nursing memorial and the Red Cross is not embarrassed either now or hereafter with requests for authority for erection of similar memorials. The Art Committee for the selection of a sculptor has been appointed. Miss H. S. Hay is chairman of the committee, other members being Miss Boardman and Mrs. August Belmont
from the lay members of the General Committee, Miss Mary K. Nelson, Miss Maxwell, Mrs. Gretter, Miss Bowman of the Navy, Mrs. Lockwood of Pasadena, California, and Miss Shellabarger of the University of Missouri. This committee may be enlarged if it seems desirable.

THE SOLUTION OF SOME OF THE OUTSTANDING PROBLEMS OF THE TRAINING SCHOOL IN THE SMALL HOSPITAL

Abstract

BY ADDA ELDREDGE, R.N.

President, American Nurses Association

The title of this paper as it was given to me, was, "The problem of the small hospital training school."

I would that I could solve the outstanding problems, but this is not the millenium, and I am not a magician.

I am beginning to see the problem of the small hospital, and to know these problems as I never dreamed I should know them. I am going to give you some ideas that have been given to me by other people of what the problems of the small hospital are, and then I shall briefly state my own ideas, and hope that the discussion will bring out some solution.

This is what one person said to me, "One of the things you want to get over to this group is that great portions of this country, great plains without a tree and a few shrubs, forests and little towns scattered here and there have a very tremendous need that the sick be cared for. They are building hospitals, and they are going to build hospitals no matter how small they are—regardless of what we have to say about it, and we know that women are going to train nurses in these hospitals regardless of what we have to say about it."

Another one says, "The problem is largely a matter of finances, inability to pay the salaries necessary to attract better prepared women to supervise. Second, ignorance; inability on the part of the boards of hospitals to grasp their responsibilities to the student nurse in an educational way; seeing her only as a means of getting the work done—true, also, of medical boards and the public."

Another letter says, "The problem is that in a hospital of 40 or 50 beds any emergency disrupts the whole system, while in a large hospital students can be recruited from other departments or supervisors can relieve each other. Second, the limited number of patients makes a limited variety
of cases. Third, less supervision, less teaching, lack of instructors, no provision for preliminary work in the sciences, small groups of students making repetition of the preliminary course expensive, and a tendency to combine all students in one group for lectures irrespective of grade (some students may get the lectures three times, and sometimes not at all) because the doctor does not want to lecture to a small group, which, of course, brings lectures at night."

The third and last letter gives "Isolated locations of the hospitals. Small schools in large places find affiliations easy, but to the small school at great distances from centers these affiliations are quite burdensome, the distance increasing the cost of transportation. Sometimes such an institution cannot get its affiliations in two or more different branches in the same place which also increases the expense."

Do we really agree upon what the small hospital is. In some states one hundred beds is small; in other states one hundred beds is large, so for the purpose of this discussion we will take the hospital of seventy-five beds or less, though the problems may be the same in those of greater bed capacity.

I have been surprised to find that the variety of diseases treated in a year shows a greater range in small isolated hospitals than in some large hospitals in cities where there are more than one.

The problem is mainly one of finance. The first question we would naturally ask is, "Why should these small hospitals maintain training schools?" There is seldom a doubt that there should be a hospital; there is often a grave doubt whether there should be a training school.

Most hospitals consider it a cheaper proposition to run a training school. Again, the problem is one of finances. It is almost impossible to obtain graduate nurses in these isolated locations.

Another problem which is, in the main, financial is the selection of a superintendent to run the hospital and school, being difficult to convince the public back of the project that no more experience is needed on the part of the superintendent than that she be a nurse. Being a nurse she must of necessity know all about the hospital and running it! If she is a local private duty nurse, even with no hospital experience since her training she is the ideal person because everyone knows her, and everyone likes her. If a nurse is not selected sometimes a doctor is, regardless of his experience and ability in administration and education. Occasionally, a business man gives time outside of his business to the actual running of the hospital. You see I am talking the small hospital, and speaking strictly of the small hospital. All of these people do know what the absolute equipment of a hospital should be.
But often the hospital is built, the money all expended, before any thought is given to the quarters for the nurses, to the provision of class and lecture rooms. These are then put in the basement, sometimes without ventilation or daylight. Perhaps no provision is made for an office for the superintendent of nurses.

Another difficulty is that the hospital considers itself an "A" hospital if it has met the requirements of laboratories, records, etc., set by the College of Surgeons, regardless of the type of training it is giving its nurses, or whether it has an adequate supply of linen, utensils, etc., not merely for proper care of the patients but to give proper training to the nurses.

Often plans are made to run a training school without thought of the ability of the woman in charge, or the doctors on the staff to teach. It is after the school is established and young women admitted that the state requirements come into view. The board has never thought of anything of this kind.

Do not think for a minute that it is the simple country hospital that has the low standard of education because, five times out of ten, it is in the little isolated hospital where every girl is a high school graduate. It is more often to be found true of a large hospital in the city which because of its need of many nurses is struggling to meet the minimum requirements. When the Board of Examiners states the requirements of personnel, education, equipment, and housing where is the money to come from? Perhaps the woman selected as superintendent has, herself, only an eighth grade education; still she is expected to do the teaching, the buying, the housekeeping, the giving of anaesthetics, the taking of X-ray pictures (as soon as she can be taught), see to the records, collect the bills, and keep the books.

The demand for meeting the requirements is met with "Our superintendent is splendid. She trains our girls beautifully. You will not find better nurses anywhere in the country." Probably when you talk of the spirit of loyalty, the anxiety to serve and to give up her very best they are right. She, herself, is sure that she can teach because she has all of her old lectures. She has never heard of modern text books; prefers one where all the subjects are in one book. It does not matter what she really knows about the subjects to be taught; she can get them out of the book. Then, there are those old lecture books. She had them herself, and she is able to give them again; the doctors with busy country practices cannot miss their office hours or a call; the lectures really do not matter. Besides, the student sometimes cannot leave her patient, and these classes are often not made up.
All of the requests are met with the statement that the nurse is getting excellent training, and nurses of today are over-educated, anyway.

There are certain definite questions that should be asked. First—Do we need a hospital in this community? How are we going to support it? Is a nursing school practical? Can we give education to the nurse and also adequate care to the patient? These questions are really important. (One of the things we need to get over to the public and to the student nurses is that we are very anxious about their education, but that the real reason why we are anxious is so that they can give better care to the patient.)

If the community is not to establish a school of nursing in what other way can the hospital give adequate care to the sick? What does the state require as the minimum personnel for a training school? How many more will we need to run the hospital without a training school? What affiliations will be necessary? How long must we care for the patients with graduate nurses before the student nurse is far enough advanced in her training so she can undertake it? What kind of a building will we need if we have a school? What equipment for teaching? What services will the hospital have?

There is a problem on every side. Everything is a problem. In the letters I received I was given the problems, but no solutions. I have a dream, and that is that some day the American Nurses Association and the League of Nursing Education will be in such close agreement with the American Hospital Association that when somebody is going to establish a hospital the Hospital Association will furnish them with plans for the hospital, and refer them to us for plans for the school; that in establishing both hospital and school there will first be made a survey of the community as to how many sick people there are who will support the hospital, how many doctors there are in the community who will use the local hospital, and whether the city or county will contribute to its support, how many beds will be needed, how many nurses will be needed to give adequate care to the patients, what affiliations will be necessary if the school is started? What will a school building cost, with class and demonstration rooms, teaching equipment and room for growth? Is there an educational institution within a reasonable radius that can assist in the teaching? What is the minimum graduate force necessary for teaching and supervision? Can we reasonably hope to meet these expenses? Do the doctors understand that teaching and lecturing must be regular? What qualifications do we need in the woman who is to plan and do the work? Can the hospital best care for the patient with paid hospital helpers who are not graduate nurses? Can we advocate the training of practical nurses or attendants? Does the community understand what it is undertaking?
I have tried to designate what are the problems:
1. The community's need of the hospital.
2. The deciding of how to run it, to staff it, and equip it.
3. How to use the community's resources if the school is started.
4. How to divide the school and keep each year's class work distinct.
5. How to prepare lectures and class work in special subjects.

a. Instructor.
b. Doctor's lectures.
c. The use of text books. In relation to "c" would it not be better, sometimes, to use text books that are reasonably accurate instead of having irregular, inadequate lectures, i.e., to really do more teaching and less lecturing.

6. How to prepare for lectures in subjects missed by the students while on affiliation?
7. How to provide transportation for pupils for affiliation when all of the subjects cannot be given in one place.
8. What possible combination can be made for centralized teaching.

I believe the standard curriculum is a godsend to all of us. After its revision I believe that every state in the Union should adopt it as the curriculum of the state. It may have to be modified, i.e., the state may have to have a minimum number of hours, but if the required teaching and outlining are done according to the standard curriculum it would mean a great step towards the standardization of class work, and would prevent the criticism that the medical profession now gives—that there are no two schools whose curriculum is the same, and no two states requiring the same.

These are the problems. The solutions I cannot give, but hope much will come from a very free discussion of the points I have tried to bring before you.

Tuesday Afternoon Session (Continued)

Subject: "Tuberculosis," Miss Bernice Billings, R.N., presiding.

TUBERCULOSIS EDUCATION FOR PUBLIC HEALTH NURSES

BY MARY MARSHALL, R.N.

Miss Minnigerode will tell you of the tragic need of the United States Public Health Service since the war for nurses trained in the care of tuberculosis patients. It is my privilege to outline for you, so far as is possible in a few minutes, the situation in the public health field.
The campaign for the control of tuberculosis was begun with the organi-
ization in 1904 of the National Association for the Study and Prevention
of Tuberculosis. This name was changed several years ago to the National
Tuberculosis Association. Every year since that date has seen a steady
progress in organization, methods, and results.

Today the National Tuberculosis Association has an affiliated organi-
zation in every state in the Union. These state associations are in varying
stages of development but all have a definite aim and a definite program.

Methods of work have evolved very rapidly—more rapidly than many
of the organizations could keep pace with—but these methods are becoming
more and more efficient each year, proving that they are founded on a sound
basis.

The results of the campaign, as shown by the reports of vital statistics,
have far surpassed all early expectations. The death rate which is the
final test of any health campaign has been cut in half, but at the same
time the problem of the ultimate control of this disease has assumed larger
and larger proportions.

The National Association, by the most careful study of all available
statistics, has estimated that today 90 out of every 100 people have been
infected by the tubercle bacillus, and it is believed that most first infections
occur in childhood, in fact that three-quarters of all our children have
been infected by the time they are fifteen years old.

What happens after this infection occurs is largely determined by the
circumstances of the child's life and therefore it is quite possible to be
controlled. Dr. Allan K. Krause, one of the foremost authorities on
tuberculosis in this country, says, "Tuberculosis morbidity is increased
by anything and everything that adversely affects living conditions"
(quoted from memory). These facts—such a large percentage of infection
in childhood and the effect of living conditions on the morbidity rate—
constitute, to my mind, ample reason why every public health nurse, but
especially every school nurse must have a thorough understanding of
tuberculosis in all its phases, before she can fully discharge all the duties
and responsibilities of her position.

In the average community at the present time, one out of every 100 persons
is affected with active tuberculous disease, and one or two others will
have had active trouble which has become quiescent, but remains a potential
source of danger. This means, in round numbers (and is a very conserva-
tive estimate) that there are in this country 1,000,000 active cases of
tuberculosis and 1,000,000 quiescent cases, a total of 2,000,000 people with
a handicap which social service statisticians tell us is the cause, more than
any other one thing, of the poverty and distress which requires help from relief associations and necessitates maintaining a great corps of trained workers to handle this phase of the problem alone. They are also two million potential sources of infection, the discovery and supervision of which must be one of the aims of every program for the control of this disease.

That tuberculosis can be controlled to a very effective degree has been so satisfactorily demonstrated by the experiment in Framingham, Mass., financed by the Metropolitan Life Insurance Company, that one of the great philanthropic foundations has furnished a sufficient sum of money to finance the project of working the most efficient and practical methods of securing such control in three different types of community, (1) a large city, (2) a city of moderate size, and (3) a rural community.

It is inevitable, of course, that these demonstrations will give a great impetus to tuberculosis work all over the country, and that the demand for trained workers will be greatly increased in consequence.

I have heard Prof. C.-E. A. Winslow state on several different occasions that the greatest opportunities open to health officials to reduce the mortality and morbidity rates lay in the fields of tuberculosis and child welfare. The fact that several of the great foundations are willing to donate millions of dollars to make possible the experiments and demonstrations which are now being carried on in both these fields, is evidence that they believe his opinion to be a sound one. Health officials all over the country will be watching these demonstrations very closely, and just as soon as any method has been proved to be practical in application and satisfactory in results they will be eager to put it into practice in their own community. The success or failure of these local projects will be largely determined by the knowledge and ability of the public health nurses who will be employed to carry out the plans. "By their fruits ye shall know them," and for this reason it seems to me that the whole nursing profession should be concerned for its own honor and dignity, not in the way of recognition and representation on boards and committees only but in the "quality of goods delivered" on the job.

One of my most serious duties while I was with the National Tuberculosis Association was explaining to state and local secretaries why so many nurses failed to make good on a tuberculosis job. Sometimes, of course, the fault lay with the secretary, and sometimes with the nurse, but much more often the failure was due to the ignorance of the nurse with the work she was undertaking. Ignorance always carries a penalty as many a nurse has learned to her sorrow and embarrassment. When
the blame rests on one's own shoulders the lesson is usually a salutary one, but when it clearly belongs elsewhere bitterness and recrimination are apt to follow.

Only by the efforts of the nursing profession itself can repeated experiences like these be prevented and the honor of the profession be protected. One of the most valuable services which the leaders of our nursing organizations could do for the individual members at this time is to work out some plan by which graduate nurses could gain a practical working knowledge of tuberculosis at a minimum of expense of time. The need for this service will be more and more in evidence each year and if not met in some way the prestige of the profession will suffer.

Leaders in the medical profession have already recognized the need for supplementary education in this disease among their own ranks, and are taking steps to provide for it. Several of the leading medical schools have revised their curriculum to bring it up to the latest modern conception and the other must soon follow. In several sections of the country tuberculosis institutes continuing for a month or six weeks are being held at intervals, for the benefit of those general practitioners who realize their need for such instruction. Shall our nursing profession not take equal thought for the welfare of its own?

**TUBERCULOSIS NURSING**

By LUCY MINNIGERODE, R.N.

The invitation to present a short paper on tuberculosis at this meeting, giving definite information in regard to certain matters in relation to tuberculosis which it was desired should be discussed brought one face to face with a very difficult problem:

First: The question of how tuberculosis nursing can be obtained by a large number of nurses, particularly by pupil nurses.

Second: What general schools are obtaining this experience for their students, and how?

Third: What institutions or hospitals are prepared to give a systematic affiliation in the care of tuberculous patients?

Fourth: What would be, is, or has been the reaction of parents to daughters taking up this work while they are students?

To properly prepare a paper on such an extensive outline as that would take many weeks, or even months of research work. I communicated first with the National Tuberculosis Association, with the result that I
received from them a list of seventeen sanatoria but no information regarding suitability of these sanatoria for training of student nurses. The National Headquarters of the League of Nursing Education had compiled no data. There remained, then, as far as I could see it, one channel through which to secure the information which it was desired to have, though application might also have been made to the State Tuberculosis Associations. That was through the presidents of the State Leagues of Nursing Education. Therefore, a letter was sent to the president of each State League, and in those states where there is no State League, a letter was sent to the president of the Examining Board. The principal points brought out in these letters are as follows:

1. That in the majority of states no training in special tuberculosis nursing is given, nor are the sanatoria registered schools.

2. That a very limited amount of training through affiliation is available in a few states, but the resources are so inadequate as to be almost negligible in adding to the number of trained tuberculosis nurses needed.

3. That in a few states, Ohio, California, North Carolina, Massachusetts, Minnesota, Michigan and Virginia, a definite effort is being made to secure tuberculosis training for students.

4. Few general hospitals have tuberculosis wards, though a large number of tuberculosis patients in all stages of the disease must pass through the general hospitals.

5. There are very few sanatoria where adequate facilities exist for the proper instruction of students.

The information secured will be forwarded to National Nursing Headquarters, where it may be tabulated and made available for any one desiring to make use of it, since it is not possible to give the detailed list in the short space of time allowed for this subject.

There seems to be no doubt that the facilities for the training of nurses in sufficient numbers for the work among the tuberculous patients in this country are practically non-existent. According to the report of the Tuberculosis Association, while there are listed seventeen sanatoria, the Barlow Sanatorium, Los Angeles, California, and the State Sanatorium for Tuberculosis, Oakdale, Iowa, are the only ones apparently which give instruction in tuberculosis to student nurses. We know that certain of the general hospitals located in Philadelphia, Cleveland, Los Angeles and Cincinnati, and also the Hartford General Hospital have wards or affiliated hospitals to which the student nurses are admitted for training.

Tuberculosis is the most prevalent of all serious diseases, and for the past four years or more efforts have been made by the National Tuber-
Tuberculosis Association to have training in tuberculosis nursing placed as an essential course in the standard curriculum. That Association has prepared the prospectus for the theoretical and practical course to be given. We seem to be as far from any accomplishment today as we were four years ago and yet we know that the hospital facilities as well as nursing for tuberculosis patients do not nearly meet the demand. It is believed that this need could be partly met, both as regards the training of nurses and the care of the patient, by the establishment of tuberculosis wards in general hospitals. The American Medical Association has gone on record at its annual meeting held in Boston, in 1921, as advocating wards in general hospitals for tuberculous patients, as follows:

WHEREAS, there is an unfortunate tendency in the various parts of the United States to exclude patients, even of tender years, with pulmonary tuberculosis from general hospitals, and

WHEREAS, this tendency results chiefly from the incomplete knowledge of an earlier period when the simple prophylactic measures were not thoroughly understood and when the dangers of dissemination were greatly over-estimated, and

WHEREAS, the exclusion of tuberculous patients from general hospitals has resulted in depriving large numbers of tuberculous patients from proper hospital care in emergencies and in their exile against their wishes, to special institutions often remote from home and friends, and

WHEREAS, this practice has resulted in the relegation of tuberculosis largely to specialists to the great detriment both of tuberculous patients who are thus compelled to seek in special places the necessary medical skill, and of the general practitioner of medicine who is thus deprived of the opportunity to acquaint himself with the diagnosis and treatment of tuberculosis, and

WHEREAS, it has been demonstrated in a rapidly increasing number of institutions that tuberculous patients may be admitted to separate wards in general hospitals without detriment to other patients, and

WHEREAS, the admission of tuberculous patients to general hospitals for temporary periods will tend to allay phthisophobia, improve the home treatment of tuberculosis and popularize the home climates without in any way discounting the value and need of special tuberculosis sanatoria for patients suitable for and desiring treatment therein, be it

Resolved: That the American Medical Association recommends that General Hospitals of every character in all parts of the United States should provide separate wards or separate rooms for the care of tuberculous patients, and that such patients be never denied admission, at least in emergency and for temporary periods, because of the character of the disease from which they are suffering.

The Surgeon General of the Public Health Service has also gone on record in the same way, recommending the establishment of tuberculosis wards in general hospitals. A recommendation to this end was also made by the National Tuberculosis Association in 1916.
Tuberculosis is the most common of all serious diseases. Its treatment is now the most neglected because general practitioner are in the habit of sending their patients away to resorts. If general hospitals admit the tuberculous, it will vulgarize to a desirable extent the knowledge of diagnosis and treatment. Personnel skilled in tuberculosis will soon become available in every hospital, whereas such skilled personnel is to be found usually in special institutions and is not available for the general public except in the free tuberculosis dispensaries maintained as charity.

The establishment of wards for tuberculous patients in general hospitals, however, will not meet the entire need for the student nurses, since the patients who would be received in such wards would be largely advanced or terminal cases, and from contact with these patients the student would not have the opportunity to watch the development of disease from its early stages, though as previously stated, it is believed that many tuberculosis cases pass through all general hospitals daily. It is unfortunate that in the main the tuberculosis sanatoria are not registered schools, that they give their students no general training, and therefore the students from those schools are not available either as instructors in tuberculosis nor for field public health work, nor for any educational work, and are used only in the sanatoria and for private cases. The training in the wards with the terminal cases, supplemented by a thorough course of lectures, such as the course recommended by the National Tuberculosis Association and by affiliation with tuberculosis dispensaries, would be the beginning of a foundation upon which further post-graduate training would be necessary before the nurse would be competent to assume the responsibilities of a tuberculosis nurse in the field, but which should be sufficient for hospital work under proper supervision. However, this is true of so many other branches of nursing, where the training school gives the groundwork and post-graduate work is necessary, that it need not be a deterring factor as far as the establishment of tuberculosis wards in general hospitals is concerned. Affiliations with state or city tuberculosis sanatoria or with government hospitals whereby instruction by competent persons would be given to student nurses from city or civilian hospitals would seem to be probably the best way at the present time in which student nurses can receive training in tuberculosis nursing. Affiliations for students with existing sanatoria would be of no advantage unless the proper teaching facilities were established. This would serve the double purpose of giving adequate tuberculosis training to students and of elevating the standards of education for nurses in tuberculosis sanatoria, and steps toward securing this result should be taken immediately.
Regarding the attitude of parents, this is also rather difficult to answer. By education of the general public, parents could be brought to realize what is the fact in taking care of tuberculous patients, that by the use of ordinary precaution there is no danger of infection. Parents are probably unaware of the danger which the student nurse runs in the wards of general hospitals because of her contact, from the day of her entry into those wards, with cases of venereal disease for which she is practically unprepared to assume the care, and of the danger of which she herself is really in ignorance. Personally, I do not think that the parents of student nurses have any more right to object to having their daughters who undertake to train as nurses taking training in tuberculosis or any other wards than a mother whose son goes to West Point has the right to say that she is sending him to West Point to get an education but not for the purpose of performing his duty as a soldier in time of war. Women who take up nurse training are supposed to have weighed the matter carefully; to realize that they are in a sense soldiers; that if they are to be properly fitted to perform the duties in that state of life which they have chosen they have got to go into all sorts of places where there might be danger; they have to nurse all kinds of diseases with the very possible chance of infection, and to run many dangers which women in other walks of life do not run. In regard to tuberculosis, it is a pretty generally accepted belief now that all individuals carry to a greater or less degree latent infection of tuberculosis which have been acquired in childhood or early youth. There is no more reason why a student in a tuberculosis ward should acquire tuberculosis or become reactivated, which it would really be, than why a student in a general ward exposed to contact with various diseases of the chest, bronchial pneumonia, empyema, etc., should become infected with tuberculosis. Long hours of duty, with resulting overwork, poor food, lack of recreation, lack of sufficient fresh air and outdoor exercise would all tend to lower the resistance of a student nurse and cause to become active latent infection which, if in a better state of health and under more favorable health conditions, would have remained latent probably during the whole of her life.

When the Public Health Service was charged with the responsibility for medical care and treatment of ex-service men, the knowledge that a large proportion of these men were tuberculous, and the difficulty of securing either doctors or nurses with sufficient training in tuberculosis led the Service to establish a course of intensive training in tuberculosis for both doctors and nurses in one of the hospitals of the Service. Oteen, North Carolina, was chosen for this experiment, and the Service was fortunate in securing Miss Alice Stewart of the Tuberculosis League of Pittsburgh, to conduct the course.
for nurses. The prospectus of the National Tuberculosis Association was used as a basis for this school and was enlarged upon after consultation between Miss Marshall, Miss Stewart and the Superintendent of Nurses of the Public Health Service. The National Tuberculosis Association goes on record as saying that this is the first and the most progressive movement toward the securing of sufficient doctors and nurses trained in the care of tuberculous patients. The Veterans Bureau has carried on this work and has conducted two similar schools subsequent to the first one at Oteen, but this work is only post-graduate work and not suited for the needs of the student nurse, nor is it believed that in these hospitals for the care of ex-service men would the most advantageous training be secured for students. The establishment of proper State sanatoria giving affiliated courses to students of the State and locality in tuberculosis nursing; the addition to the standard curriculum of tuberculosis training; the establishment of tuberculosis wards in general hospitals for all cases of tuberculosis; and the elevation of educational standards in tuberculosis sanatoria, are recommended as at least a partial remedy for the present situation.

Tuesday Evening Session

Laura R. Logan, Presided.
The invocation was made by the Reverend Henry K. Sherrill, Rector of Trinity Church, Boston, Chaplain of Guild of St. Barnabas.

ADDRESS OF WELCOME

BY EUGENE R. KELLY, M.D.

Commissioner of State Department of Health, Boston, Massachusetts

His Excellency the Governor wishes me to extend to you his greetings and to express his regret at not being able to be present at this meeting. His Excellency has perhaps the very best sort of an alibi for not being present. As many of you may have noted today his alma mater, Dartmouth, has honored him, and also honored herself by conferring upon him the degree of Doctor of Laws. So it is physically impossible for him to be in Boston this evening.

The subject of nursing education is one which we perhaps, feel is peculiarly appropriate to be discussed within the confines of this Commonwealth. We always pride ourselves that the first “graduate nurse” graduated from a Massachusetts hospital training school. I also may be permitted to recall that perhaps the first district nursing association service in this country, in
the modern sense of the term, originated in Massachusetts and in this city. So in every way we feel that it is fitting for you as representatives of that great army of women on whose shoulders rests the responsibility for the adequate training of the younger generation in nursing as a profession, to meet once more with us. I have not looked up the matter so do not know how many times you have met here before, but I am taking it for granted that any organization interested in education must have met before in Massachusetts. At any rate we bid you welcome and the Governor wishes for you a most successful and enjoyable convention.

We thought we could almost guarantee the weather, but our old reliable east wind has failed us. As most of the meetings are held in Swampscott, not in Boston, you should not really hold the city responsible for that.

Permit me once more to welcome you to Massachusetts and to repeat once more the Governor's personal regret at his being unable to appear tonight to welcome you himself.

ADDRESS OF WELCOME

BY FRANCIS MAHONEY, M.D.

Health Commissioner Department, City Hall, Boston

I have been requested by his Honor the Mayor to express to you his regret at not being able to be here and welcome you personally; because I believe every one, especially in this city, knows how deeply interested he is in public health and all pertaining to it. So he has delegated me to officially welcome you and offer you the freedom of the city; and if there is anything that the municipality can do to further your enjoyment during the exercises and meetings of your convention we are willing and anxious to do it.

Dr. Kelly has practically covered the field in relation to what public officials think of the Nurses' Associations. We all know that it is by education that life is made better to live, and the right thinking public official is only anxious to cooperate with the associations which are interested in the public welfare. I think in Boston that has been made manifest by the close cooperation between the Boston Public Health League and the Boston Health Department during the past year. This is an outside organization, so to speak, and a private organization working together. Of course we all know that public departments, for various reasons, cannot carry on some of the activities that private organizations can but as public officials we are anxious to cooperate and to help them to attain their ends. And I want to publicly thank the man who is the executive secretary of the Boston Health League, Mr. Horace Morrison, who I think has done one of the
greatest pieces of work in Boston that has been performed in any community during the past year for and with the allied associations of the Boston Health League.

Again I want to offer you a welcome to the city in behalf of his Honor the Mayor.

RESPONSE

BY LAURA R. LOGAN, R.N.

President National League of Nursing Education

It is my privilege to respond to this most gracious welcome and to express for the National League of Nursing Education the pleasure and appreciation which we feel in being able to assemble in this historical city. Surely here our deliberations will be clear and with a broad horizon; here shall we hope to come nearer the bed rock of sound educational policy in nursing.

This is for nursing in America a Jubilee year. Fifty years ago our first schools of nursing were founded on these eastern shores. In these fifty years schools of nursing in hospitals have multiplied and spread all over this country until they have reached the shores of the West, the North, and the South. Where there were 15 schools with 323 pupils at the end of the first ten years of nursing in this country, at the end of 50 years we find 1800 school with 55,000 pupils. Time will not permit a review of every milestone. A few strokes will suffice to bring vividly before us the panorama of growth in nursing in America for the last fifty years, a panorama beginning with the reformation and regeneration of hospitals with the formation of the first schools of nursing, a panorama ending in this jubilee year with the founding at Yale University of a school of nursing, an independent school with its own Dean, its own faculty, its own buildings, and its own budget.

The growth of nursing rather parallels, while it is indeed a part of, the woman movement in its advance. It is not a coincidence that in England in 1857 women were first granted by Parliament the right to use their own wages—just three years before the founding of the Nightingale School of Nursing, that first step in Florence Nightingale’s far-seeing plan to bring health to every family in the world—while over half a century later in America, this first nursing school on what we may call the emancipated plan is founded in Yale, one of our oldest, most conservative universities—just three years after women in America have been granted the right to vote?

Our historian in nursing tells us that the time between 1873 and 1895 was a time of active renovation in hospitals. “Within that period in by far
the majority of instances the work of reconstruction was taken up and carried to success by volunteer nursing school committees composed largely or entirely of women, over and over again they pushed their way in the face of opposition and disbelief. Although in some instances separate committees of women were dismissed with thanks by hospital directors as soon as their work was running smoothly with value proved, yet such share as we see women taking in hospital management today arose from the vantage point gained by this early demonstration."

In 1893 our educational group consciousness began to make itself felt. The Society of Superintendents of Training Schools for Nurses, the early name of the National League of Nursing Education, was founded. A little later (1896) the Associated Alumnae began slowly but surely to form itself into what was to become the great American Nurses’ Association which today has a membership of forty thousand.

The historian of nursing renders to this first nursing organization, the National League of Nursing Education, "a slight meed of gratitude which," she says, "it so richly deserves from nurses. One who knew it for years in its most intimate relations can truly say that a more conscientious and high minded group of women could not be found or one more free from self-seeking. Their thought was ever how best to fulfill their three-fold obligation, to the hospital, their pupils, and the public—an altruistic band of leaders and teachers, encouraging their alumnae groups to self development, the Superintendents’ Society has been almost self-effacing in its parent-like wish to bring its children forward."

The next milestone came directly as a result of the deliberations of this society. I refer to the founding over twenty years ago of the Department of Nursing and Health at Teachers College, Columbia University, in response to the insistent appeal from certain leading women of this Superintendents’ Society. Without doubt the educational stimulus given by the Department of Nursing and Health which the society was instrumental in organizing at Columbia University has had a very great and far-reaching effect upon standards of nursing education in America.

The struggle for state registration beginning in 1903 and continuing even until now, constitutes a dramatic chapter in nursing education fraught with untiring endeavor and persistence. In addition to all the benefits which have accrued to nursing through state registration, the struggle has served to show us the limits of legislative power when applied to ideals and standards in education.

Very early in its history the National League of Nursing Education appointed its first Education Committee. To this committee we owe much
as a society we point with pride to its investigations, its studies and publications, chief among which stands out the Standard Curriculum which since 1916 has guided the rapidly increasing number of schools of nursing in forming minimum nursing educational standards. This year the Education Committee has undertaken the task of revision of this minimum standard curriculum.

The rise and growth of university schools of nursing is the next important landmark in this panorama, marking the slow but sure advance of woman and woman’s education for woman’s special work. Undoubtedly the demonstrations and experiments in the university education of the nurse which have been under way since 1910 at Minnesota and 1916 in Cincinnati and elsewhere will serve to point the way to further developments.

No picture of nursing in America would be complete which failed to show in bright relief the story of the American Red Cross Nursing Service. It is in its war history and in its later participation in public health nursing and in international nursing education an absorbing vital record of service and achievement of which American women may well be proud.

The story of the beginnings and growth of public health nursing in America constitutes an engrossing chapter of demonstration which need not be repeated here except to call attention to the effect which its rapid advance has had upon nursing education. In fact it was because of interest in the development of public health nursing that the Rockefeller investigation into nursing began, but “It soon became clear,” to these investigators, “that the entire problem of nursing and nursing education, relating to the care of the sick as well as to the prevention of disease, formed one essential whole and must be so considered if sound conclusions were to be attained.”

Another guide post in which we as nurses take especial pride is the founding of our National Nursing Headquarters. Already we are beginning to reap the benefits of a central office to which the entire country may turn, a great clearing house, as it were, for nursing, and nursing education ideas, the bank in which all may deposit and draw out at will for the furtherance of nursing.

For three years and more our Education Committee has been at work upon a plan for grading schools of nursing. This plan has already received the endorsement of the American Nurses’ Association, the American Hospital Association, the American College of Surgeons, the National Organization for Public Health Nursing, and is awaiting the approval of the American Medical Association.

The plan for the Grading Committee has been modified since its presentation to you last June and now provides for equal representation from the
National League of Nursing Education and from the American Medical Association. It is planned that this committee shall also have in its membership representatives from the American Hospital Association, the American Nurses' Association, the National Organization for Public Health Nursing, and the American College of Surgeons. To this committee will be added an educator of the committee's own choice. The committee will also select its own chairman. Surely from a committee so democratically composed will come far seeing practical grading standards, educationally sound for schools of nursing.

In a changing, growing world where discoveries in science are translated over night into industrial processes and results, where the very business of the maintenance of health is taking on new phases almost daily because of the disclosures of scientific research, where in all types of education reforms are urgently indicated and hotly debated, it is not at all strange that the preparation of the nurse should be under fire when the demand for increased numbers of nurses is one of the direct results of the public health movement. You will remember that last year there was much ill considered and destructive criticism of nursing. Nursing and nurses' education became a live topic at the meetings of medical societies in many states and finally the American Medical Association appointed a committee to make investigations and to bring in a report on nursing education. The Medical Society of the State of Ohio also appointed such a committee to work in conjunction with a committee from the State Nurses' Association. The committee of the American Medical Association has submitted a preliminary report; the Ohio committee has also submitted a report. It is most heartening to find that in both of these instances after intensive study of the conditions, the investigators have come forward with conclusions confirming those long projected by leaders in nursing education and more recently by the Rockefeller Committee. In fact, we find that just as in the beginning of schools of nursing in this country, the forward looking medical men of the day are our staunchest supporters.

And what of the outlook for the future? We stand on the verge of a new era in nursing education. We must not forget that the traditions with which the nursing world finds itself surrounded particularly with respect to hospital schools of nursing are the result of many centuries of religious self abnegation and acquiescence. The relationship between the hospital and nursing school has been likened to the relationship between man and wife, which but recently, and even yet in some states, gave no well defined economic rights to the woman even though all her efforts contributed to the partnership.
I believe this group knows all too well that a quick change from the present apprenticeship conditions can not be affected. Nor are we altogether sure that it is desirable or good educational method to make too sudden or too great a transition. We may draw valuable lessons in development from the profession of engineering. Engineering colleges have had their period of experimenting at a formal class room and laboratory training for the preparation of engineers. The Dean of the Engineering College of the University of Cincinnati, Dr. Herman Schneider, was the first in this field to preach the gospel of education through constant correlation of theory with practice; that this must be done all through the student's days, that the work must be learned from the bottom up, that there must be constant application of class and laboratory theories to practical action in life conditions. This arrangement has been found to be in the study of engineering the highest kind of motivation, the best pedagogical method, and leading engineering educators in this country are adopting the Cincinnati co-operative plan. The word "coöperative" would seem to imply that the scheme had been arranged for the purpose of helping the poor young man to obtain an education in engineering. On the contrary, the longer the method has been tried out the more convinced have these educators become that this scheme of alternating theory and practice is the best method for preparing young men of any means as engineers of any sort. Professor Dewey tells us that the only adequate training for occupations is training through occupations. Nursing is fortunate that in its very development it has demonstrated this truth.

As engineering schools are reaching out to practice fields all over the states in which they are located and also to adjacent states by the method of alternating periods of theory with periods of practice, is it not possible that there may be established centers of nursing education which may be closely connected with hospitals in various communities (where the hospital is the health center) and where the student nurse may advance from intramural to extra-mural nursing? Such method of centralizing of nursing schools would insure standardized instruction both in class and actual practice for small hospitals in isolated localities as well as large hospitals in centers of population.

In the engineering school with the coöperative system the engineering student receives an adequate financial return for his work in the shop. With the application of the coöperative system to nursing education it would be possible to give the nursing student an adequate financial return for her work in the hospital.
By arranging that the students carry such work in pairs as is done in engineering schools the shift from theory to practice would keep the work assigned to such pairs covered and constant in the hospital ward service, the dispensary or the district or school district as the case might be.

Such a scheme in the work of the various fields of engineering demands for its success expert field teachers and supervisors. Coördinators they are called. Teaching young women nurses to engineer in human health demand expert hospital and field teachers and supervisors in nursing. This is undoubtedly the greatest fundamental need in the field of nursing education today.

As we look into the future all things are not disclosed to us. Yet we can see far enough to see certain inevitable developments.

Nursing work has risen to the dignity of a profession and with the public realization of the dignity and service of this profession there must come a reciprocal recognition of its part to adequately fit itself for its services and duties.

The nurse of tomorrow is to have a sounder preparation in the sciences fundamental to nursing, she must know of course not less but even more of those ministerial services so essential to nursing. But she will not be ignorant of a serviceable knowledge of physiology, anatomy, biology, chemistry and other allied subjects and to these should be added a knowledge of psychology, economics and sociology to enable her the more intelligently to understand the field in which she is serving and the case with which she is immediately concerned.

In all our plant for nursing education we shall need to study closely the rapid march of the public health movement in this post-war period. We shall need to evaluate closely the work of the nurse in that movement as related to other phases of the movement and we shall need to visualize the possibilities of a much greater contribution to human health with the education of the nurse better arranged. More and more must the interest and support of the public be secured for this public utility, for such the nurse has become.

The professional education of the nurse then must have as one of its aims civic efficiency or good citizenship. These women entrusted so much with the delicate wonderful machinery of the human body must be made as socially efficient as the public or private purse will carry. To what group more than to the nurse group, to whom is given the task of carrying the message of health into each individual home is more necessary the development of the capacity to share in the give and take of experience? Professor Dewey says of social efficiency that "it covers all that makes one's own
experience more worth while to others, and all that enables one to participate more richly in the worth while experience of others."

But more and more nursing educators and nurses must remember that above all methods of teaching and above all acquirements schools of nursing can give it is the individual woman who counts and that the nursing profession will increase or lose its public power in proportion to the collective expressions of the people’s faith in each nurse who touches them.

There are endless educational and real cultural possibilities in a well planned nursing course. These possibilities should before long be urged and promoted by educators generally as the tools which they should help to put into the hands of many more women everywhere to fit them for the real business of life as a woman.

As I have said before, we meet in a wonderful year in the history of nursing. Dreams have come true so rapidly that it is not possible for us yet to see this year in its true perspective. Its significance, however, is sufficiently apparent for us to realize with a profound sense of admiration and gratitude the great work that has been done by those leaders in our profession who have gone before and those present leaders whom it is not necessary for me to mention by name. Their names are familiar to you. Their ability, their courage, their tenacity, their resourcefulness, their confidence in the triumph of the cause are beyond all praise, and serve as an example and inspiration to those of us who today are working in the field of nursing education.

But it is the old who dream dreams and the young who see visions. Let us not be looking backward too much, but let us look forward and see visions emulating and loving those figures of our dreams, but turning our efforts with all confidence into channels of fruitful energy.

THIRTY YEARS OF PROGRESS IN NURSING

BY ADELAIDE NUTTING, R.N.

New York, N. Y.

I am asked to tell you something of the progress made in nursing during the thirty years since this society was established, and I must acknowledge frankly at the outset that the task is attempted with some hesitation. For the idea of progress is the subject of much discussion these days, and we are not nearly as sure about it as we used to be. What is progress? Is it that kind of improvement which can be measured by statistics? This was the prevailing idea during the last century, says Dean Inge.
It was obvious to many of our grandparents that the nation which travels sixty miles an hour must be five times as civilized as one which travels only twelve. I am inclined to think that this would still seem an obvious measure of progress to many of the grandchildren of those grandparents.

Or is progress a spiritual thing? There are those who believe this, and think that human betterment can only come through the development of our spiritual capacities and that all other things should serve as means to this end. And then there are numerous other ideas about it, from those of Wells, who sees only mental progress—a clearing and enlargement of ideas—to others who think progress can come only through science, or through education, or through new forms of social organization.

In trying, therefore, to show some of the ways in which nursing has grown to its present stature, I do so with no certainty as to how far such growth is evidence of real progress. It is obvious that at certain stages of our journey changes were made which seemed to lead in the right direction, but some of the results as we now see them do little to satisfy us of the wisdom of the course then taken. Moreover, we are, I am sure, quite too near the past thirty years in which most of us have lived and worked to be able to secure any adequate perspective of our field of labor, of the part we have played in it. It would be difficult to bring a dispassionate judgment to bear upon matters with which we have been so intimately concerned. But we can at least trace the main lines of development and follow the sequence of events, for such appraisal as we can bring to them.

The past thirty years in nursing show a period of intense activity, of rapid and continuous development in old and in new fields of work, of a consequent phenomenal growth in numbers and of many new and complex problems arising within the work itself and in the various relationships outside of it.

The earliest schools of nursing in this country were created independently of hospitals by boards or committees with power and freedom to develop the education of nurses as they would. From the beginning that responsibility was largely given over to the hospitals and eventually transferred wholly to them. What one surveys then in looking back over the developments in nursing is a period of nearly fifty years of almost unrestricted experiment with a system of education in which the School has existed as an integral part of the hospital, created and conducted to serve its needs, with the education of the nurse becoming thereby and inevitably a by-product of her service to the hospital.

