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370 Seventh Ave., New York City.

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

OF THE

THIRTIETH ANNUAL
CONVENTION

OF THE

NATIONAL LEAGUE OF
NURSING EDUCATION

HELD AT

DETROIT, MICHIGAN
JUNE 16 TO JUNE 21, 1924

NATIONAL HEADQUARTERS
370 Seventh Avenue
New York, N. Y.
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OF THE
THIRTEENTH ANNUAL
CONVENTION
OF THE
NATIONAL LEAGUE OF
NURSING EDUCATION

HELD AT
DETROIT, MICHIGAN
JUNE 16 TO JUNE 18, 1917

NATIONAL HEADQUARTERS
310 Seventeenth Avenue
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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.
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1910 New York, May 16-17.
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1911 Boston, May 29, 30, 31.
  President, Mary M. Riddle; Secretary, M. Helena McMillan; Treasurer, Mary W. 
  McKechnie.
1912 Chicago, June 3-5.
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In June, 1912, the name of the society was changed to The National 
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1913 Atlantic City, N. J., June 23, 24, 25.
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1914 St. Louis, Mo., April 23 to April 29.
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  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.
THIRTIETH ANNUAL CONVENTION

1934 Detroit, Michigan, June 16 to June 21.

President, Laura R. Logan; Secretary, Ada Belle McCleery; Treasurer, Marion Rottman; Executive Secretary, Blanche Pfefferkorn.

The Society has affiliations with:

American Nurses' Association, 370 Seventh Avenue, New York, N. Y.
The American Child Health Association, 370 Seventh Avenue, New York, N. Y.
American Social Hygiene Association, 370 Seventh Avenue, New York, N. Y.
National Association for Study and Prevention of Tuberculosis, 370 Seventh Avenue, New York, N. Y.
National Education Association, Washington, D. C.
National Organization for Public Health Nursing, 370 Seventh Avenue, New York, N. Y.
American Conference on Hospital Service, 22 E. Ontario Street, Chicago, Ill.
PROCEEDINGS
OF THE
THIRTIETH ANNUAL MEETING
OF THE
NATIONAL LEAGUE OF NURSING EDUCATION
DETROIT, MICHIGAN, JUNE 16 TO JUNE 21, 1924

Business Session
Monday, June 16, 9:00 a.m.

The meeting was called to order at 9:00 a.m. by the President, Laura R. Logan. Miss Logan announced, because of the absence of Miss Ada Belle McCleery, secretary, Miss Mary C. Wheeler would act as secretary. The following reports were read.

REPORT OF THE SECRETARY

The Board of Directors have held five meetings during the year. The first meeting followed the convention at Swampscott, Massachusetts, June 22, 1923, at which time plans were made for the coming year. The second meeting was at Milwaukee, Wisconsin, during the annual convention of the American Hospital Association, October 31, 1923. This session was devoted to an effort to outline some plan whereby Headquarters might be adequately financed. The recommendation of the Ways and Means Committee that a "Review" be published through some Publicity Bureau was approved and authority was given the President to take the necessary steps to carry out the recommendation. The third meeting was the regular mid-winter meeting, January 14 through 19, 1924, in New York, at which the regular routine business was transacted. The fourth meeting was held in Chicago, March 29 through 30, 1924, and was largely devoted to a study of the work at Headquarters and to the Revision of the By-Laws. The fifth meeting was held in Detroit on Sunday, June 15, 1924, in order to complete the necessary business before the opening session of the annual meeting.

Because of continued ill health, Miss Harriet Gillett has resigned as a member of the Board of Directors. This resignation is received with regret.
THIRTIETH ANNUAL CONVENTION

All of the committees have made definite progress, as will be shown by the reports. Some of the accomplishments have been possible only through research of the most painstaking character.

Following the resignation, October 1, of Miss Effie J. Taylor as Executive Secretary, Miss Blanche Pfiefferkorn served temporarily as acting Executive Secretary. On October 31, the appointment of Miss Pfiefferkorn to the position of Executive Secretary was made by the Board of Directors.

ADA BELLE McCLEERY,
Secretary.

FINANCIAL REPORT OF THE TREASURER

(January 1, 1923, to January 1, 1924)

This is to certify that I have examined the records kept by the Treasurer, Miss Bena M. Henderson, for the year 1923, and that I believe them to have been properly and accurately kept, and to agree with the report attached.

Respectfully submitted,

FLORA ALFARETTA VOORHEES,
Accountant and Business Specialist,
16 N. Wabash Avenue, Chicago.

Balance January 1, 1923 $5,420.24
Receipts:
Dues ........................................... $3,935.35
State Dues ..................................... 275.10
Sale of Calendars ............................... 3,262.85
Publications .................................... 2,773.22
Contributions to Headquarters .............. 2,378.50
Exhibit ......................................... 273.14
Interest Bank Account ....................... 50.41 12,948.57

Total Receipts ................................. $18,368.81

Disbursements:
Dues to Organization ...................... $30.00
Exchange .................................... 2.00
Postage ....................................... 124.12
Miscellaneous ................................. 161.06
Expense of Publications ................... 1,819.34
Clerical Expense ......................... 11.00
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**BENA M. HENDERSON,**  
*Treasurer.*

**FINANCIAL REPORT OF THE TREASURER**  
*(January 1 to June 1, 1924)*

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**Balance May 31, 1924**  
**$5,000.84**

**BENA M. HENDERSON,**  
*Treasurer.*
REPORT OF THE EXECUTIVE SECRETARY

It is my pleasure to report at this time the work of the Headquarters of the National League of Nursing Education since the adjournment of the Convention at Swamscott last June.