Offering as these early schools did a new field of training and occupation for women at a time when such fields were rare, they attracted a large num-
ber of students, some of whom were women of rather exceptional ability. The result of their labors was that reform of hospital nursing to which must undoubtedly be attributed in considerable degree the extraordinary growth of hospitals which has characterized the past thirty years.

At the first convention held by this Society thirty years ago there were present 44 heads of training schools in Canada as well as the United States. As the entire number of such schools was then about 70, this was a good representation. Thirteen states were represented, 9 of them by a single member only. Today there are Schools of Nursing in every state and a great many in several of them. There are Schools of Nursing also in the Philippines, in Hawaii, in Porto Rico and in Cuba, built up by American nurses. I see that there are now 75 trained nurses at work in far Alaska. So I suppose that schools will soon be on their way there—perhaps, indeed, they are there already.

Altogether there are now recorded about 1800 schools of nursing which have grown up in the rapidly multiplying hospitals of the country during the past thirty years. A picture of their rate of growth is interesting. In the ten years between 1890 and 1900 there were over 400 schools of nursing established in connection with hospitals which arose during that period; in the next ten years, about 700 more schools were created in newly erected hospitals; and in the last ten years just ended there are recorded a further 600 schools of nursing of similar origin. In all of these hospitals the first imperative need was a good nursing service, and no one saw any way of providing this except by creating schools whose students could form the nursing staff. Of course, the continuous demand for nurses in such large numbers who were capable of organizing schools and of directing their work was obviously an entirely impossible one to meet. These new schools had to be built up in various sections of the country out of whatever material was available for the purpose, and the results of that period of hasty growth form a part of our educational problem in nursing today. Think what it meant to a young profession just beginning to develop its educational structure, and to work out its standards of practice to be forced into such abnormal growth as the swiftly multiplying hospitals of the period required. Careful study of the situation will show these schools adjusting themselves more and more completely to the hospitals with which they were connected, more and more absorbed in efforts to meet their manifold and constantly increasing needs. Whichever way hospitals grew, their schools as a matter of course, followed. Never, probably, in history, has any institution, philanthropic or otherwise, had so useful and flexible an instrument of service at its command. Seldom does history record a service of purer devotion, than that which schools of nursing have rendered to hospitals.
Naturally, during the greater part of this period there has not been much opportunity for educational development, both because the entire energies of the schools were absorbed in meeting the working demands of the moment and for other reasons which will be considered later. Yet educational advances have been made and some of them are noteworthy.

It is in the direction of numbers and of enlargement in fields of nursing that the most remarkable advances have been made. Numerically indeed nursing is moving on with a swift and apparently increasing momentum which nothing in sight seems likely to check.

Shortly before this Society was formed in 1893, there were not 500 graduate nurses in the whole country. The last census shows about 150,000 graduate nurses, trained and registered and it is of interest to note that a very large proportion (80 per cent) of the whole increase of women in all professional service was found in just two pursuits—nursing and teaching. It is of further interest for us to realize clearly that we have now reached a stage where we are graduating approximately 15,000 nurses annually, and that the certainty of increasing the existing number by 150,000 at the end of the current ten year period offers something to think about. Even with any degree of depreciation that seems likely to occur, there is more than a reasonable outlook that we may all live to hear the last faint echo of the final cry of a shortage of nurses.

The expansion of the field of nursing has been extraordinary and is still going on. Its extent and diversity can only be roughly indicated here. Within each field there is found a good deal of elaboration and specialization, most notable perhaps in hospitals and training schools where the single official who formerly directed the nursing service and was the only teacher there was has given place to a whole hierarchy of assistants, supervisors (one hospital has three distinct types of supervisors), instructors, and special workers. The Bureau of Occupations at Nursing Headquarters listed 30 different kinds of work for which nurses with some form of special training or experience were required.

Medicine is steadily transferring to nursing, duties and procedures hitherto performed only by physicians. The giving of anesthetics, for instance, has been in some places turned over entirely from physicians to nurses despite the fact that laws in other sections have been enacted forbidding it.

A recent article by Dr. Goldwater proposes the passing over to nurses of an entirely new range of duties now the province of the medical intern, and shows how in certain hospitals this transfer is already going on, such nurses becoming known as clinic assistants.

In public health work, which offers a new and apparently almost limitless field of activity for nurses, there are several quite distinct branches of work
calling for special preparation, such as school nursing, maternity and infant protection, rural nursing, industrial nursing, etc.

The public health movement did not create the public health nurse, it found her at work in her district nursing the sick, watching over their families and the neighborhood, and teaching in the homes those sanitary practices, those measures of personal and home hygiene, which do much to prevent disease and to promote health. Such visiting nurses whose teaching was a cardinal principle of their work were occupied in 50 communities when the public health campaign was set in motion. But forty years before this date the work had its origin in England as one of the first results of the reform in nursing then taking place. The duty of inculcating hygienic habits in home life was always as incumbent upon the district nurse in England as her actual care of the sick. The importance of this kind of teaching is hardly understood until one sees it in the light of the modern public health movement and realizes that it has become a cornerstone of that whole structure. The nurse familiar with the ravages of disease becomes your zealous crusader against it.

There are now about 12,000 nurses engaged in some form of public health work and the usefulness of their efforts so far has created a steady demand for more of them and for the kind of preparation which will enable them to contribute more fully and effectively to the growing needs of the most promising field which nurses have as yet entered.

A most important phase of progress has been the development of nursing associations. The formation of the Society of Superintendents was the recognition of problems common to all nurses, which could not be handled by any isolated effort, and called for their united energies. One of its avowed purposes was to foster the creation of a National Association of Trained Nurses. A few Training School Alumnae Associations were already in existence, and within a few years there arose, first, the Nurses Associated Alumnae, which later became the American Nurses Association. Then there followed in rapid succession the organization of State Nurses Associations which within a comparatively brief period were formed in every state. With these organizations began in 1903 the first attempt through appropriate legislation to bring order out of the chaos in educational standards, methods and ideals, which had resulted from the rapid and uncontrolled growth of Training Schools for Nurses, over a long period of years.

The laws secured are very modest in all of their requirements, and most of them are as yet permissive only. Their educational standard is a moderate one—in most states one or two years of High School followed by two years of hospital training as a rule accompanied by a slender body of formal instruction.
The entire profession of nursing is now organized very much after the fashion of the medical and other professions. Every state has its body of practicing nurses, its schools for training them, its associations of nurses, its laws regulating the practice of nursing and in some small degree the preparation for it. There are three National Associations and an International Council of Nurses of which 14 countries are members and which has held conferences in London, Paris, Cologne, and San Francisco. It is now gathering itself together following the suspension of work during the war, and holds its next congress at Helsingfors, Finland in 1925.

Nursing has also developed something in the way of a literature. Thirty years ago there were but one or two very elementary books on nursing, now several eminent publishing houses vie with each other in ministering to the needs of student nurses. One of the generous contributions of medicine to nursing is the array of textbooks for nurses written by physicians, especially those on the sciences.

There are two or three excellent nursing periodicals of national scope, and several state and alumnae publications.

Thus roughly reviewing the general growth and development in nursing, we reach the most important element in the situation—the School of Nursing. Contrasting the conditions in our leading schools today with those of the past we may well feel that great advances have been made. Measuring them by the changing need in the large and growing field of work occupied by nurses, or by any generally accepted standards of professional education, they seem relatively small. It is little wonder, however, that they seem large to those who have labored to secure them, and know how slow and difficult the process has been, and how precarious often the gains made. For against suitable educational and other requirements for admission the hospital sets its imperative need for large numbers of workers irrespective of the fine shades of qualifications; against reasonable hours of duty for student nurses, it holds up the undeniable necessity of the sick, for nursing service. There is a clearly discernible tradition in most hospitals that every hour the nurse spends in class room or study is taken away from the patients to whom by right it belongs. Against the indispensable costs in any deserving scheme of education the hospital opposes its lack of resources for such purposes. But costs must be placed somewhere. They are incurred in a measure for every act, and are as inevitable as death. Somebody always pays. And Schools of Nursing which in the very nature of things should be a matter of constant and appreciable expense, have been for years through the services of their students contributors to hospital incomes.
In a sense the Superintendent of a School of Nursing is ever at war with herself. She is not only the director of the School but of the Nursing Service and her desire to take good care of the sick is presumably as great as to provide adequate training for her students. In her battlefield, which the hospital is, the balance between them is struck with difficulty. Hospitals should be placed in a position to pay for such nursing and other services as they require, and the value of the services of students should not enter into the situation. A sort of haunting nightmare of every superintendent of nurses is I suppose something like this—How shall I be able to secure enough applicants to form a class of students to enter next September, which will be large enough to take care of this hospital full of sick persons—but this should never be her real problem.

Of genuine and permanent improvements the most outstanding would probably be found in the quality of teaching and supervision, and in the enlargement and wider range of instruction. The employment of trained teachers in schools has now been going on for about ten years, and is steadily increasing, and this, together with the introduction in 1914 of a curriculum for schools of nursing has helped to strengthen teaching in nearly every subject.

The preliminary courses which offered something in the way of a reform twenty years ago are now found in most schools of good standing, and they have done much to ensure at least a minimum of sound teaching in the sciences.

Hours of duty are still a most serious problem. With the exception of the State of California in which student nurses in hospitals come under the provisions of the eight hour law, the eight hour day has made slow headway in hospitals generally. A nine hour day is still the working day for students in the majority of hospitals, and twelve hours the all but universal system for night duty.

There is no one condition which stands more squarely in the path of progress in nursing than this survival of long hours for student nurses in hospitals. It is difficult to refrain from asking why they should be longer tolerated in institutions devoted to the saving of human life and health. One would naturally expect the whole purpose and spirit of hospitals to find appropriate expression in measures for conserving and safeguarding the strength and energies of those whom it employs.

The difficulty in giving the desired amount and variety of instruction within the two year course led to the extension of that course to three years. This was begun with the highest hopes of effecting numerous improvements in the whole scheme of training; but as time went on, it became increasingly
clear that the third year was of great importance to the hospital but of most uncertain benefit to the students as a body. The third year was virtually swallowed up by the hospital and became largely an added year of experience often in services in which the student had already spent her required number of months.

Those with some promise of executive ability were placed in charge of wards or other departments, spending from six to ten months in this capacity. The length of the period of night duty, already too long, was extended, sometimes to ten or eleven months, as was also almost universally the length of the period of service in the private wards either on general or special duty. Except in a few instances, no new branches of training were available and no resources to develop new courses of instruction or to find adequately qualified teachers for them. The amount of theory offered in the third year is sometimes less than half of the amount given in the first and second years, and the School is evidently put to it to find either subjects or teachers to fill this period creditably with instruction. The work of the third year must either be required or elective. If required, then the training and instruction given must offer equal opportunity for all. Now the electives offered are few, suited only to the capacities of a small number, and are chiefly in the form of experience unaccompanied by instruction.

Eventually after a trial of years it seemed evident that a proper use of the students' time was probably impossible, and that the attempt to improve the education of nurses by thus lengthening the course of training was not under the existing system a sound or just policy. To me, at least, it finally became entirely clear that we had not made the best possible use of the two year period of training before embarking upon the third year, and that what we now must do was to retrace our steps and study carefully the whole of the two year course with the view of finding out just what could be done to make the best possible use of the students' time. It is because I take the ground as the report does, that the training school must remain for some time to come within the hospital, as it now is (though I hope with increasing freedom to pursue its work) that I am willing to see the three-year course to which I looked forward years ago with highest hopes reduced to a period which can be properly used within the hospital. It is not against three years of training (in itself), but three years in the hospital that one finds oneself opposed. The appeal made by this Society of Superintendents of Schools of Nursing to the Carnegie Foundation in 1911 to make a study of the work in schools of nursing testifies to our growing anxiety over our educational problems which we seemed powerless to solve unaided. Upon the school of nursing in the final analysis all true progress in nursing must
depend. Its standards and methods and its ideals are matters of serious moment, not only to nurses, but to all who are or may be concerned with sickness or the safeguarding of health—in a word, the entire public.

The education of nurses has long been a favorite subject for controversy, but it is not always realized that schools of nursing hold a peculiar relationship to hospitals, whose needs and interests they have universally been created to serve. They have not therefore either the freedom, the power, or the resources to deal adequately with their very complex educational problem, or to develop their schools beyond a certain point. This should always be remembered in any discussion of their work. Ten years later, however, such a study was in progress. The developments in the field of nursing had reached a stage where a serious study of the method of training had become imperative and financed by the Rockefeller Foundation, directed by a Committee representing medicine, nursing and the laity, the entire system of education in nursing has been subjected to careful scrutiny and impartial evaluation. The study has occupied three years, was conducted by experts in various branches of education, and guided by a trained investigator of eminence in her particular field—Josephine Goldmark. This study with the full report which has just been published is an event of the first magnitude—and it is difficult to estimate in any adequate way the effect which it will have upon the whole nursing situation. Already it has clarified to the public mind a number of obscure or complex issues, and has served to set in motion that discussion and consideration of the desired changes in method which is the first step toward their realization. Every nurse should not only study this report, but should bring it to the attention of as large a number of others outside of nursing as can be reached. The report should be in the hands of all hospital trustees and of physicians concerned with the education of nurses.

There is one point in the report which we must not overlook. Nursing had always cut a wide swathe in its own conception of its task, and has brought thereby within the range of its efforts much that had little to do with nursing, and a good many patients whose ailments were not such as to require the skilled care of a trained nurse. Having accepted the idea that trained attendants are necessary in the care of certain mild forms of sickness, it is incumbent upon us to live squarely up to our convictions. We shall need to apply the same zeal, energy and resourcefulness in our efforts to train attendants that we apply to our other problems. There should be a committee at work on this matter in every state, selecting suitable places for training, working out appropriate ways of finding a suitable supply of applicants, advising and guiding every step of their training, and continuing
to safeguard their practice and working lives in every practicable way in
order not only that those who employ them, but that these workers them-
selves may be protected.

Surveying the course of events during the years in which we have been
struggling with our educational problems, one is tempted to wonder if the
decisive moment in our educational progress may not have come unseen and
unrecognized on the day when some part of the education of nurses passed
out beyond the hospital and into the University—when some institution
became interested in the education of nurses which did not need or desire
to profit by their services—The day when Isabel Hampton with the support
of this Society prevailed upon the Dean of Teachers College to open her
doors of that Department of Columbia University to graduate nurses.
For within a few years an organized body of instruction for nurses was built
up there, a professorship in nursing established, and the first endowment
for the University education of nurses received through which the College
was enabled to lay the foundation for the training of public health nurses.
Within a few more years, that valorous friend of nursing, Dr. Beard, had
brought about the establishment of a University School of Nursing in Min-
nesota, and how this has been followed by similar schools in other states,
you all know. The past few weeks have seen another step forward, in the
founding of two more schools of nursing, on a distinctly new basis. These
are the Schools at Western Reserve University, Cleveland, endowed by Mrs.
Chester Bolton, and at Yale University by the Rockefeller Foundation.
Greatly as we have rejoiced in every new link which connects nursing with
the University we have here cause for deeper satisfaction. Schools of
nursing in the past have all lacked two great essentials, first, adequate funds
for their support; second, an administrative body charged with the respon-
sibility of conducting educational work. What sets this new school at Yale
University far in advance of any other in its possibilities is that it has seen
these two conditions as fundamental to the proper education of nurses.
The School is to have its own funds (I deliberately put these first), its own
Dean, faculty, buildings and equipment. Although the plans are not fully
formulated, there is little reason to doubt that the school at Western Reserve
University will follow a somewhat similar plan.

So at last we have reached the stage where these things,—the every day
conditions of other forms of professional education are now to be applied
to the education of nurses. The school at Yale University is avowedly
committed to an experiment, a much needed and most important one in
our educational field. Our Miss Goodrich, who has undertaken this task
is by temperament and habit a pioneer and a resolute and adventurous one.
she has no fear of treading any new path. Her capacity for brilliant leadership is well known, and her long and richly varied experience in administrative tasks in nursing will enable her to make the fullest possible use of the inspiring opportunities and resources before her. The loss at Teachers College of her devoted work for our students is very great. There is no one who can take her place. There never in fact could be anybody to do that. But our interest in the important educational experiment she is courageously attacking is almost as great as her own—our anxiety to help forward new things in nursing, is a part of our very being.

The picture of the growth of nursing as I have tried to sketch it outlines only main factors in our progress and not all probably even of them. How coldly bare and formal it all sounds in the mere recital, how full in actual life it has been of warm devotion and of splendid energy of heroic tasks carried through with un faltering courage and of common daily tasks patiently and faithfully fulfilled. Our golden age, however, is not in the past, it is in the future, and the best inheritance we can carry over from the past is the spirit which has brought us through these difficult years, with undiminished courage and unshaken faith in the beliefs and principles for which we have striven.

That spirit leads one to seek ever a better way; leads one to question, to grope for the right solution to the difficult problem. Following where it leads one may falter, may fall if need be, but the spirit which giveth life survives error, survives even failure. It alone leads to progress.

INTERESTING TENDENCIES IN NURSING EDUCATION

By EDWIN R. EMBREE

Secretary of the Rockefeller Foundation

Three present tendencies in nursing education are commanding special attention. None of them is a new departure. Thought and accomplishment in each has proceeded for many years. But progress and promise are specially marked in all at the present time.

The first is the tendency increasingly to base the training and experience of the pupil nurse on an educational plan. By this I mean not only added attention to teaching and study as contrasted to apprenticeship work in the wards. I refer rather to the planning of both the instruction and the ward and dispensary work in a regular curriculum, worked out in advance and adhered to in practice—a curriculum, determined essentially by the educational needs and progress of the student not by the requirements of the hospital or by any other non-educational consideration. This does not
mean that the pupil nurse is to cease manual work. Nor need one fear that such a course involves a conflict between the training of the nurse and the welfare of the patient. The very simple reason for this is that there cannot be good nursing experience and instruction except in the presence of good nursing care. The nursing needs of the patient and the educational needs of the pupil nurse are and must of necessity remain at one. The very essence of the nurse's training must continue to be in the art of attending the sick and in definite personal help in preserving health. The important point is the planning in advance of that practical experience as well as the didactic instruction and the individual study of cases and procedures into a definite educational course.

The second tendency is to shorten the basic undergraduate training. This does represent a departure of comparatively recent time. Until a few years ago the trend was in the other direction. In the effort to increase educational opportunity, length of training was regarded almost as a good in itself. The struggle was to add months or even years to the course. The hospital naturally aided and abetted this policy. And merrily the period was being stretched out until in some instances the course was brought to four years. Miss Nutting has pointed out the disappointment which has followed the pressure to extend the length of the training without corresponding improvement in the educational aspects. It is clear that if added care is given to the planning of the course equal or better results may be obtained with a saving in time. Just how long a period the new basic training will require, only experience and the good old-fashioned practice of trial and error can determine. The distinguished committee, of which Miss Goldmark was Executive Secretary, after a three-year study of this subject indicates in its recent report that with proper organization of work and instruction a well-qualified nurse should be trained in a two-year regular course following a four-month preliminary introduction to scientific method and to nursing procedures. Several schools are beginning reorganization with this as a tentative program.

In meeting the difficulties that will inevitably arise in shortening the course and in undertaking new trials on the basis of recurring errors we should constantly keep in mind that the problem of education is to discover and adopt the shortest possible period in which to obtain a given training. It requires no educational intelligence to plan an undergraduate medical course of ten years. Almost any school could turn out a fairly well-trained lawyer in seven or eight years, or a well drilled nurse in five or six years. As educators we shall not be meeting our obligation to society unless we give a sound training and unless also we do this in the shortest practicable period of time.
The third tendency, probably most significant of all, is the increasing emphasis being placed on public health. This is in line with the same significant trend in medical education. In the basic undergraduate course, as well as in special graduate schools, prevention of disease and instructive nursing in the preservation of health are receiving attention more nearly approaching their relative value. Dispensaries and visiting nursing agencies are more and more coming to be used equally with hospital wards as training fields. While the course which Miss Goodrich is proposing for the new Yale school in New Haven is probably the most striking attempt to include public health from the very beginning, this is after all only in line with recent practices and tendencies in other well planned schools.

It is important that every nurse be given an introduction to preventive work. Health instruction should not be treated as something extra, as a refinement of training, as something recondite and beyond average understanding and experience. Prevention is more fundamental than cure. Instruction in keeping well surely is as valuable as good care after sickness comes. Making it possible for a mother without unnecessary harm to herself to bring into the world a healthy baby must mean more than nursing a sickly child and tending a crippled mother. In the light of present knowledge of means of preventing disease no nursing school has a right to graduate nurses without giving them some instruction and experience in public health.

Once upon a time, in a very stupid country far of course from the United States, a great wall of stone fell from a building, crashed through to a busy sidewalk and into an underground tunnel. People were killed and mangled. Immediately arrangements were made to give the best of care to the injured. A little emergency hospital was set up. This, after it had tended the first cripples, was kept busy patching up new patients who kept falling into the hole and breaking arms and legs. Professions sprang up whose business it was to heal the wounded or to help travelers over or around the chasm and the debris. Persons who suggested turning attention from healing the wounded to filling up the holes were looked upon as cold-blooded or even accused of being scientific. “How can we neglect these poor bleeding and suffering cripples to undertake elaborate engineering schemes?” it was asked. One or two attempts to bridge the chasm helped a little but a few people caught their feet in the loose boards of these hasty bridgings and thereupon there was fresh attack upon the engineers. After a while sects arose who declared that there was no hole and that if people would only walk calmly, they could pass with ease and
harmony. Finally after months of interrupted traffic, after hundreds of accidents, and several deaths, due to the derangement of this busy street, a coup resulted in the complete restoration of the sidewalk. Of course I realize that disease is not so simple a matter as a street accident nor the preservation of health as easy as the filling in of a bad hole in the sidewalk. Nevertheless may there not be some analogy, some significance in the parable?

The three tendencies that I have mentioned are sound and constructive. They are, however, bringing some results that must be fairly faced. One effect already apparent is to focus attention upon the training of leaders, upon producing teachers, supervisors, executives and public health nurses. It is possible that private duty and non-teaching ward groups will not be increased or may actually decline in number. As a result we must face these possible developments: In hospitals the growing use of variously trained attendants; in communities the increase in the number of visiting nurses, and in the scope of the work of visiting nurse centers. Dietitians, housekeepers, supervised attendants, dispensary social or health visitors, as well as general visiting nurses will probably continue to appear in increasing numbers. The organization of these various types of workers into the community program will call for the best thought of nurse leaders and others in charge of medical service and public health.

Finally there is cause for encouragement in what might be called another tendency of the time. That is the increasing unity of thought in regard to nursing education. It was only a few years ago that leaders of various nursing factions, representatives of different medical points of view, hospital trustees and executives and interested laymen all seemed embroiled in disputes about fundamental aspects of the nurse's training. The battles of American factions were being carried with even more bitterness to spheres of influence in France, Brazil, and the Far East.

Today it seems to me there is surprising and heartening inclination toward agreement. Within the past four months I have heard conservatives and radicals among the nurses as well as physicians, laymen, and hospital executives, all describe the fundamental principles of nursing education in almost identical terms. The lion and the lamb lie down together. And since the roaring has diminished, nobody now is sure which one is the lion; each claims always to have been the peaceful, mild, and highly intelligent lamb. Of course I am not prepared to announce the millenium. Those who believe and have long and earnestly striven for certain aspects of the truth are not going to settle down with purely peaceful bleatings along side those who have striven with equal persistence.
for other aspects. There is much to be done in experimenting, in testing the new tendencies, in determining relative values, in working out details of training courses. It is, however, cause for mutual congratulation that to so great a degree there is agreement among the thoughtful as to the ends and the principles involved.

Much of this agreement has come I believe from added concern with questions purely of service and of function. Nursing leaders have from time immemorial been marked by high ideals and by devotion to public service. A few observers, however, seemed to detect some years ago among the less thoughtful or idealistic of the profession, a concern for advancement, a little class consciousness, a bit of interest in the glory or even the gold rather than in the service. The tendency, if it existed, was not surprising. It has marked from time to time most other groups, even religious ministers and priests, even political leaders, even physicians. Whatever may have been true of past decades, certainly during recent years those interested in the work and the education of the nurse have been devoting themselves afresh to questions of how the person giving nursing care can best serve the patient and the community and how best she may be trained to fulfil that function. It is said that one may accomplish almost anything if he does not care who gets the credit. So the approach to the problem of the nurse's relation to the physician, the health officer and the entire system of medical service and hygienic endeavor and to the problem of her proper education for that service is simplified when all concerned—nurses, physicians, hygienists and educators—think not of prestige, not of "face," not of personal or class advancement, but simply of function and service.

It is certainly not too much to say that substantial progress is being made in the planning of the nurse's education, and that there is a gratifying tendency toward agreement as to the fundamental principles and policies of this education. It is reasonable to believe that much of the progress and the agreement comes as a result of increasing devotion to the service which the nurse may render to a community which more than ever before is coming to realize its great need of her.

Second only to the era of Florence Nightingale following the Crimean War, the present period, I believe, is preeminent in constructive thought as to nursing and in substantial progress in nursing education.
Wednesday Morning Session

Annie W. Goodrich, R.N., presided.

THE DIFFICULTIES ENCOUNTERED WHEN EMPLOYING NURSES INADEQUATELY TRAINED IN PEDIATRICS

By RICHARD M. SMITH, M.D.

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With your permission I am going to change somewhat the title of the remarks which I am to make, because I believe that perhaps I can group what I have to say better around a positive statement, namely, the requirements for a nurse caring for sick children. The difficulty which we encounter when employing a nurse for sick children is the lack of the requirements. In many instances, I am sorry to say, she fulfills very few of the requirements concerning which I wish to speak, and in some instances none of them.

If I seem hypercritical in what I have to say, you will realize that I have a very keen appreciation of the good qualities which many nurses exhibit in the care of sick children. I appreciate the large number of nurses who are doing excellent work among children. I am asked to discuss particularly the individuals or the training which is inadequate so that I may seem to be critical and perhaps destructive. Please understand that this is because I am emphasizing that phase of the subject and not because I do not realize that many nurses are fulfilling all the requirements of which I shall speak.

In the first place it seems to me that the most important thing for any nurse to have who is working with children, whether sick or well, is a knowledge of normal children. And I believe that this is a thing in which there is the greatest lack and concerning which we must in some way or other provide more information. This is a question of an actual lack of knowledge of what the normal child does and what the normal child requires.

Let me illustrate what I mean. In the first place, with reference to normal feeding, it is perfectly surprising the amount of ignorance that many individual nurses exhibit with reference to the kind of food that children ought to eat. This is not confined to infants alone, but I think it is particularly evident with reference to the older children. It is extremely important that children who are sick be properly fed, and we cannot feed them properly unless we know what they ought to have. Certainly no
sick child ought to be fed a more advanced diet than a child of the same age would be receiving if it were well. One finds constantly upon the tray of a sick child articles of diet which no mother would think of giving to that child at home. I have had to rescue articles from the tray just before they were given in order to save children from receiving food which certainly had every possibility of causing serious digestive disturbance.

It is particularly important in the case of small babies that they have the proper kind of food. Perhaps the most important single article of diet for infants and children is milk. And yet one finds nurses advising mothers, and this happens over and over again, as to the foolishness of paying a large amount of money for a high quality of milk when any milk will do just as well. When one realizes the consequences which may follow when improper milk is used, one appreciates how important it is to see to it that every child receives the right kind of milk. We know, for instance, that tuberculosis among children is not infrequently caused by tubercle bacilli received in the milk.

It is important not only that the right kind of food be selected, but that it be properly prepared. It is essential that cereals, for instance, be thoroughly cooked. I am not going to discuss in detail the work of the dietitian, but I do want to emphasize this point. We must be acquainted with the proper kind of food, the preparation of food and the method of serving food for normal children in order that we may know the kind of diet that sick children ought to have.

This involves also a knowledge on our part of the ordinary routine of the feeding of children; that is, the meals and the hours at which they are ordinarily served. It is not at all unusual to find nurses preparing a dinner for children of five or six years of age for the last meal of the day, not knowing that children should always have the substantial meal in the middle of the day. These things to some of us may seem trivial, and yet they are important.

Closely related to the question of feeding is the knowledge of normal development, when the child should be allowed to sit up, and to walk, the normal standard of growth in height and weight. These are important because of their bearing upon the handling of the sick child.

Then there is such a simple thing as the care of the body, the method of giving a bath, the care of the teeth and ears and nose. I go into hospitals and homes many times and find an array of toothpicks with a cotton swab on the end, ready to clean out the baby's nose and ears, the nurse not realizing that it is extremely undesirable to insert anything as hard as a toothpick in a baby's nose. Trauma is one of the common causes of
nasal irritation. A baby’s mouth, before the teeth come, is better left alone. Nature takes care of the cleaning very well.

There are scores of things of this sort which a nurse should know with reference to a normal baby in order that she may know what to do in the care of that child when it is sick.

I find that there is a great lack of information with reference to proper clothing for children. How long should a child wear a band? What kind of clothes should it wear? When should its diaper be taken off? Should it have round garters or side garters? All these things perhaps seem far removed from the care of a sick child, and yet they are the things concerning which the nurse is constantly advising the mother; and many times the advice which she gives is not correct.

Then the nurse ought to be educated in the hygiene of the child. How many hours of sleep ought it to have? What about its rest period? How many hours ought it to be allowed to have unrestricted play? When should it be allowed to go outdoors? What temperature is right for an infant, particularly, to go out in the winter? When should it sleep out, or how long should it sleep out, under what circumstances should it not go outdoors?

In other words, we ought to be familiar with the feeding, with the care of the body, with the daily routine of normal infants and children. Unless we know these facts about the normal child we certainly can not know how to take care of this child when it is sick.

There is a particular group of nurses to whom I want to say just a word about the normal child, and that is the nurses who do obstetrics; because an obstetrical nurse has an opportunity which is equalled by no other nurse. The mother during the period of her pregnancy looks to the nurse who is going to be with her at the time the baby is born for all kinds of advice. She asks her many things about herself and many more things about the baby who is coming. The nurse, I find over and over again, has filled a mother’s mind with misinformation. It is extremely important that this does not occur, because it is almost impossible to correct wrong impressions which are given at that time. One of the most important things that a nurse can do during this period is to impress upon the mother the desirability of breast feeding. One finds often a lack of appreciation on the nurse’s part of the importance of breast feeding. It is not an accident, I think, that in the practice of certain nurses every mother nurses her baby from seven to nine months, and in the practice of certain other nurses every mother weans her baby at two or three weeks. I can cite to you instance after instance where mothers have weaned their babies
at two or three weeks, apparently due to a variety of causes. But the real cause is the fact that the nurse, either because she herself does not appreciate the importance of breast feeding, or for some other reason, has failed to impress upon the mother the desirability, even the necessity, of nursing her baby. I cite that simply as an illustration of the opportunity which a nurse has, an opportunity for rendering a great service, which I am sorry to say frequently is not used.

The next thing, after the knowledge of the normal child, for the nurse taking care of sick children, is adequate training in nursing technique, with a considerable experience in the care of children. I say this with a good deal of emphasis; because it not infrequently happens that nurses who have not been particularly successful in the field of general nursing, whether in medicine or surgery, think that they will seek a field which is easy and which perhaps does not require as much skill as the field in which they have been not very successful, and they turn to the care of children. Now that is exactly the reverse of the actual situation because the care of sick children, instead of taking less skill and less training, takes more skill and more training than any other field of nursing. Therefore it is a field into which the very best nurses should go, not those who have been relatively unsuccessful in other fields. It is impossible to make a satisfactory children's nurse from a person who has had a poor general training. The nurse who does work with children should have a superlatively good general nursing knowledge and she should have been able to carry out nursing technic well in all its various details with adults and have had experience in carrying it out well with children. I do not believe that it is possible for a nurse to be a satisfactory children's nurse unless she has had a considerable amount of experience with children. It is not an experience which can be acquired by reading. It is an experience which she must get by actual work with children. It is absolutely essential for nurses who are expecting to do work with children, to have opportunity at some time during their training to put into operation nursing technic in all its various branches with children. It is because this is not always done that there is so much poor nursing for children. Many hospitals which have a school for nurses have very few beds for children and the experience which the nurses get in work with children is confined perhaps to the care of two or three children in a general adult ward. That is not sufficient training for one who is to nurse sick children.

The next thing I want to speak about is the need for initiative. I think it probably is the most important element, other than the two which I have mentioned. If the nurse has a knowledge of children and a good
nursing education with experience in dealing with children, it is then necessary for her to have a peculiar quality which is extremely difficult to discuss, but is very real. I have called it initiative. By this I mean that the nurse must do the thinking for the patient. The infant or the child makes no requests of the nurse. An adult invalid or an adult sick person recognizes certain things that he or she wants done, and asks the nurse to do them. The sick infant or the sick child lies quietly in bed and waits for the nurse to do whatever needs to be done. The nurse must be able to put herself in the patient's position; she must be able to anticipate the difficulties which are going to arise; she must be able to see things which may cause trouble and avoid them; she must be able to see the things which she would like to have brought about in the way of care and she must do those things herself; she must be able to recognize very small variations in the condition of her patient. The infant or the child does not complain of a headache, does not complain of pain, does not complain of anything as a rule. The child becomes fidgety, irritable or just the reverse, quiet and drowsy. There are various signs and symptoms in infants and children which have great significance, and which the nurse must learn to recognize and appreciate. It is not enough to recognize them and pass them over, but those variations in the condition of the individual infant or child almost invariably are indices of some real change in the patient's condition; and these the nurse must appreciate and must be able to act upon. In other words, the responsibility in the care of the infant rests very much more with the nurse than in the care of an adult.

Unfortunately the nurse who fails in this particular qualification and the nurse who makes mistakes is usually rewarded by a very unfortunate outcome. The mistakes in the care of infants and of children result much more seriously than the mistakes made in the care of adults. Mistakes are easy to make and the child may pass quickly from a condition of moderate sickness into one of great severity without any complaint. The nurse is so much on her own responsibility, this quality of initiative is a thing which she must possess. If she has not it naturally she must acquire it and learn to appreciate the significance of small signs and to act upon them. This is an intangible quality, but it is a very real quality that is absolutely essential in work with children.

There are two other qualifications which I wish to discuss although they may seem less intimately related to nursing education than those which I have mentioned. They are nevertheless extremely important. The first is this: any nurse who is working with infants and children must love children in order to be successful. She can not do her work if she does it
mechanically and she can not do it if she does it purely as a duty. Infants and children are extremely annoying at times. If we allow their unwillingness to do what we wish them to do, their failure to obey and the other innumerable trying things which come up to irritate us, it makes us less able to take care of them well. It is essential for the nurse who is working with children to be able to gain the confidence of her patient and secure coöperation. Now she can not accomplish this if there is antagonism between the child and herself. Antagonism is bound to arise unless the nurse has a real affection for her patient. Children are unusually susceptible to the moods of the persons about them. They have a curious instinct not unlike animals. You all know how a horse or a dog, or any animal in fact, knows at once the person whom it can trust. Now a child is exactly the same. The child will almost invariably pick out the person whom he or she can trust. Unless the nurse is in his or her confidence she is not going to be successful in the care of her patient. It requires an indefinite amount of patience and understanding and willingness to go through any kind of labor in order to accomplish the thing we desire. It necessitates a certain appreciation of child psychology. I am very glad we are going to discuss that question this morning, because we must realize that the child’s mental development has not reached the adult state and we have to precipitate ourselves into the child’s frame of mind in order that we may appreciate many of the things which seem to us unreasonable on the part of the child.

Let me say just a word about the necessity for the nurse’s implanting in the child’s mind healthy rather than unhealthy habits of mind. We know that many of the difficulties which we encounter later in life may be traced to unfavorable impulses started early in childhood. The nurse should never use threats to accomplish the things which she desires the child to do. She should never say that this or that or the other will happen if the child does not take its medicine or certain things do not occur.

And finally, the nurse who is working with children must be able to appreciate the point of view of parents toward their children. The relation of parent and child is different from any other relation in life, and the parent has a peculiar propriety of interest in the child. For the nurse to step in between the parent and the child and attempt to carry out a definite programme in the face of the antagonism of both the parent and the child, is rarely successful. We want not only to win the confidence of the child, but to secure also the confidence and coöperation of the parents. That is just as much a part of the nursing job as properly carrying out nursing technic. Unless the nurse can do this she is not going to be successful in caring for sick children. She must not only understand the child, but she must
understand the parent. I believe that this is many times a much more difficult problem than understanding the child. Many of the unfortunate traits which we see in the child result directly from the poor training which it has received at the hands of the parent. The child is generally an innocent victim. The parent, not as a rule perhaps, but many times has pursued a course which is easy for the parent, irrespective of whether or not it is good for the child. In many cases parents are prompted by selfishness, not by consideration, and it is hard sometimes to be considerate of the parent under those circumstances. But certainly when the child is sick is not the time that we can make over the entire household arrangements. We must appreciate that a sick child brings into the household and brings into the mental life of the mother a peculiarly trying condition, and we ought to adapt ourselves as best we can to that situation. The skill of the nurse depends upon her ability to carry out the doctor's orders and her proper technic, securing at the same time the sympathy of the parent. Often she has to do the very thing that the parent does not want her to do, but if skillful, she can accomplish it.

If the nurse is adequately trained in the knowledge of the normal child, if she has a thorough education in nursing technic with children, can develop initiative and an appreciation of the value and importance of slight signs and symptoms on the part of her patient, if she has a love and affection for children and if she is able to secure the confidence of parents, she should be successful in the care of children.

Discussion

In answer to the question: What constitutes the ideal variety of cases in pediatric nursing? Dr. Smith said he felt the greatest lack in the experience provided in hospitals is usually in the care of infants, and this experience is of primary importance to the nurse. An experience in the acute infectious diseases, the respiratory affections and in the nursing care of ear, nose and mastoid cases, is also, essential to include in the content of experience for the student nurse.
THE ADEQUATE PREPARATION OF A NURSE WHO IS TO CARE FOR SICK CHILDREN

BY ELSIE LOGAN BURKS, R.N.

Chicago, Illinois

First of all the nurse caring for sick children must possess the essential qualifications of the highest type nurse, plus an affectionate interest in all children, more than the average amount of initiative and an attractive personality.

When we study the "contents" of a text book on Diseases of Infants and Children, we realize that to prepare a young woman to meet the nursing needs of this group requires our most careful consideration.

It is not to be expected that the nurse can intelligently administer to the sick child without a thorough knowledge of the needs of the normal child. Consequently our curricula, must include instruction in the normal growth and development both physical and mental, principles of nutrition and diet, hygienic needs, recreation and psychology of childhood.

Our first thought is how and where the student is to have this preparation? We know that the average children's ward in a general hospital does not furnish material for adequate practical experience, so we look to our special children's hospitals and the general hospitals having large children's departments as the proper field for the necessary instruction.

Let us consider separately the department of a children's hospital in order to get a clearer picture of the field that the student must cover.

In the infant's department we find the abnormal condition of birth and at a very early age we have the digestive disturbances; add to these the diseases peculiar to the child during the first two years of life, and we have an astonishing group of clinical material. We naturally associate with this department the instruction in the feeding of infants. This should be obtained in a properly planned diet kitchen or milk laboratory under the direct supervision of a competent instructor.

In the medical department the student will find the same illnesses of the adult but with them we have the child to consider. Of course, this presents quite a new problem. We feel that we cannot place too much emphasis on the importance of intelligent nursing care of the frequently roughly termed uninteresting case that we find in this department. Particularly do I refer to the care of the nervous cases and those with cardiac disturbances. We often find that instruction in this type of nursing has been notably inadequate.
We are too prone to think of the surgical department in a children's hospital as being made up of fractures and conditions due to accident, forgetting that our little people are also subject to many of the surgical illnesses which we find in the adult. We no longer look upon the tonsillectomy and operations of the nose and throat as being simple procedures. We know that to properly conserve the health of these children that they must have the best we have to offer in nursing care. It is in this department that we have the child requiring extensive plastic surgery, where so much depends upon intelligent nursing care.

In many instances it has been necessary for the student nurse to have the clinical instruction in the care of orthopedic cases in connection with general surgical nursing. This is not advisable because of the fact that the orthopedic case requires weeks of hospital care and when grouped with all acute surgical cases is considered a chronic and consequently an uninteresting case. There is no group of diseases peculiar to child life that requires more intelligent nursing care than those in the orthopedic department. Such instruction can only be obtained in a well organized orthopedic department with competent instruction.

We feel that a nurse's preparation is not complete without practical experience in all the above departments. Of paramount importance is the need of adequate knowledge of the nursing technique of communicable diseases. Wherever we have a group of children the nurse finds that she has constant need of such knowledge, because communicable diseases and the conditions following constitute so large a part of the diseases of early childhood.

Much prominence must be given to the subjects of diets in the preparation of a nurse who is to care for children. She must know how to prepare the food, the diets as applied to the condition of the child, and she must have the ability to make the child want food after it is prepared.

Play is an important avenue of growth in a normal child, and modified play contributes largely to the successful convalescence in a sick child. It is for this reason that we feel that it is essential to include in the curriculum instruction in simple occupational pastimes. It is advisable that this instruction be given in the wards of the hospital under trained supervision, in connection with theoretical instruction.

When the student leaves the hospital ward and takes up her work in the out-patient department she sees the child in his own clothes, with one or more members of his family, bringing with him some of his social environment, presenting an entirely different picture to the one presented by the patient in the hospital. Irrespective of the thoroughness of the instruction
in the wards the student will find much to learn in the treatment of minor illnesses not requiring hospital care, and the particular type of instruction that is obtained only in the various clinic specialties. It is this department that the student, in coming in contact with the former ward-patient returning for supervision, realizes the necessity of having some method of follow-up work in the home.

It is most desirable if the service in the out-patient department can be followed by practical experience in public health nursing or social service work.

The preparation of a nurse for the care of children involves, as in adult nursing, a thorough basic knowledge of the fundamental chemical and biological sciences. Theoretical instruction in the principles of nursing with adequate supervision of the work in the wards, particularly emphasizing the need of the proper correlation of the ward work with the theoretical instruction.

A nurse to properly serve her community must be equipped to meet all emergencies, so we include in our curriculum of a school of nursing in a children's hospital, practical and theoretical instruction in the care of adults. This can be satisfactorily arranged for by affiliation with a general hospital.

It is a great privilege to be able to contribute to the health of a child, and the nurse with an ability to live their life with them, and who has an appreciation of the big things of life applied to childhood's simple activities is particularly fortunate.

**Discussion**

The importance of teaching and giving experience in orthopedic nursing in children was emphasized, as, at this period of life, the only preventive measures possible in orthopedic conditions can be taken. The necessity for a highly specialized person to direct this experience and do the teaching was also stressed.

An interesting discussion followed as to whether or not special hospitals should maintain separate schools of nursing. Owing to the difficulty in providing experience in pediatrics for student nurses in general hospitals, some opinions were expressed that these hospitals could make their greatest contribution by establishing affiliation courses, instead of maintaining separate schools.

The consensus of opinion from those in charge of children's hospitals was that separate schools were essential to their proper functioning, and that while they could offer affiliation they could not carry on a satisfactory nurs-
ing department by that kind of organization nor could they give the best nursing care to their patients.

Miss Nutting brought up the question of establishing postgraduate courses of six or eight months in order that nurses inadequately trained in pediatrics might have the opportunity of obtaining a thorough course. Miss Francis said that on October 1, she was organizing, as an experiment, a six months postgraduate course with an eight-hour day, for students who live outside the hospital.

Miss Nutting felt that the only way to make teaching adequate for affiliated students in children’s hospitals was to stabilize the service by a sufficient graduate or permanent group and open the course to students for both a shorter and a longer time and if good courses were given, nurses would be persuaded, and find it advantageous, to spend the longer period in postgraduate work.

CHILD PSYCHOLOGY AND HABIT CLINICS IN RELATION TO PEDIATRICS

BY OLIVE COOPER, M.D.

Boston, Massachusetts

It is interesting to note the tremendous strides that have been made in the past few years to preserve normal physical health in children and to compare them with those made in an endeavor to obtain corresponding results in their mental health. One does not hesitate to conclude that by far the greatest advances have been made in regard to the child’s physical welfare with limited considerations toward its mental aspect. We cannot hope, at the present time, to accomplish in as great measure a corresponding improvement in the child’s mental health as has been obtained from a physical standpoint, since the former is vague and intangible, but we do feel that something at least comparable to the physical progress can be attained in the mental sphere.

Only recently has any stress been laid upon the mental life of the child and consideration given to the influence that unhealthy tendencies manifested in childhood might have upon him in later life. In November, 1921, Dr. D. A. Thom was invited to make a survey of one of the Baby Hygiene Centers to determine whether a psychiatrist might have any contributions to make that would be of value in their program of preventive medicine, since it dealt with children between the ages of two to five or six years. He at once saw the need for establishing a clinic where one could study the mental life of the child, and so resulted at this time the organization of the
first Habit Clinic in Boston—the object of this clinic being to prevent the development of undesirable methods, of meeting every day problems with which children are confronted, and to promote the formation of healthy habits which will tend toward the proper development of the child. In addition to this it is the purpose of the Clinic to determine, as far as possible, the basis of undesirable habits and unhealthy reactions and subsequently to institute adequate training and treatment to overcome such habits. In short its purpose is to promote the healthy development of the child’s mental life and perhaps to prevent more serious difficulties in later life.

The term “habit” was employed to designate the type of clinic anticipated, since this terminology seemed quite free from any of the undesirable associations which arise in the minds of many when such terms as mental, nervous or psychic are used. There are at present five such clinics in operation—four in Boston and one in Worcester. These units aim to concern themselves only with children of the pre-school age, operating in the community in which the children live and affiliating with health centers and social organizations.

Cases are referred to the clinic for various problems, among which are the following: food capriciousness, temper tantrums, masturbation, nailbiting, thumb sucking, enuresis, speech defects, morbid fears and abnormal sex interests. Contact is made by a specialized worker who enters the home, ascertains the environment and other factors entering into the situation and makes a detailed report of her findings to the physician. The child at his first visit is given a psychological examination, with special regard for the existence of any capabilities or disabilities. He then is examined by the psychiatrist who attempts to analyze the situation, determine the mechanisms involved and to instruct the mothers in the method of handling the difficulty by outlining a mode of treatment.

The immediate stimulus for a habit clinic was the call from pediatricians for assistance in cases which did not yield to therapeutic measures on a physiological level. One is here confronted with the two points of view met with in these cases—that of the psychiatrist and that of the pediatrician. The latter usually gets a cross section of the child’s life, seeing the child as he does at the period between two and four years and then often losing the contact. He sees the child at a time when the undesirable forces that go to make up, alter and color the mental life of the child are operating. The psychiatrist, on the other hand, endeavors to view a longitudinal section of the individual’s life, usually seeing him after the forces that have begun to formulate his mental life have ceased to operate and he sees simply the result of these forces. It is, therefore, essential that they both should have
a point of view in common since their work must be interwoven one with the other.

To enter into the psychology of habit formation would necessitate a voluminous elaboration, but it is important to point out at this time a few of the fundamentals necessary for the development of every human being and which are more evident in childhood than at any other period of life. Foremost of these are plasticity, suggestibility, imitativeness and love of approbation. Plasticity, in other words, is the ability to adjust oneself to new situations. It is this characteristic to which most individuals owe their social and economic success. Suggestibility is that trait which is invaluable in treatment and which permits the child to accept without question a suggestion from one whom he considers as being important and possessing a certain amount of prestige. Imitativeness is an important factor, one that stimulates the child to imitate both words and deeds in its environment. It is this to which many of the undesirable as well as the desirable traits owe their growth. Love of approbation is that characteristic without which we can hope to do very little in children, since this love for praise is tremendously important and can be utilized to advantage in correcting unbecoming habits in them.

An understanding of these problems by the nurse, of the ability to recognize them when met with is of utmost importance since much of the success of the work is dependent upon them and social workers whose contacts with the child in the home are much closer than those made by the physician in the clinic. By means of their activities in this sphere it is possible to carry out the prescribed treatment and obviously the cooperation of these co-workers constitutes a great part of the cure. A physician sees the child for a comparatively brief period at the clinic while the nurse and social worker have the opportunity of observing him in his natural environment and noting his common reactions while there.

The following case histories, in a small measure, acquaint one with the type of problem referred to the clinic.

Case 1. Helen, aged five, was brought in for morning vomiting that had been going on for over a period of three weeks. In addition to this she was a persistent bed-wetter and was generally untidy in dress and habits. A home investigation by a psychiatric social worker revealed a sordid abode consisting of three rooms in bad condition, piles of soiled clothing in the corner, a small open toilet in an opposite corner, and hanging by was a soiled towel which was used for wiping the baby's face. The mother, a woman of limited intelligence, was five months pregnant and had been having for some time morning nausea. The solution of this problem was a very simple one, since Helen's vomiting was obviously due to the imitative tendency and was easily corrected by commonsense methods.
Case 2. Frances, aged two, was brought to the clinic by her mother because of vicious attacks made by her upon her older sister, aged four. The day prior to her visit she had severely bitten her sister on the abdomen and scratched her face. Investigation disclosed the fact that the father had observed that Frances at eighteen months showed unusual and amusing reactions whenever he petted the older sister. It soon became a pastime with him to arouse antagonism in Frances by fondling Ruth. This was a striking example of jealousy being developed in pure culture, an emotional reaction that infrequently leads to more serious difficulties later on.

Case 3. M. J., a boy of nine, was referred to the clinic in October with a history that since the previous August he had become very restless, cried easily, twitched his arms and body muscles, was irritable and flew into tempers and could not sleep nights. This personality change was noticed on his return from a General Hospital where he had been for two weeks following an automobile accident. The mother added that he was very surly, always appeared ugly, unhappy and discontented, acted as though he preferred to be left alone, and that very recently the boys had started to call him “empty head.” The problem confronting the mother was whether she should follow the advice of a lawyer and sue for damages. However, her primary interest was in the lad’s recovery.

Inquiry revealed that subsequent to the accident the entire household revolved around the patient. Every whim was gratified, all other children were instructed to comply with his wants, all the toys were his to accept or reject as he saw fit. For the first time the child saw himself in the lime light, a situation that was not particularly unpleasant to him, and many were the motives which were presented for the apparent continuance of the effects from the accident.

After a careful physical and neurological examination it was planned to change the entire régime and in cooperation with the mother the old plan of give and take and battle for what he could get from the other children was restored.

In one month the mother reported that the patient was happy, contented, played with the other boys, had lost his sullenness, was getting on well in school and showed no evidence whatsoever of the personality change which was obvious when he first came under observation.

These cases by no means cover the variety of problems seen at the clinics, but briefly, in a way, give one a superficial conception of the types of disorders so frequently met with in children and so commonly accepted by parents as being self-eliminating, but which ultimately would tend toward unfavorable moulding of the personality and therefore warrant immediate attention.
WHAT CONSTITUTES A SATISFACTORY COURSE IN PEDIATRICS

BY ELIZABETH PIERCE, R.N.

Cincinnati, Ohio

With the increasing appreciation of the value of child health and with the consequent demand for nurses who are qualified to care for children, comes the added responsibility to schools of nursing in preparing the nurse to take her place in the Child Health program.

In arranging any course of study as a part of a school curriculum, it is the student's need and the place the course is to take in her program of studies as a whole, which must determine what that course is to include.

Our best guide as to the subject matter which should be included in the course on pediatric nursing is to be found in the standard curriculum of the National League of Nursing Education. The minimum time to be spent on the wards is fixed by the various state boards of nurse examiners. The time varies from the general hospital having a children's department, and the children's hospital offering a course to students from affiliating schools, to the children's hospital which enrolls students for the full nursing course with affiliation which includes not more than one year outside the hospital. This variation in time actually spent with children would indicate that the clinical value in relation to the course has not been very carefully considered. The child is not a miniature adult, and the time spent in a children's ward should be closely correlated with the course of study in this special subject.

In the papers to which we have just listened, we have been told clearly what is to be expected of the nurse who is to do bedside nursing. That we are not giving to the student the preparation which should enable her to qualify in this type of nursing is indicated by the many refusals by graduate nurses in answer to calls given to care for children. How often do we get the reply: "Oh! I know nothing of children," or "I have had so little experience in the care of children."

Unless the nurse has had experience in a children's department or hospital with services sufficiently active to make it possible for her to study the various types of children's diseases, how can she answer with the same self-assurance that she does when called to care for an adult? Unless she has actually had experience in a milk laboratory where she has had opportunity to make up under supervision the various kinds of infant feedings, can we criticize her if she shows reluctance to answer a call to care for a little patient requiring knowledge of food preparation? The pediatric course must pre-
pare the nurse for more than bedside nursing. It must provide the basic knowledge of child health which, regardless of the type of nursing in which the graduate is to engage, may be expected of the woman who has completed the nursing course.

Should we not look to the nurse to spread useful knowledge concerning correct habits of healthy living? The nurse is looked upon as a teacher, and progress in child welfare is materially affected by her ability in this field. Quoting from an address made by Miss Mary Roberts to the graduating class of the Children’s Hospital, Philadelphia, “every nurse should be and indeed is, whether she wishes it or not, a teacher. It is a part of the obligation we assume when we become nurses. More and more are the private duty nurses realizing their obligation to the home and the community of which it is a part. Those who remain in hospitals are frankly teachers, as well as administrators, while the whole public health movement, particularly that phase of it which we call the child hygiene movement, is based upon an educational scheme for teaching health habits.”

Now is it not the responsibility of schools of nursing to give to the student the preparation which will not only enable her to fulfill her function in caring for the sick but to aid in all movements for the conservation of child life?

There are several factors necessary to consider in discussing the course:

a. The context of the course. We referred to the course outlined in the standard curriculum as being a splendid guide to the subject matter to be included. Instead of the time suggested in child study, however, if we are to increase the student’s interest and understanding of children, it would seem that a course of not less than eight hours in child study followed by eight hours or more of story telling, handicraft, games, etc., should be given.

The students are very frank in voicing their need for these subjects. It has been very interesting to note in a children’s hospital the attention of both head nurses and students to the ability of the Public school teacher, who is also a graduate of a kindergarten school, to get results in her work. We find them appealing to the teacher when some problem presents itself, such as winning a child’s confidence or in difficulty in interesting or directing a child.

If an understanding of child nature is an asset to the teacher in guiding the child in forming correct mental habits, is it not equally important that the nurse teacher be prepared in order to direct the child in forming health habits?
b. The time allotted to the course. We found during the past year, in which two courses of four months each were given, that it was difficult to cover the lecture and classroom work in thirty-two hours—sixteen hours of each, this not including the subjects just mentioned. Neither does it include time given to bedside clinics which were given when opportunity in the form of clinical material afforded. Those clinics were conducted by the resident physician assisted by the instructor or head nurse.

If the services are defined, and we question if we can make our teaching of greatest value unless they are, four months spent in the medical department including feeding cases, departments of surgery, and orthopedic surgery, with experience in the milk laboratory and if possible experience in the out-patient department, would seem the minimum time which should be allotted to the department.

c. The stage of the student's experience, at which the pediatric course should be given. If we consider the special course as logically following certain foundation subjects, then we may require as prerequisites for this course, medical and surgical nursing with the corresponding ward practice, and if possible obstetrics, including the care of infants. The pediatric course, with this foundation, is simply a matter of building upon the structure already begun by the parent school.

An instructor who is to add to and not tear down is one who is not only qualified in her special subject but who is familiar with the plan of instruction and the method employed by other departments or affiliating schools. If the schools are not too far distant, why should not occasional conferences be helpful, or if this is not practical could we not, through correspondence, bring about a better understanding of the student's preparation and the general scheme of her work as a whole?

The place of the course with relation to communicable diseases seems more difficult to determine. When we consider, however, that the student receives definite instruction in the care of the child in the observation ward and in ward isolation while in the pediatric department, why should not the experience in the contagious hospital logically follow this course?

d. The teaching staff. A teacher should be chosen because of her ability as a teacher and because of special preparation which qualifies her in her special field. The teaching staff for a children's department should be sufficiently large to provide classroom instruction and to closely supervise the students' work on the wards. The clinical method is especially valuable in children's nursing. In no department will the student's power of observation be tested as in this one. Unless properly guided, much that should be of value to her will be lost.
In order that the students may have proper supervision on the wards, the head nurses must be able to carry their responsibility as members of the teaching staff.

Giving the head nurse the opportunity of acting as assistant to the instructor when class room instruction, especially nursing procedures, which apply to her own department, are being given, tends to bring about the attitude so much to be desired, that of teacher and student. Unless the student meets the head nurse in the class room it is not always easy to bring about this attitude.

c. Class room facilities. Another factor which a school must consider in offering a course to students is that of adequate class room facilities. A lecture room which will seat the entire student body and a fully equipped teaching laboratory should be provided. Both should be easily accessible from the wards in order to get the greatest value from clinical teaching which we have emphasized as being most important in this subject.

We believe these are the factors which go to make a satisfactory course in pediatric nursing, course in which, as was stated in the beginning, is becoming more and more important, the era in which the value of child health in its fullest significance is more clearly understood and in which the nurse must be prepared to fulfill her function in its broadest sense.

THE PROBLEM OF THE CARE OF THE CHILD IN THE PUBLIC HEALTH FIELD

BY ANNIE W. GOODRICH, R.N.

We have heard emphasized many times this morning the growing importance of the child's health, which is evidence of the increasing realization of the economic asset of the healthy human being, to produce whom we are forced further and further back in the life and development of the individual our efforts extending even to the mother at the earliest stage of her pregnancy. The results that have so far been obtained would seem to fully justify the expenditure of time and money involved. Furthermore, they suggest the possibility of astounding results under certain and not impossible conditions.

In considering this question there constantly comes to my mind the great achievement of General Gorgas in wiping out of Panama diseases that had for years made impossible the building of the Panama Canal because they debarred the white man from the tropics. I know of no more thrilling story than General Gorgas' own brief but graphic description of the opposition to the measures for the prevention of these diseases—measures which were
later to prove effective beyond all expectation. The story is closely analogous to Mr. Embree's illustration last night of the break in the sidewalk which constantly crippled people, because the community was concerned with the care of the broken legs caused by it rather than the mending of the hole itself.

In rereading "Sanitation in Panama," I was interested to note that General Gorgas' method provided for the assignment of one medical officer and two or three assistants to a very small unit of the population. General Gorgas emphasized as an important factor in the result achieved, his power to require the medical examination of every individual and to give free medical treatment and care. His prediction will be recalled by some that, "In the years to come the great engineering feat of building the canal will be secondary to the achievement in the stamping out of yellow fever since it demonstrates that the tropics can be made habitable by man." But let us not forget that the tropics, except in small areas, have not yet been made habitable for the white man. To do so will require an army of sanitarians dealing in the same intimate way with the situation.

If we today were to deal in this manner with the child health problem, it is quite possible that we would achieve not less outstanding result. Dr. Haven Emerson, in his address at the Washington Social Conference last month said, "The lessons of health are readily taught, easily learned and with reasonable justice in human relationships can be applied with certainty of results." He presented interesting comparative statistics relating to the workers in the field of curative medicine and the field of preventive medicine, the total number in the former being 489,583 and falling into four groups, dentists, physicians, trained and untrained nurses,—the trained nurses numbering 136,126. In the field of preventive medicine he reported 17,180 only, of which 11,000 were nurses. This gives us pause for a moment, for it calls sharply to our attention that with all the recent discoveries relating to the public health, with the prolific literature issued concerning the subject, so small a number of workers would seem to indicate that the message had not reached the public at large. Certainty, neither the medical nor the nursing practitioners have in any degree caught its import. We have, as Dr. Emerson says in his article, knowledge today that would make marvelous changes if it were applied, but we are still limiting our work to a demonstration here and a demonstration there.

The first point I desire to make is that the results that these few workers have obtained through the child health program demonstrates the importance of intensive and comprehensive courses in obstetrics and pediatrics in the basic training of every nurse. The second point I desire to emphasize is that a wide and
rapid dissemination of the knowledge now available concerning sanitation and hygiene could transform the world. I next desire to call your attention to the heavy incident of obstetrics and pediatrics in any analysis of the cases reached through the visiting nurse service. In an analysis of something over 43,000 cases of the Henry Street Visiting Nurse Service last year, well over 18,000 related to the child of five years or under, of which 11,000 were new born, about 60 per cent of the total number of cases cared for. This percentage would probably not appreciably differ from the case analyses of other similar organizations. In addition to the sickness incident for which the nurse is called is the heavy incident of minor physical and mental defects, she finds. Many of these defects, if treated early are correctable.

The difficulty Miss Gilman reports of obtaining experience in pediatrics in the hospitals in New York calls for a brief discussion. That students should be sent to other states for their experience in pediatrics seems tragic to one who knows the uncovered cases in New York State. The number of cases I have mentioned as cared for last year by the Visiting Nurse Service were reached by a staff averaging from 150 to 165 nurses, but the number needing and not receiving such care and direction in the city makes the number this staff reached seem trivial.

We have stated for a number of years that the hospitals exclusive of the special hospitals for mental diseases and tuberculosis only cared for 10 per cent of the sick in the community. I think that this has not greatly increased and believe I should be correct in stating that not more than 30 per cent of the 10 per cent cared for in the hospitals are assigned to the division of obstetrics and pediatrics, and that this would even be the case in communities having maternity and children's hospitals in addition to these services in the general institutions. Only 30 per cent, I repeat, of the 10 per cent of the cases cared for in hospitals relate to the mother and the child, whereas in the Visiting Nurse Service this incident represents over 60 per cent of the cases cared for, when probably 70 per cent are not reached at all. Yet the healthy child is the key note of social progress.

We must, I think, discuss briefly the results obtained through the home care of the sick child. Do the results justify this form of service? Lillian Wald has for years maintained that they do. Formerly I differed with her; today I fully agree. I do not think the Visiting Nurse Service statistics, representing as they do thousands of cases, could lead to any other conclusion. Children do better in their own homes. We have not as yet the means of measuring the shock to the sick child resulting from his removal to a strange environment with all its attendant horrors. Let us consider for a moment the relation of the visiting nurse to the case. Does she have the
entire care of the child? Certainly not. The average number of visits
per day per nurse in New York City is eight. The average visit to any case
is also eight. This means that approximately one hour a day of nursing
care is given. It is obvious that the success of the nurse—and I pronounce
it a success—relates to her teaching of the mother or some member of the
family how to care for the case, first, by giving this care herself, then by
demonstrating to whoever is to repeat the procedure, and finally returning
to see that the instruction is properly carried out. That good results are
obtained under these circumstances gives food for thought.

A study of the pneumonia cases, which is our largest sickness incident
and in which the results are good, reveals 61 per cent as occurring with the
child of five years or under. An appreciable number of the cases, because of
the heavy demands of the service, are discharged improved. A question
as to the end result of these cases must inevitably arise in the mind of the
expert. Will they possibly be found later in the cardiac group or in a tuber-
culosis sanatorium? This is, of course, only too possible. Not as yet do
we know the number of children who have had pneumonia more than once
during the first five years of life. We do know, unfortunately, that an
appreciable number have had two and sometimes three and four attacks.

The third point which I desire to make, therefore, is that there is ample
opportunity for experience in the diseases of children, a crying need for nursing
care of the child in the home; that such care gives us an unequalled opportunity for
health education; and, furthermore, that there is a reasonable question as to
whether the child does not respond better to home care.

Another aspect of the situation to which I beg to call your attention is the
need of establishing a complete coordination and cooperation between the
hospitals and health and welfare organizations of any given community or
unit of population. The failure to effect this brings the field workers who
are doing preventive work up against an impasse. They cannot stimulate
the interest of the mothers and awaken them to the defects of their children
unless there is a reasonable hope that these defects can be corrected. Such
cooperation would mean not only the saving of time and money, but of life.
Let me give one illustration.

Recently a mother described as appearing mentally deficient refused to
allow her sick child to remain in the hospital. To the hospital, therefore,
this baby became a closed case. To the mother who cares for her child a
case is never closed. This woman, therefore, sought advice from a relative
who suggested another hospital in a somewhat remote part of the city. On
the way to this institution the baby died in the mother's arms. This woman
had passed three hospitals, several dispensaries, and probably some sixty
health and welfare organizations. A sense of community relationship and responsibility, a true appreciation of the value of a human life would have established a relationship with an outside organization such as the Visiting Nurse Service that would have insured nursing advice and care as long as it was required. In short, if our health units were organized as General Gorgas organized his, this episode could not have occurred.

I believe that an important next step is the coming together of the hospital boards with the boards of the public health and welfare organizations. A very splendid plan of coöperation, I understand, is being worked out here in Boston. I am not sure how close the relationship is between each hospital and this coördinated piece of health work, but I am very sure that there should not be a children’s hospital here without some member sitting on that board, without some stated conferences relating to the problem of the child, because after all the hospital is but one link in the chain, the dispensary another, the public health station another, and so on. All should be located in an area which would enable the nurse on the outside to connect the family with the patient and vice versa. The failure to do so means a waste which seems inexcusable. Five or more different organizations and the hospitals are today each recording the same data concerning the comparatively few families that they care for, while the large majority of the community go unattended.

But the question arises, can we hope to ever reach in any perceptible measure the health needs of the community? As the conclusions reached by a lively imagination are not always accepted as sound, I asked the Henry Street statistician, Miss Mabel Curran, to give me the figures I am about to present. The average number of patients reached by the individual staff nurse in one year—based on the number of cases cared for last year by the Henry Street Visiting Nurse Service—she shows to be as follows: Each nurse working five and one-half days a week and eight hours a day for eleven months would make 2292 visits on 287 patients in one year, whereas the private duty nurse, averaging the duration of her cases as two weeks, would reach 26 cases. While the private duty nurse touches, in comparison with the visiting nurse, very few families, the greatness of her opportunity for health education through her continuous contact, must not be overlooked. Mr. Lippman, in his “Public Opinion” dwells at some length on our failure to understand the difficulty of universal dissemination of information relating to any matter. I was interested to discover what we could achieve if our total number of graduate nurses, 138,128, could function as visiting nurses for one year. It is somewhat astounding to find that they would reach 39,828,722 persons, based on the number of patients Miss Curran
presents one visiting nurse as reaching in a year, or more than one-third of
the population of this country; and, furthermore, their contacts with each
patient would number eight.

These figures demand our careful consideration. I am deeply concerned
to have you who so largely represent the hospital phases of health work,
agree with me on the importance of breaking down the walls of separation
between the hospital and the home. The hospital is but a temporary abid-
ing place of any individual in a community. The home life is longer, but
there is a whole gamut of life experiences which begins with childhood,
the most important and impressionable period of life, and I, for one, am
pleading for as complete an experience as possible for every nurse in the care
of the abnormal and normal child.

I do not know what we shall achieve in New Haven. I wish I did. The
great promise of New Haven lies in the fact that we have in the University
gathered together some of the best minds in the country, perhaps we might
say, in the world; that some of these scholars are particularly concerned with
the problem of child psychology, child hygiene, psychiatry, medication,
teaching methods, etc. Through their research work important discoveries
in relation to mental and physical developments are constantly forthcoming.
This knowledge will be available for application to a population not of
five million as in New York, but something less than two hundred thousand,
and through a hospital and dispensary offering a comprehensive service
and closely linked to a visiting nurse organization and medical school all
directed by progressive men and women with a profound belief in commu-

My final point stresses the importance of working not only for and with,
but through the individual, the institutions, and organizations. As I see it,
we shall indeed err if in our desire to have the student versed in the commu-
nity problem, we connect her through the hospital workers alone. Only by
relating the students to all the different institutions and organizations down
to the mother in her home, in order that they may work through them,
shall we obtain the desired result. Not less must we impress upon the stu-
dents the need of constantly replenishing their store of knowledge at the
fountain head, in order that they may discard and add in accordance with
the constant changes taking place through the revelations of science relative
to any field. As a last word, let me urge the importance of devising some
means whereby the student nurse can obtain the comprehensive course in
pediatrics which she so obviously needs. I cannot say what part shall be
taken where. I know that there is no dearth of children through whom
such experience can be obtained, and that there is today adequate machinery in the community and sufficient knowledge on the shelves of the libraries to immediately further our desired ends—the healthy, economically efficient human being.

Wednesday Afternoon Session

Laura R. Logan, presided.

REPORTS FROM THE ADVISORY COUNCILS (Continued)

Minnesota: The work of the year in the Minnesota League of Nursing Education consisted in making plans for an Institute for Instructors and Superintendents of Schools of Nursing and in trying by correspondence to ascertain how much desire there was on the part of the schools for such an institute.

This inquiry led the Executive Committee to decide to arrange for such an institute and Miss Louise M. Powell, of Minneapolis, Miss Bessie Baker, of St. Paul, and Sister Domitilla, of Rochester, were appointed a committee to make arrangements.

The institute was held for five days, May 21st to 25th, in Minneapolis. The meetings were held in the University buildings, except for such nursing classes and demonstrations as could better be given in the hospitals.

Miss Georgiana Lommen, an Associate Professor of Education in the University, gave a lecture each day dealing with the modern conception of teaching and teaching methods. Her talks were inspiring and delightful and were very largely attended. Each hospital was asked to pay a fee, which entitled as many of their graduate staff to attend as wanted to, and Miss Lommen's talks were given in the early afternoon, in order that these graduates might attend.

In addition to these talks, a class representing each type of class given in nursing schools was held, Practical Nursing, a class in Pediatrics, classes in Anatomy, Drugs and Solutions and a demonstration of nursing technique in Communicable Diseases, following a lecture on Communicable Diseases from the point of view of public health. There were round tables on subjects of interest to the superintendents and discussion was interesting and helpful.

An effort was made to avoid too many subjects in the program and to have the subjects discussed related to each other.

There were representatives from thirty-eight hospitals, also several public health nurses and nurses doing private work. The total attendance was one hundred thirty-eight.
The general consensus of opinion was that it was a great success and very helpful. The League will doubtless feel encouraged to make this an annual event in Minnesota.

Missouri: The Missouri State League of Nursing Education is made up of the two Local Leagues, viz., St. Louis and Kansas City.

The Local Leagues meet once each month and hold a joint session each year in conjunction with the Missouri State Nurses Association.

The State League acts more as a pivot around which the two local Leagues keep in touch and dovetail their various activities.

The minutes of the two local leagues are interchanged through the State Leagues and copies of minutes of both local Leagues are sent to all members living outside of St. Louis and Kansas City. In this way scattered members are kept interested and in touch with League problems.

At the annual meeting last year two committees of importance were appointed: one on Public Education and one on Nursing Education to outline definite working plans for a systematic education of the public in Missouri on nursing as a profession and the improvement of nursing education in the schools.

The St. Louis section reported that in conjunction with the Third District Association of Missouri a course of eight lectures on Psychology was arranged for and given by Professor Mayo of Harris Teachers College during the winter of 1922–1923. Ninety-six nurses enrolled for this course.

On January 26 and 27, an institute was held for nurse instructors. Nurses from Kansas City, Springfield and Columbia, Missouri, attended as well as a number in St. Louis.

The Kansas City Section reported that the Educational Committee with Miss Farnsworth as Chairman enlisted and secured the cooperation of the Daughters of the American Revolution, Federation of Women’s Clubs, Jewish Council and City Public School Teachers organization in our effort to keep the old nursing law on the statute books. The League distributed 100 copies of the Rockefeller report and 70 copies of the 1923 Nurses Calendar.

New Jersey: The New Jersey State League holds four meetings a year. The attendant question is now under consideration, and it is the aim of the League to present a program for the training of subsidiary nurses which will not conflict with the work of the New Jersey established schools of nursing.

A number of demonstrations in practical work have been given by the Instructors’ Section.
The Committee on Education has done excellent work by informing superintendents of schools of nursing as to the content of the doctors' program, by which it was proposed to admit as attendants to all hospitals having schools of nursing women between the ages of sixteen and fifty, who could read and write, and to give these a one year's course, the work to be along the same lines as that of the regular three-year students.

A committee appointed to standardize nursing records made a study of the records kept in the various schools of nursing in the state, and found the usual lack of uniformity. The Bell records were approved by the League, and a recommendation that these be used made to all the accredited schools.

Reports of the findings of the Committee on Nursing Education have been sent to the governing boards of hospitals, to chairmen of schools of nursing, to all superintendents, and to high schools, with a letter requesting the careful consideration of the report.

During the winter the League gave active support to the state nurses in their legislative campaign.

North Carolina: The report of the Inspector of Schools of Nursing after an intensive survey completed last fall, shows the full quota of students in the accredited schools. The only apparent shortage has been in special and private hospitals not giving the full course or having the necessary affiliation.

The entrance educational requirements are steadily advancing and the applicants for State Board examination, representing schools in all parts of the State, show increasingly better preparation for their professional responsibilities.

The North Carolina State College for Women is offering a valuable pre-nursing course. A committee has been appointed by the League to consider affiliation, credits, etc., connected with this course.

A sub-standard bill which has been introduced in the Legislature required very prompt action on the part of the Nurses Association and fortunately was defeated before its second reading. This action has opened the way for some constructive legislative work which we hope to accomplish before the next session of the General Assembly.

Ohio: The Ohio State League of Nursing Education reported a five-day institute held in the University of Cincinnati at which 112 nurses were registered, which was so great a success that a second Institute was held in Cleveland. In coöperation with the Public Health Association the
Ohio League has made an effort to stimulate an interest in schools of nursing to include in the curricula courses and experience in tuberculosis nursing.

At the annual meeting in Akron five local educational groups made reports which indicated a most encouraging activity on the part of the groups represented.

Rhode Island: For the past few years the Rhode Island League of Nursing Education has put forth its greatest effort in publicity work and last year's achievements are worthy of mention. By far the most important form of publicity was its direct mail campaign in which approximately 6000 letters were sent out. About 750 were sent to the senior girls of the high schools in the State, and 5250 to the business women of three of our largest cities.

Through the cooperation of principals and vocational directors the high school students have been addressed by out of town speakers. Four hundred from the senior and junior classes were invited in December to an attractive auditorium in a large club house in Providence, as guests of the League. Miss Florence M. Johnson of New York City addressed them and the film, 'Following in the Footsteps of Florence Nightingale' was shown. This was followed by a short pantomime enacted by student nurses and graduates. It culminated in a group of uniformed nurses illustrating each line of work open to a graduate.

To finance the publicity work a letter from the League was sent to every hospital in the State maintaining a training school. All contributed a sum of money proportionate to the size of their school and in this way expenses were met and a balance sufficient to enable us to begin work in the fall is being carried in our treasury.

During the year an Instructor's Section was formed. This section has been having monthly meetings and has reported its activities to the League at the regular meetings of the organization.

Our League has suffered a great loss in the death of Inez Clark Lord who during her twelve years of work in Rhode Island accomplished much in helping to raise the nursing standard of the State.

Virginia: The Virginia State League of Nursing Education has a membership of thirty-three.

The League has during the past year, concentrated its efforts upon the establishment in all training schools of a uniform standard curriculum, which shall embrace a preparatory course, and uniform training school records. One of the three meetings was held for the express purpose of
working out the details of a preliminary course in schools that have no full time instructor.

The Virginia State League has worked coöperatively with the Board of Nurse Examiners and has received from the Inspector of Training Schools valuable suggestions.

Under the guidance and recommendation of the League, all training schools of Richmond, except one, have combined for lectures in Venereal Diseases, Public Health, and Tuberculosis, these lectures being held in the Assembly Hall of the Collegiate School for young women. This coming year, Pediatrics and nursing on mental cases will be added. One general examination was given students from schools represented. The League feels that this is a great step towards the centralization of our schools.

In the Graduate Nurses Association of Virginia there is evidenced a feeling that the group known as the State League of Nursing Education should function as a section of the association and not as a separate body. They have requested that a committee from the League be appointed to confer with a committee from the association upon the matter. This request was granted and a committee was appointed at the annual meeting. No recommendation has yet been made.

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Wisconsin: The Wisconsin State League of Nursing Education has a membership of eighty-five.

The members of the League were called upon this year to fight a bill introduced into the Legislature in opposition to the existing registration law. The success in killing it demonstrated the strength of the nurses organizations in the fight for compulsory registration and higher standards.

There are only three active sections of the State League in the state due to the wide area covered by each district and the small number of schools contained therein.

The Milwaukee League has had an active year. Meetings have been held monthly at the various hospitals with a much higher attendance than of previous years, the active membership numbering thirty-four. The programs for the meetings have centered upon teaching in schools of nursing, one subject being taken up at each meeting.

One of the outstanding accomplishments in the state is the affiliation arranged between Ripon College, an "A" College and Columbia and St. Agnes Schools of Nursing of Milwaukee and Fond du Lac respectively, 90 credits being given for three years work at Ripon and two years to be spent in the school of nursing, making up the necessary credits for graduation.
In La Crosse a very thorough course of Public Health lectures has been arranged for all of the schools. A limited number of students continue the practical experiences under the City Board of Health.

In Milwaukee three schools of nursing are incorporating and plans are under way to establish a centralized school of nursing.

In a survey made of the education of students in nursing schools it was found that forty-nine and one-half per cent of all students in accredited schools in the state are high school graduates.

**China**

Miss Logan introduced Miss Gregg, president of the National Nurses Association of China, who in a few words, brought greetings from her organization and told something of the progress of the work in that country.

She spoke of having a national secretary who went about throughout the country visiting the schools. She emphasized the close relationship existing between the medical and nursing organization.

She said because of the caste system in China, though less rigid than in some other countries, it is most difficult to get student nurses into the schools.

She said in China they had no League of Nursing Education, but they had organized a department of nursing education in the State Association.

**COMMITTEE ON PUBLIC EDUCATION**

The Committee on Public Education reported active interest in the majority of states relating to publicity, recruiting and legislation.

Maryland, Minnesota, Ohio, Michigan, and the District of Columbia report that there is practically no shortage of applicants for the schools in those states. Illinois, Connecticut, Pennsylvania, Rhode Island, and Indiana report a shortage, but in most of these states it is thought that the schools maintaining high standards have less difficulty in obtaining students than in schools where the standards are below the average.

Publicity work has been carried on by means of vocational talks to high school and college girls, to clubs, parent teachers associations and Y. W. C. A groups in Maryland, Illinois, Connecticut, Ohio, Pennsylvania, Missouri, District of Columbia, and Indiana, and in many other states through the distribution of literature, the giving of pageants, and health exhibits.

In North Carolina, Connecticut, District of Columbia, Minnesota, Massachusetts, Michigan, and Missouri, come changes have been made in the state laws, and other legislative activities are pending. Institutes were held in several states and many others are planned for the coming
year. The general trend of the report is toward progress in most states and active and live interest in all from which reports were obtained. It is suggested that National Hospital Day be made of greater use to forward publicity relative to nursing.

REPORT OF THE COMMITTEE ON REVISION OF CONSTITUTION AND BY LAWS

NATIONAL LEAGUE OF NURSING EDUCATION

CERTIFICATE OF INCORPORATION

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned, citizens of the United States, Jane Delano, Clara D. Noyes and Georgia Nevins, citizens of the District of Columbia, and Lillian Clayton, a resident of Philadelphia, Pa., and Elizabeth Greener, a resident of the city of New York, desiring to avail ourselves of the provisions of Sec. 599 sequitur, of the code of law of the District of Columbia, do hereby certify as follows:

First. This organization shall be known as the National League of Nursing Education.

Second. The term for which it is organized shall be perpetual.

Third. The object of this association shall be to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by cooperating with other bodies, educational, philanthropic and social; to promote by meetings, papers and discussions, cordial, professional relations and fellowship, and in all ways to develop and maintain the highest ideals in the nursing profession.

Fourth. The number of trustees for the first year of its existence shall be thirteen.

IN WITNESS WHEREOF we have hereunto set our hands and seals on this 13th day of March, 1917.

JAMES PICKER
E. J. MORTON as to
ROBERT E. P. KREITER as to

ELIZABETH GREENER, R.N. (Seal)
LILLIAN CLAYTON, R.N. (Seal)
JANE A. DELANO (Seal)
GEORGIA NEVINS. (Seal)
CLARA D. NOYES. (Seal)
Article 1. Membership.
Section 1. Active members of the National League of Nursing Education may include:
   a. members of the preliminary organization.
   b. all past superintendents who were members while holding that position.
   c. all present superintendents and assistant superintendents of schools of nursing and hospitals.
   d. instructors, supervisors and headnurses in schools of nursing.
   e. members of state boards of nurse examiners and headworkers in various forms of social, educational and preventive nursing.

Sec. 2. Membership in the National League of Nursing Education shall consist of the members in good standing in the State League of Nursing Education belonging to it; and individual members from such States as have no State League and who qualify by:
   a. having graduated from a school of Nursing connected with a general hospital having a daily average of 30 patients or over, and a continuous training in the school of not less than two years; this training to include practical experience in caring for men, women and children together with theoretical and practical instruction in medical, surgical, obstetrical and children's nursing.
   b. being active members of their Alumnae Associations.
   c. being active members of the District or State Association belonging to the American Nurses' Association.
   d. being active members of the educational section or committee of the District or State Association belonging to the American Nurses' Association.
   e. they shall also qualify under Section 1 of these By-Laws.

Sec. 3. A State League of Nursing Education or an individual member desiring to join the National League of Nursing Education shall make application on a blank form furnished by the National League. The form, after being properly filled in, shall be sent, with the required dues, to the Headquarters Secretary. State Leagues shall send, with their application, a copy of their Constitution and By-Laws.

Sec. 4. An active member in good standing in any State League who changes her residence to another State may be admitted by transfer, sent by the Secretary of the State League she is leaving, to the Secretary of the State League to which she is going, entitling her to membership for the remainder of the fiscal year without further payment of dues.
Sec. 5. Any active member having withdrawn from the National League of Nursing Education, or whose membership has lapsed on account of non-payment of dues, may be re-instated by making application in regular form and by paying the regular annual dues.

Sec. 6. Honorary membership may be conferred by a unanimous vote of the voting body at the annual convention on persons who have rendered distinguished service or valuable assistance to the nursing profession, the name having been recommended by the Board of Directors. Honorary membership shall not be conferred on more than two persons at any convention.

Article II. Officers.

Section 1. The officers of the National League of Nursing Education shall consist of a President, First Vice-President, Second Vice-President, a General Secretary, Treasurer, and eight (8) Directors. These thirteen officers with the President of the American Nurses' Association and the President of the National Organization for Public Health Nursing, shall constitute a Board of Directors.