Historically, the League Headquarters is a mere infant; indeed, measured by its potentialities, it is still in the embryonic stage. But in looking back over the work accomplished in a brief eighteen months, perhaps not so great in itself, but rather as a foreshadow of greater achievements, one closely associated with the activities at Headquarters feels that beginnings have been made, very earnest beginnings, which, if properly nurtured, should yield rich returns as the years go by. To describe this work is no easy matter. Much of it deals with individual problems, either nurses or institutions. But, because there are several well-defined activities at League Headquarters, from the standpoint of organization structure rather than from organization aims, I submit this report under the three classifications, General Educational, Publications, and Placement Bureau.

General Educational, as the adjective indicates, covers a program spreading out in many directions. Under it would be classified the numerous and varied inquiries which come into the office. These inquiries come from candidates to schools of nursing; sometimes from students within nursing schools; from representatives of Boards of Directors, both hospitals and schools; from officers of nursing education organizations; or perhaps from some one entirely without the nursing profession who may be interested as an educator or otherwise in nursing. To meet these inquiries with accuracy, promptness, and satisfaction involves a constant search and gathering of information, to be followed by analysis and classification. Moreover, information relating to the same fact must be assembled and re-assembled, because nursing and all that pertains to it is a living, growing project, and like all living issues is constantly undergoing change.

Another phase which might properly come under this heading is that of library. One cannot think of any source of information without library facilities. In this respect the League Headquarters is especially fortunate. We have the courtesy of the use of the National Health Council Library, which is literally at our door. Indebted as we are for this gratuitous service, given with so fine a spirit of hospitality that at times it almost makes us feel that we as the recipients are conferring the favor, it is much to be hoped that the time will come when the League can contribute to the support of this library as well as enjoy its wealth of resources.

This year we have sought, and we aim that this beginning shall grow, to publish through a page in the American Journal of Nursing, under the
Department of Nursing Education, any new item at Headquarters of interest and service to the schools or to the individual. Upon request, the editor of the Public Health Nurse Magazine has also very gladly inserted in that publication such notices as might be indicated. Since March, the Journal page has been used in the interests of the membership campaign in the National League of Nursing Education.

In connection with the membership campaign, it is my privilege to report that something in the neighborhood of three hundred applications have been received. As a figure going over into several hundreds, this report is good; but measured by the nurses eligible for membership it is not nearly good enough. As Executive Secretary I can speak with a peculiar freedom and assurance, gained from an intimate knowledge of day by day work, of the League Headquarters as a center of inestimable value to the present and future growth of nursing education, not only in this country but in other countries as well. The income of the League is derived largely from membership dues, and to this has been added for the past four years the profits from the Calendar sales. Until January 1, 1924, the membership of the League was less than eight hundred; with the results of the present campaign it will be somewhere in the neighborhood of one thousand. Considering that there are 1700 schools of nursing in the United States and that in every school of nursing there is a minimum of two eligible League members, add to these the qualified candidates in the Public Health Nursing group and other groups and the potential membership of the National League of Nursing Education is conservatively estimated as 4000. Think what it would mean to nursing, not only in this country but practically all over the globe, for the League to have a fairly stabilized budget of $20,000. Not that $20,000 is an enormous sum, except in comparison with the slender income of the League today and the length to which this income is stretched. Given such a budget, there would be funds for an experiment in a scientifically conducted vocational department; perhaps one field worker; our share in the support of the library; research work as indicated from time to time; and other important activities which cannot now go on because there are no resources for their financing. This is a theme for thought, very grave thought, this hampering of the growth and production of the National League of Nursing Education, the organization which has been in this country since 1893 the soul of advance in professional nursing.

In passing on to Publications an important phase of Headquarters is opened up. Since the responsibility for these publications is the function of the Publications Committee, greater details are included in the report of that Committee. But a report of Headquarters without some notation
on Publications would be an altogether unfinished statement. While the Publications Department at Headquarters is a busy department, in proportion to the nurses and the nursing schools of the country it is not busy enough. These publications are a means of the League to make easily accessible to us as nurses, and to others interested, the trend of the best thought in matters relating to our professional problems. A list of these Publications was printed in the March issue of the American Journal of Nursing, reprints of which were broadly circulated, and another list will appear in the near future. You will find in the League Booth in the Exhibit Hall copies of the Portraits, Calendars, and Pamphlets obtainable. Send orders directly to National Nursing Headquarters.