Article III. Duties of the Board of Directors.

Section 1. The Board of Directors shall:

a. Hold a business meeting immediately preceding and immediately following each convention and shall meet at other times at the call of the President or at the request of five (5) or more members of the Board.

b. Transact the general business of the League in the interim between annual conventions.

c. Report to the League at each annual convention the business transacted by it during the preceding year.

d. Provide for the proper care of all books and papers of the League.

e. Select a place of deposit for funds and provide for their investment.

f. Provide for the auditing of accounts.

g. Provide for the maintenance of National Headquarters and for the making of this office the center of all activity of the League in connection with the American Nurses' Association and the National Organization for Public Health Nursing.

h. Appoint all standing committees, not otherwise provided for.

i. Act upon applications for membership.

j. Decide upon the place and date of annual convention.

k. Determine the hours during which polls shall be open for election.

l. Supervise the affairs of the League, devise and mature measures for its growth and prosperity.

Article IV. The Duties of Officers.
Section 1. The President shall preside at all annual and special meet-
ings of the League or if absent, the Vice-presidents shall act in their order. The President shall preside at all meetings of the Board of Directors and Advisory Council and be a member, ex officio, of all committees. She shall prepare an address to be delivered at the opening session of the annual convention.

Sec. 2. The General Secretary shall:

a. Keep the minutes of the meetings of the Board of Directors and of the Advisory Council.

b. She shall preserve all papers, letters, and records of all transactions, to be placed before the officers before any of their meetings.

c. She shall present to the Board of Directors all applications for mem-

bership together with the recommendation of the Committee on Membership.

d. She shall have custody of the corporate seal.

e. She shall be responsible for the disbursement of all headquarters’ funds as assigned by the Board of Directors, and in this capacity shall be bonded.

f. She shall report to the Board of Directors at each annual convention or upon request.

g. She shall, upon retiring as General Secretary, deliver to the new General Secretary all books, papers, and reports of the League in her custody with a supplemental report covering all transactions from January 1st to the close of the annual convention, within one month.

Sec. 3. The Treasurer shall:

a. Collect, receive and have charge of all funds of the League, and shall deposit such funds in a bank designated by the Board of Directors.

b. She shall pay only such bills as have been ordered by the President.

c. She shall give a bond subject to the approval of the Board of Directors for the faithful performance of her duties.

d. Her account shall be audited annually by a certified public accountant approved by the Board of Directors.

e. She shall report to the Board of Directors the financial standing of the League at each annual convention and upon request.

f. Upon retiring as Treasurer, she shall deliver to the new Treasurer all papers, books, records, money of the League in her custody with a supple-

mental report covering all transactions from January 1st to the close of the annual convention, within one month.

Sec. 4. Necessary expenses incurred by officers or committees in the service of the League and fifty per cent of the necessary travelling expenses of the Directors in attending meetings of the League, may be refunded
from the general treasury by order of the Board of Directors, if previously approved by them.

Article V. Advisory Council.

Section 1. The officers of the National League and the Presidents of the State Leagues belonging to the National League, shall constitute an Advisory Council.

Sec. 2. The duties of the Advisory Council shall be to keep the National League informed of the progress of nursing in the states represented and perform such duties as the National League may desire.

Sec. 3. Meetings of the Advisory Council shall be held in connection with each annual convention, at such times as shall be designated in the program.

The members shall be prepared to report on the work in their respective state and local Leagues.

Article VI. Elections.

Section 1. The President, the first Vice-President, second Vice-President, general Secretary, and Treasurer shall be elected annually by ballot. There shall be 8 Directors elected at annual meetings in 1923, four of whom shall serve for one year and four for two years, and thereafter at each annual meeting four Directors shall be elected for two years.

Sec. 2. The Committee on Nominations shall consist of five members. Two shall be appointed by the Board of Directors and three from the floor. This committee shall nominate two persons for each office to be filled and shall make its report to the Board of Directors at its mid-year meeting.

The list of nominations shall be published in the next regular issue of the American Journal of Nursing; shall be posted on the Daily Bulletin Board on the first day of the annual convention. Additional nominations for any office may be made from the floor.

Sec. 3. The elections shall be by ballot. A majority vote of the active members present and voting shall constitute an election.

Sec. 4. The General Secretary shall furnish to the chairman of the tellers a list of officers, presidents of the State Leagues, and active members. The teller in charge of the register shall check the name of the member voting.

Sec. 5. The teller in charge of the ballot box shall place her initials upon the back of the ballot and the voter shall then deposit the ballot.

Sec. 6. Polls shall be open for such a period of time as shall be specified by the Board of Directors.

Sec. 7. Each officer shall hold office until the adjournment of the annual meeting at which her successor has been elected.
Sec. 8. In the event of a vacancy in any office, the president shall appoint a member to serve until her successor is elected.

Article VII. Representation.

Section 1. The voting body of the annual convention shall consist of the active members, whether dues paid directly to the National League of Nursing Education or through State Leagues.

Sec. 2. Before registering, the member must furnish a credential card signed by the President and Secretary of the National League showing that the annual dues have been paid.

Article VIII. Committees.

Section 1. Standing Committees shall be appointed by the Board of Directors unless otherwise provided for and shall be as follows:
 a. Committee on Finance.
b. Committee on Membership.
c. Committee on Program.
d. Committee on Publications.
e. Committee on Education.
f. Committee on University Affiliations.
g. Committee on Isabel Hampton Robb Fund.
h. Committee on International Affairs.

Sec. 2. The scope of work for these committees shall be directed by the Board of Directors.

Each Committee shall deliver a report of its activities at the annual convention.

Article IX. Meetings.

Section 1. A Convention of the National League of Nursing Education shall be held annually. In the even-numbered years it shall be held con- jointly with the Convention of the American Nurses’ Association; in the odd-numbered years it shall be held at such time and place as shall be determined by the Board of Directors and recommended to the League for its action, at the Convention next preceding.

Sec. 2. The order of business at each Annual Convention shall be in accordance with the program adopted at the beginning of the Convention and shall include:
 a. Annual Reports of all officers.
b. Annual Reports of all State Leagues of Nursing Education.
c. Annual Reports of all Standing Committees.
d. Address of the President.
e. Miscellaneous business.
f. Election of Officers.
g. Reading of the Minutes.
Article X. Dues.
Section 1. The annual dues from each State League of Nursing Education shall be $3.00 per capita on the basis of membership January first of each year, except that for the first year, when dues shall be paid at the time of application.
Sec. 2. The annual dues for members coming directly into the National League of Nursing Education shall be $5.00, the same to accompany the application.
Sec. 3. Any State League or individual member failing to pay the annual dues by the first day of April shall receive a notice from the General Secretary and if the dues are not paid within three months they shall have forfeited all privileges of membership.
Sec. 4. State Leagues and individual members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

Article XI. Quorum.
Section 1. A quorum of the Board of Directors shall be seven (7) members.
Sec. 2. A quorum of the Advisory Council shall be ten (10) members, other than the officers.
Sec. 3. Members from fifteen (15) states shall constitute a quorum for the transaction of business at any annual convention.

Article XII. Fiscal Year.
The fiscal year of this association shall be the calendar year.

Article XIII. Application of the term “State League.”
The term “State League” in these by-laws shall be understood to apply equally to any state of the United States of America, to the District of Columbia, or to any territory, possession or dependency of the United States of America, and the rights and privileges, responsibilities and obligations of all members in the states, the District of Columbia, the territories, possessions or dependencies shall be the same. (See Art. XIV, By-Laws, A. N. A.)

Article XIV. Duties of State Leagues.
It shall be the duty of each State League:
Section 1. To send to the President and General Secretary of the National League of Nursing Education, the names and addresses of all officers, immediately after their election or appointment.
Sec. 2. To confer with the Committee on Revision before adopting any proposed amendment to their Constitution or By-Laws and to send a copy of the Constitution or By-Laws, so adopted, to the General Secretary.
Sec. 3. To report the activities of the State League at the annual convention, and at such other times as may be required.
Sec. 4. To send their members, properly certified, to each annual convention.
Sec. 5. To send the president of the state league to the annual convention as a member of the Advisory Council.
Sec. 6. To know that all members proposed for membership in the State League meet the requirements of the National League.
Sec. 7. To know that the dues are paid by the first day of April of each year, on the basis of membership the first day of January of each year.

Article XV. Official Organ.
The American Journal of Nursing shall be the official organ of the National League of Nursing Education.

Article XVI. Parliamentary Authority.
Deliberations of all meetings of the National League shall be governed by "Parliamentary Usage for Women's Clubs" by Mrs. Emma A. Fox.

Article XVII. Amendments.
Section 1. These By-Laws may be amended at any annual convention by a two-thirds vote of the active members present and voting. All proposed amendments shall be in the possession of the General Secretary at least two months before the date of the annual convention and be appended to the call of the meeting.
Sec. 2. These by-laws may be amended at any annual convention, by the unanimous vote of the active members present and voting, without previous notice.

MARY C. WHEELER,
Chairman.

Before discussing the report of the Committee on Revision of the Constitution and By-Laws, on motion of Miss Hilliard, seconded and carried, it was decided that the report as read be printed and sent to every member including the honorary, individual, life and state members for study with a view to coming prepared at the next annual meeting to discuss it authoritatively and wisely as no one was prepared or authorized to do at this time. Mrs. Clarke asked that definite suggestions be made to the Revision Committee in time to work over the amendments and have them in condition for discussion at the next meeting.

On motion of Miss Van de Vrede, seconded and carried, it was decided to ask for an expression of opinion and definite suggestions from each member as to the proposed revision suggestions from each member as to the proposed revision. These suggestions to be sent in before December first.
Note: Members are requested to make a careful study of the report as printed and send suggestions to Miss Mary Wheeler, Illinois Training School for Nurses, Chicago, Ill., before December first.

Wednesday Evening Session

THE BANQUET

Miss Annie W. Goodrich, toastmistress.

Miss Logan in introducing the toastmistress said: "This is a very proud moment for nursing education in America, a very wonderful happy year. Our schools of nursing are celebrating their jubilee. Our organization, the National League of Nursing Education, is celebrating its thirtieth anniversary. We have with us tonight honored guests, and mine is a very great privilege and this is the proudest moment of my professional life. I have the honor of introducing the toastmistress of the evening, whom we all love, Miss Goodrich."

Amidst a burst of applause, Miss Goodrich arose and stood at her place in the center of the long table reserved for the honored guests of the evening our leaders in nursing education and the officers of the association, and as we gazed upon her and those to her right and left, we suddenly caught a "glimpse of the high spaces," and our hearts thrilled with pride as we realized that even the youngest and most obscure among us had a personal relationship to her and to those distinguished women, our pioneer nursing leaders and quiet and calm fell upon the group as Miss Goodrich commenced to speak, as only she can on such an occasion.

"Madam President and distinguished fellow members of the whole organization: It is my privilege and honor to preside as Toastmistress at this dinner and I wish that I could gather all the wit that I know has been flowing so easily at the different tables to bring it forth here as I try to adequately present to you this group of renowned nurse educators and speakers.

"That this is a new era in nursing education we have heard stated a number of times recently. But surely it is a time which must thrill us all. No one could have been at that great meeting in Bellevue a few weeks ago, which celebrated the fiftieth anniversary of the training schools of this country, without being tremendously impressed with the host of nurses which has arisen, (of which the great group in Carnegie Hall was merely the symbol) in these comparatively few past years—as a result of the thought, I must say—mainly of women. Of the work of this organization and the women who brought it forth we can now realize the half will never be told, and
even in our imaginations I am sure we will find it difficult to reproduce them.

Miss Goodrich then turned to her right and said: "Tonight we have sitting with us one who is a great inspiration, a woman who will be renowned throughout all time, the first graduate nurse in the United States, our dear Miss Richards who is going to say a few words of greeting to us. We cannot tell to her the splendid work she has accomplished, but I am sure that there are no students going out today who have had a course in the history of nursing who do not know about Miss Richards. We find her photograph hanging on the wall in almost every school and we shall always connect her name with not only the general hospitals but with the mental hospitals as a woman pioneer in one of the most difficult and demanding spheres. We picture her as going to far-off Japan before we had realized what part of American nursing work was to be done there. So it is a great pleasure to ask Miss Richards for a few words tonight."

Miss Linda Richards: "I did not expect to make a speech, but may I say that I feel very insignificant in receiving all this praise, which to me does not seem right. When I look forward and see the work that is accomplished by the nurses today and look backward on my own little beginning, the very small part of the work I have been able to do, I feel as though the praise should not be mine, but should be for the workers of today. I appreciate all you say and I am very, very happy to meet you and thank you for the kind words and kind thoughts."

To say the group of 400 nurses were thrilled and inspired does not adequately express their emotions as they arose, a small proportion of the vast throng of nurses now scattered all over the world, to pay tribute to the first graduate nurse in our country.

When the applause had subsided Miss Goodrich said: "It is a good thing to work with people and a good thing to work for people, but the best of all things is to work through people. And Miss Richards and Miss Drown, and all the women who planned so well our profession, are living through all other nurses who follow. And I am thankful to say we can feel, every one of us, that the greatest privilege we have is that we are living through our fellow workers who have been perhaps our students, and certainly our patients, if we have interpreted rightly the message of our predecessors."

Miss Goodrich then asked Miss Hall to read a letter from Miss M. E. P. Davis, whom she described as a pioneer in nursing education in the development of nursing laws and the nursing organizations and in the development with Miss Palmer of the American Journal of Nursing.
My Dear Miss Hall:

I fully appreciate the kind invitation of the Massachusetts State Association to be their guest at the coming Convention of the National League of Nursing Education, to be held in Swampscott, Mass., June, 1923. I would gladly accept the honor if it were within bounds of possibility, which from the slow and uncertain progress I am making towards normal I know is not be considered.

I have not been to ride (not from lack of opportunity and urging) and I have walked out two or three times round the block. I have to lie down during the day and I retire between 6 and 7 p.m.

My ears buzz yet and my eyes are not as keen as usual, but perhaps could be improved if my glasses were properly adjusted; and similarly my friends think that the tout ensemble might be improved by proper adjustment. Possibly they are right, but as Saint Paul said, "How to perform I know not."

I send my best wishes to the old comrades who will be there and tell how the society was formed and how many are left to tell the tale, and to the late members who have so vigorously overcome obstacles which seemed almost insurmountable and who still see difficulties, my message is "The cause is just," and if continued along the lines as heretofore of self-immolation and loving service must result in victory.

Again thanking the M.S.N.A. and voicing my regrets anew, I am,

Very truly yours,

M. E. P. Davis.

In introducing Miss Drown, another guest of the evening Miss Goodrich said: "I do not know of any better way to introduce Miss Drown, who needs no introduction, than by a little statement of Miss Richards in her reminiscences. 'I feel,' she said, 'it is a great privilege to be followed by Miss Drown, who was said by one of the leaders in medicine to be one of the saints of the earth.' I would like to introduce Miss Drown to say a few words to us this evening."

Miss Drown: "I still seem to be one of the links between the distant past and the present. In accepting this invitation my mind has gone back many times to that coterie of women, profound earnest women, who met together so many years ago to consider the problems that are so familiar to you. They came so fast that we hardly knew which one to choose first. The proper admission qualifications for the candidates and for the training schools, the length of the course, the curriculum of study, the better character of the nurses, the better preparation of the teachers—all these and many more had to be met as best we could. And as I look back on all the pictures on memory's walls there come before me some of the faces that I wish could assemble here tonight and see you all gathered together. First of all we would recall the noble presence of Miss Hampton, her gracious lineaments, her wise vision, her plans for the future. Then would come perhaps Miss Darche, with her kind intellectual mind, her arrange-
ment of all that needed to be cared for, and her friend and companion and assistant worker, Miss Kimber; Miss Dock with her great originality and energy of purpose, never tiring; Miss McIsaac, whose calm deliberation led us and helped us; Miss Palmer, whose wise thought protected and advanced all the interests of nursing, especially in her journalistic work. And I would like to go on and name those dear names and have you see some of them as I and others see them.

"Years have gone; the little company has gone; the nurses have come up from North and South, the East and the West; and progress thus has become manifest; and as years go on we begin to look to you for leaders to a higher sphere."

Again an inspiration came upon us as we listened to Miss Drown and we wondered what the next thirty years would develop.

In introducing Miss Maxwell, Miss Goodrich said in her inimitable way, "Miss Maxwell always puts me in a poetic mood and the rhyme which comes to my mind at the moment is quite brief: 'Miss Maxwell, whom we all adore, was there ever a time she could not hold the floor?'"

In the laughter which followed, we were brought back to earth, and to prove that Miss Goodrich was justified in claiming adoration for Miss Maxwell, the assembly arose, and gave her a most vigorous applause and welcome, as she stood before us with her dignified and stately presence.

Miss Maxwell: "If I have had success in my task, it has been due to Miss Richards, who trained me in the early ways to bright living and briskness, for you know in those days, as I remember it, we had fifty nurses for six hundred patients. But though difficult we felt that we learned from Miss Richards' standards more than we could ever impart to our future students. She gave us an inspiration; she showed us how in every possible way to care for the sick and I think in the most splendid way that could be taught, that was by doing everything for ourselves."

Miss Maxwell paid tribute to Misses Drown, Eva Allerton, Pauline Dolliver, Palmer, and Davis, for their contribution to Nursing Education, and their efforts in securing early registration laws.

In introducing Miss Riddle Miss Goodrich said: "If there is one person above another for whom I have a profound affection it is Miss Riddle. I knew Miss Riddle to do one of the finest things that I think I ever saw done in my nursing experience, when she a woman for years prominent in the nursing profession went down to Camp Devens during the war and started a community of students under conditions which you do not, I believe many of you, really realize could have existed in this twentieth century at any time. No one ever heard Miss Riddle say very much about
it, but I know upon the success of that community and the first few communities, hung the life of the problem and the method of meeting the war situation which was open to much discussion, criticism, and controversy at the time. And I want to say that I think if anyone in the United States should have had a distinguished service medal it was Miss Riddle. And I know also if there is one person in the United States who would never have thought about a distinguished service medal it is Miss Riddle."

The audience proved to Miss Riddle that they agreed with Miss Goodrich by the ovation extended to her, and in her modest but telling way she said:

"I am asked to say something about the worth-whileness of this work of ours. I am asked also to tell why we are here and I would say a great many of us are here as the result of wise publicity.

"About the year 1885 there appeared in one of the public magazines of the day a sketch of this new profession with a picture of Miss Hampton, and it certainly had more of an influence in bringing the nurses to the hospital than any other one thing that happened at that time. I wish you could have seen Miss Hampton in that picture. You would realize why so many of us were attracted and why we responded to it. She was there with a view of that beautiful personality of hers, her wonderful smile was there, everything was there but the voice. That we did not have. I claim that that was the first effort at publicity. We after that merged into a period of dissolution, and you know the results. We are now coming back, returning to our efforts at publicity, to know and be known.

"As to the compensations, the worth-whileness of this work of ours; we all believe in compensation. We believe that every effect has had a cause. We believe that the end justifies the means usually, and indeed not only does it justify the means but it exists in the means. We believe that as we sow we shall reap. We believe that we pay for what we get. And we therefore believe that the nurses who give themselves to the care of their sick receive their reward or compensation.

"Good mothers do not tire of their work. They may become weary and worn in it, but never of it—why? Because their hearts are in it; they are faithful to an ideal and they have their compensation.

"If well directed experiences may prove a great force of character building, and the day will arrive when they will be so considered. Might not such experiences be a compensation for the very young nurse who gives her youth for the sick? It is all in her own hands. She can have it if she will, and she should be so instructed. She will have such returns as she made investment for."
"For to very man there openeth
A high way and a low;
And the high souls climb the high way
And the low souls grope the low;
While in between, on misty flats,
The rest drift to and fro.
But to every man there openeth
A high way and a low;
And every man decideth
The way his soul shall go."

Miss Goodrich then introduced Miss Nutting and in doing so said: "We know there is no one in the room who can so fittingly speak at this moment, when at last we are facing the period when education recognizes that the very best she has should be offered to the future generations who are entering the nursing profession. I might say that there is no one who can be said to have done more to unite that splendid first practical experience with the educational thought, and who has planned for the administration of the newer and better type of education, and no one can better present this new era that we are entering upon, than Miss Nutting. Miss Nutting, has brought together theory and practice, she has brought together our three groups, the educational leaders, public health nursing, and the student nurses, who are just preparing for the field. She has also been instrumental in projecting through her far-reaching vision, that central office in New York where every week we are finding a closer association of the three organizations, which will inevitably lead to greater efficiency in every field."

The affection in which Miss Nutting is held in the hearts of the nurses was demonstrated by the reception she was given and the eager way in which they listened to what she had to say, as if they all expected a message from her, a way of solution out of their difficulties. For many years she has represented the source of knowledge, and pointed the way in nursing education.

Miss Nutting: "Madam Chairman, Miss Richards, Miss Drown and friends: Let me say that that precious copy of the Century in which the story of the new profession of nursing is told, with the picture of Isabel Hampton drawn by an artist, in a nicely looped overskirt, pouring out medicine, is in the library at Teachers' College, one of our treasures, and anybody can see it who goes there.

"May I say something further in response to our Chairman's introduction? I am not going to talk about education or about headquarters or about bringing the nursing profession closer together, but I am going to wander on a little bit and reminisce, if you will permit me to do so.
"I perceive tonight that I am quite the oldest member present. I knew Miss Drown before she was a trained nurse."

Miss Nutting then told about meeting Miss Drown when she was a very young woman at the home of a relative and the introduction she had to her was, "You know Miss Drown is my Conscience." Fifteen years later when she met Miss Drown again, she was herself a young Superintendent in the Johns Hopkins School of Nursing.

Speaking further Miss Nutting said: "I can quite understand why our dear friend spoke of her as one of the saints, thought of her as some one who really belonged to the order from which we all descended, for she really has the qualities that drew women into the sisterhood of the past, and I have always thought of her with a certain thrill. Miss Drown is a conscience, an incentive, a person who gave opinions with very calm and deliberate judgment; a person with entire ability to shape her own opinions, but yet cheerfully subordinated them her judgments and her life to the scheme in which she found herself.

"My first memory of Miss Richards is the first meeting of this association that I attended, Miss Richards was the President; and the first address I ever heard given by a President was Miss Richards' address. And as she told the story of hours of duty, I listened in open eyed admiration for I was a very young and exceedingly ignorant superintendent, and these women had made good and had accomplished something. I looked with reverence upon them; Miss Richards and Miss Drown and our Isabel Hampton, Miss Dock, Miss Darche, and Miss Kimmer, this group of commanding women I will never forget how it impressed me.

"I listened to Miss Richards, in a perfectly calm perfectly philosophical way tell of the things that had been done and I realized with profoundest conviction what women we had in nursing. It is useless to say that people do not reveal themselves for they do in almost every word and act of their lives.

"Miss Richards is another New England type, and New England has produced the most daring pioneers and adventurers. Miss Richards was never a cloistered soul; she wanted to learn something more and more, and for this reason she worked and studied in England. Later she went to Japan; and worked and taught and left traces behind her which are still there today. I consider Miss Richards the forerunner of the International Organization of Nurses. She was our first international nurse."

Miss Nutting then told a story which she had recently heard of an eminent psychologist who was lecturing to a class and in the midst of his lecture threw in this question to a young man, who evidently was a pre-
occupied person not given to thinking. Mr. J——, what do you think of the freedom of the will? The unfortunate young man stammered, "It is all right." Miss Nutting then turned to Miss Richards and Miss Drown, and said: "Miss Richards and Miss Drown, in memory of all you have done for nursing and all your toil and all your labor, I believe we dare assure you that the profession you loved and worked for is all right."

In introducing the next speaker, Miss Keith, Miss Goodrich paid a compliment to her adaptability by remarking that even though a New Englander she could always find a happy and satisfactory way out of a difficult situation.

Miss Keith then arose and paid tribute to Miss Maxwell, Miss Allerton, Miss Davis, Miss Richards, Miss Drown, Miss Riddle, Miss Palmer, and Miss Dolliver, and in a most interesting and oft times amusing way described conditions and incidents associated with their acquaintance.

In welcoming Miss Hay back to her place in this country, Miss Goodrich remarked: "Miss Hay is one of the noblest women I know, and we are glad to welcome her back. She holds a very large place in many hearts."

Miss Hay: "When Miss Hall asked me if I would say a word I said yes without any question, because it seemed to me it was my opportunity and great privilege to be asked to say a word, when Miss Richards was an honored guest, for Miss Richards made a service to me that perhaps some of you timid souls will appreciate if I tell you about it."

"Away back in 1901 I attended my first big nurses' meeting. It was the International at Buffalo.

"Well, there was a chip on this shoulder and there was a chip on that shoulder and it seemed to me that the middle west needed a speaker at the moment, and so, young and inexperienced as I was, I found myself making a motion for somebody or something that was supposed to strengthen the interest of the west; and by the time this was out of my mouth I wondered if I would be thrown bodily out of the window or asked in a cool and frigid tone to remove myself from the aisle. And what do you think happened? Nothing less than that Miss Richards rose to the floor and seconded my motion.

"When I went later to Japan I heard from Miss Richards' old pupils of the work she had done there; and I can think of no more happy realization, no more happy memories, than the fact that Miss Richards has away over in that country, though she did not stay there a long time, pupils and friends who will venerate and respect her as long as life is left to her. Her influence was tremendous for the time she was there and she has the greatest affection on the part of everyone who knew her, Americans and Japanese alike."
“And then, besides greeting Miss Richards and Miss Drown—I am glad to speak of the appreciation I have in my heart this minute for being here once more. I represent—I cannot say a refugee, but I represent one of those European wanderers that you hear so much about, who has been starving for a good long time for just such things as this convention gives to you. I am like a Grecian refugee at the Thanksgiving table, and I can assure you, though I may look in these meetings at times somewhat vacant, I am enjoying them just the same.”

Miss Goodrich announced: “We have the last speaker. She is what you might call a recent arrival. She seems rather young to some of us, but she is going to tell us about the result of all this work which has been done by these splendid predecessors.”

Miss Johnson replied: “This is the first time I ever knew Miss Goodrich to get mixed. I am not going to tell you that at all, but simply to say, representing the younger group of superintendents of schools, that we are proud of our ancestors. Surely we have been educated two years before we were born, and some one says that is when our education should have been begun. We feel very keenly our responsibilities for families, and we hope that we will never be, such of us as we are, the last remnants of a fine family. Instead we hope that it may be said that we are normal children, that we learned to creep before we walked, and we kept our feet on the ground, although we hitched our wagons sometimes to the stars. We hope that we shall inherit something of the devotion and something of the spirit of sacrifice that our ancestors had. We hope that we are the same kind as our ancestors; and if we are of the same kind as our ancestors we hope that we will reproduce our kind.”

_Thursday Morning Session_

Carrie M. Hall, R. N., presided.

HOW CERTAIN DIFFICULTIES IN THE APPRENTICESHIP SYSTEM ARE MET IN PUBLIC HEALTH NURSING COURSES

_By Marion Rice, R.N._

_Boston, Massachusetts_

It is illuminating to those of us who have come into educational work in public health nursing after experience in hospitals, to see how often the problems we meet are fundamentally similar to those existing in training schools. Some of these problems and the solutions we have found may
perhaps be interesting to those who are struggling with the same difficulties in undergraduate education. The fact that stands out is that in the development of public health nursing the apprenticeship system has been abolished.

Like many others, I had always supposed that public health nursing was on the crest of the wave, that it had had nothing to contend with, that it had been swept to its present position through no effort of its own, and that it could get anything it wanted without undue effort, especially money. This is not so. Public health nursing has worked hard for all that it has. Particularly is this true of training courses in public health nursing, which in almost all cases have been under every kind of difficulty, especially in regard to money and personnel.

But wherever public health nursing courses have been able to secure both money and personnel, it has been possible to work out a method of training which has been more satisfactory than it could possibly have been if it had labored under the disadvantage of the apprenticeship system. Public health nursing education, it should be remembered, is an example of a form of nurse training which does not depend on the apprenticeship system. The question which arises is whether certain methods which have been found possible here, may not be applied advantageously to the problems of undergraduate education in hospitals.

The training of public health nurses started in more or less the same way that the first training of nurses began, with practical work. Nurses who wished to know how visiting nursing was done, went to a district nursing association for “experience” and stayed from a day to a year. To systematize this haphazard work of instruction in 1906 the old Instructive District Nursing Association in Boston started the first course for public health nurses. This was a great step in advance. However, the course was carried on as far as possible after the hospital method. The students had to live at the Central House of the District Nursing Association, just because they had been obliged to live in nurses’ homes at the hospitals. When they came in from the district they were obliged to change from their blue uniforms to white and put on white caps, because they wore them in the hospitals. Moreover, the students, although graduate nurses, were required to go up and down the narrow back stairs of the Central House while the Board of Managers and the Directors of Nurses used the front stairs.

In those days students might enter the course at any time and were paid for their work, thus following the usual hospital tradition of the time. They did all the nursing in a certain district just as the staff nurses carried
on the work in other districts. The instruction given them was limited and irregular. Senior pupil nurses from hospitals were also sent for what experience they could get. They were there to do the work and learn what they could from it, but were given no properly organized instruction. Needless to say there was no time nor chance to learn real community health work. Such a method like all apprenticeship systems was unjust to the pupils.

While the older courses began in this manner under executive nursing organizations just as the training schools started under hospitals, they did not remain so. Today all courses are conducted by educational institutions. There are several reasons for this change. Nurses are more than a generation further on. Their past experience with the training school and its hospital connection has not satisfied them. An even more potent factor has been their demand when they again became students for more and better instruction such as colleges or universities alone could give.

Courses in public health nursing necessarily include theoretical and practical work. Both are essential. It is idle to discuss which is more important since neither is complete without the other. The final test, however, of all her training is the way the nurse actually functions in the home, the impression she makes, what she accomplishes, the spirit and understanding with which she works. Thus it would be as disastrous in our plan of education to neglect the work in the practice field, as it would be for the training school to put up with inadequate teaching in the hospital wards. The importance of employing the best method of instruction in the practice field cannot be overestimated.

Courses in public health nursing usually secure practical work for their students by making arrangements with executive organizations. For instance, our School of Public Health Nursing in Boston sends its students for part of their field work to the Community Health Association and the School pays this Association for the practical teaching given by supervisors. The organization of these large visiting nursing associations in some ways is not unlike that of the nursing service of a hospital. The city is divided into districts in somewhat the same way the hospital is divided into wards. The supervisor of each district with her staff of from four to twelve or more nurses corresponds in a sense to the head nurse of a ward and the nurses under her. The director of the association and her various assistants correspond to the superintendent of the training school and her assistants. But there is this essential difference: the hospital depends on the pupil nurses to carry on its work while the public health nursing associa-
tion depends on a staff of paid graduate nurses, the students in that association being extra workers, there primarily for their educational needs and not for service to the organization.

At the present time here in Boston in the School of Public Health Nursing students are sent to different districts of the Community Health Association, the number assigned to each supervisor varying from one to four. I do not wish to convey the idea that we send students to every supervisor, for in some cases the geographical situation of her district, or the character of the work, make this inadvisable. Furthermore, we do not assign students to supervisors, however good executives they may be in whom the desire and a certain amount of ability to teach cannot be developed. Wherever there are students, they and the paid members of the staff work side by side. Through this arrangement it is possible for each student to carry a carefully selected group of cases illustrating different social as well as health problems. She can have sufficient supervision and she has the benefit of associating with the regular workers. Moreover, the staff benefits from association with the students who bring fresh points of view and inquiring minds to the work. Not only is there no friction between the two groups, but the interest displayed by the staff nurses in helping students is tremendous. More than one supervisor has said to me, "I should hate to feel I could not have students; they keep us all awake and anxious not to fall below the best standards of work."

This successful mingling of students and graduates is illuminating, since many hospitals are introducing a paid staff and will probably have to do so more extensively in the future. At least some of this staff must be graduate nurses. Many hospital executives say that a paid staff of graduate nurses is not satisfactory because graduates will not work under supervision of head nurses. Nevertheless it is a fact that all over the country graduates are working under direction in public health nursing associations. They not only accept but welcome supervision, and work well under nurses who may be even younger than themselves both in years and experience, if they recognize the ability of those persons to teach and direct. It seems hard to believe that graduate nurses essentially change their natures when they go into public health nursing. If they work so well under direction on public health nursing staffs, we do not see why they cannot do the same in hospitals.

We have had experience in the past with a district entirely carried by students, a supervisor and assistants. While there were certain advantages, they have not seemed to us enough to continue this plan. Here is a close parallel to a ward entirely staffed by pupils. One disadvantage was that
the number of students entering in different classes was irregular; sometimes there were not enough, especially when work was heavy. Because of this there was inevitably a tendency to admit less desirable applicants to keep up the number of workers needed. The cases carried by each student could not be carefully selected so that she might get the best experience in a limited time. Moreover, the students did not have the advantage of working with expert staff nurses, and while they had a certain esprit de corps as students, they did not come in contact with the splendid morale found among the graduate nurses on the staff. It was hard to manage the work since all the students attended the same classes, and it was impossible to release them for outside lectures, however great their value. For example, when a three day school nursing institute came last year which we considered an extraordinary opportunity, we arranged for all the students to attend. It would have been impossible to do so if we had been dependent on them to carry all the regular work in even one district of the city. Under the present plan the fluctuating number of students does not make as much difficulty for the Association as it did when they staffed a whole district. Although the students are not depended on for their work, they do nevertheless carry responsibility. If they did not, the work would lose its reality and they would have no chance to develop into practical, efficient workers. Such work with responsibility must be interrupted as little as possible. In our experience, field work broken too much by classes, observation and other activities fails to develop the kind of worker we want to employ subsequently. We therefore advocate blocks of field work with only enough class work to illuminate it, and other blocks devoted to theoretical work.

If it were true, as is often said, that the practical work in hospitals and public health nursing courses is like laboratory work in college, the need for approximately continuous work in the practice field would not be essential. However, in a laboratory one has controlled conditions; a stage set for certain experiments which will turn out in a certain manner; a definite plan of instruction which can be carried out to the letter. Nothing is less like this than hospitals and homes where we must take what comes along; where conditions are never the same and cannot be controlled. The only thing to say is that the practical work in public health nursing and in social work is a new field of teaching where procedures, standards and technique need much study in order to build up the most efficient method of instruction. Although the plan of instruction in training nurses has something in common with the project method and laboratory work, the resemblance must not be carried too far.
The instructor on the faculty of the Public Health Nursing School who is responsible for student’s field work must, we feel from our experience, function through the supervisors. Even if we wished the instruction to be given by special teaching supervisors who were not in charge of districts, it would be impossible to give the same sort of individual instruction that we do by our present method unless we had a teaching staff so large that the expense would be prohibitive. For it almost always happens that students in different parts of the city are carrying cases in regard to which they must have detailed instruction at once if they are to profit by their opportunities. The supervisor who is in touch constantly with her cases and the resources of her district is the only one who can give effective instruction at the moment when it is most needed.

It is clearly one of the most important duties of the instructor to develop in the supervisors of the districts to which students are sent an interest in teaching and some understanding of teaching methods. This is one of her primary duties and is not less important than outlining the content of the work and the necessary norms to test achievement. Does not this suggest that in the training schools the teaching supervisor, that much talked of but as yet somewhat undefined person, should function through the head nurses? From our own experience, it hardly seems possible that in a large training school a teaching supervisor could give all the ward instruction necessary. One objection that is often raised to placing responsibility for ward instruction on head nurses is the impossibility of finding a sufficient number who are capable of teaching. Might it not be possible that with added interest coming from responsibility for the instruction of the pupils, more of those nurses who now go into other lines of work might prefer to remain in the hospitals? The teaching head nurse would of course require additional help with her executive work just as the supervisor in a public health nursing district who is in charge of students must have sufficient assistants.

These subjects which I have touched on the abolishing of the apprenticeship system, the direction of courses by colleges or universities, the arrangement with executive organizations for the practical work and the importance of the instruction in this field, the function of the teaching supervisor, all these seem to me of outstanding interest in considering the problems which both the training school and the public health nursing courses have to meet. I wish I had time to discuss others of hardly less interest, such as correlation of theoretical and practical work, problems of so-called discipline, the housing of students and supervision of their health. However, in almost all of these problems the fact stands out that a satisfactory solution is possible in schools such as ours where students are not depended on for their
work. If the defects of the apprenticeship system can be removed in public health nursing courses, why, if money and personnel are forthcoming, cannot the same eventually be done in hospital training schools?

It is on the whole gratifying to feel that there are so many similarities between the problems of the training school and public health nursing education, since they emphasize the unity which we like to feel not only in education but in all forms of nursing work.

Discussion

The discussion following Miss Rice's paper brought out the idea that real public health work included teaching as well as actual bedside nursing and nurses must be trained in methods of imparting the knowledge they themselves have acquired to successfully fill the need in the homes. In other words, to be a successful public health nurse, one must be a teacher of health, as well as a doer of procedures. Some discussion followed relative to the desirability of having student nurses and graduate nurses working together on regular floor duty.

Some instances were cited of difficulty due to the lack of responsibility on the part of many graduate nurses on floor duty, as to the standards they set for the student nurses.

Miss Kimmick spoke in support of the graduate nurse on general duty, remarking that good general duty nurses could be obtained if conditions were made reasonably satisfactory as to hours, salary, living conditions, and status. She spoke in support of a regular eight-hour day and nurses living in their own homes or rooms apart from the hospital with no responsibilities when off duty. Miss McMillan described an experiment of similar nature where graduate nurses are engaged in the private pavilion for night duty. One nurse comes on from 2 to 11 and the other from 11 to 7. They are paid $125.00 per month and may have either their meals or their laundry provided in the hospital.

Each has one meal in any circumstances in the hospital. All have rooms outside. Miss McMillan described the arrangement as most satisfactory both from the point of view of the graduate service and the relationship to the school as it provides a graduate nurse on duty for the full twenty-four hours.

Miss Nutting summarized the discussion by saying the system of paying for the hospital nursing service was the root of the whole matter. Hospitals must learn at once that the nursing cannot be done by the student body alone and that adequate compensation and desirable conditions must be provided in our hospitals to encourage a desire on the part of the right type
of graduate nurse to participate in this field and thus make it a stable and satisfactory one. She said if it can be done with ease in our Visiting Nursing Services where the graduate nurse does actual nursing and the nurses in that work are happy and contented, so it can also be done in the hospital, if conditions are made as acceptable.

DEVELOPING THE TEACHING MATERIAL IN THE OUT-PATIENT DEPARTMENT

BY MARY B. HULSIZER, R.N.

Columbia University, New York

Before taking up the question of how we may begin to utilize the resources of our out-patient departments to forward the education of the nurse, I shall endeavor to outline the general and fundamental policies which should guide us in our effort to reconstruct the so-called dispensary training. Though these policies relate to a more or less ideal situation and cannot be put into operation at once, in passing through any transition period we need to set them up and to follow them as we build.

Every nurse while in training should gain an understanding and knowledge of disease and injury, sickness prevention and public health promotion.

The hospital because of its very nature emphasizes the care of disease and injury. As illness prevention and health promotion are of equal, if not greater importance, to the community, they too should receive studious attention. The dispensary or its equivalent which every community needs, affords one of the most valuable opportunities for disseminating the knowledge of prevention of illness and promotion of health. Training in the out-patient department as well as in the hospital itself, then, should be a regular part of the education of all nurses regardless of their future professional specialty, if they are to fill the important place in the commonwealth that is open to them and which the health of the community demands.

That the training of the nurse may be of real educational and therefore lasting value, every effort should be made to interpret it in terms of concrete experience. Only when the hospital and dispensary training, both practical and theoretical, are correlated to such an extent that it is possible for the student nurse to follow an illness through its cycle from incipiency to convalescence and complete return to health will it be of the greatest educational value. Though we do not consider maternity as an illness, the following example will illustrate my meaning. In a large municipal hospital, to take but a single instance, the head nurse of the Maternity Department is also in charge of the prenatal and postnatal clinics. The student nurses
on duty in that department receive their training in the dispensary at the same time. By this means provided the theoretical work is concurrent with this practical training the nurse would receive a complete picture of the care necessary for the mother and infant. The dispensary service to the patient when related to the ward service and both interpreted in the light of good theory in obstetrics, increases the interest of the worker a thousand fold and helps her to give more intelligent and better service to the patient and thereby to the community.

The training in the dispensary, therefore, cannot be given adequately at any one period, but must be interwoven with the hospital experience from the time the nurse enters the school until she finishes the prescribed course. Such an experience cycle would help to interest the nurse more wholeheartedly and intelligently in her patients well-being, in the relation of his condition to the welfare of his family and to the community health and also in the general plan of co-operation in the hospital. The actual time in this scheme that the nurse will spend in the dispensary will be determined by the kinds of experience and knowledge she is to gain there and not primarily by the amount of routine work essential to the smooth running of the clinics regardless of how important this may be. A staff of workers will be required to carry on the greater part of the routine administrative and other duties so that the student nurse may be instructed in those conditions essential to her training found in the out-patient department.

It will be necessary to have an instructor, well prepared, free to study, analyze and direct this educational program. The number of specialists needed to supervise this work will be determined by the number of students and the size of the disease problem—physical, mental and social.

The main task for those of us who are interested in this problem, it seems to me, is to decide upon what we can and are going to do in our endeavor to have the training for the nurse in our schools meet the demands of the community today. These needs are primarily a hospital problem and one with which the student nurse should become thoroughly familiar if she is to have a comprehensive viewpoint and a broad understanding of her profession. The very basis upon which our whole health and illness problem rests, should be included in the education of the nurse while she is in training.

Our next undertaking would be a carefully planned and detailed survey of at least one unit of service; such as, for example, in pediatrics, one of the communicable diseases or malnutrition; in medicine, diabetes, malaria or pneumonia; in obstetrics, prenatal and postnatal care or normal delivery and instruction in the care of the normal baby. A survey of this kind would involve studying and analyzing the nature of the work of the physician, the
nurse, the social worker, the volunteer assistant, the attendants, maids and orderlies, whether the service is rendered to the patients in the hospital, the dispensary or the home. Such a study will necessitate years of labor and perseverance and should be begun and persisted in faithfully by as many nursing educators and other interested co-workers as there are in this country in order that nursing may continually rise to meet the new demands of a changing social order. From this organized information may be selected the kinds of training, amount of knowledge and varieties of experience a student should have before she can be adequately prepared to become the nurse we firmly believe she should be. With this knowledge systematically organized a closer and more intelligent correlation of theory and practice in ward and clinic training and class teaching might be effected.

Many educators in the nursing profession have been working on this difficult problem of closer correlation of theory and practice for many years and, in some instances, with more or less success. That we all might benefit by the successful experiences of those educators working along these lines in the hospital, would it not be possible to assemble much valuable data by sending a carefully worked out questionnaire to them?

At the same time the major and minor objectives relative to the training of the nurse should be formulated in the case of every service in which a nurse is to receive training. What, for instance, is the nurse to gain in Pediatrics? The major aims would include (1) thorough understanding of children, (2) experience in their care, (3) the treatment, cure and prevention of children's diseases. Not all of these may be obtained in the dispensary alone, nor even in the hospital, but only through that broader training which plans for the nurse to study the family and community aspects of childhood as well can she gain a picture of the "whole" child and its environment. This does not mean, let me hasten to add, that the student should go out into the community to nurse, though it does imply that with the home and community problems she must be made familiar. The student may be assigned for a part of this education to the social service department where she may become acquainted with the social field related to childhood in terms of certain definite experiences with which she comes in contact in her training in the Pediatric Department. If the hospitals have no outpatient department or social service department and affiliations are not possible, perhaps the local public health nursing organizations or other existing social agencies would be able to assist in planning this experience. What applies in this case to pediatrics likewise may be employed in all the other services.

The interpretation of the training of the nurse from the standpoint of case experience applied to the instruction in both theory and practice is
not a new idea but one which has not been developed very systematically. The reasons for this are well known to you and will not be dwelt upon in this paper.

It has been made clear, I trust, that the nurses training should be interpreted in the light of case experiences based upon a well founded technique. This technique to be the outgrowth of the survey and study of all sickness and health needs of a given community worked out in each phase of service with the aid of well formulated objectives—objectives relating to the patient and his care; the family and the community; to the nursing profession; to the nurse herself; to the hospital and training school and to the physician. The two elements in her education must go hand in hand—what the nurse needs to do and to know and for what purpose.

Granted that greater use should be made of the out-patient department for the training of the nurse and that where no dispensary in connection with the hospital exists and no affiliations are possible, an equivalent of this training should be sought, what methods are we to pursue at once in striving to attain our ultimate goal?

The broader phases and direction of this work would seem to be of sufficient importance to be considered by a national committee. The more detailed study of training in dispensary methods, case experiences and technique will have to be made by the workers in the hospitals and particularly the out-patient departments themselves. For some time to come such education must necessarily be experimental. Each unit of training—method, case experience and technique must be worked out, tried and tested. These instruction units can be built up and added to only through actual work in the field itself. A chart of the dispensary organization including that of each clinic would make the administration, the various correlations and responsibilities of each worker clearly understood.

For the purpose of obtaining the exact nature of the work of each clinic, a form divided into half-hour sections may be used. A schedule of the duties of each worker in so far as possible should be tabulated within the proper section. The amount of time necessary to cover the tabulation will depend upon the nature and variety of the problems of each clinic and upon their value in the training of the nurse. Such a time-job-analysis, as it were, of the medical, nursing and social service should be continued until the work of every member has been covered thoroughly whether it takes one day or three months. After the completion of these records, the forms should be assembled and an analysis of them made to help determine what duties, responsibilities and instruction should constitute the nurses training and what gradually might be detailed to other workers in the dispensary.
In analyzing these records a general outline with main headings and subheadings should be drawn up according to the nature of the service. Take for example, the nursing service of a medical clinic, the first heading might be “Present Procedure in Detail” and, as subheadings, might include “Admitting Patients,” “Preparing Patients for General and Special Examinations,” “Assisting Physician,” “Tests, Treatments and Clerical Work.”

To assign student nurses certain units of training based upon a thorough knowledge of what there is to offer and a definite understanding of the instruction the nurse should receive according to certain established objectives, it will be necessary to build up definite case studies relating to the various conditions found in the dispensary. Here again, standard forms will be essential, for, if the nurse is to gain the greatest value from such studies, she must herself keep definite records of the various conditions and situations regularly assigned to her.

In time certain units of training will be accumulated—actual cases which the nurse herself can come in contact with, care for and follow through from incipiency to convalescence.

Discussion

Following Miss Hulsizer’s paper it was suggested to form a committee of the type of which she spoke to study the work in the dispensary and the opportunities afforded for teaching in this department, but as Miss Burgess reported such a sub-committee had already been formed in the Education Committee, it was agreed that it would meet the need. Miss Hodgman spoke to the point of including home care in connection with the teaching of obstetrics and described the advantage a student could obtain by getting directly into the home through such an agency as the Visiting Nurse Service or through a Maternity Center Association, this to be given in addition to experience in the dispensary clinics.

THE PRINCIPLES UNDERLYING BUDGET KEEPING

By PROF. CHARLES F. RITTENHOUSE
Professor of Accounting, Boston University

An excellent definition of a budget is given by Mr. Trevor Arnett in his book on College and University Finance. He defines a budget system of control as a means designed to assist governments and institutions in restricting their expenditures to their income. Institutions, like individuals, often find it very difficult to live within their income. So many opportuni-
ties present themselves for service that there is always a temptation to undertake activities without any means in sight of meeting the expense of such activities. It may be stated that if an institution conducts its affairs on the basis of its opportunities, rather than on the limitations of its income financial distress is inevitable. No institution should undertake any service for which it cannot pay. Therefore, to repeat, the fundamental purpose of any budget system of control is to restrain the ambitious executive and to provide him with a chart for his guidance.

The conditions which prompt the making of a budget are fundamental. Most business men, institutions, and individuals anticipate future income, expense, and financial requirements, even though they may do so in an informal manner and without being conscious of the fact that they are budgeting their affairs. Even the vendor of peanuts estimates his sales before buying his stock.

A newly married couple, in planning for housekeeping, makes an estimate of what they can afford to spend for rent, clothing, food, and other family and household wants based upon the husband's income. The manufacturer must estimate the market which he hopes to create for his product before contracting for raw material, or even before planning his factory and capital requirements. The institution, whether it be a school, college, hospital, library, or club, must carefully and conservatively estimate its income from all sources before making plans for the year's activities.

While this has always been done in a more or less informal manner, it is only within recent years that budget-making has been reduced to a formal definite program. We have come to realize that it is an unwise policy for someone to carry the financial program of a business around in his head. Modern administration of a business or of an institution sees the necessity of a standardized plan of procedure. Such a plan is essential to a stable business policy and it is only by this means that proper coöperation can be developed among those who are responsible for the sound administration of a business. Furthermore, it is the best possible means of fixing responsibility for the efficient administration of the various departments of a business or of an institution.

At the outset, let it be understood that a budget can only serve its purpose when those responsible for its operation have a hearty respect for, and appreciation of, sound bookkeeping methods. The budget-maker must have a well developed figure sense and, if not a natural aptitude for figures and statistics in a mild form, an acquired taste for such things is essential.

Classifications of the items of the budget should conform to the classification of accounts with income and expense under which are recorded the
actual transactions. Double entry bookkeeping should be employed. The accounts with income and expense and with assets and liabilities should be carefully classified, separate accounts being provided for each source of income and class of expense. The bookkeeping should be in competent hands. Monthly trial balances should be taken in order that monthly reports may be prepared. By this means the monthly actual figures can be compared with the estimated figures of the budget.

Briefly summarized, the operation of an institution on a budget system involves the following:

1. A study of the figures of prior years.
2. Formation of plans for the succeeding period based both on past performance and future expectations.
3. The preparation of periodic reports which show in comparative form both the actual and the estimated figures.
4. The revision, if necessary, of the original budget to give effect to incorrect estimates of income and expenses.

The budget for a particular period consists of two parts:
1. The estimated income.
2. The estimated expenditures under each class.

In estimating the income, the amount of income annually received during the prior year from each source should be used as the basis of calculation. Any variation from the actual income of former years should be fully explained and justified. Guess work should be eliminated so far as possible. In planning the budget, a classification of items should first be decided upon. The amount of the appropriation for each item must be collected from various sources. In a school budget, the cost of instruction can best be estimated by the principal or the president of the institution. Administration and general expenses can usually best be estimated by the treasurer or the chief accounting officer; estimated expenditures for the maintenance of grounds and buildings, by the person in charge of buildings and grounds.

After the budget has been prepared, either by the budget committee or by some individual who is designated to do such work, it should be submitted to the board of trustees or other governing body of the institution. If satisfactory, the board of trustees will vote the appropriation, this vote would be incorporated in the minutes of the meeting and would become the official financial program for the ensuing year.

Everyone connected with the institution who has any authority to incur expenditures should be definitely notified of the appropriations which are provided in the budget for the class of expense in which such person is
interested and it should be a definite rule of the institution that every department must keep its expenditures within the appropriation.

At this point the necessity arises for a satisfactory accounting system. The control of expenditures should be exercised at the point where the expense is originally incurred. In other words, if an expense is contemplated in excess of the appropriation, it is important that this be known before the purchase is actually made or the expense incurred instead of when the bill comes through for payment. Such a control can best be exercised by requiring those responsible for the incurring of bills to make out a requisition for every proposed expenditure giving either actual or estimated costs. These requisitions should go to the treasurer or some other designated officer for his approval and should only be approved in case the cost is within the appropriation, unless it is an emergency expense resulting from unforeseen and unavoidable circumstances.

A BOSTON SCHOOL

*Proposed budget for 1923–1924 of income and expenditures*

**Income:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuition and Board:</strong></td>
<td></td>
</tr>
<tr>
<td>100 Boarding Pupils @ $1,400</td>
<td>$140,000.00</td>
</tr>
<tr>
<td>Day Pupils</td>
<td>2,800.00</td>
</tr>
<tr>
<td>Music Pupils</td>
<td>1,200.00</td>
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<tr>
<td>Tutoring</td>
<td>1,200.00</td>
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</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td><strong>Departments:</strong></td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Guests, Trays, Vacation Board, etc.</td>
<td></td>
</tr>
<tr>
<td>Grounds</td>
<td>300.00</td>
</tr>
<tr>
<td>Book Store</td>
<td>150.00</td>
</tr>
<tr>
<td>Library Fees and Fines</td>
<td>105.00</td>
</tr>
<tr>
<td>Physical Training</td>
<td>100.00</td>
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<tr>
<td>Laboratory Fees</td>
<td>70.00</td>
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<tr>
<td>Poultry</td>
<td>50.00</td>
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<tr>
<td>Infirmary Fees</td>
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<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Income from Sinking Fund:</strong></td>
<td>4,000.00</td>
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<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td><strong>Miscellaneous:</strong></td>
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</tr>
<tr>
<td>Rent of Pianos (Net)</td>
<td>$200.00</td>
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<tr>
<td>Interest on Bank Balances</td>
<td>225.00</td>
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<tr>
<td>Interest on Savings Bank Deposit</td>
<td>100.00</td>
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<tr>
<td>Sundry</td>
<td>100.00</td>
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<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Anticipated Income:</strong></td>
<td>$152,200.00</td>
</tr>
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</table>
### Expenditures:

#### Instruction:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries—Instructors—Schedule C-I</td>
<td>$27,807.50</td>
</tr>
<tr>
<td>Salaries—Art Music and Dancing—Schedule C-I</td>
<td>$28,807.50</td>
</tr>
<tr>
<td>Tutoring Services</td>
<td>1,000.00</td>
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<tr>
<td>Class Room Supplies</td>
<td>$100.00</td>
</tr>
<tr>
<td>Chorus Class and Glee Club</td>
<td>300.00</td>
</tr>
<tr>
<td>Laboratory Expense</td>
<td>50.00</td>
</tr>
<tr>
<td>Art Class Expense</td>
<td>12.50</td>
</tr>
<tr>
<td>Library Expense</td>
<td>200.00</td>
</tr>
<tr>
<td>College Board Examinations</td>
<td>20.00</td>
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</table>

**Total for Instruction:** 682.50 $30,490.00

#### Scholarships Grants

| Amount | 3,000.00 |

#### Domestic Department:

<table>
<thead>
<tr>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>Salaries—Schedule C-I</td>
<td>$4,850.00</td>
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<tr>
<td>House Wages</td>
<td>13,000.00</td>
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</table>

**Total for Domestic Department:** 22,000.00 46,950.00

#### Maintenance and Operation of Educational Plant:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary of Superintendent—Schedule C-I</td>
<td>$2,100.00</td>
</tr>
<tr>
<td>Wages of Male Employees</td>
<td>11,500.00</td>
</tr>
<tr>
<td>Repairs, Upkeep, etc.</td>
<td>$6,500.00</td>
</tr>
<tr>
<td>Maintenance of Grounds</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Fuel</td>
<td>6,000.00</td>
</tr>
<tr>
<td>Lighting</td>
<td>1,300.00</td>
</tr>
<tr>
<td>Insurance</td>
<td>2,400.00</td>
</tr>
<tr>
<td>Cleaning Supplies</td>
<td>500.00</td>
</tr>
<tr>
<td>Fire Protection</td>
<td>100.00</td>
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<tr>
<td>Maintenance of Auto Truck</td>
<td>200.00</td>
</tr>
<tr>
<td>Taxes</td>
<td>20.00</td>
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</tbody>
</table>

**Total for Maintenance and Operation of Educational Plant:** 18,020.00

#### Depreciation of:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>$2,300.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>1,800.00</td>
</tr>
<tr>
<td>Auto Truck</td>
<td>4,200.00</td>
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</tbody>
</table>

**Total Depreciation:** 35,820.00
Administration Expenses:

Salaries:
- Principals—Schedule C-I ........ $4,800.00
- Dean—Schedule C-I ........ 1,810.00
- Chaperons, Librarian, etc.—Schedule C-I .... 1,800.00 $8,410.00

Annuity ........ $5,000.00

Office Expense:
- Salaries—Schedule C-I ........ $5,050.00
- Supplies ........ 800.00
- Telephone and Telegraph ........ 400.00
- Postage ........ 300.00
- Printing ........ 100.00 6,650.00
- Advertising ........ 2,300.00
- Accountants’ Fees and Expenses ........ $350.00
- Miscellaneous Administrative Expenses ........ 300.00 650.00 23,010.00

Miscellaneous Expenses:
- Entertainments, Lectures, etc. ........ $1,200.00
- Pew Rent ........ 700.00
- Commencement ........ 700.00
- Donations, Civic Improvements, etc ........ 300.00
- Interest on Notes Payable ........ 200.00
- Transporting Day Pupils ........ 200.00
- Flowers ........ 100.00
- Receptions and Teas ........ 100.00
- Circulating Library ........ 105.00
- General Expenses ........ 200.00
- Express ........ 25.00
- Donation in lieu of Taxes ........ 2,000.00 5,830.00

Contingent Salary Appropriation-Schedule C-I ........ 1,500.00

Total Regular Expense Appropriations ........ $146,600.00

Add:
- Provision for Extraordinary Repairs ........ 2,000.00

Total Expense Appropriations ........ $148,600.00

Summary

Total Anticipated Income ........ $152,200.00
Total Expense Appropriations ........ 148,600.00

Net Anticipated Income for 1923-1924 ........ $3,600.00
Other Appropriations:

Additional Equipment ........................................... $3,500.00
New Assembly Hall .............................................. 15,000.00
Additions to Sinking Fund ......................................

$18,500.00

For these appropriations there will be available the Net
Income of ............................................................. 3,600.00

Balance to be Raised ............................................. $14,900.00

Statement of income and expense, January 1923, and year to date

Income

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>ACTUAL FOR MONTH</th>
<th>YEAR TO DATE</th>
<th>BUDGET FOR YEAR</th>
<th>AMOUNT TO BE REALIZED</th>
</tr>
</thead>
</table>

Expense

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>CURRENT MONTH</th>
<th>YEAR TO DATE</th>
<th>BUDGET APPROPRIATION FOR YEAR</th>
<th>UNEXPENSED PORTION OF BUDGET</th>
</tr>
</thead>
</table>

Discussion

It was suggested that a committee be formed on the making of budgets. Miss Powell in discussing the paper thought it was most necessary to have a study made of methods of budget-keeping or making for schools of nursing. The Board was therefore authorized to form such a committee.
DISCUSSION OF THE ROCKEFELLER REPORT

ANALYSIS OF THE SITUATION IN THE PUBLIC HEALTH FIELD

BY MARY BEARD, R.N.

In discussing the Rockefeller Report from the public health point of view, one finds that it is very difficult indeed to detach it from the other two sections of the Report as it is organized and prepared by Miss Goldmark. So it has seemed wise to select one or two phases of the public health situation and dwell upon them.

Ten resolutions, which were the unanimous vote of the Committee, were presented to the public some months before Miss Goldmark’s book came out. These ten resolutions represented ultimately the unanimous opinion of a very varied committee. They are therefore worth analysis and consideration.

As one studies them, the ten resolutions seem to fall into three different considerations of the subject. First, there are two which deal with the present status of the education of nurses; second, there are six which deal with proposed changes in the existing educational plan; and third, two which deal with a subsidiary order of nurses or of persons who care for the sick, by whatever name they may be called.

This naming of the subsidiary order is much more important than it appears on the surface. If the development of a large group of trained and licensed attendants is to be a successful attempt, it is most important to select the title acceptable to the group who will serve the public under it.

The first recommendation states the opinion of the Committee that all persons who intend to do community health work must be graduates of a course in nursing. Resolution 3 proceeds a little further with the consideration of this same subject and recommends “that no standard of nursing shall be lowered in the case of public health nurses.” During the whole consideration which preceded these two recommendations the Committee was constantly considering whether or not a group of health visitors, given an education quite different from the basic education of a nurse, could successfully do the work that public health nurses are now doing. The careful study given to these resolutions makes the conclusion significant. The Committee is convinced, first, that community health visitors must be graduates of a full nursing course; and second, that present standards of education in schools of nursing shall not be lowered for the training of public health nurses.
Starting, then, with this basis for the preparation of public health nurses, the Committee goes on in Resolution 2 to state rather despondently, Miss Goldmark’s concise language making it perfectly clear what is meant, that, while the life of the public health nurse is an intensely absorbing and attractive one, it has not yet made a sufficiently strong appeal to the kind of young people needed to supply the 85,000 public health nurses needed in the United States. There are 12,000 and we need 85,000! The resolution continues by stating that public health work and the preparation for it must be made to attract these essential workers.

Resolution 6 comes under the group of improving the present condition of nursing education. Resolution 5 recommends that the course be shortened and adjusted in such a way as to give in 28 months what the present course of 33 months now gives.

Resolution 7 in this same group provides for the special preparation of leaders, supervisors, heads of specialized divisions of public health; and Resolution 8 makes the specific recommendation that University Schools of Nursing be established.

Resolution 10, which is the last of the six, deals with the all-important question of finding money enough to so modify and change our present method of educating nurses that some of these results can be obtained.

Then come the two recommendations which deal with the subsidiary order of beings who are now to be recognized under the Goldmark report. One of them deals with the importance of licensing any such group of people. We know that a very large group of that kind of workers exists. We know, and those of us who read the editorial in one of the last green Journals dealing with the subject of attendants, recognize that we are thinking a good deal more practically, perhaps, about the subject of attendants. One of the most interesting parts of the book is the study of nursing attendants.

Resolution 4 deals with the licensing and preparation of this body of women, recognized as necessary to the care of the sick in any plan that will adequately deal with that subject. Perhaps it would be worth while to consider a little this morning the possible place of the attendant in public health nursing work. I do not know whether Miss Katharine Sheppard, of the Household Nursing Association, of Boston, is here this morning. I hope she is, because she would help very much with the discussion. The kind of training that women ought to have who are going to make up this subsidiary group of workers, licensed and taking part in the various forms of nursing work in the future, should be discussed by some one who has had Miss Sheppard’s experience. Those of us who have had experience with good schools of this kind know that it is possible to give an excellent training.
The school which is connected with the Household Nursing Association and under the direction of Miss Sheppard, was one of the schools studied by the Winslow Committee and the findings of the Committee are based partly on that study.

Perhaps the greatest weakness in public health nursing work today is the temporary character of the neighborhood staff. It is temporary because there are never enough public health trained nurses for the positions vacant and therefore "substitutes" or inexperienced public health nurses must be employed.

It is possible to secure a well prepared supervisor and assistant for the several units of population making up city or rural communities, and it is possible to get public health nurses who are specialists for the many special divisions of community public health nursing. Graduates of our present schools of nursing who supplement their training by taking postgraduate courses in public health nursing are fairly well equipped for executive work while special experience can be given in such specialties as tuberculosis, child care, and mental hygiene.

It, however, has never been possible in my experience to secure a permanent and unfluctuating staff of regular rank and file staff nurses and a permanent and stable staff is most necessary for successful family health work.

Yesterday morning Miss Goodrich told us how great an opportunity for experience in child care is presented by the families under care of the Henry Street nurses every day. The Community Health Association of Boston has about 13,000 persons under care daily and there must be an even larger average in New York.

However, it would not be possible under present conditions to make this field in child welfare work available for the teaching of pupil nurses, because the staff of public health nurses is not a sufficiently stable body to be able to count upon it for satisfactory teaching. In a local staff of 15 perhaps half are public health trained, permanent staff nurses—the others change often and vary greatly in point of education and value. Now it is in this connection that a "susidiary group" of nurses or attendants may prove valuable.

Let us consider an area having 30,000 inhabitants and 15 public health nurses. At the beginning of her day each nurse looks over the visits needing to be made in her district. The protection of the health of mothers and young children she knows is more important than almost any other function. She has on her list four visits of this kind, in one she plans to teach a mother how to modify the baby's milk, in another she plans to observe while the mother carries out the methods taught her on some previous visit. These visits are not urgent or spectacular, but very important to the health of the neighborhood.
Another visit may have been planned to observe and teach the rules of health in pregnancy. But on this particular morning there are 3 new confinement cases, and 6 new cases of measles which come under her care. A child may be very sick with measles and her mother must be taught how to take care of her.

Suppose that to every group of 15 public health nurses 2 attendants were added. Perhaps it would be possible for a nurse to plan such a morning as the one we have been thinking about if she could call upon an attendant to help with some of the bedside care. Each public health nurse would have the responsibility for the health of each family in her district, but she would have help with the long nursing cases.

If we could have a certain number of licensed attendants or nursing aides as an integral part of the neighborhood staff, and if they gave only bedside care and taught only bedside care, the responsibility of the health of the family resting, as it does now, upon the public health nurse who has charge of that neighborhood, there might be great help in our greatest present need in public health nursing.

Such a plan presents two great difficulties. Mr. Richards Bradley, who has given more thought to the subject of attendants than almost anybody in this country, feels it to be all-important for the whole body of nurses to recognize that until we can make the attendant, whatever we call her, as proud to be an attendant as we are proud to be nurses, the stumbling blocks in the way of making her very useful are almost insuperable.

To make a successful combined staff of nurses and attendants the public health nurses themselves must want attendants. "Why, yes," we say, "if so and so were in charge of that station or if all the nurses in that station were like those half dozen we think of, they would make the attendants feel as necessary and their position as dignified and their life as useful as the life of the public health nurse herself." And again, the great difficulty of creating that atmosphere which seems to be fundamental to the success of any such experiment as this is that there are not enough of the right kind of public health nurses to sustain such an atmosphere.

The other real difficulty, and it is a delicate question, is that of salary. Salaries in public health nursing work are not nearly high enough. Enthusiasm for public health nursing, the great increase in the size of public health nursing staffs has been met in a very fine spirit in boards of directors throughout the country. A study of the increase of public health nursing salary budgets over the last six or seven or eight years shows this is true. And yet it is true that our public health nursing salaries are not nearly large enough. It is difficult to save and it is difficult to live on salaries that are now considered standard salaries.
Other graduate nurses who come in to help fill vacancies when public health nurses are not available are paid less than the public health nurse—and much less than they ought to be. How then can we expect an attendant to live on a much lower salary than either of these? So low a salary for attendants, if we are thinking of making a permanent group, raises a serious difficulty. The answer is to raise all salaries.

I hope very much that at this meeting those two points will be really discussed, because they seem to me to be awfully difficult. Miss Sheppard and I are very much interested to try a plan like the above in some section in our Community Health Association in Boston, in order to find out how insuperable the difficulties are, and in order to find out how much and what help it would be to have two women of that kind in a staff of fifteen to relieve the pressure produced by the fluctuation of acute illness. Prevention, of course, is the object of the public health nurse’s visit but prevention is so mixed up with cure, that often the preventive work that might be done in a family is limited or made practically impossible until the anxiety, distress and family confusion incident upon sickness is removed. And for that reason the study of nursing and nursing education recognizes that the worker who does the bedside nursing must be the same person as she who does the health teaching.

How public health nurses shall get their hospital training in twenty-eight instead of thirty-three months, which we must have in order to have successful community health work, as I said in the beginning, seems to me must come back directly to the National League of Nursing Education.

In our Boston Community Health Association we have 301 volunteer workers. We have 239 paid workers of one kind and another. Now those volunteer people are all really working. There are local committees, similar to the Managing Board or a Visiting Nurse Association. There are expert committees connected with the divisions of child welfare, nutrition, vital statistics, etc. Those persons are actually working out the plans, which the Board either accepts or rejects. Those 300 people ought, in a city the size of Boston, which numbers about 750,000 people, to be at least five times as many. We need 1500 volunteer members of committees. At first that sounds absurd, but it is most practical. It means that each nurse—just take it that way—in the organization would have connected with her work three people who live in the neighborhood where she works and who care as much about the health of the neighborhood as she does. From the point of view of education in public health, upon which the whole success of the future must depend, those persons living there are essential; they are useful in the raising of money, whether it is to be paid from taxes, as it is in Toronto, or whether it is to be paid as it is at present in Boston,
from privately raised money. Toronto would like to organize a much larger volunteer group of women to serve on committees than they have at present.

If a public health nursing association has 300 people who know something about public health work, and if that number is to be increased to 1500 people, we, who are public health nurses must enlist the enthusiasm of the lay workers in the cause of nursing education upon which public health work is dependent. Perhaps because we are so dependent upon the group of untrained workers and come into such close contact with them in our public health nursing work, our greatest contribution to the cause at this minute would be the intelligent leading of all those people to an understanding of what the training school problem is. This group should be filled with eager interest in every step that is taken in the university schools of nursing.

One feels the need of closer contacts between hospitals and out-patient departments and the kind of community work with which we public health nurses are concerned.

Miss Johnson, Superintendent of the Nurses’ Training School of the Massachusetts General Hospital of Boston, is a member of the Board of Managers of the Community Health Association.

I am reminded by the change in our attitude toward the attendant—because we certainly all have changed, we are not nearly as much afraid as in the past of what is going to happen to us as nurses and of what is going to happen to the patients if we venture to do something we have not done before—of an early experience of mine in visiting nursing. There was a doctor who was very popular in town, his patients always loved to have him come in, though he was just as ignorant as he was popular. One day he was dismissing a patient who had recovered. With his hat jammed down on his head and a huge cigar in his mouth, he came into the room and this is what he said, “Now, Miss Venie, don’t you permit yourself to take and do anything you hadn’t ought to, for the more you preserve yourself the better you will get along without no setbacks.” That was really our attitude towards the “subsidiary order of nurses” a few years ago, but it is not at all our attitude today.

THE NECESSARY ADJUSTMENTS WHICH ARE TO BE MADE IN THE TRAINING SCHOOL

BY BLANCHE PFEFFERKORN, R.N.

Since hearing Miss Johnson and Miss Huntley I have had considerable illumination, because just forty-eight hours ago I was asked to speak upon, as I remember, the report of the Rockefeller Foundation Committee from
the standpoint of the instructor. Had I known I was going to be asked I should have given hours of careful study to the report but the request coming so short a time ago whatever I say must necessarily be very incomplete.

I shall touch upon the subject from two aspects. I should like to speak of the curriculum which has been recommended, from the standpoint of what the student gets. Then I should like to say a word concerning the instructor, with respect to her preparation as discussed in this report.

If you remember Miss Goldmark states that "any curriculum suggested at this time is of necessity in the nature of a compromise." Some of us may feel that the time given to the various science subjects is not enough, some of us may feel that it is too much; but in any event it is well to keep in mind that the program proposed is not final, that it stands before us as a compromise, something to work on and something to which, when the time comes, we may add.

From the standpoint of the teacher one of the happy results of the survey is the recommendation that the minimum requirement for entrance to schools of nursing, be high school graduation or its equivalent. Those of us who teach in schools of nursing where the matriculation requirement is high school graduation, know what a varied type of student we have to deal with even with this preparation. There is the A student and there is the X, Y, Z student, and we have to adapt our teaching to the middle of the alphabet. So that if, as time goes on, we have entering our schools of nursing no student with less than high school graduation it will be much easier and much simpler to adjust our teaching to our classes.

Another item I should like to speak upon is Miss Goldmark's recommendation that the time spent in co-operative practices on the wards be reduced to forty-eight hours a week. No student can go to a classroom ready to absorb when she is physically fatigued. It is impossible to get expression and reaction from the tired student sufficient to justify the effort which an earnest teacher puts into her work.

One or two other points concerning the curriculum I wish to present for discussion. In the first four months, if you remember, there is included such subjects as anatomy and physiology, bacteriology, personal hygiene, chemistry, dietetics and cookery, drugs and solutions, elementary nursing, and introduction to social aspects of disease. We felt upon examining this proposed curriculum that a very large number of science subjects were condensed in a very short period. I do not believe any university or college would allow a student to undertake a program of study in one semester covering four science subjects with laboratory work. The report recommends that chemistry be gotten off during the first two months, neverthe-
less, there will still remain three science subjects to be completed in the last
two months. This is a point worthy of consideration.

In connection with this first four months course I should also like to speak
of fifteen hours given to drugs and solutions. Those of us who have taught
drugs and solutions know where we begin. We do not begin with drugs and
solutions; we begin with addition and subtraction and multiplication.
Sometimes we spend five or even more hours before we are completely satis-
fied that we can go on to a safe understanding of how to give an eighth of a
grain of morphine with a stock supply of a quarter grain. I believe more
time should be given to this course.

Sixty hours is assigned to chemistry and ninety hours to anatomy and
physiology. That is very little time for these courses. It is much more,
probably, than is being given in many schools, but it is still very little in
which to teach the fundamentals necessary for intelligent application of
these subjects. I suppose to suggest one hundred and thirty-five hours for
both anatomy and physiology and chemistry would almost seem to be heresy.
Nevertheless much more can be taught in one hundred and thirty-five
hours than in sixty and ninety.

One other matter in relation to hours given to subjects is that of allotting
forty-five hours to "nursing in mental and nervous cases." This seems an
unnecessarily large number of hours for that subject. It may, however, be
necessary, and free expression is here indicated. A subject omitted so
far as terminology goes but which may be included in the content of some
other course is that of sanitation and other phases of public hygiene. There
is a course in the program under the caption of "Applied medicine and public
health." Possibly it is intended to cover sanitation under this subject.

The preliminary period in this proposed curriculum covers four months
with thirty-seven hours of class work and six hours of ward practice. I
happen to have been in a school for the past half dozen years in which a
different principle has been in effect. We send our preliminary students to
the wards for forty-two hours a week. That is they have a program of
fifty-two hours a week out of which there is approximately ten hours of
class work. The object of this plan is to give the students an opportunity
to begin to acquire an understanding of the various problems they meet,
and why it is necessary to study the subjects included in the program of
nursing; in pedagogical terms to furnish motivation. And the results have
been convincing of the soundness of the scheme. It is remarkable the
number of questions these students ask and the interest they bring to the
classroom.
I am sure, too, that all of us who are doing teaching will rejoice in Miss Goldmark's recommendation for better equipment, better laboratory, and better library facilities. It is not that the accessories make the teacher, but that our modern methods of education, particularly those dealing with science teaching, require that there must be equipment with which to work.

Now what about the teacher? This is not the time to go back and rehearse the history of the teacher in schools of nursing. The situation has been and is still in many instances altogether different from most colleges and universities; and I am sure that I speak for all teachers in all schools of nursing when I say that each one whole-heartedly meets the circumstance of her school, whether it be to teach two subjects or half a dozen, or more. But we know that teaching too many subjects is unsound in principle, both from the standpoint of the teacher and of the student. An instructor teaching half a dozen subjects cannot have a great resource to draw upon for any one subject. There are many signs to indicate that this condition is changing, especially in the larger schools, and that the time will come when the schedule for the nurse-teacher will be in accord with that of teachers of other schools.

The report includes at the end an interesting analysis of the preparation of the Instructor in Schools of Nursing. The criticism is, that relatively too much time is given to pedagogy and too little to acquiring content. It does seem useless to have the tools, unless one has the material with which to use those tools. Methods will not teach chemistry unless the teacher knows chemistry. All of us who are interested in teaching will greatly rejoice in this spread of the gospel and will go forward with renewed desire and renewed effort, trying to fill our minds with subject matter until they are overflowing, so we cannot help but pour out and teach.

THE PROBLEM OF ADMINISTRATION

By HELENA McMILLAN, R.N.

We are all, I am sure, deeply grateful to the committee which has made this valuable report possible. It is an epoch in the history of nursing and, in addition, should be of much aid in bringing before thinking people knowledge of the contribution nursing schools are making and the fact that with public support the contribution could be made much more worth while.

We are grateful to the public health group, because through their effort the study was undertaken.

The report shows plainly that the foundation of success in all branches of nursing rests upon proper preparation of the student in her own school of
nursing. Miss Beard has said that development in the public health field has been handicapped by lack of money. The same cause, in great part, is responsible for most of the defects in schools of nursing, and until public knowledge and interest bring about proper endowment, these schools are helpless to make reforms which they themselves are most conscious of and most anxious to make.

Each nurse should read this report and should persuade intelligent non-nursing people also to read it. The first impression left upon the minds of those who have worked for nurse education is one of depression, because every defect is shown plainly; every worth while thing is taken for granted; and the perfect school still seems so far away. Reflection tells us that this is as it should be; that satisfaction would mean stagnation; and that an arduous goal must always be before us.

In a few moments it is impossible to do more than mention a few of the outstanding points of the report. It recommends a reduction of night duty to a total of two months per student and, as one of the worst abuses in our schools is an excess of night duty, this is a timely recommendation. Only two months night duty during the student's training would mean for her better health and better class room work. Such a reduction would necessitate money to employ a graduate night nurse staff and emphasizes our dependence upon the understanding of the Boards of Control and other lay groups. For this reason, and also because we, who have spent years in hospitals, are vitally interested in their success, and the care of their patients and are thoroughly informed of the many difficult complications, I was sorry to find no word of appreciation for those Boards which have been cooperative and understanding, and no word of sympathy for the difficult problem ahead. In that failure it might seem that the report is found lacking in good psychology.

While we agree with the recommendation that the student nurse must be relieved of much routine hospital work, great precaution should be used as to what duties are taken from her and the spirit in which this is done. The old rule that no work is unworthy, which in any way is helpful to the patient, is a good one to hold to and essential for proper training of the nurse.

With much precaution, also, should be considered the suggestion of reducing training to four subjects, called basic, and of shortening the course to twenty-eight months. If accepted, is there not danger of sending out less well prepared, rather than better educated, nurses? How many nurses will take postgraduate work when they must make their own affiliations? Will hospitals be compelled to accept on their staffs these less well qualified nurses? Is twenty-eight months sufficient time into which to crowd the suggested curriculum?
Is it not true that time alone will teach women of nineteen some of the things nurses must know, without which schools are not justified in sending them out, and which cannot be found in textbooks? If our students feel they are in the hospital only for their own education and benefit, are we not likely to lose some of the spirit of service and of self-forgetfulness which have been such assets in nursing work?

A safe plan suggests perfecting the schedule of theoretical and practical instruction, working it out in the schools, and then, when thoroughly approved, if it is possible to obtain the same results in twenty-eight months, reduce the period to that time.

Only proof, by actual experience, will justify the reorganization which a shortened course would necessitate and which should not be undertaken prematurely.

I appreciate the report, believe it will be of inestimable value to nursing progress, but would be unwilling to accept it in full.

Thursday Afternoon Session

Helen C. Sinclair, R. N., presided.

THE COMMUNITY’S NEED FOR NURSES WITH PSYCHIATRIC TRAINING

BY WARREN STEARNS, M.D.

Assistant Professor of Neurology, Tufts Medical School, Boston, Massachusetts

For a number of years I was engaged in the custodial care of the insane; that is, my patients were entirely of a class who were supposed to require a lock and key. They were regarded as too dangerous to be at large, or were incapacitated for self-support, or something of that sort. Naturally, at that time I believed the proper program for advancing the care of the nervous and mentally diseased was the extension of institutional development. A good deal of my attitude was, perhaps, taken from that of older men.

For instance, Dr. Fernald was then recommending institutional care for the entire feebleminded population. This was estimated to be about four or five thousand in Massachusetts, with a similar rate in other communities. But a social study revealed the fact that this estimate was entirely too low, and the figure was gradually raised to ten, fifteen, and twenty-five thousand until Dr. Fernald finally threw up his hands, and said: “It is impossible; some other scheme for the care of the feebleminded must be devised. We cannot hope to get institutions for so many.”
The same kind of institutional program was advocated for the insane, the epileptic, and other victims of mental disease, and physicians with a creative imagination looked forward to the time when even patients with functional nervous disorders would be cared for in hospitals.

Now for the past ten years my experience has been entirely different. I have been trying to keep these afflicted persons out of institutions; that is the way I make my living. But on medical, and, above all, on humanitarian grounds I strongly recommend community care rather than institutional control in every possible case. In carrying on my work, however, I meet two great barriers to such a program.

First, is the widespread lack of understanding of nervous and mental disease. The nervous system is, after all, merely the index to one's feelings or one's reaction to experience. The ordinary person eats when he is hungry and sleeps when he is tired; he cries when he is sad and laughs when he is happy; he reacts to certain experiences with rage, to others with affection, and so on. This is equally true of great numbers of the insane, and many of their difficulties are due to the conflicts arising from a lack of understanding by their associates.

The old idea that there is something essentially horrible and mysterious in mental disease is still far too prevalent. You have heard of the old custom in England of charging admission to go in and see the insane, when their keepers would stir them up, as if they were bears in a cage, to display their eccentricities. As an assistant physician in a state hospital one of my functions was to show visitors about—this was about fifteen years ago—and after we had gone through the institution, they would frequently say, "Now, where are the bad ones?" They were expecting something horrible, and as a rule were rather astonished to find that here was a community of fifteen hundred or two thousand individuals, living their lives very much as those on the outside lived their lives; many of them working successfully, some of them caring for other patients. And for what reason, then, were they in an institution? That, I think, is rather difficult to explain.

I remember going through the old ladies' and the old men's ward of an institution in this state a few years ago, when the superintendent pointed to them with pride, saying, "You see how comfortable and happy they are, and what a healthy atmosphere we have here?" I said, "Yes, but why, then, are they committed and held under lock and key as insane? Why is it necessary that such persons, if they are so comfortable and quiet, and so easy to handle, should be confined in an institution?"
By and large, I think the problem is fundamentally economic. When we try to get such patients back into the community we meet the fact that many of them have no relatives capable of caring for them; or perhaps they come of families of so limited means that the additional burden of a person who cannot produce, especially if he is the man of the house, is more than they can manage. The easy way, therefore, has seemed to be to colonize them in institutions.

The movement has reached such proportions in this state that one person in one hundred and seventy-five of the population is confined in an institution for the insane. Their maintenance amounts to one-third of the cost of our state government, and the building of new institutions has stopped simply because the taxpayers will not appropriate further money. The program of 1914 which contemplated the building of institutions for the entire mentally afflicted population cannot be carried out. So many of the inmates of our institutions are just there for purposes of custody that the medical service is relatively unimportant, and we are facing a situation where we almost admit that hospital standards have been lowered. From the economic aspect, therefore, as well as from the humanitarian standpoint, it is time to consider a change of program.

An attempt has been made to introduce into this country the boarding-out system adopted nearly fifty years ago in Scotland and Belgium. The object was to get the quiet, so-called "harmless" insane, out into the community. But the effort did not meet with much success here for the reason that we are apparently too prosperous a people. It was difficult to find families who cared to board such patients for $2.75 a week with a little assistance in housework or manual labor as an additional inducement.