Miss Taylor completed the preparations and negotiations with the publishers for the Annual Report and the 1924 Calendar before leaving Headquarters. The response to the 1924 Calendar was one of immense satisfaction. Seven thousand were purchased by the League, in lots of one thousand after the first two thousand, and of the seven thousand there are left at Headquarters just one hundred and thirteen. You may be interested to know that orders for these Calendars were received from Canada, Brazil, China, France, England, the Virgin Islands, the Philippines, the Dominican Republic, Honolulu, Bulgaria, Turkey, and Holland. One more word about the Calendars published by the League. There are, as you know, four in all: the Florence Nightingale Calendar, published in 1921, and made up of excerpts from the writings of Florence Nightingale, and the historical series of 1922, 1923, and 1924. No nursing organization or school of nursing library is complete without a set of these Calendars. I recommend that those organizations lacking any one or all send in their order as soon as possible, especially for the 1924, because of the limited number of this copy remaining.

As the history of the past interprets the present, so the existent status of the Placement Bureau is largely explained by its origin and the subsequent events which have so rapidly followed its establishment. Without enumerating the historical data surrounding the Bureau, and before entering into a discussion of its present activities, I beg to call attention to several facts. First, the Placement Bureau, as a part of the Bureau of Information, was established by the American Red Cross following the close of the War to act as a center of advice and information and as a clearing house through which the twenty thousand nurses released from service could be most efficiently and speedily placed in institutions and organizations suffering from lack of nursing personnel. How admirably the Bureau served this purpose has become a matter of history.
A second fact, briefly stated, is that since the beginning of the Placement Bureau momentous events have occurred in the National Nursing Associations. Each National Nursing Association has effected its own Headquarters. The Placement Bureau, with other valuable facilities of the Bureau of Information, was transferred in 1920 to the new National Nursing Headquarters.

In January, 1923, the immediate conduct of that division of the Placement Bureau concerned largely with hospital and school of nursing positions became part of the activities of the League Headquarters, its financial support being derived jointly from the American Nurses' Association and the National League of Nursing Education.

I have taken the liberty of recalling this bit of history because after seven and one-half months' incumbency at League Headquarters, the first five of which were spent chiefly in observation, the last two and one-half in the entire direction of the Placement Bureau, I believe that certain definite changes are called for in its conduct and policies.

To repeat, and if my interpretation is correct, in the beginning the chief object of the Bureau was to act in an advisory capacity to that large body of nurses released from war service and in a large degree to effect stabilization of demand and supply. With the war five years behind us, different needs and new situations have arisen. It would seem, therefore, that if such a National Bureau be continued, and if the best interests of the community and nursing at large are to be served, readjustments in its operations would be indicated to meet these changing conditions.

I believe, therefore, that the first essential for a discussion of the Placement Bureau is recognition of the fact that the chief purpose for which the Placement Bureau was organized and its chief purpose today are no longer exactly the same. And yet, largely because of rapid transitions, its mechanical operations and in a variable measure its professional direction have since its inception undergone little change. The bulk of activity of the Placement Bureau still is in making contacts. Not that vocational guidance and educational interests are entirely lacking, but, considered that today the Bureau is conducted by an organization whose avowed purpose is first and foremost education, too many contacts are made and too little study, investigation, and follow-up given to the institution seeking a candidate and the candidate desiring a position.

Through the courtesy of Miss Anne A. Stevens, I have had the privilege of the files and conference with the members concerned with the Vocational Department of the National Organization for Public Health Nursing. Following are some comparative statements of the administration of the
Vocational Department of the National Organization for Public Health Nursing and the Placement Bureau.

1. The staff of the National Organization for Public Health Nursing includes a Vocational Secretary, a nurse qualified by academic and professional preparation, and whose full time is given to the direction of the Vocational Department.

The Placement Bureau has not this advantage. The Executive Secretary of the League has the responsibility not only for the Placement Bureau for all other activities carried on at League Headquarters, and for that reason it is not possible for her to give the time and study necessary for the most efficient conduct of the Bureau.

2. The Vocational Department of the National Organization for Public Health Nursing has two non-nurse assistants, one a private secretary and the other an historian.

The Placement Bureau is at the present time having the full time of a non-nurse secretary. Under the organization which existed until April 1, the Placement Bureau shared with other activities at League Headquarters the services of one stenographer.

3. The number of applications from organizations for nurses received by the National Organization for Public Health Nursing from January 1 to June 1, 1924, was two-hundred and twenty-one.

The number of applications from institutions for nurses received by the League from January 1 to June 1, 1924, was three hundred and three.

4. The number of applications from nurses for positions received by the National Organization for Public Health Nursing from January 1 to June, 1924, was two-hundred and seventy-seven.

The number of applications from nurses for positions received by the League from January 1 to June 1, 1924, was one-hundred and seventy-one.

5. The number of placements accredited to the National Organization for Public Health Nursing for the period between January 1 to June 1, 1924 was seventy-four.

The number of placements accredited to the League for the period between January 1 to June 1, 1924, was twenty-seven.

6. The estimated budget for the National Organization for Public Health Nursing Vocational Department for 1924 is $8749.41.

The entire appropriation for the work of the League Headquarters for 1924 is $9,000. To this the American Nurses' Association is contributing to the support of the Placement Bureau approximately the sum of $2000, thus bringing the total moneys for all of the activities carried on at League Headquarters to $11,000, just $2250.59 more than the amount expended by
the National Organization for Public Health Nursing on its Vocational Department alone.

One question frequently raised in connection with the Placement Bureau is that it is local rather than national in its service, that Eastern institutions and Eastern nurses preeminently profit by its use. In reply to this question I submit the following data: from January 1 to June 1, 1924, four-hundred and eighty-two institutional positions were registered with the Bureau, of which one hundred and twenty-eight, or 26.5 per cent, were from institutions in New York and forty-one, or 8.5 per cent from institutions in New Jersey, so that 35 per cent of all institutional applications came from two states alone. Of the three hundred and fourteen nurse applications for positions fifty-one, or 16.2 per cent, were from nurses who lived in New York State; of the 27 placements actually made through the Bureau 13 were in New York State.

Inevitably, I believe, the location of the Bureau will make for some non-uniformity in geographical service. Then, too, the desire to locate in New York, which seems more or less to prevail on the part of nurses adds to this lack of balance. It is possible that a policy more of a vocational and educational nature would in time have some influence in correcting this factor.

One other aspect, entailing much time and supplies, and therefore considerable expense, is that neither nurses nor institutions in about seventy-five per cent of cases inform us when their needs have been satisfied, or of other details affecting their original requests. Considered that the service is entirely gratuitous, it sometimes takes a strong heart with unlimited faith to hold on to any assurance of gratitude for assistance rendered; and the question is raised in one's mind whether the old economic law of cost and appreciation of value received does not obtain here.

Another fact borne in upon one concerned with the Bureau is the large number of requests for instructors and the very small number of nurses applying for this position. A second limited group, considering the need for a larger graduate nurse personnel so that the student nurse may be more nearly a student, and at the same time offering opportunity for a fine type of nursing service, is the group of nurses seeking staff or general duty.

So far I have presented chiefly the negative side of the Placement Bureau. With adequate resources for adequate personnel, there are indications which point toward positive gains as yet barely touched. The Placement Bureau creates for the League, both with institutions and nurses, a range of contact which if properly utilized should be fruitful of better schools and better prepared nurses. The fact that about 75 per cent of telephone and personal interviews held at Headquarters are concerned with the Placement Bureau;
that during April and May, of 1299 incoming letters 516 related directly to Placement Bureau, of the 1615 outgoing 753, of which 544 were original and 209 forms, were Placement Bureau correspondence, indicates a field of opportunity rich in production if properly harvested. But to accomplish this harvest there must be resources.

My opinion, which can only be an opinion, based upon observation and direction of the Bureau under its present régime, and since up to this period there has been no sufficient experiment to establish its value, is that if such a Bureau be maintained, its first purpose is not contacts and placements but defined in terms of existing professional needs and problems, should be rather to serve the individual nurse as a national source of information and guidance for better preparation for a particular job; to use every available opportunity to direct and keep more nurses in teaching, both the qualified nurse and the one with potential qualifications; to help institutions create better conditions for teaching; to make contacts only after thorough study of the individual’s fitness for the position has been ascertained; to maintain a follow-up system as indicated by the circumstance; to investigate institutions through the various channels available, and to make the very best use of the advantage of our position as an educational organization and of the fact that institutions are seeking our assistance; and, as an ultimate aim to all endeavor, better schools, more and better personnel for these schools, and better nursing in the country at large.

Blanche Pfefferkorn,
Executive Secretary.

REPORT OF THE FINANCE COMMITTEE

The Finance Committee submits at this time the same Report as rendered to the Board of Directors in January, 1924.

The following appropriations to be included in the Budget for 1924 are recommended:

Approximate income from membership. .......................... $5,000.00
Approximate income from State Leagues ........................ 290.00
Approximate income from Sale of Calendars .................... 3,500.00
Approximate income from Sale of Publications .................. 3,000.00
Approximate contributions ................................. 1,500.00
Interest on Bank balance .................................. 60.00

Total .................................................. $13,350.00
### Disbursements

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The Finance Committee recommends that the sum of $9,000 be devoted to Headquarters activities. In view of the fact that probably this $9,000 would not be sufficient to carry on the twelve months, it therefore further recommends that a budget be planned for the first six months on a $9,000 annual basis with the understanding that if at the end of six months the way is clear financially, the same activities shall be continued for the balance of the year.

MARY C. WHEELER,  
BENA M. HENDERSON,  
BLANCHE PFEFFERKORN,  
ADELAIDE NORTHAM, Chairman.

### REPORT OF THE MEMBERSHIP COMMITTEE

The Membership Committee of the National League of Nursing Education submits its report for the year as follows:

- **387** applications for membership have been received by the Membership Committee  
- **266** applications have been endorsed by the Membership Committee  
- **98** applications have not been endorsed by the Membership Committee as they appear not to meet the requirements as laid down in the By-Laws  
- **23** applications are held for further information
There have been many difficulties in the work of the Membership Committee this year. The Committee interprets its function to be that of finding out whether those who apply for membership qualify for eligibility according to the provisions of the By-Laws.