This brings out the second great barrier to community care, which I believe is the lack of a trained personnel to supervise mental patients in the home, for there is no question that such individuals do need trained supervision. And it is here that I believe the nursing profession will find an opportunity to help in their future care. This is not a revolutionary idea in public control, since we already have a precedent with other classes in this state.

Some twenty years ago we had about twelve thousand persons in prison. I suppose if anybody had at that time said that within one generation large numbers of those who were then considered too dangerous to be at large would be home, earning their living, taking care of their families, without any increase in crime, and that the system of jail confinement not only failed to protect society, but was a menace to society—that person would have been considered a very radical thinker, and perhaps a
dangerous person himself. Nevertheless, we have at the present time less than three thousand prison inmates in the state. There may be several explanations of this change. The judges are coming to recognize that to lock a man up in jail does not cure him, and prohibition, of course, has reduced drunkenness literally; but I believe the great cause of the change has been probation, or, in other words, community care.

The movement away from institutional control is steadily growing. In one of our southern counties there is a great jail, erected at a cost of $125,000 which has never had a prisoner. By the time it was built public opinion had so changed that it was not needed, and they are now planning to use it for other purposes. Half a dozen other jails built to house four or five hundred prisoners each are now empty, with only a caretaker. There has been a similar, but less marked, reduction in the poor farm population. At Bridgewater, where I have known of an aggregate of three thousand persons, probably half of that number is the high water mark now; in fact, they have had to abandon some of their farming projects on account of the lack of paupers and vagrants. In child-helping organizations the institutional care of orphans and neglected children has been almost abandoned, and it is accepted as a maxim that the proper place for the child is in the community.

Now, persons with mild mental disease are certainly no greater menace to society than housebreakers and thieves, and with the general history of state control through supervision in the community as it has been carried out in these other classes, I think we need not fear to recommend the plan for the care of the mentally diseased.

To illustrate again the lack of understanding of mental disease—one of my patients recently told me that his sister had been in a hospital for the insane for twenty-five years. I asked him what her trouble was, and he said, "Why, mental." I inquired, "What is its general nature?" But he could only answer, "Mental." I later talked with the father and also the family physician who had been in touch with the hospital, but no further information was forthcoming. Now can you imagine a person being in a hospital with pneumonia, typhoid fever, or appendicitis for twenty days, or one might also say, twenty minutes, without a more complete knowledge of his condition on the part of his family.

In other words, public opinion is becoming well informed on matters of general medicine, and the man in the street will ask me what I think about the theory of focal infection or some such technicality. But not so with psychiatry. This is still looked upon as a unit; it is mental; and there is the further reaction that the one satisfactory remedy is confinement. Just
as you give antitoxin for diphtheria, so you give institutions for mental disease.

I am not going to weary you with a long story of the horrors of mental disease, or of the great importance of psychiatry in comparison with other branches of medicine, because I do not believe it the most important thing in the world. I think there has perhaps been a little tendency to broaden the field of psychiatry to cover every phase of human interest. For example, a New York psychiatrist who made a study of prison inmates published a very illuminating report, at the end of which he recommended a revolutionary change in our school system, evidently regarding the business of education as just one little branch of psychiatry. My friend Dr. Myerson frequently shakes his head when discussing some social problem that we have been consulted about, and says, "When I see by their daily lives that psychiatrists are wise men, then I shall believe in their wisdom." Specialized knowledge should not be claimed except in those channels in which there has been special experience, and we should not try to serve as encyclopedias of universal knowledge.

On the other hand, it is unfair to confine the field of the psychiatrist to the institutional care of mental disease. We have to do with at least four or five, and possibly seven or eight, classes of individuals. Patients suffering from functional nervous disease, neurasthenia, hysteria, are not legally irresponsible, and cannot be committed to institutions. Therefore when they go to a doctor, they consult a neurologist. There is also the group of personality disorders. These individuals are constantly bumping into other people, unable to adjust themselves and to get along without conflict. There are enough recognized types, with sufficiently consistent and typical reactions, to be readily classified, and the psychiatrist can often help and advise in those cases. If their families are able to care for them, patients subject to occasional convulsions need not be confined in institutions. All these classes together constitute a wide field for the psychiatrist and the nurse with special psychiatric training outside of institutional service.

I believe that psychiatry is a branch of internal medicine, and should always be so considered; and I further believe that the diagnosis of mental disease should always follow the exclusion of physical disease. I have frequently seen a case of typhoid delirium taken to a hospital for the insane, and I think all of you have seen such mental changes in the sick as would lead to the belief that they were insane, simply because of their state of mind.
Let me now try to apply the program of community care of the insane to your own particular problem. If we analyze the present available machinery, we find it is strangely wanting. In the large cities there is an occasional clinic, but it is too often but the way station to an institution, and in general is apt to give that impression. I once had a patient who would see me only at her hotel. She had heard of a patient who went to my office and was committed to a hospital, and she felt it would not be safe to consult me there. In the smaller towns the overseers of the poor, usually a frugal group, have jurisdiction also over the insane. A dependent individual so classified can be committed to the care of the state, and the town thus relieved of his maintenance. The country doctor—and I say it with all respect—is more apt to think of the humane side of the case, and may err on the other side by keeping in the community a patient who needs specialized care; but in most cases he, too, is inclined to fall back on the institution as the only way out of a hopeless situation.

It is well known that psychiatry came from the jails and the almshouses, and the most striking thing in mental disease of any sort is the fact that it discourages individual effort, and interferes with self-support and economic progress. When you consider, therefore, that about 90 per cent of the inmates of our state institutions are there on the pauper basis, you will see again the tremendous importance of the economic factor.

This brings me to another phase of community care, namely, the development of social service. It is often classed with nursing as a branch of medicine, and, personally, I have come to rely upon it very much. However, I make bold to say, in comparing two professions which are to a certain extent rivals, that social service today has nothing that corresponds to the standardized training of the nurse. Although I am a specialist in medicine, you all know that I have gone through four years of the routine which all other doctors, whatever their specialty, have likewise gone through. Similarly, when I meet a trained nurse I know that she has had certain training, and belongs to a certain professional class. Up to date, social service has not accomplished this for its workers as a class, although many individual workers are very well trained indeed.

There is the further distinction that the equipment of the nurse is primarily therapeutic; it is concerned with doing something for the patient. Administrative problems and organization are recognized as of importance, but the nurse begins, after all, by doing something for the patient. Therefore it seems to me regrettable that the supervision of mental disease in the community should be slipping away from the nursing profession, and going, almost by default, to the social worker.
There appear to be two reasons for this. In the first place, nurses do not seem to like the work, and second, they have not had a taste of success. They do not like the work, I believe, chiefly because they have not gone into it far enough to see the real scope of the problem; and I think success would soon follow a more intensive experience. A few cases of my own may serve as illustrations.

Five years ago I saw a boy whose father appealed to me to keep him out of the hospital to which he was about to be committed. I really thought the boy might perhaps be better off in the hospital, but his father was so distressed that I helped to get him a place to board in the country. For two months he boarded on a farm where he paid ten dollars a week. The next three months he worked on that same farm, receiving ten dollars a week pay. Then he set up a filling station beside the road, and went into business. This year he sold that out and bought a larger one, and he is now taking care of himself as a citizen in the community.

Why has he been able to do this? First, because his father understands him. When he kicks up a fuss at home, and says he is all through, his father does not react in the same way; he does not try to discipline him. He knows the boy is a little irresponsible, a little bit sick, and he lets the mood pass over. Every once in a while something happens outside the home. The boy gets impudent with someone, and perhaps has a row, but I have been able to interfere occasionally in the consequences; in other words, I have done a little psychiatric work there, and every time I pass that filling station I feel that I have contributed something more to human happiness than if I had committed the boy to an institution.

I could enumerate many cases where persons who have been in institutions now get along nicely in their homes, not because their families are psychologically educated, but because they have learned to understand the significance of the behavior of these individuals. If every visiting nurse and public health nurse would learn a little more about such cases, so as to distinguish between a positive, aggressive, anti-social trait, and a disease that simply interferes at times with normal social reactions, I believe many of these persons would be able to live and maintain themselves in the community.

I once knew of a woman who had had mental disease for thirty years, but had nevertheless been a useful and helpful member of the family, acting as a sort of beast of burden in all the household drudgery. One night an accident happened, as it might have happened to you or to me. She tripped over a lamp, and the house burned. A great cry then went up about the insane woman, and they said, "Why do they not send her to
Danvers," which was the nearest hospital. She was sent to Danvers, and, as far as I know, is there still, and will be there for the rest of her days. But if there had been someone in that community in touch with that individual, a nurse with psychiatric training, for instance, or a doctor with the psychiatric point of view, the woman might have continued to live her life contentedly in the home.

I urge upon this audience a consideration of the problem of community care for the mentally diseased. Look into the matter a little bit, but do not try to take it too seriously. By this I mean that it is not necessary for a nurse to learn psychiatric diagnosis, but she needs to get the psychiatric point of view. She should look upon the problem as one first of all humanitarian, and should seek to understand these patients, and learn to interpret their motives and reactions. And she should face away from the old idea of institutional care for the entire group.

We may admit that it is cheaper to take care of dependent persons in institutions, but it would be cheaper still to give them all the black bottle, and we do not do that. Even from an economic standpoint it has become necessary to reconsider the matter, and the nurse with special psychiatric experience, equipped to supervise a large number of these handicapped persons in their own homes, may prove to be the practical solution of the problem of community care. Yet the real justification for all care of the mentally diseased is the humanitarian consideration, and it is on this basis that I present the subject to your attention.

THE REASONS WHY NURSES SPECIALLY PREPARED IN PSYCHIATRIC NURSING CHOOSE GENERAL NURSING

BY CATHERINE WHEELER, R.N.

Waverley Massachusetts

Before giving some of the reasons why the nurse who receives the greater part of her training in a mental hospital does not remain in that field of work, it might be well to mention, briefly, some of the conditions under which she has trained.

The training schools in mental hospitals vary to a certain extent, as do training schools in general hospitals. The success of the school necessarily depends on the ability of the superintendent, and the opportunity given her to conduct the school according to our professional standards. There is the training school in the mental hospital that requires the highest ethical standards from the student, and other schools that are less exacting. Some schools conform to the regulations for accredited schools in regard
to curriculum, affiliations, methods of teaching, class room equipment and living conditions for students. Some of the mental hospitals have excellent nurses' homes and the rules and regulations governing these homes adequately meet the requirements of an accredited school for nurses. Other hospitals with so-called homes for nurses use these residences for all kinds of employees; while others are less fortunate and have the nurses live in the same building as the patients.

The hours of duty in mental hospitals tend to be longer than in general hospitals. Some of the mental hospitals still striving to justify themselves for the long hours, with the argument that the nurse is frequently sitting out of doors, walking or driving with the patients, little realizing the strain the nurse is under while engaged in this form of duty. However, in justice to the mental hospital, it should be said that some are very anxious to shorten the hours of duty for the nurse.

During the preliminary period, while the student is in the class room, she receives instruction in general nursing procedures and the usual subjects taught in general hospitals, with the addition of psychiatric nursing and allied subjects. In large state hospitals for the mentally sick there is always a hospital service, and in hospitals where the patient population runs to several thousands there is a large field for the nurse to apply the technicalities of general nursing. While the affiliations with the general hospitals provide her with further experience in caring for patients who are physically sick they also give her the required period in the different services. After finishing her three years' course the nurse from the mental hospital training school is eligible for the State Board examinations and registration. She is now specially prepared to nurse the mentally sick as well as qualified to nurse patients suffering from any form of illness.

Does the nurse who receives her training in a mental hospital training school, choose that school in order that she may be a specialist in nursing the mentally sick? No, probably not. Then why did she not go to a general hospital training school? Probably, because she did not want to be a financial burden to her people while she was in training, and the mental hospital training school which gives a generous allowance, enabled her to prepare herself for a nursing career while she still maintained her independence. Sometimes the generous allowance that is given in the mental hospital training school is used as an argument against these schools. Surely the fact that some young women are less fortunate than others in having parents to finance them during their training, should, in no way belittle the nurse or the training school from which she has gradu-
ated; especially in a democratic country such as this. Obviously, as the nurse does not choose the mental hospital training school in order that she may become a specialist, there is no logical reason why she should remain permanently in that field of work. While she was in training she gave two years of her life to nursing mental cases. Has she not done her bit toward the great cause? If every registered nurse in the country would give one-half of this time to the service of the mentally sick, the few nurses who are standing shoulder to shoulder for the improvement of the nursing care of the mentally sick, would begin to see their dream realized.

Perhaps we might now consider some influences that have helped to wean the nurse away from mental work. The mental hospitals have generally associated the nurse with the physically sick, and little has been done to make the field of work interesting.

Although there has been for some time, a definite trend toward giving the student in the mental hospital some knowledge of psychiatric nursing, it is all too true that coincident with this awakening, has come the entrance of the occupational therapist and a tendency in some hospitals to give her the scientific and interesting part of the work, while the student is left to do attendant’s work or act as general custodian to the patients.

The recovery of patients who are mentally ill is always slow, this in itself is discouraging, and the nurse who is engaged in mental nursing is under a much greater strain than the nurse who is taking care of patients suffering from physical conditions.

During training some nurses have been led to believe, both from the superintendent of the school, and from the medical staff that she does not amount to much if she remains in this field of work. During her affiliation course she comes in contact with general hospital students and nurses who have graduated from general hospital schools, and who frequently speak disparagingly of the mental hospital training school. The nurse is sensitive and is all too apt to make more of her general hospital training than her mental training.

Another deciding factor in drawing her away, is the attitude of the public toward the mental hospital, and the lack of a sympathetic understanding for the mentally sick; also, an equal lack of understanding the importance of mental nursing, may be partly responsible for the general belief that the nurse who has trained in a mental hospital training school, is inferior to the nurse trained in a general hospital school. Very often the attitude toward the nurse of the psychiatrist—who unfortunately in many hospitals puts her on the same plane as the attendant—helps her to decide that it is not best for her to remain in mental nursing.
Perhaps it might be argued that the nurses are lacking in strength of character because they do not stand strongly by their own schools. But it might also be argued that they are just human, many of them young and are quite apt to be influenced by people around them. Professor James says a man’s social use “Is the recognition which he gets from his mates. We are not only gregarious animals, liking to be liked in the sight of our fellows, but we have an innate propensity to get ourselves noticed, and noticed favorably by our kind.”

Such recognition after all is what the nurse engaged in psychiatric nursing desires from her professional sisters.

In spite of all that has been said and done to discourage the nurse from remaining in the field of mental nursing, many have remained, and have found that in no way has the fact that they remained in a mental hospital training school been detrimental to their success.

After all what is of greater interest to those who are interested in the care of the mentally sick is not why the mental nurse does not remain in this field of work, but what can be done to keep her interest in psychiatric nursing.

SHOULD EVERY NURSE HAVE PSYCHIATRIC TRAINING?

BY MAUD H. ROSCOE, R.N.

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I have been asked to give my opinion on the question “Should every nurse have psychiatric training?” This is probably a more keenly interesting subject to the nurse who has had that training than to one who has never had such education. I think almost every nurse who has had it does feel as I do—that it was the most valuable part of the different sides making up her whole nursing course, for there is no special course of training for a nurse that would be valuable except as it is placed in relation to the practice of nursing as a whole. I have read that scientists tell us that our bodies have not changed much since mankind has been intelligent enough to know much about them, and that the general form of them will doubtless remain the same; but from the little that has been learned about the mind they believe that the future progress of the race will take place through mental development, and surely as we go on in reading, study and work we feel this to be true.

Psychologists and psychiatrists every year are showing and proving more and more how many of the apparently physical ailments and difficulties of people are of purely mental origin, without physical basis. Deeply
hidden thoughts, fears, frights, hard or unkind associations, complex and painful thoughts of every kind, become mental irritations, and are often referred physically and have symptoms just like any purely physical irritation. They are physical manifestations of the mental condition within.

This knowledge is not new, but it is being studied with more science and enlightenment than has perhaps been possible before. Knowing this, how much more necessary it is than ever before, that nurses coming in contact with conditions of this kind, should have more knowledge and understanding of things mental as well as physical, in order to more intelligently work with them, and to be of greater benefit and service to the patient.

In the psychiatric training the nurse is taught more especially to know something of the mind, normal and abnormal, and of the various phenomena and manifestations of the whole nervous system. As psychology is termed the science of the mind in relation to behavior, such as habits of thinking, character forming, etc., so immediately we can see how much can be done just along preventive lines by a more scientific understanding and an early recognition of bad mental habits, of poor thinking and wrong outlooks, wrong environments, etc., and a better knowledge of the mind and of the nervous system and some of its disorders, makes the care of those conditions by those specially trained for it, a greater help and comfort, as well as quickening recovery.

We know that in the close relation of mind and body—one reacting upon the other—there are many physical illnesses so depleting and weakening that the various mental faculties weaken also. Particularly in the long convalescing periods after severe fevers and other acute conditions do we recognize the patients' inability to cope well mentally with the situations in which they find themselves, as many of their mental faculties, such as will, judgment, faith, courage, confidence, etc., become sick also and need well faculties to direct, encourage and sustain them. With these purely subjective symptoms that have to do with things not visible but personal and within, the mentally trained nurse can give patience, understanding and sympathy invaluable to the patient, and often more necessary than treatments or medicine.

The nurse trained to care mainly for the purely physical diseases such as she meets in the general hospital—especially a big one—is handicapped and limited very much in the development of many of her keener and finer faculties by the nature of the disease and by the short time patients can be kept in such a hospital; all of which keeps up a certain excitement
for the nurse, of quick action, quick results and visible accomplishment. As the patient is often too sick to care which way things go, the nurse works mainly with the disease and misses the opportunity to work and study with the personality during these trying and abnormal conditions. Therefore when the nurse leaves the hospital and has to meet and care for so many of the conditions too long and slow and too chronic and border-line for such places, she often finds herself quite unequipped, restless, uninterested, impatient for results, ignorant of the special needs, and lacking in sympathy and insight, so that the patient, who might have been helped, goes alone in her suffering, and struggles unassisted with the discouragements and mental twists so sure to come. So in order for the nurse to make her possibilities more sound and useful, she must still go on learning, but without the scientific instruction during that time that the psychiatric hospital nurse has already been given.

This makes me feel strongly that the scientific work, the knowledge and the experience gained in psychiatric training, can prepare a nurse better than any other training for almost any of the hard and difficult situations that may come at any time, by the more intelligent understanding of the various mental and nervous conditions which she must care for and come into intimate contact with, she has learned much for the greater helpfulness of all human beings torn and overburdened by the cares, perplexities and sufferings of life.

This training must require and develop rarer qualities of character than can be gained in the general hospital alone, for in the care of the mentally sick every possible resource of value is called upon, and all fine examples of courage, kindness, patience, confidence and faith are needed, and are stimulants helpful to the patient, and guides to direct the course toward health and adjustment.

It may be hard at first for the one starting with that training, but it smooths the pathway ahead, and is a rare preparation for whatever course she may follow in the future; and if she is at all the right type of person, it will leave her with a vision broadened and deepened, and with an alertness and power of observation invaluable to her always.

All this answers affirmatively for me the question "Should every nurse have psychiatric training?" for it seems that by it she is given a better understanding of the more human relations of life, and is able to recognize and to effectually help, many of the varying deviations from so-called normal mental health; and even to better live and better understand herself, and so save a fall from the brink to which we may all at times
come dangerously near, and no one knows better than the nurse who has had both general and psychiatric training, how much the latter has added to her possibilities, and how much she has missed that outlook and understanding in the nurse who has had only the general training.

The best psychiatric hospitals are offering fine, well-rounded courses to nurses starting in this branch of the work, and three years spent in one of these with its affiliations, seems to me as fine a preparation for a nursing life as anyone could possibly select, and starting this way is, to my mind, better than coming to the psychiatric specialty after all the general specialties have been tried, for it trains qualities that take us to the general work keener and better equipped, and more ready for the perfecting of our technique, and the proving and practical use of our academic studies.

If it is impossible for the general hospital to arrange by affiliation to give all their nurses training in a mental hospital, then sufficient psychology should be part of the course, to help her to better understand the mental attitude and reactions of the patient for whom she is caring.

In the discussion (of the report of the Rockefeller Foundation) written by Miss Josephine Goldmark on nursing and nursing education in this country, she emphasizes this necessity of more affiliations with special hospitals—in order to give the nurse a more complete equipment and a better and more uniform training, and by these affiliations to make it possible for both hospital and nurse to be of equal value to each other.

There has recently been a convention of neurologists in Boston, and one of the subjects brought up at their meeting was the growing interest among the best doctors, in the psychic side and personality of their patients, and the idea that the neglect of this side had been a reason for so much treatment by lay healers such as christian scientists, clergymen and many others, and this illustrates also that not only nurses but doctors are recognizing more and more the need of better understanding along this line.

I would like to add in closing this paper something that few people either know or fully realize—that there are more mental patients in this country than all other patients put together; and that the continuance of a nation or a race depends on the preservation of the mentality of that race; and the disintegration of past civilizations has been due to the increase of mental defectives. This also makes it very apparent that nurses—whatever their training—will have continually to meet and to give a large share of help always along nervous lines—and to be an effective factor in that preservation, every nurse should have psychiatric training.
WHAT CONSTITUTES A COURSE IN PSYCHIATRIC NURSING

BY HELEN SINCLAIR, R.N.

With the progress of events in the nursing world has come a general awakening to the fact that nursing the mentally ill is not a form of work to be relegated to women of inferior education and training, but it is a form of nursing that requires women of education and training of a special kind. With the realization of this has come a desire for training in this branch of nursing, and general hospital training schools are now considering affiliations with mental hospitals. It should be mentioned here, however, that many years ago some general hospital training schools were affiliating with state hospital schools, and private schools, for the definite purpose of procuring training in mental nursing for their students.

In view of the present demand for nurses trained in psychiatric nursing, and to meet a greater need that will come if training in this branch of nursing becomes a requirement for state registration, it is obvious, that mental hospitals should prepare to give didactic and practical instruction in psychiatric nursing to affiliated and postgraduate students.

For the establishment of such a course in mental hospitals, it is necessary to plan a curriculum that will include not only subjects pertaining to psychiatric nursing, or subjects which are included in a general hospital training, but that vary somewhat in the method of procedure when applied to mental patients.

The service schedule must be carefully planned.

It is necessary to have properly qualified teachers and suitably equipped class rooms. Suitable living conditions for the students are also a necessary part of the preparation for the establishment of such a course in the mental hospital.

Although the primary object of the establishment of a course of instruction in psychiatric nursing for affiliated and postgraduate students, is, to acquaint nurses with some of the problems of nursing the mentally ill, and to familiarize them somewhat with psychiatric nursing, inasmuch as the wards of the hospital are used for the pupils' field work, the patients in these wards get the benefit of the pupils' training and period of service in the hospital. Thus, it is an advantage to the mental hospital to be used as an educational field for nurses.

In this branch of nursing, we appreciate the value of the minimum of four years of high school as a basis for nursing education. For it is apparent that, for the study of psychiatric nursing, students with four years of high school or more, have a distinct advantage over the students with
less education. The fact that psychiatric nursing is an elective, obviously places it in the curriculum as a third year subject.

In planning a curriculum for a course in psychiatric nursing for affiliating students, it is well to devote some hours to the subject of ethics, even though this subject is included in the general hospital curriculum. Many difficult ethical problems peculiar to this field of work are apt to arise, therefore, time devoted to this subject will save the student and others from future embarrassment.

As the majority of training schools devote comparatively little time to the study of anatomy of the brain and nervous system, this being one of the fundamental studies, it is necessarily a part of the course.

During the past few years, some general hospital training schools have included psychology in the junior year, and without doubt the pupils attending this course who have come from university hospital training schools, will have had psychology as part of their university course in the junior year. However, for the majority of the students who have not had this work, lectures on normal psychology included in this course, will be a preparation for the lectures on abnormal psychology. These lectures include the study of psychology and dynamic psychology with reference to problems in cases of mental disorder and of defective mental development, the reading of patient’s records, and the analysis of mental mechanism of various types of mental disorders, and the description of the different forms of mental tests. An interesting part of the field work, which comes under this subject, is a visit to the juvenile court. This visit is made when the lecturer wishes the class to see certain cases that are up for examination. It should be mentioned here, that it is impossible to get this field work covered in less time than a six months course.

Inasmuch as the subject of psychology is dealt with in its relation to mental illness, it would appear that, with the exception of the lectures on mental psychology and the one on mental tests, the lectures on abnormal psychology should be given by a psychiatrist in preference to a psychologist.

Under the subject of psychiatric nursing comes lectures and classes on: the history of the development of the nursing care of the mentally ill, observation and reporting of symptoms and the use of various records and charts, methods of observation, physical and mental hygiene, the symptoms, treatment and nursing procedure for the different forms of mental illness, with reference to patients in the wards, care of patients confined to bed, detailed technical procedure for the receiving of patients with special instruction in the importance of the method of application of same, study of the personality of patients, importance of the environment (too
much emphasis cannot be placed on this), importance of clothing, serving of patients' food and administration of water, bathing of patients, reéducation and habit training with reference to psychology and with definite, application of training to patients in wards, precautions to be observed in the nursing of all mentally ill patients, emergencies. The lectures on psychiatry include a description of the difference between structural defect and functional disorder; description of the various types of mental disorder with the meaning of symptoms and forms of treatment. Clinics supplement this part of the course.

While the majority of nurses are familiar with a variety of forms of handiwork and games, as this is a form of treatment frequently prescribed for the mentally ill, it is necessary that the nurse add to her knowledge of occupations. Therefore, the learning of various handicrafts and games becomes part of the course of preparation for psychiatric nursing. The occupational teacher and the physical director instruct the nurses in the technicalities of the various handicrafts and games. Unless the occupational teacher and the physical director are also nurses, the instruction on the application of occupations and amusements to the various types of patients should be given by the nurse instructor, who is trained in psychiatric nursing. The instruction in amusements is both didactic and practical, and includes lectures on the history and development of folk dances and games. The practical classes consist of learning different drills, outdoor and indoor games, folk dancing, table games. That the value of occupations and amusements, as a therapeutic measure for the mentally sick, has been approved of and used for many years, is shown by the following quotation from "The story of Bethlehem Hospital" by E. G. O'Donoghue: "As early as 1822, Lord Robert Seymour had urged with great truth and force that some form of employment was one of the best medicines for certain forms of mental malady, where it is necessary to divert painful thoughts or restart the machinery of a lethargic mind." And again "In the twenties the women solaced their winter evenings with the strains of a barrell organ, took snuff and occasionally read; and in the summer they sat on the grass of their garden and played battledore and shuttlecock."

Lectures on hydrotherapy as a form of treatment for the mentally ill are a part of this course, and include demonstrations of baths, packs and sprays to different nervous and mental conditions.

The lectures on the very important subject of mental hygiene, deal with the causes and prevention of mental disorders, habits and their formation, and the relation of the individual to the social group.
If the affiliated course covers a period of four months, this suggested curriculum can be carried quite successfully. If the period is limited to three months, mental hygiene and applied psychology can be omitted as both subjects are touched on under psychiatric nursing and psychiatry. Affiliated students, who are desirous of gaining further knowledge in this branch of nursing, should be given the privilege of returning to the mental hospital after graduation for two months further experience, when they should receive additional clinics and classes in administration especially applicable to mental hospitals. The round table discussions in connection with these classes are a very helpful part of this course. An important part of the training of a psychiatric nurse is the preparation for the gentle art of companionship. A contributing factor to this is the course in literature and art.

The field work for the students should be carried according to a carefully planned service schedule, which places each student on duty in various types of wards. This service schedule however should not include the chronic wards, unless such wards, where there is a definite active system of habit training planned for the patients of the reeducational class. With the exception of the disturbed wards, it is a distinct disadvantage to the pupil to cover the wards of similar classification of male and female patients. One of the difficulties in planning the ward schedule is that the longest period that can be allowed for each service is a four or six months course, does not give the student as much time as might be desired. It is also disturbing to some patients to have much changing of nurses, even though the charge nurse of the ward and the graduate nurses are more or less stationary. It must be remembered, however, that the pupil is in the hospital as a student, and in justice to her and for the ultimate benefit of the mentally ill, she should be given every opportunity to gain as much experience as possible in such a short course. An essential part of the field work of a course in psychiatric nursing, is the system which places the summaries of patient histories conveniently accessible to the nurses. These summaries are placed on the wards with a definite understanding that they are there as a means of educating the nurses to a better knowledge of their work. To strive to stimulate the students to an intelligent understanding of their patients and yet not provide them with the various means of acquiring such an understanding is, to say the least, a very poor way to attempt to hold the nurses’ interest in psychiatric nursing.

In nursing the mentally sick, the general well being of the patient and the observance of all laws pertaining to physical as well as mental health play an important part in the recovery of the patient. It is imperative
that the patients live in well ventilated and comfortably heated wards. Patients may be actually suffering from cold and yet not realize it, and the headache which comes from a poorly ventilated ward, and the ensuing mental disturbance of the patients, is familiar to all mental nurses. The cleanliness and order of the ward not only contribute to the patients’ physical health, but are also factors in mental welfare. A disorderly ward usually results in increased restlessness of patients. Comfortable, home-like surroundings are the ideal environment for the sick mind. Well people live up to their surroundings, and mentally ill patients who have been living down to their surroundings, when moved into beautiful wards have acquired a form of behavior in keeping with their environment.

Beautiful wards are important elements in producing a pleasant environment for the patient who is suffering from mental illness. But, the real factors in creating an atmosphere of cheerfulness and hope in the wards of mental hospitals, are the nurses who are interested in their work, and, who are imbued with the spirit of service, who by their zeal radiate happiness and cheerfulness, which does more to create the ideal atmosphere of a ward than do all its material furnishings.

The nurses sometimes deplore the lack of treatment demanding technical skill, and say there is nothing to learn in the way of technique. Mental nursing is an art which calls for the finest kind of technique, and this can be just as completely broken by the nurse or someone else, as can the surgical technique of the operating room. The treatment for the mentally ill patient is everything that is used as a means to help him return to his former self, and everything in the daily life of the patient can be used as a means toward this end, the technique of which, is the nurse’s mode of using this every day living for her patient’s welfare. The lectures on applied psychology which deal with the psychology of daily life are a guide to the nurse in this very important phase of her work.

The study of the anatomy of the brain and nervous system, of psychology and psychiatry, enable the nurse to have a somewhat intelligent understanding and scientific interest in the patient’s illness, but it does little toward guiding her as to how to nurse the mental disorder. The mental nurse knows that patients suffering from certain disorders will generally behave in a certain way. But she also knows that there are patients suffering from the same disorder, who do not react in the same manner to things around them. Moreover, that the same patient does not react in a given way to the same thing at all times; therefore, as there can be no preconceived idea as to just what a patient will say or do, there can be no routine method of preparation to meet these symptoms. This is one of the difficulties in training nurses for psychiatric work.
Let us now consider the different types of mental hospitals where an affiliated or postgraduate course should be procurable—the state hospital, the psychopathic hospital and the private hospital. The state hospital with its many patients and its active receiving service, its modern cottages with cozy homelike furnishings, its up to date occupational and hydriatic equipment, provides an excellent field for establishing such a course. The strict classification of patients suffering from all forms of mental illness, makes the problem of scheduling students for experience on the different services, very satisfactory. Care must be observed not to place affiliated students on the hospital or infirmary service of these hospitals, as that would be an injustice to the student, who, obviously does not go to a mental hospital for bedside nursing. In the case of postgraduate students, it is different, for the longer period makes it possible to include a short period in the hospital or infirmary service, with profit to the nurse. As the number of patients in wards in state hospitals is unusually large, students should be detailed to observe and report on a certain number of selected cases.

There are three types of psychopathic hospitals. A study, made while in the service of the National Committee of Mental Hygiene, showed that these hospitals vary much as to capacity and activity of service. Some have an extremely active service both as to number and type of patients received. Many of the patients admitted to these hospitals and departments come from foreign lands, and their inability to understand the language spoken, causes them to become more disturbed. This adds greatly to the difficulties of the service of the hospital to which they are admitted. As would be expected, the hospitals or departments that have a large voluntary admission service, have patients of a more amenable class than the hospitals or departments who receive a majority of their patients under the various observation laws or legal commitment. Naturally, it is the patients who are compelled to enter the hospitals, who protest. Thus, a psychopathic hospital or department, which receives many voluntary patients, presents few nursing difficulties as compared with the receiving service of an active state hospital, where practically all patients are admitted on legal commitment and who, frequently, because of their compulsory entrance, are averse to every attention that is bestowed upon them and antagonistic to every form of treatment. These differing conditions would materially affect the experience of the nurses in training. The study of these hospitals and departments also showed that some are used as educational fields for nurses, while others make no pretense of using their wards in an educational capacity.
There is some difference of opinion as to how a psychopathic hospital or department can best fulfil its purpose as a humanitarian, scientific and educational institution. Apparently all psychiatrists are agreed as to the psychopathic hospital being a field for the observation, study and diagnosis of mental diseases, but opinions vary as to how extensively it should be used as a hospital for the treatment of patients, and as to the extent of its usefulness as an educational field. Some psychiatrists are of the opinion that its educational field should be limited to medical students, and should not be used as an educational field for nurses. Obviously, if a psychopathic hospital is not used as a place for the treatment of patients, it does not provide a suitable place for the training of nurses. At an earlier time the extent of the usefulness of the psychopathic hospital was not of so much interest to nurses as it is today, when viewed in its relation to nursing education. One can readily see that a psychopathic hospital, where treatment is carried on, provides a valuable field for training nurses.

Let us now consider the value of a children's ward in a psychopathic hospital as a field of training. I will quote what Dr. McFie Campbell says:

As to the care of children who are admitted to the psychopathic hospital, the nurse is very apt not to realize the importance of getting in touch with the child and aiding to solve the problem in psychopathology. The conventional attitude is that children are very simple organisms, and few nurses or physicians are sensitive to the great complications of the child's psychology and to the definite problems which occupy the child. The nurse has the problem of getting in touch with the child, of studying his emotional life, his reactions to authority, the direction of his affections, his special character traits. From the point of view of treatment, she has to supply the child with a healthy atmosphere, with fair discipline, and to give him correct values with regard to his problems. The affection of the child for the nurse may become an important instrument of the treatment. If one had a special service devoted to the psychopathic children, it would need to be of the hospital-school variety and the nurse would need to be a combined nurse, teacher, social worker and psychiatrist, so far as her attitude was concerned. The great gain which such a unit would be, would be the gain in continued observation by trained workers, and in being able to give the child for a short period an objective environment suited to its needs. In such a unit, treatment could very well be started which could be continued after the child was transplanted to some other environment.

The large private hospital with its excellent equipment and exceptional opportunities for the study and care of the individual patient, provides excellent facilities for the training of nurses in psychiatric nursing.

Enough has been said to show that the three types of mental hospitals, although differing from each other, have splendid possibilities for giving a nurse practical experience in psychiatric nursing. It would be of great value to the student nurse to be scheduled for a certain period of service in each of the different types of mental hospitals.
For the successful carrying out of any scheme of training for nurses in a mental hospital, the nursing department must be properly organized and its position in the general organization of the institution clearly understood. The nursing personnel must be carefully chosen as to professional qualifications. Great stress should be placed on the importance of properly qualified teachers and suitably equipped class rooms.

Much of the success of psychiatric nursing depends on a system of training which fosters the nurse’s individuality and permits the development, of resourcefulness, for in mental nursing, the nurse’s greatest helpfulness to the patient is not in the knowledge of the technicalities and routine service that are prescribed and noted on the patient’s record, but in her ability to aid them in establishing themselves in a normal mode of living.

Too much cannot be said of the importance of the establishment of affiliated and postgraduate courses in mental hospitals. Helpful as the students attending these short courses will be in lightening the burdens of the administration, it must be understood that a short course does not produce an ideal psychiatric nurse. The great problem of who shall minister to the sick in mind, still remains unsolved.

When we see that the mentally ill upon the whole, are not yet cared for as well as the physically sick, it would appear that nurses should now, in a spirit of humility and sincerity, realizing that they are entering this field of work somewhat late in the day, assume the responsibilities of the work with the hope of making a definite contribution to progress, in the care of the mentally ill. The psychiatrist can accomplish very little without the intelligent cooperation of the nurse who applies his suggested methods. She must understand the scientific background of these methods, and be ready to utilize to the utmost the unprecedented facilities for psychiatric nursing, that the modern mental hospital affords. But if it all, may she bring a devotion to the cause of the mentally ill and a spirit of unflagging zeal, that will crown the succeeding years with success far beyond our present expectation.

THE RESPONSIBILITY OF THE PSYCHIATRIST IN INTERESTING THE NURSE IN MENTAL NURSING

By KARL BOWMAN, M.D.

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I have been asked to say a few words on the responsibility of the psychiatrist in interesting nurses in mental nursing. And perhaps the first thing we should like to know is why are nurses not interested in mental nursing.
I think there are a number of causes why nurses do not go in for mental nursing. In the first place, as has been mentioned by a previous speaker, in a number of hospitals for mental diseases the hours are long, the wages are not as good as in the general hospitals, the living conditions are not always as satisfactory. I believe there are still hospitals for mental disease in which the nurses (some of them, at least) live on the same ward as the patients and eat at the same table with the patients. Added to this, is the fact that a large percentage of our hospitals for mental disease, are located at a considerable distance from a large city or a community of any size.

A still more important cause, in my mind, is the common and ever present misconception as to the nature of mental disease, as to the functions of hospitals for mental disease and as to exactly what the condition of the patient in a hospital of this type is. These misconceptions are not merely confined to the average lay person; they are prevalent, I think, among the vast majority of the medical profession and the vast majority of the nursing profession. Most persons think of a hospital for mental diseases as a sort of madhouse, a bedlam, a place where patients run around shrieking and shouting, attacking without provocation anybody who gets in their way, where a large number of excited patients are tied down in strait-jackets. Our popular conceptions of such hospitals are that they are largely custodial places where a person who is dangerous to society, a menace to himself or others is put away by some legal process.

A second misconception is that there is no such thing as scientific nursing of mental disorders. A great many people have the idea that all one does in a hospital for mental diseases is to give a patient custodial care, three meals a day, a bed to sleep in, see that he does not cut his own throat or anybody else’s throat and that he does not escape; that when that is done the requirements have been fulfilled.

A third reason that keeps a great many persons out of mental nursing is the old conception of mental disease as carrying with it a certain stigma or disgrace. And not only does it carry with it a certain stigma and disgrace in the minds of many, but this stigma and disgrace becomes transferred over to those who have to care for those mentally afflicted. So that it is very common in certain medical and nursing circles to look down upon a person who has to do with “mental” cases, and it is felt that not only is it not as highly scientific a type of work but there is a certain disgrace about having to do with mental disease.

Now just where does the responsibility of the psychiatrist come into this whole picture? A great many psychiatrists will admit that the picture
I have given is not overdrawn, but they will disclaim any responsibility for conditions being as they are. To my mind the psychiatrist has a very definite and direct responsibility for two things: first, in altering the popular conceptions in regard to mental disease; and second, which we will speak of later, in regard to seeing that the work done by the nurses is sufficiently interesting and their training satisfactory.

Nearly every mental hospital in this country has a psychiatrist as the head of it, and the psychiatrist cannot disclaim a certain amount of responsibility if the living conditions, the working hours and such conditions of the nurses are unsatisfactory. Unfortunately the final decision in such matters is not left to him. If it were I think that it would be much more satisfactory. But unless the psychiatrists as a group do everything in their power to see that adequate wages, suitable living conditions and proper consideration are given nurses in our psychiatric hospitals, they cannot escape a considerable measure of the responsibility.

I would like to emphasize that hospitals for mental diseases are places where persons who are sick are treated for their disease. Perhaps some of our hospitals for mental diseases do not entirely measure up to these standards. I presume that there are hospitals all over the country which do not measure up to the standards that they should. But remember that in every hospital for mental diseases there are a large number of patients who recover entirely from the mental disease for which they come to the hospital, but that a still greater number recover sufficiently well to go outside and take up activities. And I venture to state that in a psychopathic hospital such as the Boston Psychopathic Hospital there are probably fewer patients in restraint than in one of your largest general hospitals.

Now as regards the need for thorough training in psychiatry. To my mind there is no branch of nursing that requires greater training and greater skill on the part of the nurse than psychiatric nursing. I think that fewer nurses are competent to do psychiatric nursing than any other branch of nursing. I think it takes the greatest skill and preparation on the part of the nurse to do it well. And therefore I would say that our hospitals for mental diseases should give and should require the highest training possible, and the psychiatrist has a practical responsibility in seeing that this is done.

The psychiatrist has the responsibility for seeing that the popular conception of mental diseases as something disgraceful is taken away. All disease is a failure of the individual to meet the demands of life in an adequate way; and whether the demands of life be that he overcome a certain number of tubercle bacilli or typhoid bacilli which have lodged in
his body, or whether it be that he meet a certain difficult emotional situation in life, if he fails in either case it is because he is inadequate. Therefore all disease is a confession of weakness and inadequacy on the part of the person developing it. But there is no particular disgrace attached to mental disease which should not be attached to ordinary physical disease.