The Committee believes that members of the League who endorse applicants should satisfy themselves that these applicants are eligible for admission.

Applicants have been very lax in filling out the blanks. Additional information has had to be secured in many instances because the necessary information was not contained on the application blank. A deplorable lack of understanding has been shown by applicants concerning the organizations to which they belong. It is not uncommon to have a nurse state that she is a member of the "Tenth District," but she does not say in which state. Frequently the address of the hospital from which she graduated is omitted. There are many St. Luke's and St. Vincent's hospitals in the country, and other duplication of names. Other information is equally vague.

Your Committee has tried to be as elastic as possible in interpreting these applications and the consequent eligibility of candidates.

MARY C. WHEELER,
SALLY M. JOHNSON,
CARRIE M. HALL, Chairman.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

The Isabel Hampton Robb Memorial Fund Committee begs to report that the usual business has been transacted since the last report was presented.

At the January meeting, the resignation of Mrs. Gretter was presented and accepted with regret. The National Organization for Public Health Nursing was asked to select her successor, and Miss Abbie Roberts of George Peabody College was appointed. The election of officers took place, and the five members of the Executive Committee were elected as follows:

Miss Lawler, Chairman
Miss DeWitt, Secretary
Miss Riddle, Treasurer
Miss Maxwell
Miss Noyes
The Committee decided to give two scholarships of $250 each and to offer them to those wishing to prepare themselves for teaching and executive positions in schools of nursing. The closing date for receiving applications was decided as May first. Nine applications were received and the scholarships awarded to:

Miss Gertrude Kellog, Fenchow, Shansi, China
Miss Ella Rafuse, Peter Bent Brigham Hospital, Boston

As Miss Rafuse was awarded one of the LaVerne Noyes Fund scholarships, the second scholarship was given to Miss Elizabeth Sheridan of Chicago.

Because of the many other demands being made upon nurses, no appeal for contributions to the Robb Fund has been made for several years. Your Committee decided that the time had come to bring the matter before the nurses of the country and the nursing associations, showing the need of an increase of contributions to this Fund, and that sustaining memberships be made a factor of the appeal. This was done: blanks for sustaining membership were sent to state, district, and alumnae associations, and the appeal published in the Journal. To June tenth, the amount received by the Treasurer was $712 and as some pledged for five or ten years, it amounts to much more than the first payment.

The McIsaac Fund now stands at $698.52. During the year the contributions to this fund amounted to $336, and one nurse had the benefit of loans.

E. M. Lawler,
Chairman.

REPORT OF THE WAYS AND MEANS COMMITTEE

The Ways and Means Committee met in the Milwaukee Auditorium, Milwaukee, Wisconsin, November 2, 1923.

Members present were the Misses Laura R. Logan, ex-officio, Ohio; Bena Henderson, Wisconsin; Mary Roberts, New York; Martha Russell, Colorado; Evelyn Hall, Washington; Miss Hastings, Missouri; Jessie Catton, Massachusetts; Adda Eldredge, Wisconsin; Marion Rottman, Wisconsin; and Mrs. Adelaide Northam, Wisconsin. Members not responding to roll call were Miss Katherine Kimmick, Michigan; Miss Young, New York; and Miss Mary C. Wheeler, Illinois.

Miss Logan announced the appointment of Mrs. Adelaide Northam as Chairman of the Ways and Means Committee, to replace Miss Kimmick, who had consented to serve only until a successor could be appointed.
The proposition of issuing a publication having been accepted by the Board of Directors, the name and contents of this publication were discussed.

Miss Henderson, Miss Wheeler, Miss Rottman, with Mrs. Northam as Chairman, were appointed on the recommendations of the committee as a sub-committee to assist with the work of this project.

As a result of the several conferences held, the committee reports the following:

1. That the name of the publication be known as the National League of Nursing Education Review;
2. That its object be
   To acquaint the public and the potential student-nurse with the aims and the possibilities of nursing education;
   To assist in financing the education program of the National League of Nursing Education at its Headquarters and in the country at large;
3. Contents of Publication:
   History of the National League of Nursing Education
   History of Headquarters
   Names of Officers of the three Organizations
   Articles on the various nursing activities relative to Nursing Education
   Institutional Nursing
   Public Health Nursing
   Private Duty Nursing
   Army Nursing
   Navy Nursing
   Red Cross Nursing
   Page announcement of all accredited schools of nursing in the respective states
   Any other material as desired by the individual state;
4. That it be issued in such states as would merit such a publication and on the approval of those states;
5. Distribution: High Schools, Libraries, Young Women's Christian Associations, Colleges, Church Schools, Women's Clubs, Hospitals conducting accredited schools of nursing.

The work has been started in Ohio, Michigan, and Wisconsin, and will be published as soon as the data is compiled.

Adelaide Northam, Chairman.