All these things I have spoken of have to do with encouraging nurses to take up nursing in the psychiatric hospital. If these things are done I think we will have more nurses taking up psychiatric nursing. And after we have the nurses in the hospital taking the training, what responsibility does the psychiatrist have in seeing that they get an adequate course of training, and just what should he do about it?

In my own mind psychiatry is the most interesting branch of medicine there is. That of course is the reason that I am a psychiatrist. And it is inconceivable to me that any person who has once studied psychiatry and really gotten interested in the subject should ever want to leave it. And I cannot but feel that if a thoroughly adequate course in training is given the nurses in regard to psychiatric nursing, there will never be any problem as to whether the nurse cares to have such a course. And in my own mind such a course—that is, the part in which the psychiatrist is concerned—should consist of a course of lectures in which the behavior of man is taught, at first going into the simple automatic behavior and then showing how the more complicated behavior of man develops from that. Perhaps if I could give you a couple of examples of what I mean it will make it a little clearer.

In the infant during the first six months of life, if you stroke the sole of the foot, you will find that the great toe extends upward. This is due to the fact that certain tracts (the pyramidal tracts) of the brain have not yet fully developed. At about six months to one year of age these tracts of the brain develop and then if you stroke the sole of the foot, instead of the great toe extending, it flexes. That does not mean that this extensor response of the great toe is done away with; it means that this more primitive type of behavior is overlaid by a more complicated mechanism.

Now suppose, later in life, this individual receives a blow in the head, has a hemorrhage of the brain or some way irritates those pyramidal tracts. If you stroke the sole of the foot again you will find not only that because of the injury to the pyramidal tract is the flexion response of the great toe lost, but that this more primitive type of response then comes to the surface; that is to say, you get an extension of the great toe. And this is known as the sign of Babinski, with which perhaps some of you are familiar.

Now in regard to the behavior of our mental cases, we have not merely an apparently new and unexplained type of behavior in the patient, but
find that, in response to some sort of physical disorder, psychic trauma or emotional situation, the more lately acquired type of behavior is lost and the individual reverts to some primitive type of behavior. A simple example of this is the child who has begun thumb sucking at an early age and later, given it up. But, after he apparently has given it up, we will say he gets a spanking. Then you may see that he goes over in a corner and starts to suck his thumb again. In other words, he reverts back to this more primitive type of behavior.

Now that is what I mean by saying that one can teach behavior, showing how it evolves from a simple mechanism to a more complicated mechanism, and how in relation to certain strong stresses and strains of life, whether they be physical or mental, the individual reverts to some simple and primitive method of action. This occurs in what we call a mental disease.

Then in addition to this I think a course should include all the definite abnormal ways of behaving with which the psychiatrist is familiar; and third, should include a definite course of mental hygiene. This course of mental hygiene should be practical, so that the nurse not only feels that she has gained an understanding as to the cause of mental disease and the prevention of it, but that she has also learned from the practical standpoint a way to make her own life more efficient, more capable and more happy. In addition to this the psychiatrist should see that either by formal ward rounds with the nurses or some such method, they are kept in touch with the problems of the patient, so that they know enough about the patient to have an interest developed. If this is done I personally feel that there is no reason why every nurse should not have a course in psychiatric nursing and why the vast majority of them will not look back upon it as the most important, most instructive and most desirable portion of their nurses' training.

THE PLACE OF THE ATTENDANT IN THE HOSPITAL FOR THE MENTALLY SICK

By HELEN C. WILLIAMS, R.N.

Concord, New Hampshire

As many hospitals for the care of the physically sick have a considerable number of patients who become chronic, so also do the hospitals for the care of the mentally sick have a large number of chronic patients who must be given group care.

When we stop to consider the problem of efficiently caring for the two hundred and fifty thousand patients (or approximately that number)
now under treatment in our mental hospitals, we can perhaps form some
idea of the large number of psychiatric trained nurses needed to give
nursing care to so many people.

As our nursing schools do not turn out a sufficient number of psychiatric
nurses to meet this need, it is apparent that another type of hospital
worker is required, to assist in this important work.

The care of the acute mental case is another matter. Only the highly
trained psychiatric nurse (and she cannot be too highly educated for this
work) should be assigned to this type of nursing, which can also be supple-
mented by student nurses.

It is only the highly trained psychiatric nurse who is equipped by instruc-
tion and experience in normal and abnormal psychology, occupational
therapy, hydrotherapy, psychiatric nursing and mental hygiene, who is
capable of approaching the complex problem of the acute distorted mind,
and of realizing the value of psychiatric treatment and care, so necessary
to the recovery of the acute mentally sick.

In the nursing of chronic physical conditions much of the necessary
routine work can be done by workers of lower general and technical edu-
cation than the highly trained nurse has received; in a similar way, large
numbers of chronic mental patients can be given group care by such workers,
but always under the direction of registered nurses trained in psychiatric
nursing.

Then what kind of woman must she be, who will fill this great need?
She must be and generally is, if she remains in the work, a good honest
humane woman, willing to take orders and capable of acquiring a sufficient
theoretical and practical knowledge of nursing methods applicable to the
care of the chronic mentally sick.

We must equip her with a knowledge of personal and hospital hygiene
sufficient to enable her to intelligently carry out the instructions of the
nurse who directs her. She must be instructed in the value of habit train-
ing, and the finest kind of hospital ward housekeeping, with emphasis
applied to the home atmosphere, which is so necessary to all phases of
psychiatric work in institutions. She must be taught to appreciate the
value of occupational therapy, and the use of pictures, books, plants,
music and outdoor recreation, as well as the companionship and kindness
which so many of the mentally sick crave. All of this, as well as element-
tary general nursing, is included in the course arranged for the trained
attendant.

What are the results of this course? We find as a rule that the woman
who is sufficiently interested in taking the trained attendants' course is of
great value to the institution, and generally remains in the work for a considerable period of time.

What does the hospital offer the trained attendant? On completion of the course she is awarded a certificate and some form of insignia which distinguishes her from the untrained attendant. She also receives an increase of salary, is given more responsibility and general recognition in the institution, and is made to realize that she has a definite place in its work.

The nursing of the chronic mentally sick differs greatly, perhaps, from other chronic illnesses, and we must never forget how great is our responsibility as nurses in the care of this group. They come to our state mental hospitals from every walk of life except perhaps the very wealthy, not for a week, a month, or a year, but frequently for their whole future span of life. Their mental state is such that it creates a barrier of misunderstanding between them and their family and friends, and it does not take the unusual thinker to visualize the need of the type of attendant, who can and will faithfully assist in giving this class of patients efficient care, and endeavor to bring into their lives a little of the home and community life from which they are cut off, many of them perhaps, forever.

While the ideal type of attendant for this work is not so numerous as we would wish, there is in the ranks a reasonable amount of very good material. Many of them render valuable service, for which we have the utmost regard and admiration, and like all engaged in the care of the afflicted everywhere, they are fighting the good fight, and contributing their quota to a good cause, and we would be lacking in the best that is human if we failed to recognize what this type of hospital worker is really doing, and that she not only has a place but a very important place, in the care of the chronic mentally sick.

Discussion

Following the papers on mental nursing, a discussion took place relative to the special mental hospital, providing good affiliated courses instead of maintaining within them, schools of nursing.

Miss Sinclair felt this would be very unsatisfactory and that even for affiliated students working eight months and preferably a year seemed to her desirable, as short courses did not develop good care for the patients.

Miss Taylor said she felt many of the mental hospitals should be, and could be nursed by students from affiliated schools, provided those students had had a sufficient amount of nursing experience previously. She thought
a student could get a great deal out of a course of three or four months if
she were given adequate teaching and supervision, and there were also a
sufficient number of graduates and attendants employed to stabilize the
service. She said she had had nine years of experience with this type of
organization and it was satisfactory and the student nurses profited by it
and enjoyed it and the nursing care of the patients was good. She thought,
however, additional time desirable for further specialization.

Friday Morning Session

Nellie G. Brown, R.N., presided.

TEACHING PRACTICAL NURSING

BY RUTH KAPITZKY DANIELS, R.N.

Ann Arbor, Michigan

The teaching of practical nursing carries with it not only one of the
greatest opportunities but also one of the most important responsibilities
to be found in the nursing profession. Any group, professional or other-
wise, must depend upon its new recruits for its future well being. The
early impressions and training of these new members are potent factors
in the determination of their professional attitude and education.

A nurse may possess great skill and nearly perfect technique, but without
a basic knowledge of the principles and fundamentals underlying that
technique, she is a mere automaton and in no sense possesses a professional
education. Furthermore, for the nurse to be truly educated requires that
she must have the spirit, perhaps best described as the "soul of nursing,"
which enables her to see in her patient not only a delicate and highly organ-
ized mechanism out of order, but a fellow human being in trouble as well.
Unless these elements are presented to the student early in her career, it
is most difficult for her to develop a professional consciousness later on.
The practical nursing instructor, by the very nature and closeness of her
association with the students from the moment of their entrance to the
school, has a great opportunity to contribute through them to the progress
of nursing education.

"Teaching Practical Nursing" is truly a pretentious title for such a
modest paper, for it is intended only to include a discussion of several
particular points, some of which have been suggested and all of which may
well be a part of such a paper.
It is now a well established fact that demonstration is imperative in the proper teaching of nursing procedures. It has long been a known psychological truth that the memory for a word seen is ten times greater than for a word merely heard. This principle has been applied and is now commonly used in many forms of teaching. With the demonstration should go careful explanation of underlying principles and their application.

After the student has seen a demonstration there should be ample opportunity for her to practice the procedure under careful supervision, with sufficient repetitions to assure an understanding of details. This requires both time and adequate practice rooms, two factors often lacking. Repetition in the class room makes not only for skill but for a clearer understanding of each procedure.

For any course the student should have some sort of text as a guide for study. Since, from the very nature of this subject, there is wide variance in details, it seems advisable that there be specific notes to supplement and correlate with the demonstrations. The exact text for each school must necessarily differ somewhat from those of other schools, since the equipment and routine treatments vary greatly in different hospitals. Therefore it is difficult to find a text-book which is entirely applicable in a given school. Mimeographed or printed notes, compiled with a definite situation in mind, will perhaps best supply the need. Reference readings in at least one standard text book will add emphasis and give the student a broader viewpoint.

In order to keep the work presented up to date with the progress being made in nursing and with the new discoveries in methods of treating disease, certain changes are likely to be necessary every year. These alterations can be provided for by the use of a certain number of blank pages, of like size and shape, on which the student may record additions and personal notations which may be of value to her. If the notes are separate mimeograph sheets, this may be easily arranged; if the notes have been bound these blanks may readily be included.

The time and method of distribution of such notes allows of some discussion. If bound, they will surely have to be given to the student at one time, preferably the beginning of the course. This arrangement has the advantage of decreasing the chances of lost pages, and is a convenient and time saving form for the instructor. The student’s natural curiosity and tendency to “look ahead” in any book should serve to render her more familiar with the work. On the other hand there is a psychological element of anticipation in the giving out of notes only as demonstrations are presented, which is no doubt a wholesome one. Notes seen for the first time
may elicit keener interest. Furthermore, in case the student leaves the school and returns her notes to the Instructor, there are fewer pages to be accounted for. If the piecemeal method of distribution is followed the question arises as to whether this distribution should be made before or after the demonstration. Notes in hand will no doubt decrease the amount of the student's note-taking, so that her attention may be more fully given to the demonstration. However, there may be an inclination toward inattention, due to reading of these notes, unless time can be allowed for this purpose before the Instructor begins her class. This loss of time might be considered by some a disadvantage. The details of a plan of distribution can perhaps be determined most satisfactorily by the individual Instructor, covering the type and form of her notes, the class hours available and her students.

To raise any standard always requires a vision of possibilities and infinite patience, and the standard of nursing procedures is no exception. If we are to be continually progressing and using better and more efficient methods, the practical nursing class room is the place where this progress must begin. In other words, the class room sets the pace for the nursing procedures of the hospital, in the matter of equipment as well as technique. This does not imply a disregard of ward facilities or methods, but rather an effort to raise ward standards to those maintained in the class room. Success will be more likely if there is free consultation and conference with those in charge of the wards, for their help and suggestions are often most valuable. By giving the probationer an ideal one may hope in time for a permanent improvement in the wards.

It is generally agreed that there should be correlation of the class room and the ward work. The ward is, in a sense, the student's laboratory, and her work there, throughout her entire course, should be supervised. In many schools, especially the larger ones, it is impossible for the practical nursing instructor to supervise on the wards efficiently, owing to the lack of time. Assistant instructors or instructor-supervisors offer a solution. Student assistants for the probationers many times do splendid work, as well as derive excellent training from this experience. For supervision beyond this preliminary term graduates are no doubt preferable in carrying on the work begun in the class room. The instructor herself would do well to visit the wards as often as possible, not only for the student's benefit but also for her own advantage. The precise amount of time which she can give will be determined by the size of the school, the number of classes admitted per year, and her activities in connection with her class work.
One of these activities, too often ignored, is actual scientific research work in connection with nursing procedures. There is frequently a tendency to make a bed in a set fashion because it has always been done so, regardless of the patient’s comfort, the energy expended by the patient and nurse, the time consumed and the hospital material used. Time is wasted in teaching obsolete methods instead of perfecting the technique of newer treatments being required. In doing this work the instructor must be of a truly scientific mind, unprejudiced, alert, receptive and discriminating. Through research much may be accomplished for the future benefit of nursing.

The Rockefeller Educational Report calls to our attention the prodi-gality of non-educational routine performed at present by nurses. To minimize this waste requires intelligent and intensive study of the problem in each school. In many instances the solution is to be found only after considerable effort. The practical nursing instructor’s interest and responsibility in nursing procedures on the wards make her directly concerned and well suited for active research work in solving this problem.

In conclusion the points suggested may be summarized as follows:
1. The demonstration method in teaching practical nursing is essential.
2. Supervised repetition makes for skill and gives the student a firm foundation for future work.
3. Mimeographed or printed notes, in addition to text book references, are highly desirable. The method of distribution depends upon the immediate circumstances.
4. Provision for students’ additional memoranda, to be included with their notes, will prove valuable.
5. Class room standards must be high and exceed those of the wards, if necessary, to maintain a proper type of work.
6. Follow-up work is vital when regularly done by the instructor supervi-sor with additional supervision by the instructor.
7. There is an urgent need of scientific research work in nursing proce-dures, and in determination of the amount of non-educational routine to be eliminated.

MENTAL TESTING

By MARY GOODYEAR EARLE, R.N.

New York University

Walter Lippmann, in a series of articles in the New Republic, expresses perhaps the sentiments and prejudices of the average layman on the subject of mental testing. He rather naively admits that he has an emo-
tional complex about "the business" when he says, "I hate the impudence of a claim that in fifty minutes you can judge and classify a human being's predestined fitness in life. I hate the sense of superiority which it creates and the sense of inferiority which it imposes." If intelligence were the only factor in success, Mr. Lippmann might be justified in feeling as he does, but fortunately, intelligence is only a single factor entering into that complex and subtle quality; though executives and supervisors in training schools will probably consider it a very important one. We have not wholly grasped the individuality of a person just because we have tested his intelligence.

But just what do we mean when we speak of intelligence and intelligence testing? What is intelligence? Every one here knows perfectly what it means. Is it perhaps because we suffer so often from the lack of it in our student body? We might call it "the ability to learn, the ability to profit by experience, the ability to analyze a situation and to profit by instructions." William Stern, the German psychologist, says that "Intelligence is the general capacity of an individual consciously to adjust his thinking to new requirements; it is general mental adaptability to the problems and conditions of life." Professor Giddings of Columbia calls it simply "gumption."

Individuals are supposed to inherit this general capacity to learn very much as they inherit the color of their eyes or their hair, and I think no one here would deny that brown-eyed parents will probably have brown-eyed children. It is generally believed that this all-around learning capacity differs widely in different individuals, but that among members of the same family there is likely to be about the same capacity to learn. In other words bright parents will probably have bright children and dull parents dull children—but this would not apply if a man happened to marry a beautiful high-grade moron, and this happens in the best of families.

There are psychologists who believe that general intelligence is a single inborn capacity to become intelligent in all situations. There are others who think that it is a group of more or less related capacities which enable a man "to acquire intelligent behavior in many different activities." Thorndike of Columbia believes, for instance, that there are three main types of innate intelligence, namely: intelligence for words and abstract ideas; motor intelligence, or skill with the use of the hands; and social intelligence, or the ability to get on well with one's fellows. These three types are all related but not necessarily to a high degree. The second and third would be extremely desirable in a trained nurse.

There is at first something a little startling in this theory that the degree of one's ability to learn is inherited from one's ancestors. We know all
about the inheritance of grosser physical characteristics and the predisposition of some people to certain diseases, but we are not yet accustomed to that idea that so-called intelligence in its varying amounts is also inherited. Yet the thought that musical aptitude, or an ear for music, may be transmitted from father to child is not a new one and the knowledge that true feeblemindedness is handed down from parent to offspring is now common property among the intelligent. Feeblemindedness is believed to be inherited according to the Mendelian formula. Why then should we object to the theory that capacity to learn and to readily form new habits is inherited? Particularly since we never use all the capacity with which we are born? Why should our self-love be so injured by the thought that we are not adults of superior intelligence? "It is no disgrace for a blind man to be unable to paint a picture, nor is it considered a great social injustice for a man of ordinary size to be denied the opportunity of serving as a giant in a side show." We object to this thought chiefly perhaps, because it is a new idea, and so one to be regarded with suspicion. But after all, the amount of our capacity to learn is only one factor in our success. The moral and social qualities are of paramount importance—zeal and enthusiasm and fervor loom large in a few people of very average intelligence; and these qualities, effectively motivated, may well be said to "move mountains." It is not unheard of to hear of men of superior intelligence who cannot adequately support their own families. Determination, persistence, reliability, ability to lead and to "carry on," are moral qualities apart from innate intelligence which no one can ignore in the up-hill struggle for success. Neither can one possessing a high degree of intelligence hope to achieve, if handicapped by laziness, unsteadiness and wilfulness. Yet these qualities and characteristics are regarded as variable quantities, they may be cultivated, and they are largely affected by the environment in which one is placed. Here the will-to-do and the will-to-be may accomplish undreamed of results.

One cannot assert with accuracy that this entity called general intelligence is something entirely apart and free from the influence of environment, for environmental factors act and react upon human beings from the moment they are born. Those born blind and deaf, for instance, have definite sensory handicaps which must and do limit the development of latent capacity. To have power we must use it, and the person with a potentially strong heart would not have one were he to spend years in bed. And so it will always be that those born into the more favorable and stimulating environments will tend to have the greater intelligence both by reason of superior endowment, often, as well as by the enrichment of opportunity for development.
It is interesting to realize that we owe to the genius of Alfred Binet the modern instrument for the testing of general intelligence. In 1904 an educational measure in Paris required the selection of all the mentally defective children in the public schools, such a selection to be made by individual examination. There was at that time no definite method of making such examination and with the object of supplying one, Alfred Binet, a psychologist, and T. Simon, a physician, determined to standardize their scale of tests. In order to do this, selected groups of average Paris public school children were examined and the results finally standardized. The first revision appeared in 1908 and the second in 1911. Since that time various standardizations of the Binet tests of intelligence have spread throughout Europe and America and this subject has become one of international importance. Regarding the Binet Scale for individual examination, Cyril Burt of England says, "pending the construction of some more scientific scale whose authority is as generally revered, the Binet-Simon Scale must for rough and practical purposes still hold and monopolize the field." In other days, as well as today, it was an easy matter to detect an idiot or an imbecile, but the moron and particularly the high-grade moron slipped all unnoticed by. The laggard at school, the child whom teachers thought would not learn, never dreaming that he could not; the man, though a worthy fellow, never quite able to support his family and keep his chin above the waters of failure; the young thief, repeatedly caught, who still cannot learn that stealing does not pay; the housemaid who seems to have no "common sense," as well as the brilliantly endowed individual who does not work because he does not have to, to keep the pace with his less gifted neighbors, are all detected and differentiated by the Binet Scale and its well standardized revisions. There are all degrees of intelligence ranging from idiocy on the one hand to genius on the other.

To Alfred Binet also we owe the concept of mental age, about which we are beginning to hear so much. The mental age, it must be remembered, is a hypothetical measure assumed and understood by psychologists as the yard or the pound in industry, or the calorie in dietetics. It simply means the performance of the average child of a certain age on a general intelligence test. For instance, the average child with an age of ten years will have a mental age also of ten years. At the same time the mental age for the average adult is set at fourteen years, because this is the way the standardization has turned out. The "average adult," standardized on a large number of cases, is able to do, on the tests of the Binet Intelligence Scale, what the boy or girl of fourteen can do and no more. As Terman aptly remarks, "the strictly average representative of the genus homo is
not a particularly intellectual animal.” At last we are beginning to understand one of the reasons why it is that in a study of native-born whites, out of 1000 children only 95 graduate from high school and only 10 from college. This gives us an inkling of our real demand when we exact a high school diploma for entrance to a training school. “The mental age has no significance whatsoever aside from the particular scale from which it is derived. The term ‘mental age’ really means a score on a particular series of tests, and this term should always be regarded as a score and not as a diagnosis. The term is the resultant of at least three factors: physical maturity, environment, and native intelligence.”

Likewise the term “intelligence quotient” is an arbitrary measure employed so frequently that we speak of it as the I.Q. This is the mental age divided by the chronological age and is usually expressed by per cent. The I.Q. of the exactly average child of any age is 1 or 100 per cent. But the I.Q. of the adult of any age is based upon the age of fourteen.

The testing of general intelligence amounts to mental measurement accomplished by means of mental tests. Dr. Link, an authority on industrial tests, and the psychologist in the United States Rubber Corporation, says that a “mental test is a device, similar to a measuring instrument in any of the sciences, by which certain mental activities can be accurately measured,” and measured largely apart from school knowledge. A mental test does for the psychologist much the same thing that the thermometer does for the physician. It is a valuable and above all an economical instrument in mental diagnosis.

Now “measurement in any field does not change to an appreciable degree the material to be measured. The surveyor, for example, who measures the area of a field makes very little impression upon the soil over which he passes. A physician who measures the weight of an infant does not thereby increase that weight or diminish it. In the same way the mental tester who applies a test to a filing clerk does not by that act increase the efficiency of the clerk.” “A test of intelligence confers no new functions;” it can and does “tender additional aid” about the person measured. The real purpose of a mental test “is to tell the facts about a situation more exactly and with greater objectiveness than they could be told in a description. A child may seem at first to be underweight, but to know definitely whether or not that is true it is necessary to measure his age in terms of years and months, to measure his weight in terms of pounds and ounces and to measure his height in terms of feet and inches. All of these measures taken together, however, will not hinder the child’s growth or make him develop more rapidly. They merely indicate what his present condition is.”
Among other things tests of intelligence do prove that some members of the species are much stupider than others; that school prodigies are usually brighter than school laggards; that the offspring of socially, economically and professionally successful parents have better mental endowment on the average than the offspring of janitors, hod-carriers and switch-tenders, and that at least 50 per cent of commercially immoral women are mentally defective. According to Professor Terman, the scientific method of testing intelligence "gives us a universal standard of comparison. The result is absolutely uninfluenced by the general intellectual level of the group with which the subject to be rated happens to be associated. It is like measuring the height of a house instead of estimating it by comparison with the height of surrounding buildings." "With regard to the qualitative scope of tests and their degree of reliability, it has been seen that their chief value lies in detecting the innate or acquired mental ability of the individual." "Tests do not reveal moral qualities and in this sense their value is limited."

"Psychological tests must not be overestimated," says Stern of Germany, "as if they were complete and automatic operative measures of mind. At most they are the psychographic minimum that gives us a first orientation concerning individuals about whom nothing is known, and they are of service to complement and render comparable and objectively gradable other observations, not to replace these."

"The scientific method of mental measurement has passed the theoretical stage. It has squared with the facts wherever it has been intelligently applied. It has been demonstrated in a wide range of business and industrial applications, in education and in its use in determining the qualities and fitness of officers and men in the army and navy. What it offers is the shortest, simplest and most accurate means available of determining human capacities and qualities."

Group tests of mental ability as well as of achievement have become increasingly popular since a million and a half of our army men as well as 453 of our army nurses were tested during the war. There is much to be said for this method of testing as a speedy, economical, but more or less rough measure of finding the intelligence ratings of numbers of people. It lacks the precision of the individual test as well as a valuable opportunity for case study, but it is a prompt and efficient means of sorting out those of superior intelligence. The high scores made by individuals on a group test may be taken at their face value, but it would be a serious injustice to an individual to assume that the lower and sometimes the average scores were a fair measure of their performance. In other words,
those making low scores on a group test should be re-tested either with another group test of known reliability or by one of the standard revisions of the Binet. Concerning the army tests, in this connection, Verkes and Yoakum say that “There are convincing evidences that some men are not fairly measured either by Alpha or Beta (these were the two group tests used), and that the provision of careful individual examination for men who fail in Beta is therefore of extreme importance.” A good doctor does not diagnose a case of tuberculosis or cancer without a careful use of all the instruments at his disposal. In this same connection Professor Colvin says: “In my work with students at Brown University I have found scores of instances in which intelligence tests have not only failed to indicate in a positive way college performance, but have also shown results at variance with this performance. In a considerable number of cases the lack of relation has been clearly due to the fact that qualities other than intelligence have played a deciding part.” Professor Colvin refers here to group tests.

Of the advantages to industry in the use of tests, Dr. Trabue says: “There is, in fact, no degree or kind of employment for which a more intelligent and satisfactory selection of employees cannot be made by means of properly devised mental tests accurately applied, than by any other method now in use. A large number of the biggest industrial corporations of America have already adopted in whole or in part some system of scientific mental tests, often in connection with vocational and industrial tests of various sorts for the classification and grading of present employees, the selection of new ones, and the filling of vacancies by promotion.”

“It should be very clearly understood,” says Dr. Stern, “that psychological tests are not easy to conduct. Their administration demands extended practice, psychological training and a scientifically critical mind. Average teachers’ methods of applying tests are apt to be positively illusory.” The inexperienced, however clever in his particular line, has no moral right to tamper with a matter so vital to the individual concerned. The well trained nurse does not prescribe medicine, neither does she diagnose disease.

To quote again from Walter Lippmann, in those now classic articles in the New Republic: “One has only to read around in the literature of the subject . . . . to see how easily the intelligence test can be turned into an engine of cruelty and how easily in the hands of blundering and prejudiced men it could turn into a method of stamping a permanent sense of inferiority upon the soul of a child,” or of an adult. And so of necessity such a tool must be intrusted to the care of those who know how to use it and to interpret the results.
In countless ways intelligence testing would be of enormous value to superintendents and supervisors of training schools. Might not mental tests afford a partial solution of some of the problems of the curriculum? It will certainly afford an explanation of why some students cannot do chemistry and an equally efficient way of crowding some who can do it if they would. Might not a superintendent select the students for positions of responsibility with more confidence, knowing already their intelligence ratings? Would she not be in an infinitely stronger position to recommend those fitted for positions of leadership in after-training days?

You will remember that we mentioned earlier in this paper a study of the schooling of native-born whites, which reveals the fact that out of every 1000 in the population only 95 graduate from high school “so that distinctly more than average intelligence would seem to be a prerequisite to a college education and almost as strictly a prerequisite to graduation from or even entering, high school.” In view of the fact, and also in view of the difficulty of securing high school graduates in some parts of the country, would we not be simply abreast of the times, rather than ahead of them if we required an intelligence test of our students very shortly after entrance as probationers, as well as some measure of school achievement. I do not believe for instance that any woman of super-intelligence wishing to become a nurse, should be turned from our doors without a trial, no matter what her early schooling has been. If Professor Thorndike says that a boy making a score of 95 on his tests should be admitted to college regardless of the deficiencies of his early schooling, can we, so sorely in need of suitable student material, be less generous? The object is not to lower our standards but to raise them, and to raise them in such a way that we will get results. Dr. Woodworth of Columbia says that while 50 per cent of those going to high school can never graduate, many who could do the work never go. Cannot we use some of these accepting them on the basis of adequate intelligence testing? A recent experience of my own in Binet testing in a large and prominent hospital illustrates what one means. Two little Irish girls recently arrived in this country were taken as proba-

tioners. One would have said from casual observation of them that they came from about the same social stratum. The individual examination (a group test would not have served this purpose) developed the fact that one of them was a very ignorant little person of the shanty-Irish type, with a twelve year old vocabulary, with a mental age of thirteen years and nine months and an I.Q. of 98; the other was really a very well educated person, a so-called superior adult, with a superior adult vocabulary, a mental age of eighteen years and an I.Q. of 129.
Though no one would presume to deny the importance of the moral characteristics, it would appear that what we need most in our profession is intelligence and plenty of it. As long as science has given us the means of finding it, why not take it wherever and whenever it comes to us?

SUMMARY OF RESULTS OF INTELLIGENCE TESTS ON STUDENT NURSES IN THE ROBERT W. LONG HOSPITAL, INDIANAPOLIS

By HERMAN H. YOUNG, Ph.D.

Indiana University

This study was undertaken at the suggestion and conducted with the cooperation of Mrs. Ethel P. Clark, Director of the Indiana University Training School for Nurses, Robert W. Long Hospital, Indianapolis, Indiana. Mrs. Clark introduced the use of the intelligence tests into the Training School during the year 1919, and has since then regularly had all students tested.

The Indiana University Training School for Nurses employs a six month's probation period in the selection of its students. Unpromising students are dropped during this probationary period. Efficiency records are not kept on probationers. All comparisons of this paper are based upon the intelligence test results and work of student nurses who survived the probationary period. The student nurses reported here are a relatively highly selected group, because they have survived the selective process of the high school and the probationary period of the training school. The selectness of the student nurses is also indicated by the following facts:

1. On an average they rate 8 percentile points above the average for high school seniors.

2. Only one student nurse falls below the tenth percentile, or all except one come from the upper 90 per cent of high school seniors. Nearly two-thirds of the nurses rate above the average for high school seniors.

3. They rate 13 percentile points above the Indiana high school senior girls who reported nursing to be their choice of life work.

4. On an average they rate 7 percentile points above the average for Indiana teachers in training.

5. The average number of credit points earned by even the lowest group of nurses is distinctly higher than the average for the entire university.

These facts seem to indicate that even the nurses rating lowest on the tests are not inferior as compared with our general population. They are inferior only as compared with the highly selected group of nurses of which
they are a part. This study indicates that the modern system of intelligence testing is of definite value. In the course of an hour it so distributed the members of this highly selected group of student nurses that when the test results are checked up with the progress and success of the students in training the following correlations are found:

1. The students rating highest on the intelligence test, made distinctly the highest average in both their theoretical studies, and their efficiency record on practical work.

2. There is no significant difference between the efficiency records on practical work of the students who rated lowest and those who rated average on the tests.

3. The average number of credit points earned in theoretical studies by each of the three selected groups of nurses varies directly with their ratings on the intelligence test.

The intelligence test results correlate higher with theoretical studies than with practical work. The essential characteristics of group intelligence tests are undoubtedly responsible for this.

*Note:* Complete study on file in headquarters’ office for reference.

THE AMERICAN CHILD HEALTH ASSOCIATION ANNOUNCEMENT OF A SCHOLARSHIP FUND FOR INSTRUCTORS IN SCHOOLS OF NURSING

BY WINIFRED RAND, R.N.

The American Child Health Association has requested me to make an announcement in regard to one of its activities.

We are all amalgamating business and amalgamating local organizations and amalgamating the national organizations, and during the last year an amalgamation has occurred which has been of great interest to the people interested in children, and that is the amalgamation of the American Child Health Association and the Child Health Organization of America. Those two groups have formed the American Child Health Association. This association has a very simple creed as its basis for action. It believes that every mother should have the right, as far as knowledge will give it, of a safe pregnancy and a right to have a well baby in her arms at the end of that pregnancy. It believes that every child should have the right of a protected childhood, which will mean safe progress through that period of life. With this simple belief they are trying to do their part in bringing this about. Their opportunities are only limited by the number of children in America and the opportunity to give, so that their work is a big work.
One of the first offshoots of this amalgamation is the setting aside of a fairly tidy sum of money for the further education of people to carry out this program of protection for the children. Money has been set aside for the further education of physicians and teachers and nurses. $10,000 has been allotted for scholarships for the further education of nurses. This money will be spent in sums ranging from $200 to $1000. That is, they will offer a year’s work or a short course or a summer course to nurses all over the country wishing to prepare themselves to do better child health work.

We have been hearing a good deal these last few days, having a good many recommendations as to the education of the nurse, and we are told all that she ought to have in pediatrics. We are told that the education of the nurse should be on a college grade. We are told what she should have in the way of mental nursing. We are told by the Rockefeller Committee that the course should be shortened. It is a problem. I do not know what we are going to do about it. But I do know that today we need more nurses in this big field of child health work to do our work in the field. As Miss Goodrich said the other day, a very large proportion of the children who need care and who need it badly are not in the hospitals and probably should not be in the hospitals. The problem is the care of the child in the home, and those who are in the public health nursing field today realize how tremendously we need from the training school nurses who can help in this problem of caring for the children in their homes, seeing that they get the start in life which it is their right to have.

For this reason we need instructors of training schools who can help the student nurses look out beyond the walls of the hospital into the community from which their patient is coming, and what that patient is going to be up against when she goes back into the community.

The hospital is not an isolated thing set down without relation to the community. It belongs to the community, and we want very much that there shall be instructors in the training school who see the opportunities in the public health nursing field and through experience have learned of the thing which they can interpret to the student nurses. And for that reason part of this money which the American Child Health Association has set aside for the further education of nurses is offered to instructors in training schools to go out from their training schools for a few months or a year to study and learn of the problem of caring for the children in their homes who have never come within the walls of the hospital but who need so much the intelligent nursing care which a nurse must learn first of all in the hospital training school.
And so the American Child Health Association desired that this group should know of this opportunity, should consider the possibility of sending from their ranks nurses who can spend a few months or a year gaining a different experience in life which will make their contributions to the training school richer when they return to it. The headquarters of the American Child Health Association are in New York, 370 Seventh Avenue, and we wish very much that any one who cares to inquire further into the scholarship will write there. The application blanks are ready now. Through this means we hope to be able to offer to the instructors of training schools the opportunity to know something more of public health work, particularly the problem of the care of the child in order that they may more adequately interpret its meaning to student nurses.

DEVELOPMENTS IN TEACHING SINCE 1873

BY M. ADELAIDE NUTTING, R.N.

I am very sorry that I have not had time to give any preparation to the interesting subject assigned me and therefore can only speak to you most informally. It has been refreshing indeed to listen to these carefully prepared papers on teaching and to realize the strides which have been made since the first training schools for nurses arose in this country. Their first task was to clean up the hospitals in order to make good nursing possible in them. This they did, taking over the entire nursing service so thoroughly and effectively that it became and remains to the present day the first charge upon the energies of all of our schools of nursing. Virtually our whole educational system has had to be built up within, or after the full day's labor in caring for the sick. There was hardly anything to offer pupils in those early years outside of the hospital wards.

Such theoretical instruction as was given consisted for years of one lecture weekly by a physician on the treatment and care of various diseases and these lectures were always voluntary contributions. One of the older generation of nurses told me how often the heavy demands of the wards made it impossible for all students to attend this weekly lecture and it was always arranged that some student would be chosen to take very full notes and read them later to the assembled group of less fortunate students. Lectures at that time, apparently, came into the category of privileges like hours "off duty," to be granted "hospital duties permitting." At a later period these lectures were supplemented by a weekly period of class instruction, given by the superintendent of nurses, or by her assistant if she had one.
When, years later, the Johns Hopkins Hospital School of Nursing was opened, Miss Hampton tried the experiment of having two lectures weekly by physicians, but this was ahead of the time and had soon to be abandoned. The students had no time for the further study which two lectures weekly called for. Of course the prevailing custom then required students to write up their lectures in detail and submit their note-books for examination, an unprofitable use of both students’ and teachers’ time, long abandoned elsewhere.

The hours of duty were pretty universally and for a long time, about ten hours daily, a condition of things which of itself would make any respectable scheme of instruction either impossible or useless. Later, in the better schools, the hours of duty came down to a somewhat variable nine hours daily and there it still remains in most schools.

The course of training covered two years, but what this actually meant for the pupil nurse was a first year in the hospital in training and a second year of nursing in families outside to whom they were assigned by the school, payment for their services going directly to the schools at first and later to the hospitals. This use of pupils became pretty firmly established and I recall that at one of the first meetings of this society a vigorous resolution was passed condemning the practice as a serious injustice to the pupil; but whether this ever got to the hospital authorities, I do not know. Since then private wards in hospitals have developed greatly, the use of students as special nurses became widespread, grew into a serious abuse and now is declining. The devastating effects of this practice upon an educational system are easily seen. Another equally questionable use of pupils which had its origin in the earliest days, has grown into a prevailing custom and a truly formidable evil to deal with, was that of requiring pupils in their second year to serve as head nurses. Thus their time was not only occupied in responsible official services which form no essential part of a nurses training, but what is of even graver importance, placed the training of the younger pupils largely in their hands.

Roughly outlined, the picture of those early schools would show no suitable class rooms, no laboratories, nor teaching material of any consequence, no libraries, and no teaching staff beyond the weekly lecturer and the superintendent of nurses. For years the single text-book on nursing, beyond Florence Nightingale’s inimitable “Notes on Nursing” was the small volume by Weeks, which combined with nursing procedures a little anatomy, some materia medica, dietetics and ward management.

It is perhaps fair to ask how under such conditions as these early schools presented, it was possible to produce such excellent results. For few
things in our whole history are clearer than that the nurses at that time were in the main, women of unusual skill and competence,—in some instances, of quite extraordinary ability. I always answer this question by pointing out that they were not the usual type of students, but were usually women of maturity and experience and with the best education that the period afforded. A good many of the women who entered these schools were already trained teachers and of their recognition of the educational problem which the schools presented we have considerable evidence. It is reasonable to suppose that they were able to take fuller advantage of the meager opportunities available, than could the younger women of later years, bringing a totally different kind of education and little experience in life. Perhaps also those first nurses realized that they were shaping the methods and ideals in a new and important profession for women. What they actually entered, was, at the time, however, a very old field of human labor, with a great past tradition and an entirely undeveloped educational scheme full of glowing possibilities.

Things advanced rather slowly, it seems to us, in looking back over the first twenty years, but at the end of that time there began a series of advances and reforms which were of much importance in their effect upon teaching. The first came in 1896 with the introduction of a radical change in which the course of training was lengthened from two to three years, the eight hour day was adopted, and the customary payment of money to pupils was abolished.

The next important event which came soon after, was the opening up of the course for training school superintendents at Teachers College and at very nearly the same time came the development of the preliminary course in training schools. Almost immediately following this, came the enactment of the first laws regulating the practice of nursing and prescribing the amount and kind of training which should be given.

The extension of the two year course to three years, was a logical step forward at a time when it seemed to have become evident that the amount and kind of teaching needed to prepare nurses adequately for their future work, could not by any effort be brought into the two years under the then existing conditions and prevailing ideas. The three years was designed to provide time for the expansion of existing courses and for the introduction of new subjects and services; and to allow time for teaching them adequately.

Wherever the money allowance formerly paid to students was used as the plan intended it should be, to pay the salaries of additional teachers and supervisors, there of course the students were better taught and supervised. Wherever the shorter day which was a part of the plan, was
established, the students had some little margin of time available for study. The three year course of training was speedily and widely adopted, because it was so manifestly to the advantage of hospitals that it should be, but schools generally, found themselves unable to bring about the other conditions needed, to make the three year plan educationally effective. Even today, over twenty-five years after it was first initiated, a mere fraction of our schools have an actual eight hour working day, though this was regarded as an essential part of the three year plan. Nevertheless the change did serve on the whole to give a decided impulse toward better teaching and to set in motion new ideas about the education of nurses. Marked improvements were made in a good many schools and the period marked the beginning of some important later reforms.

The introduction of the Preliminary Course went a long step further. It made possible a thorough reorganization of the curriculum; it brought the sciences into their proper place and added new subjects; it provided for the payment of salaries for trained teachers and called for suitable teaching equipment. In setting aside a definite period of time, free from hospital claims, to be devoted to systematic instruction in required subjects, it became for the first time possible to set up the idea that instruction should be paid for and to ask tuition fees. The preliminary course was a genuine advance in educational method and notable improvements date from that time. A point not generally noted is the frequency with which it has served to enlist the interest and cooperation of other educational institutions, providing as it were the first connecting link between them and schools of nursing. Thus better teaching has been brought into these schools and a livelier interest stimulated in the whole educational problem in nursing.

And I believe I am right in thinking that in nearly all of the laws relating to nursing, or in the regulations which they have brought forth, the preliminary term appears to be looked upon as an indispensable part of the course of training.