REPORT OF THE EDUCATION COMMITTEE

1. Revision of Standard Curriculum

Last year's report of the Education Committee by Miss Burgess, Acting Chairman, told of the beginning of the work on the revision of the Standard
Curriculum. This work has occupied most of the time of the Committee for the present year. The first meeting, held in New York, January 15, 1924, took up the general organization of the curriculum. Sub-committees were formed for the revision of each subject and these committees sent in tentative reports at the meetings held June 15 at the Statler Hotel, Detroit, Michigan. The Education Committee of the National Organization for Public Health Nursing and the Chairmen of all subject sub-committees were invited to this meeting in order to get all points of view and the fullest discussion on the changes to be made. It is hoped that these committees will complete their work in the Fall and a Reviewing Committee will then go over the material and put it together. Since a special paper on this subject will be presented at the Friday Session, no further details will be given here.

II. Publications

It was decided to recommend to the Publications Committee the reprint of another edition of the old Standard Curriculum to meet the present demand and also reprints of the articles on "Practical Objectives in Nursing Education" and "How to Make up High School Deficiency," both of which had been prepared under the auspices of the Education Committee.

III. Grading

The sub-committee on the Grading of Nursing Schools was removed from the Education Committee last January and its report will be given separately.

IV. Attendats

The work of this sub-committee has been suspended for the meantime, since the group felt that little more could be done until we get the results of the courses already established on the newer basis and until we see what developments will take place in the field itself in the next year or two.

V. Supervisors

The sub-committee under Miss Clayton on the work and training of supervisors has nothing definite to report at this time. Some of the members are experimenting with different forms of organization to see how the supervisor functions best and whether her closest affiliations should be with the teaching or the administrative department.

VI. Lantern slides

The sub-committee on historical slides under Miss Mary Roberts has been trying to gather material for three new sets.

1. Nursing in America.
2. Nursing in the Different Countries of the World.
3. The Opportunities in Nursing. (Showing all the different types of work nurses are doing.)

Miss Roberts reports that a good beginning has been made on these sets and the material turned over to the League Headquarters. She wishes to thank those who have helped in securing these pictures and to ask cooperation from all League members in unearthing the rich lodes of historic material which are still untouched.

VII. The dispensary

Miss Helen Wood's sub-committee on the educational use of the dispensary will report in detail at the Friday morning session.

Isabel M. Stewart, Chairman.

REPORT OF THE COMMITTEE ON GRADING OF NURSING SCHOOLS

When the last Report on Grading was given by Miss Burgess in June, 1923, we had secured the endorsements of all the National Associations that we had invited to join us in the project except the American Medical Association.

No definite endorsement was sent by the American Medical Association, but a committee of three was appointed at the American Medical Association meeting last June, with instructions to cooperate with a similar committee from the National League of Nursing Education in problems relating to grading schools and other phases of nursing education and service. The members of the committee were Dr. Darrach, New York, Chairman; Dr. McCrae, Philadelphia; and Dr. Winifred Smith, Baltimore.

Miss Burgess and the Chairman met with the American Medical Association Committee October 19. The medical committee showed itself in full sympathy with the grading plan and agreed to join in our efforts to secure the necessary funds. It was decided that the committees should remain as they are for the time being and just as soon as funds could be secured, a meeting should be called to which all cooperating organizations should be asked to send representatives. It should be decided at this conference what the size of the joint committee should be and its functions. On the approval of the Executive Committee of the National League of Nursing Education, all the National Associations which had endorsed our first plan were notified of this change, and all have accepted it without question.
In regard to the question of our request to the Carnegie Foundation, an informal approach was made last winter, but we were advised to postpone the formal request until the spring, as a new Director had just been appointed and business complications made it inadvisable to apply at that time. The formal request was later prepared and signed by the Chairman of both committees, and was accompanied by a tentative budget and plan for a three-year program to cost approximately $115,000.

We have had no definite reply from the Carnegie Corporation and will not have until the Board meets and decides on its commitments for the coming year. We have had a conference with Mr. Keppel, the President of the Corporation, however, and he has told us very frankly that the prospects for assistance within the next two years are very slight. The funds of the Corporation have been depleted by unusual drafts the last year or two, and there is almost nothing available for new enterprises. Mr. Keppel assured us that the plan for grading nursing schools was one he believed the Corporation would gladly endorse and assist if there was any possibility of doing it. He suggested that if we could not get financial assistance from the Corporation, we should try to get subscriptions from private sources. Although it would seem wise to wait for a definite answer from the Board, we ought to consider what the next step should be in case they cannot do anything for the next two years. There is no question about the urgency of the work. We have good professional backing and we believe the country is ready for the carrying out of the grading plan. On the other hand, it would be a great advantage to have the official endorsement of the Carnegie Corporation and to have the work carried on with its active cooperation.

The Grading Committee is anxious to have the whole matter discussed and recommendations made by the National League of Nursing Education before it proceeds further.

ELIZABETH C. BURGESS,
ANNE H. STRONG,
M. HELENA MCMILLAN
ISABEL M. STEWART, Chairman.

REPORT OF THE COMMITTEE ON PROBLEMS OF EDUCATION IN SMALL HOSPITAL SCHOOLS OF NURSING

The Committee on Problems of Education in small Hospital Schools of Nursing has made, as far as possible, a complete review of the question of affiliations for student nurses both from the angle of the smaller school send-
ing students for necessary affiliations and from the viewpoint of the larger school receiving and giving the affiliation to the small school student.

The questionnaires have proved very interesting and have revealed the same situation which, in many instances, the students have themselves reported on return from their affiliations.

The superintendents of both classes of schools have been very prompt in replying to the questionnaires, and the report is herewith submitted with the following figures showing the ratio of replies received.

Of the questionnaires on the schools that send students for training to an affiliated school, one-hundred and thirty-one questionnaires were issued and one-hundred and thirty-one replies returned, fully answered. Eleven schools report sending their students for Public Health Nursing affiliation.

Of the questionnaires on schools which receive students on affiliation one hundred and twenty-two questionnaires were sent out. The replies, however, totalled a survey of two-hundred and sixty-seven schools, which report one-thousand and fifty-five affiliating students in these schools. Bellevue Hospital leads the list with 140, with the Philadelphia General second with 63; Boston City shows 58; Mt. Sinai, New York City, 32; the Illinois Training School for Nurses, 29; and a number of others are carrying more than 20 affiliating students at one time.

Both types of schools reveal their problems on this important subject, and in making this report the Committee has endeavored to summarize the points which have appeared as the most vital issue.

The Committee has been extremely interested in these questions and the report is submitted with the hope that the analysis will prove of benefit to both groups that enter on affiliations.

REPORT OF NURSING SCHOOLS IN THE UNITED STATES SENDING STUDENTS FOR AFFILIATION TO ANOTHER SCHOOL

Out of the 131 questionnaires sent out, 131 answers have been received.

1-a. Q. In what year of course do students enter on affiliation?
A. Eighty-six schools, third year; forty-five schools, second.
1-b. Q. For how long?
A. Two months to one year, seven months being the average; the shortest time of two months usually being an affiliation for Public Health Nursing. The year's affiliation is usually where students are sent from a Children's Hospital for adult training.
1-c. Q. For what services?
A. Practically all services. The largest number report, however, that they send their students for Pediatrics, Obstetrics, Contagious Diseases, Medical Diseases, and Operating Room Service. Eleven reported sending students for Public Health nursing.
2. Q. Do you require a physical examination before sending students on affiliation?
A. Forty-five schools, yes; sixty-nine schools, no; fourteen schools evade the question; one school requires the Schick Test; one school requires Anti-toxin for Diphtheria before sending for Pediatric service.

3-a. Q. Are the lectures given by the school to which you send the student for affiliation?
   A. Sixty-five schools, yes; thirty-four schools, no; twenty-six schools evade question; six schools, part-time teaching.

3-b. Q. If not, what preparation do you give before sending students for affiliation?
   A. Pennsylvania meets State requirements, which call for class preparation peculiar to affiliation before sending students. Illinois requires work in Pediatrics. California requires lectures in Communicable Diseases and Orthopedics. Missouri requires lectures in class and demonstration work in all but Obstetrics. Nebraska requires theoretical work in Medical Diseases and Emergencies. It is difficult to summarize the other states. Many evaded the question, while the answers from several others indicated that they gave partial instruction on the special subject for which the student was sent for affiliation.

4. Q. What is your ratio of illness among your affiliated students?
   A. Where students go for Pediatrics or Contagious Service, the ratio of illness is about 50 per cent; for other services, the ratio is low.

5. Q. Do you find that the affiliation is entirely satisfactory in the following items:
   5-a. Q. General Supervision and care.
   A. One-hundred and five schools, yes; twelve schools, no; fourteen schools evade question.

5-b. Q. Is there absolute bed-side training in the specialty or is the student delegated to bedmaking and general, rather than special, training?
   A. Ninety-two schools, specialty; thirty schools, general.

5-c. Q. Do you find that the prescribed class work is carried out in the affiliated schools?
   A. Ninety-two schools, yes; ten schools, no; twenty-nine schools evade question.

5-d. Q. Do you find that your students are happy while on affiliated training?
   A. Seventy-five schools, yes; thirty-eight schools, no; twenty-one schools evade question.

5-e. Q. If not, what do you consider the factors which would cause this discontent among the students?
   A. First and chief cause of discontent is discrimination shown toward affiliated students resulting from the attitude of superiority of students in the large schools and the reduction of rank while on affiliation. Second cause is poor housing and poor food. Third cause is failure of a large school to carry out the contract for special work for the small school. Fourth cause is nostalgia, many schools report a continued homesickness on the part of their students and further say that apparently nothing is done to relieve that situation for the affiliating student.

6. Q. Does the affiliating school pay the transportation and allowance to your students?
   A. Forty-seven schools, yes; eighty-four schools, no.