It is impossible here to go into a discussion of the laws and their effect upon teaching, that would be a chapter all by itself. It would be difficult to overestimate the value of the influence they have exerted over nearly every phase of instruction and in considerable measure over the hospital conditions which have always to be reckoned with, in efforts to improve the education of nurses. They have performed the great task of defining clearly and establishing publicly the fundamental essentials required in such education.
The other event of this period and in certain ways the most far-reaching of all, was the opening up in a great university of courses of study for graduate nurses. The title which the course of study at Teachers College held for the first ten years, "Hospital Economics," shows clearly that it was designed to meet the needs of those directing Schools of Nursing in which hospital service was a predominating factor. During those years the courses dealt mainly with administrative problems and a definite program of preparation for teachers in these schools, did not take shape until the appointment on the staff of Isabel Stewart, a trained teacher of experience with a scholarly mind and an enthusiastic interest in the education of nurses. She was not only able to make effective use of the peculiarly valuable opportunities offered in Teachers College for the training of teachers, but she created new courses dealing with the special problems of teaching in schools of nursing. Her best energies have been unweariedly held to the purpose of improving standards of teaching in these schools, in the only way in which they can be improved,—through adequately equipped teachers. The demand for such teachers has been for the past few years, far in excess of any possible supply, with the number of suitably qualified students who come to prepare for this branch of work. And here let me say how important it is that the superintendents of our schools should cooperate wholeheartedly in advising and helping their best qualified graduates to turn to teaching as a career and to secure the special preparation required for it. We have something like 1800 schools and every one of them needs teachers. It is hardly reasonable to expect that enough nurses of special ability and able to meet this great demand, can be drawn from a few schools only.

A further word should be said here about the importance of developing more courses for the training of teachers. It would be a boon to our schools of nursing if there were well developed courses of this kind, in the far and in the middle west; in such places for instance, as San Francisco and Chicago. Every effort to establish them in such suitable locations should have strong endorsement from this association.

The work of teaching in schools of nursing as it is now developing, opens up an attractive, useful and satisfying opportunity. The range of subjects to be taught, is large and varied and rich in human interest. The students bring a strong incentive to their work and are eager for that knowledge which will help them to answer the questions constantly arising in their daily tasks, from which they come directly to the class-room and to which they return at the close of instruction. The teacher of nursing has a
unique opportunity to test in many ways the efficiency of her own methods. She is free to move about the hospital and watch her students at work, to follow the progress in medical discovery and consequent changes in treatment, and to talk over with the physicians of the staff any educational problems concerning which she needs advice. Indeed, it is obviously her duty to do all these things.

The teacher is a comparatively new element in the training school staff, and there are naturally questions yet to be settled in her work and relationships. Perhaps the most serious of these at the moment, concerns the excessively large burden of teaching and in a variety of subjects which she rather frequently has to carry. No teacher can be adequately prepared to teach, no teacher can effectively handle as large a number of subjects, nor can she teach as many hours as are now often required. It takes usually several years of hard special study, to prepare one to teach any of the sciences well, yet nurses with slim preparation are frequently asked to teach several of them. As a matter of fact, the day is passing when nurses should attempt to teach any science without having secured such preparation as is required of other teachers in that subject. While all of our educational work was in its early stages, it was entirely proper for the one teacher who could be afforded (always a nurse) to take hold and do her best with whatever had to be done and with the resources available, and nurses have grappled both intelligently and courageously with the teaching problem which confronted them. And I have no doubt that a nurse, other things being equal, is the best teacher of science in a school of nursing, since she knows how to relate it to the work for which it is designed to prepare. But I sometimes think, we run a little danger of forgetting that in nursing the great teaching is that which takes place at the bedside and over the patient. In a sense it would perhaps be true to say, that all other subjects are antecedent or tributary to what is taught there. Nursing is our art, in which we must unfailingly excel. To do this, we need apply our very highest energies, striving constantly to gain a truer understanding of our work and toward finer and sounder methods in it. There does not seem to me to be any reason why a nurse with real command of her work should not become as distinguished in her own field, as are eminent teachers in other fields. Our schools should be as noted for their gifted and inspiring teachers, as for their able administrators. Special branches of nursing come to mind at the moment, in which some of our women of intellectual ability, ought now to be preparing themselves to teach the coming generations of student-nurses.
Among the things for our teachers to keep in mind, two stand out as worthy of mention. The first is the need for continuous study of the effect upon existing nursing methods, of the new discoveries which are constantly taking place in medicine and science. Some of our teachers should be carefully prepared for such study, and should devote a good deal of time to the most searching test of nursing procedures in the light of these new discoveries, with the view of enriching our knowledge, enlarging our understanding and of bettering our methods of work.

The other matter is the equally urgent need of watching the field in which nurses are occupied, and the nature of the demands which are being made upon them. Where do they excel in their work? In what way do they fail to meet the just expectations of those who are relying upon them? It seems to me essential that the teachers as well as the superintendents of our schools should follow their students out beyond the doors of the hospital, and enter into their labors and difficulties. We are for instance, confronted with the fact that a very large number of our students are entering the public health field. No matter how much special preparation they may later secure, the right foundation must be laid during their nursing training. That has been largely and necessarily occupied in the study of the treatment of disease, but such study in future must penetrate deeply into the causes of disease and into methods of preventing and controlling it. But this we are beginning to recognize as an important part of the training of all nurses, since no one of them is free from the obligation to use to the utmost the quite exceptional opportunities which continually come to nurses in the ordinary course of their day's work, whether that goes on in a private household, or in a public institution.

All nurses must in the future be armed with knowledge of the best ways of healthy motherhood and childhood. All nurses must gain a better understanding of the minds of those among whom they work.

These are some of the things to form an essential part of the foundation which the school of nursing must lay, and unless this is solidly built, vain will be our efforts to rear the nursing structure of our dreams. To help lay this foundation is the truly great task of our teachers in schools of nursing and I know of no greater opportunity awaiting women anywhere. It opens out a wide, vital, hopeful and most inspiring realm of teaching.
ABSTRACT OF REPORT OF INSTRUCTORS BASED ON 61 REPLIES TO QUESTIONNAIRES

By NELLIE G. BROWN, R.N.

SIZE OF SCHOOLS REPRESENTED

Hospitals in which these 61 instructors are located range in size from 30 to 1748 patients, and the number of students from 8 to 250.

PREPARATION FOR TEACHING OF INSTRUCTORS

<table>
<thead>
<tr>
<th>Education</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>High school education only</td>
<td>16 or 26.1%</td>
</tr>
<tr>
<td>Four years college</td>
<td>12 or 19.6%</td>
</tr>
<tr>
<td>Previous teaching experience in grade schools</td>
<td></td>
</tr>
<tr>
<td>or colleges</td>
<td>26 or 42.6%</td>
</tr>
</tbody>
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HOURS OF TEACHING

Teaching hours per week given vary from 3 to 36. The largest number come in the 20-hour week group—8 reported this. The median comes at 16 hours, and the average is 16 hours and 33 minutes.

In the 3-hour a week group, the individual teaches bandaging, surgical nursing, obstetrical nursing and gynecological nursing, and assists with bacteriology, materia medica, and dietetics. Her non-teaching work is assisting in the operating room.

The one teaching the greatest number of any hours given, which is 36, teaches nursing theory and practice, anatomy and physiology, bacteriology, hygiene, chemistry, materia medica, dietetics—7 subjects—and assists with surgical nursing medical nursing, obstetrical nursing, ethics, nursing history and orthopedics—6 subjects. She also takes charge of the school in the absence of the director, and very mildly states at the end of the questionnaire. “It would be very nice if duties of instructors could be more clearly defined.”

It would seem, therefore, that the work of the instructors is not planned to promote teaching efficiency. There is too great a variety in the subjects that are taught, necessitating varied types of preparation and tending to encourage a superficial and efficient presentation of any one subject with too little attention given to drill.

THE NUMBER OF SUBJECTS TAUGHT

Five instructors are teaching only 1 subject, but at the other extreme is 1 instructor who is teaching 17 subjects. The greatest number in any one group is 10, teaching 3 subjects, and the average is 3.5 subjects to an instructor, with 5 as a median.
This makes a total of 22 subjects which are being taught by instructors, and further analysis of the number who are teaching the same subject shows a much wider variation.

DUTIES OTHER THAN TEACHING

The work which has been reported as non-teaching work may be divided into 2 groups.

A. Those directly associated with teaching work, viz:
   1. Preparation and clearing of demonstration rooms and laboratories.
   2. Correcting students' notebooks.
   3. Following up ward work, and
   4. Individual preparation for teaching.

B. Those bearing no relation to teaching, viz:
   1. Record keeping.
   2. Chaperonning classes.
   3. Assisting in the nursing school office.

To summarize the educational and non-educational duties regularly performed by instructors:

If A "3," or following students' work on the wards is considered as educational, then the total average time spent in A (educational work aside from teaching) is 23 hours and 31 minutes a week, with 14 hours and 16 minutes given to B (the non-educational duties).

If follow-up work is transferred to the non-educational group B, then the average total for A (educational duties) is 15 hours and 28 minutes, and B (non-educational) is 21 hours and 20 minutes.

The hours per week accounted for definitely

Average number teaching hours per week .... 16 hours 33 minutes
Average number hours in other educational duties ........................................ 23 hours 31 minutes
Average number hours in non-educational duties. 14 hours 16 minutes

54 hours 20 minutes per week
or 9 hours a day excluding Sundays.

Such a total means that too great a proportion of the week's time is definitely accounted for, leaving no time for interviews with individual students, library work, or familiarizing herself with clinical material from which much of her illustrative material should come.
THE POSITION AND RESPONSIBILITY OF THE INSTRUCTOR

This more intangible subject is, of course, more difficult to determine, but may be approximately estimated by considering definite items which have to do with the executive side of the schools.

A. Planning the curriculum.
27 have the entire responsibility for the curriculum.
12 assist the director of the school.

B. Planning the courses taught.
4 have no part in determining the content of courses.
11 assist the director of the school in deciding this.
36 have entire charge and
2 follow the outline provided by the Board of Examiners.
2 those found in the "Standard Curriculum."

C. Class schedules.
The hours at which classes shall be held are determined by 41, 8 subject to the approval of the director, and 33 have the entire responsibility, while 11 have nothing to do with the choice of class hours.

D. Varied hospital duties.
This group excludes such duties as following students work on the wards which was considered under educational duties properly belonging to the instructor. We find 9 instructors with the following duties regularly assigned to their care.
1 makes regular inspection rounds.
2 have charge of the patients' histories.
3 have charge of the distribution of the nurses' laundry.
4 care for ill students.
1 has charge of the cystoscopic room.
8 relieve the director of the school during her absences.
6 have charge of the nurses' residence and act as chaperones.
1 has charge of the new students' apartments only.

E. Rank on the staff.
5 have rank next to the director of the school.
4 have rank third below the director and next the assistant director.
2 rank with the assistant director, acting as first assistant on the educational side.
15 rank as members of the staff, their grade comparing with that of the supervisors.

8 have distinctive rank and titles such as Educational Director, Instructor in Theory, Instructor in Science, or Instructor in Practical Nursing.
A. Offices: 14 have none, 27 have one, and 2 have two.
Of the 14 without offices, all of the instructors' work in 9 institutions is
carried on in the nursing school office with the director's assistants and 5
use desks in the class room.

<table>
<thead>
<tr>
<th>Number of schools</th>
<th>One room serves as class room, demonstration room and laboratory</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lecture room and separate demonstration room</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Science laboratory</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Dietetics laboratory</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Library, special room, not a living room</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Privilege of a medical school's equipment</td>
<td>2</td>
</tr>
</tbody>
</table>

The school connected with Mount Sinai Hospital, New York City,
should head the list with its educational building.

**SALARIES**

Salaries range from $85 to $166 per month.

To summarize briefly: A fair proportion of nurse instructors have taught
in grade or secondary schools, and about one-third of them have either full
college or normal school training.

The number of hours of teaching a week is too high in most instances,
but even more serious than this is the wide variation in the types of subjects
taught and the number taught by one instructor. We doubt seriously
whether any woman can teach from five to seven subjects and have suffi-
cient knowledge of her subjects to do good work. Of course, it does not
need to be said that it is impossible to teach seventeen subjects.

It is doubtful whether diseases of the eye, ear, nose and throat, mental
and nervous diseases, venereal diseases, skin diseases, pathology, medical
and surgical diseases are within the nurses' province. Granting that
much of the teaching in these subjects, which has been done by the medical
profession, had been unsatisfactory, the remedy does not lie in giving the
unsatisfactory courses to the nurse instructor.

Anatomy and physiology is taught by 28, materia medica by 30, and
hygiene and sanitation by 34. Considering, that only 32 of the instructors
have had more than one year of college work, it is quite evident that not
all of these can have had advanced courses in these subjects and that their
knowledge can not be much broader than that of their students.

Too much time is taken up with non-educational duties—14 hours a
week being used that could be spent in other ways.
The position of the instructors on the staff should be more clearly defined. Realizing that no organization can have two chief executives, the logical rank would seem to be that of first assistant on the educational side of the school and the usual first assistant would continue to rank as assistant on the administrative side. With this position should go more responsibility for the administration of the educational department, planning courses and schedules and correlation of practice and theory, but the instructor must make schedules that can be carried out without upsetting the machinery of the institution.

A salary of $1500 a year with no living expenses compares favorably with that of high school and college teachers who are not heads of departments and it is interesting to note that in the questionnaires suggestions concerning salary were not prominent.

SUGGESTIONS

The adjustments necessary to make the instructors more valuable to the schools seem to be these:

1. Better educational preparation for women taking teaching positions.
2. Duties not educational in character should be omitted. Examples: office duty, chaperoning classes not bearing directly on the subjects which the instructor is to teach. A better grouping of subjects to be taught by the instructors should be worked as: A. Science, B. Several grades of nursing parallel with the physicians courses in the various subjects.
3. Rank should be given the instructor parallel with that of the first executive assistant.
4. Student aid should be provided for detail work such as note book correction and laboratory assistance.
5. Relief from hours of duty allowing freedom to use the hours aside from class and personal office hours as may be most advantageous.
6. Elimination of night classes.
7. Allow the instructors more part in determining the fitness of students for acceptance and in disciplining for poor scholarship.
8. Arrange for time to be granted for advanced study in summer sessions or for an occasional winter course at colleges in the community.
9. Better cooperation on part of instructors with members of the administrative staff which may be shown by more consideration of the needs of the hospital when planning schedules of class hours.
10. More correlation of theory and practice by ward classes or supervisory rounds.
11. More use of the clinical material in the hospital for purposes of illustration.
To attract more nurses to the teaching field such adjustments as the foregoing will help and in addition may we suggest.
1. That third year students be given opportunity to act as assistant instructors under close supervision.
2. That instructors in a community form groups for discussion of their problems and invite the student instructors.
In closing may we state that it will need vigorous effort and close coöperation and patience on the part of both the directors of the schools and the instructors to bring about changes in the existing scheme of things but, with the increasing emphasis which we are placing on the educational side of our schools, no work could be more timely or more productive of good.

Discussion

Some of the points emphasized in the discussion of these papers were: The value of projecting the student into the working environment, as soon as possible. In teaching practical nursing, Miss McCrae felt the students should have ward duties, though not responsibility, very early in their course of instruction. She believes in teaching by the method of application. (2) That the practical instructor is one of the most important members of the faculty and wields the greatest influence as she comes in such close contact with the student and teaches all the fundamental principles. For this reason, she should be selected with the greatest care. (3) That the idea of note book correction was too obsolete to consider and the concensus of opinion as demonstrated in the discussion was that it was a great waste of time and method of spoon feeding and not consistent with good teaching. (4) The use of mental testing in determining the equivalent of education was discussed. Mrs. Earle brought out the point that mental testing belonged to the realm of the specialist and should not be used by the average nurse or physician. That if adequately and skilfully done, it was of wonderful value, but in the hands of the unskilled, a great danger. (5) That a committee on nomenclature be formed to study the terms by which individuals should be known in the school and in the various departments. It was recommended to ask the Board to appoint such a Committee.
Laura R. Logan, R.N., presided.

REPORT OF THE EDUCATION COMMITTEE OF THE NATIONAL LEAGUE OF NURSING EDUCATION ON THE REVISION OF THE CURRICULUM

The Education Committee has, for some time, been considering the revision of the Standard Curriculum for Schools of Nursing, but deemed it advisable to postpone any definite action until after the publication of the full report of the Winslow Committee on Nursing Education.

At a meeting of the Education Committee held in New York City in January, the Chairman was authorized to begin work on a scheme for revision.

Before drawing up a preliminary plan, it was important to secure from members of the League, suggestions for changes, and their opinions as to whether the revision should be made on the present three year plan or on the Winslow plan for two years and four months.

With that end in view, a questionnaire was prepared. It was composed of three sections which were as follows: section I asked for suggestions as to changes, omissions or additions to be made in the material discussed in the introductory portion of the present edition under the caption, "The Relation of Hospital and Training School Organization and Administration to the Curriculum;" section II consisted of the following questions: (1) Shall the course of instruction be worked out on the basis of the recommendation of the Winslow committee for a two years' and four months' course? (assuming high school education as a requirement, the elimination of non-educative routine, and the postponement of specialization until after graduation). (2) Shall the 3 years' course be continued? (3) If neither of these, what do you suggest? In the third section was outlined in parallel column, the practical and theoretical instruction as given under the present three years' plan and also the program for the two years' and four months' course as outlined in the full report of the Winslow Committee, with spaces for suggested changes.

This questionnaire was submitted first to the members of the Education Committee for their recommendation and approval, after which copies were sent to 180 members of the League of Nursing Education and the National Organization for Public Health Nursing.

The following letter was sent with the questionnaire:
The Education Committee of the League of Nursing Education is now about to undertake the revision of the Standard Curriculum for Schools of Nursing, which has been deferred until publication of the full report of the Winslow Committee on Nursing Education.

This report is now available (issued in book form by Macmillan's) and it presents definite recommendations for strengthening the curriculum and for improving in various important ways the conditions under which the education of nurses is carried on. The National League of Nursing Education has endorsed this report, and we should therefore expect to use in our revision as many of its suggestions as are practicable at the present time.

Since the last revision was made six years ago, there have been some changes in Schools of Nursing, and there have been changes and developments throughout the field occupied by nurses. There has also been progress in various branches of medicine and science. All of these factors should be considered in the forthcoming revision.

We are anxious to obtain a representative opinion from members of the League to aid us in working out the preliminary draft of the proposed revisions, which is to be submitted to the League at its meeting in June.

A full and frank statement of your opinion on the enclosed blanks will be of great service to us. It should be in our hands not later than May first.

Faithfully yours,

Elizabeth C. Burgess,
Acting Chairman-Education Committee,
Teachers College, New York, N. Y.

Due to an unexpected delay, it was not possible to send out the questionnaires as early as had been planned. For this reason, the date for return was extended from May first to May twenty-first. Notification of this change was made by sending postal cards, which also called attention to an error in the number of hours of instruction given during the preliminary period.

Of the 180 questionnaires sent out, 33 were returned. The Committee appreciated fully that in sending out such a long questionnaire, the filling out of which required much time and thought, we were asking a great deal of busy administrators and instructors; but realizing the importance of securing the opinions of those who are actually responsible for the carrying out of a program of instruction, we felt justified in making this request. The Committee is very appreciative of the help which has been given by your replies.

It would be impossible, in this report, to give in detail all the suggestions received. They have, however, been tabulated and will be used by the Committee on Revision.

At this time, only a brief summary will be presented. In order to make it clear as possible, each section of the questionnaire has been summarized separately.
Section I: This section asked for suggestions concerning the introductory discussion under the heading, "The relation of the hospital and training school organization and administration to the curriculum." The recommendations which were made related mainly to bringing the material up-to-date. Several suggested a re-wording of some of the headings and a re-arrangement of the topics. Many expressed the opinion that the newer terms "school for nurses" and "ward practice" should be substituted for the older terminology, "training school" and "ward training."

Not a single recommendation was made to eliminate any part of this material, which seemed to indicate that it should be included in a revised edition.

Section II: This section dealt with the length of the course.

Nineteen approved of revision on the 2 years' and 4 months' plan.

Ten recommended continuing on the 3 years' basis, but in almost every instance the recommendation was qualified by a statement such as the following, "If the 3 years' course is improved" or "Specialization and electives to be included in the third year."

Two felt that since many schools could not at present come up to the requirements of the Winslow Plan, both plans should be given.

Two suggested that 2 years and 4 months was too short a time for all except college graduates.

We can conclude from these replies that the majority approved of revision on the 2 years' and 4 months' basis, and that those who recommended that we continue on the 3 years' plan agreed unanimously that the further 8 months should be spent in specialization or elective work.

Section III: The third and last section asked for recommendations as to changes in the number of hours to be given to theoretical instruction, the number of months to be spent on various services, and the arrangement of both practical and theoretical work.

The findings of this section have been difficult to summarize and, in this report, I shall give only what seemed to be the consensus of opinion.

I. RECOMMENDATIONS MADE BY THOSE WHO APPROVED OF CONTINUING THE 3 YEARS' PLAN

A. Recommendations for the preliminary period

1. Practical instruction.

   a. That 4 hours daily of practical work on the wards is too much. It should be shortened to 2 or 3 hours.
2. Theoretical instruction.
   a. That an increase in the number of class hours be made in the following subjects:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Present Plan Hours</th>
<th>Suggested Increase Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and physiology</td>
<td>60</td>
<td>64 to 90</td>
</tr>
<tr>
<td>Chemistry</td>
<td>20</td>
<td>45 to 60</td>
</tr>
<tr>
<td>Bacteriology</td>
<td>20</td>
<td>40 to 48</td>
</tr>
<tr>
<td>Elementary nursing</td>
<td>60</td>
<td>75 to 120</td>
</tr>
<tr>
<td>Nutrition and cookery</td>
<td>40</td>
<td>60</td>
</tr>
</tbody>
</table>

B. Recommendations for the remainder of the course—after the preliminary period

1. Practical instruction.
   a. That Dispensary Service should be definitely provided for.

2. Theoretical instruction.
   a. That an increase in the number of class hours be made in the following subjects:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Present Plan Hours</th>
<th>Suggested Increase Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary pathology</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Nursing in communicable diseases</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Nursing in pediatrics</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Nursing in obstetrics</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Diet in disease</td>
<td>20</td>
<td>30 to 36</td>
</tr>
<tr>
<td>Elements of psychology</td>
<td>10</td>
<td>24</td>
</tr>
</tbody>
</table>

II. RECOMMENDATIONS MADE BY THOSE WHO APPROVED OF THE 28 MONTHS’ PLAN

B. Recommendations for the preliminary period

1. Practical instruction.
   a. That 6 hours per week for ward practice is not enough. It should be increased.

2. Theoretical instruction.
   a. That the number of class hours be decreased in the following subjects.
   b. That history of nursing be included in the preliminary period.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Proposed Plan Hours</th>
<th>Suggested Decrease Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and physiology</td>
<td>90</td>
<td>60 to 64</td>
</tr>
<tr>
<td>Bacteriology</td>
<td>45</td>
<td>30 to 32</td>
</tr>
<tr>
<td>Chemistry</td>
<td>60</td>
<td>30 to 45</td>
</tr>
</tbody>
</table>
B. Recommendation for the remaining two years—or the period following the preliminary period

The majority accepted without changes this portion of the curriculum as outlined by the Winslow Committee. The following are a few recommendations which were made:

a. That 2 months experience in the private wards be included.
b. That obstetrical experience be decreased from 3 months to 2 months.
c. That 1 month be allowed for Eye, Ear, Nose and Throat experience.
d. That the number of class hours be decreased in the following subjects:

<table>
<thead>
<tr>
<th></th>
<th>Proposed plan hours</th>
<th>Suggested decrease hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massage</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Nursing in surgical diseases</td>
<td>45</td>
<td>30</td>
</tr>
<tr>
<td>Nursing in communicable diseases</td>
<td>45</td>
<td>20</td>
</tr>
<tr>
<td>Nursing in obstetrical diseases</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Nursing in pediatrics</td>
<td>30</td>
<td>20</td>
</tr>
</tbody>
</table>

What, then can we conclude from the replies to this questionnaire? Although some have recommended revision on the present basis of a three years' course and others have approved of the 2 years' and 4 months' plan, the principles back of the recommendations are not so divergent as they may at first seem. In fact, after studying them, one finds that most of the recommendations are based on the same fundamental principles.

All seem to agree that the curriculum, including both the theoretical and practical experience, should be enriched. In the Winslow plan, although the course has been shortened, definite provision has been made for an increase in both classroom and ward instruction. Those who advocated continuing on the 3 years' basis, also unanimously agreed that the course should be improved, by adding more class hours, providing a more varied ward experience, and by arranging for specialization during the latter part of the third year.

Another point on which there seemed to be almost universal agreement was that all students, no matter what branch of nursing work they intend to pursue after graduation, need the same foundation, the same "basic training."

The Winslow Committee suggests that, if certain requirements are met, this basic training can be given in a shorter period of time than three years, and recommends that specialization be postponed until after graduation.
Those who favor the three years' course, the last part of which is to be spent in elective work, are really supporting the same principle. The only point on which an agreement will have to be reached is, shall we graduate students at the end of the period which includes the basic training, or shall we keep them in the school for a longer period of time and provide for all some type of special work? May I call attention to the emphasis on the word "all," because it is important for us to consider whether we are justified in continuing a three years' course with electives unless provision can be made for every student to have some type of special work which she elects.

After a careful consideration of the replies to the questionnaire, and in view of the fact that the League has already endorsed the Winslow Report, the Education Committee offers for your consideration the following recommendations as a basis for the revision of the Standard Curriculum for Schools of Nursing:

That the discussion under the caption, "The relation of the hospital and training school organization and administration to the curriculum" be included in the revised edition and that as many of the suggestions as seem practicable be incorporated in the revision.

That the revision be based on the Winslow Plan for a 2 years' and 4 months' course, such changes being made as may be indicated by the findings of the questionnaire and a further, more extended, study.

The foregoing is the report which the Education Committee presented to the Board of Directors of the League at their meeting on Sunday.

The Board was not in agreement with the majority of the Education Committee that this should be the basis for revision and in consequence did not accept the report.

On Monday evening, June 18, the Board of Directors and the Education Committee held a joint meeting, at which there was a frank and full discussion of the matter.

First it was shown through the minutes of the Seattle meeting that while a letter of appreciation had been sent to the Winslow Committee for the study which had been made, that the League had not as the Education Committee has understood, endorsed the Winslow Report.

After this discussion the Board of Directors made the recommendations to the Education Committee as shown in the following motion:

Moved by Mrs. Clarke, seconded by Miss Hall, that the curriculum be outlined with reference to a three years' course. Carried.
Miss Goodrich moved, seconded by Miss Russell, that in revising the curriculum the Education Committee be asked to consider the minimum and maximum period of time as expressed in credits for the basic training to grant a diploma in nursing. Carried.

These recommendations were considered by the Education Committee at a meeting held on Tuesday afternoon. As a result the Committee asked of the Board that the following alternate plan be considered; namely, that the revision of the curriculum be temporarily postponed, until a further study of the matter can be made, possibly until we have some further light thrown on the matter through the actual working out of the shorter period of instruction. That as soon as it becomes necessary to reprint the curriculum a small edition in paper cover shall be prepared, that a preface shall appear in the edition stating that revision is being undertaken, and making such statements as are possible for the assistance of such schools as may be undertaking to follow many of the lines pointed out in the Winslow Report. That the committee will also have printed outlines of courses which are greatly needed in the development of our work along the lines indicated, and that such outlines will later be incorporated into the revised curriculum.

The Board of Directors of the League has accepted the plan.

Respectfully submitted,

ELIZABETH C. BURGESS,
Acting-Chairman Education Committee

REPORT OF COMMITTEE ON DEPARTMENT OF NURSING AND HEALTH

Miss Nutting said: Some of the members present will I am sure, recall the beginnings of the work at Teachers College and the heroic efforts we made for years to keep it alive, our great anxiety being that through lack of funds we might be unable to maintain it. It was supported during its first years by contributions largely obtained from members of this society, who subscribed the several hundred dollars required annually to keep it going. An endowment seemed the essential thing and an effort to secure this was begun by Miss Alline, then in charge of the work which was called "Hospital Economics." Later a special committee took up this work and with the effective cooperation of the Associated Alumnae as the American Nurses Association was then called and many outside friends, the sum of $10,000 was gathered. At about this time, through Lillian Wald, our friend Mrs. Jenkins became interested and her generous gift enabled us to
create a department in the college and to begin the upbuilding of a faculty. Very soon after this, came the sudden death of Isabel Hampton Robb, from whose idea the work at the college arose and there was some thought of establishing a Professorship in her memory and using the fund already collected as a nucleus. Later, this was abandoned in favor of a Scholarship Fund in her name and our energies were turned to building up that kind of a memorial. It was then decided to ask the League to hold this fund of $10,000 in trust, until we should determine how it could best be applied to the needs of the Department, since it had been collected for that work and could not therefore be used for other purposes. As the work at the college soon began to develop rapidly, the need arose for more secretarial help and additional lectures, and finding from our advisors, the Banking firm of Brown Brothers, that the income of the Fund was available for the educational work for which it had been contributed, we asked to have the interest turned over to the college for the growing needs of the Department. For a few years this was done, but there were several years when it was not needed and the fund went on accumulating until it amounted to $11,600. As the years passed, it grew certain that no further effort would be made to add to it and its presence in the treasury of the League, became in certain ways confusing, giving rise to wrong impressions as to the actual amount of funds owned by the League. And as the older members who knew about it were passing away, it seemed wise to finally turn the fund over to the Department of the College for which it had been originally contributed, and to which it would have to go sooner or later in any event. So after holding it in trust for over ten years, the Directors of the League have formally turned the fund over to the College. Wishing to give it some special significance, the Dean and Trustees have decided to use it to endow an Isabel Hampton Robb Fellowship, and the interest therefrom, amounting to $650 annually will be available for some highly qualified nurse who wishes to do advanced work in the Department at the college. This is of course quite different from the usual scholarship, the holders of which must generally carry a full program of study. The Fellowship in Nursing is held on the appointment of the Dean and is intended for those only of exceptional acquirements in any of the branches of nursing and preferably in some form of educational work. I think I can see some well-earned sabbatical period devoted to special study such as this fellowship provides for. And I may as well announce now, that I am hoping to induce some of our friends to give a little more as time goes on, so that we may eventually have perhaps as much as $1000 a year for this our first important Fellowship.
REPORT OF COMMITTEE ON TRAINING SCHOOLS FOR NEGRO NURSES LOOKING TO AN AFFILIATION FOR THEM WITH THE AMERICAN NURSES’ ASSOCIATION

A questionnaire was sent to all State Boards of Examiners with the result that thirty-seven schools were reported as giving training to negro nurses of these twenty-four are accredited by Boards of Examiners and thirteen are not accredited.

There are about three hundred and seventy-five members of the National Colored Nurses’ Association.

An attempt was made to find out how many schools were represented in this membership without success. An attempt was also made to learn how many Alumnae Associations had been organized. This was also unsuccessful thus far. In view of these facts it seems impossible to recommend affiliation at this time and until a basis of membership can be arrived at which will be formed on the character of the training of the constituent membership of the National Colored Nurses’ Association.

Further instructions are desired in order to proceed with constructive work in this committee.

Respectfully submitted,

JANE VAN DE VREDE, R.N.,
Chairman.

Following the report of the Committee on Affiliations with Training Schools for Colored Nurses on motion it was decided to ask the Committee to continue its work.

REPORT OF ROUND TABLE ON THE HEALTH OF STUDENT NURSES

BY NELLIE G. BROWN, R.N.

A round table on the health of student nurses was held at 8.30 a.m., June 19, Miss Elsie Maurer, Chairman.

Miss Maurer read a paper on the subject of health, defining it and applying it to the life of the student nurse. Miss Kimmock discussed the type of service rendered by healthy, happy students. Miss Bailey described the routine method of physical examination and the system of follow-up which is in use at Bellevue.

Miss MacIntyre, Rhode Island Hospital, told of the very successful work done by a school director at the Rhode Island Hospital. The director
not only helped in starting suitable forms of recreation, but helped the students with selection of suitable clothing.

At Cincinnati considerable follow-up work is done in connection with the personal hygiene courses.

We are sure that many of those present received helpful suggestions which will be put in practice soon in many schools.

REPORT OF ROUND TABLE ON CREDITS

By NELLIE G. BROWN, R.N.

The round table on credits was held June 19, Miss Ada Belle McCleary, Chairman.

The discussion was opened by the reading of the report of the committee given at Seattle, 1922. The amount of fifteen hours constituting one credit hour was discussed, and a motion was made by Miss McMillan, seconded by Miss McCleery, that the members recommend that the committee be retained for the coming year and that they be asked to determine the number of credit hours necessary for graduation, the proportion of credit which may be obtained in theoretical and practical work, and that a uniform record for credits which may be used when students are transferred from one school to another.

REPORT OF ROUND TABLE ON AFFILIATION

By SUSAN FRANCIS, R.N.

The subject was discussed from the standpoint of large and of modern sized hospitals offering affiliations in a variety of services, and from the standpoint of the special hospital offering its particular type of service. The length of affiliating courses seem to range from two months to one year.

The difficulties encountered seemed to be (a) that of making up deficiencies in practice and in theory which handicapped the student in her work in the affiliating school; (b) the problem of nursing in the hospital when it is necessary to rotate these students rapidly from one service to another; (c) the difficulties in attending the necessary repetition of the correlating theory for the affiliating students.

There was not sufficient time to discuss the subject from the standpoint of the hospital sending students for affiliation or to present conclusions or recommendations from the round table.
REPORT OF THE CONFERENCE ON SOCIAL WORK

I beg to submit the following brief report of the Conference on Social Work held in Washington, D. C., the week of May 14, 1923.

At the request of the President of the National League of Nursing Education I reported at the headquarters of the Conference presenting the letter of appointment as my credential, and received my badge. I also paid the twenty-five cents for the program and other papers, which every one else did as a matter of course. This gave me a suggestion for our National Convention. Why not charge for our programs? As I stood in the Registration Room, I noticed around the sides various tables such as Mental Hygiene, National Tuberculosis Association, etc., at which representatives were seated giving out pamphlets, exhibiting literature and answering questions, taking subscriptions for magazines, etc. There was nothing to indicate as far as external evidence was concerned, that nurses were as deeply concerned with a conference of this nature as other organizations and groups. Those of us who have been interested in reading in the magazine known as "The Family" Miss Richmond's article on "Florence Nightingale the first Social Worker" cannot help but feel that nurses from the outset have been concerned with social work in its broadest conception. I assumed that the National League was an affiliated organization, otherwise I would not have been asked to serve as the delegate. However, no definite information had been given me on this point and I was obliged to say that I was taking it for granted that all the formalities in this direction had been met. Meetings, conferences, round tables, luncheons and dinners, composed of groups representing almost every profession were being conducted in all parts of the city. Many nurses were present, including Miss Maxwell, Miss Deans, the Secretary of the American Nurses Association, and many others, while Miss Fox presided at a Section on Public Health Nursing.

Many foreign delegates were present which added to the interest of the meeting. It would be impossible to give a full report of these meetings. They can probably be found in detail in the printed proceedings. I apologize, therefore, for the inadequacy of this report but offer the above suggestions for your consideration.

Respectfully submitted,

CLARA D. NOYES,
Deputy, from the National League of Nursing Education.
REPORT OF INSTRUCTORS’ SECTION

At a meeting held on Friday morning the following officers were elected:
Mary L. Wakefield, Children’s Hospital, Boston, Mass.; Helene Herrmann, 1818 Lombard St., Philadelphia, Pa., Polyclinic Hospital; Sister M. Domatilla, St. Mary’s Hospital, Rochester, Minn.; Elizabeth Higbee, 449 Van Huetton St., Paterson, N. J.; Mary F. Powers, University of California Hospital, San Francisco, Cal.; Isabel Stewart, Teachers’ College, New York City (Official Advisor); Nellie Brown, Robert Long Hospital, Indianapolis, Ind., Chairman; Alice Lake, University Hospital, Ann Arbor, Mich., Secretary.

These were elected June 21, 1923.

On June 22, 1923, at the Instructors’ Section, it was voted to ask that a Committee on Nomenclature be appointed.

Alice L. Lake,
Secretary.

On motion it was decided to refer the recommendation to the Board of Directors that a Committee on Nomenclature be appointed.

Dear Miss Logan:

In view of Miss Eldredge’s paper may we not have appointed at a business session a committee to study the problem of the small hospital and to report at the Detroit meeting?

Very sincerely yours,
(Signed) Minnie Goodnow.

Following the reading of the letter from Miss Goodnow on motion it was decided to ask the Executive Board to appoint a Committee to study the problem of the education of nurses in the small hospitals.

On motion it was decided to ask the Board of Directors to appoint a Ways and Means Committee and also a Committee on Budget Making for Schools of Nursing.

Recommendation:

Following a discussion on the possibility of making a job analysis of nursing in various fields to estimate whether or not time was lost to actual nursing service by other duties; on motion it was decided to recommend to the American Nurses’ Association that such a study would be desirable and extremely helpful in dealing intelligently with the problem of the shortage of nurses in the field.
GREETINGS FROM THE CANADIAN NURSES ASSOCIATIONS

Miss Martha Russell,
Secretary, National League of Nursing Education,
317 West 34th St., New York, N. Y.

Dear Miss Russell:

At our recent Annual Meeting I was asked to thank you on behalf of the Canadian Association of Nursing Education for the invitation enclosed in your letter of February 17th, and to tell you that Miss Hersey, of the Royal Victoria Hospital, Montreal, Miss Young (our Secretary) of the Montreal General Hospital, and Miss Branscombe, of New Brunswick, will act as delegates for us at your convention.

Our organization greatly appreciates your cordiality and you will be interested to know, I am, sure that we have decided to form a Section on Nursing Education of our National Association after the biennial meeting at Ottawa next year.

With kind regards and with my personal thanks to you for your cooperation.

Very sincerely yours,

Edna M. Fairley,
Convenor of Joint Committee
C.A.N.E. and C.N.A.T.N.

Miss Russell: Thirty-five postgraduate students in the Executive Course of the School of Nursing of the University of Iowa send greetings to the National League of Nursing Education and ask for its approval and furtherance of such courses. Approved.

Miss Logan: The Board of Directors of the National League of Nursing Education has been called upon to make a decision at one of the many meetings which it has held since we assembled in Swamscott, and they have asked me to tell you: for they feel that you should know about the decisions we are having to make at this time. I have assumed that when you listened to the report of the executive secretary, Miss Taylor, you realized what a strong, firm hand had come to headquarters and how much she has contributed to the growth of the work there. It is therefore with very great regret that I tell you that we have liberated Miss Taylor from the responsibility of remaining with us for the reason that she has received an urgent request from Miss Goodrich to go to the school of nursing at Yale University, to assist her in developing the actual work in that school. I need not tell you that we are, as usual, at war with ourselves. We feel quite timid always having to decide two problems, whether our duty is first to the patient or to the school. This in a way is something the same. Of course we did feel that after all it was a personal matter for Miss Taylor to decide, but Miss Taylor, true to her high ideals, felt that she was bound to the League Board as our executive. We felt, however, the
demonstration at Yale to nursing education, is the thing of paramount importance today, and we felt also that we could make no greater sacrifice as a League to that demonstration.

On motion of Mrs. Clarke it was voted that the League extend its good wishes to Miss Taylor in her work and its cordial support to her in the New Haven Hospital.

REPORT OF THE COMMITTEE ON RESOLUTIONS

WHEREAS the National League of Nursing Education today completes its twenty-ninth annual session.

Therefore be it resolved that we realizing that it is impossible to enumerate those to whom we are indebted for the success of this most stimulating meeting wish to express to those who planned the inspiring program; to those who selected the location; to those who arranged for such restful recreation, our very hearty thanks.

Be it resolved that we deem it a very great privilege to have had with us Miss Richards and Miss Drown, who have given much to our profession, and whose presence has been a blessing to us who are endeavoring to follow in their footsteps.

Be it resolved that this society express to the following its keen appreciation of their interest and support in forwarding nursing education: George C. Vincent, The Rockefeller Foundation; Judge Rufus B. Smith, University of Cincinnati; Dr. James B. Angell, President, Yale University; Dr. C. E. A. Winslow, Yale University; Mrs. Chester Bolton, Cleveland, Ohio.

Respectfully submitted,

HELEN SINCLAIR,
KATHERINE DE WITT,
GEORGIA M. NEVINS,
ELSIE L. BURKS,
ANNA C. MAXWELL, Chairman.

After the reading of the report of the tellers of the elections the following officers were declared elected:

President: Laura R. Logan, R.N.
First Vice-President: Caroline Gray, R.N.
Second Vice-President: Mary Roberts, R.N.
Secretary: Ada Belle McCleery, R.N.
Treasurer: Bena Henderson, R.N.
Directors for 2 years: M. Adelaide Nutting, R.N., Helen Farnsworth, R.N., Harriette Gillette, R.N., and Marian Rottman, R.N.
(Signed) Ellen Daly, R.N.,
Bertha Allen, R.N.,
Katherine Kimmick, R.N.,
Julia M. Leach, R.N., Chairman.

The new officers were then introduced after which the twenty-ninth annual meeting of the National League of Nursing Education adjourned to convene in Detroit in 1924 in joint session with the American Nurses Association and the National Organization for Public Health Nursing.
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<td>CRAWFORD, Beatlah</td>
<td>University Hospital, Iowa City, Iowa</td>
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<td>CREELMAN, Josephine</td>
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<td>CRIGHTON, Annie</td>
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<td>Edward W. Sparrow Hospital, Lansing, Mich.</td>
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