7. Q. What would you consider to be your largest problem about your affiliation?
   A. First problem is keeping student contented. Lack of content is due to (a) failure to receive specific work sent for, (b) lack of supervision, (c) difficulty in arranging class work for students, (d) lack of adaptability to new surroundings when on short affiliations. Second is releasing small school students in sufficient numbers for affiliation without embarrassing the small school. Third problem is poor housing conditions and poor food while on affiliation.
RECOMMENDATIONS OF COMMITTEE ON REPORT OF SCHOOLS SENDING STUDENTS FOR AFFILIATION

1. a. The Committee recommends that all affiliations should, if possible, be placed in the second half of the intermediate year and in the first half of the senior year, thus returning the student to her own school, where she demonstrates her new knowledge, reviews her old, and recovers from any sense of hardship which she may feel has been imposed during her affiliation.

b. The Committee feels that a two months' affiliation is of value if given in the same city, but when a student is sent out of the city the frequent changes are embarrassing to both schools, and three months would round out the service to a greater degree of satisfaction to all concerned.

2. In consideration of answers two and four, the Committee recommends that all students entering on affiliation should have a rigid physical examination before leaving their home school, special consideration being given to nose and throat and kidney function before entering on any affiliation where the nursing of contagious diseases occurs. The ratio of 50 per cent illness which results from contact with contagious diseases and pediatrics is far too high for the safety of the student, her neighbors, and the element of risk to her own school on return.

3. The Committee feels that all schools should give some preparation in special subject before the student is sent on affiliation for that subject.

4. The Committee feels that apparently affiliations on the whole are satisfactory and yet steps might be taken to improve the situation from several angles.

A. Either one supervisor should be delegated to care for the work of all the affiliated students or a better piece of work should be done by all supervisors who contact students.

B. An immediate change in the attitude of large school students who, judging from many replies, assume an attitude of superiority to the affiliating student. This might be effected in several ways: (a) mixing the groups at the dining tables; (b) allowing some of the affiliating students to act on the student council where there is one; (c) where the group is large enough to warrant it, allowing the affiliated students to plan some social event; (d) take up (as soon as possible) the question of better housing conditions and providing of better food in the school granting the affiliation where this condition occurs; (e) both supervisors and students in the large schools should cooperate to ward off the homesickness which many questionnaires reveal as one of the factors of discontent among affiliating students.

5. From the standpoint of the superintendent sending students, the Committee recommends that the larger schools make good their promise on (a) giving specified work asked for, (b) providing better supervision of student and her work, (c) arrangement of block system for class and ward work to obviate loss of either, (d) if possible, to provide general duty nurses in home school to cover embarrassment in releasing students for affiliations, (e) improving both housing conditions and food.

REPORT OF SCHOOLS GRANTING AFFILIATION

Out of the 122 questionnaires sent out, 267 schools are reported.

1. Q. How many affiliating students are there?
   A. One thousand and fifty-five affiliating students.
2-a. Q. From how many schools?
A. From two hundred and sixty-seven schools.
2-b. Q. How many from each school?
A. Average so irregular it can not be computed.
3. Q. For what services do they come?
A. Pediatrics, Obstetrics, Contagious, Surgical, Operating Room, Medical, Nervous and Mental, Orthopedics, Dietetics, Dispensary, Tuberculosis, Public Health Nursing.
4. Q. In what year of their training?
A. Three-fourths are in the third year of training, and one-fourth in second year.
5. Q. Is class and lecture work belonging to the department in which they affiliate given while on affiliation?
A. One hundred and six schools give class work, nine do not give class work, six give class work on request, and one hundred and forty-five evade the question.
Q. If so, how many times is it repeated?
A. Schools repeat class work from two to six times, the average being three times.
6. Q. Do you give the affiliating student an allowance while with you?
A. Forty-nine report an allowance given, forty-five report allowance not given, and one hundred and seventy-three evade the question.
7. Q. About what proportion of illness do you have among your affiliating students?
A. Approximately 50 per cent, especially on contagious and pediatric service.
8-a. Q. Do you have any disciplinary difficulties among your affiliating students?
A. Generally not much trouble.
8-b. Q. If so, do you handle them yourself or refer them to their own school?
A. Small matters are handled by the affiliate school and serious ones are referred to home school. Student government handles some problems where it exists.
9-a. Q. What are the advantages of taking students from other schools?
A. (a) Broadening outside contact. (b) Development of poise and self-confidence. (c) Learning different kinds of technique. (d) Adds prestige to the school. (e) Some frankly stated that addition of the students to their staff was an advantage.
9-b. Q. What are the disadvantages?
A. (a) Discontent and poor work due to lack of personal interest and responsibility. (b) Nostalgia. (c) Constant changing of nurses. (d) Takes experience from students in the larger school. (e) Tends to make student forget teaching of home school.
10. Q. What are the chief problems involved in taking affiliating students?
A. (a) Making affiliating students feel at home. (b) Many lectures take them from floor work. (c) To arrange for rotation of service for the individual student as per agreement without interfering with proper nursing care of the patient. (d) Lack of preparation of many of the women at the head of the small schools. (e) Lack of educational preparation. (f) Difficulty in making the student realize the responsibility of big ward work. (g) Difference in educational standards. (h) Lack of adaptability. (i) Irregularity of admission. (j) Lack of proper supervision. (k) Planning and repeating lectures.

RECOMMENDATIONS OF THE COMMITTEE ON REPORT OF SCHOOLS GRANTING AFFILIATION

The Committee recommends that as far as possible the students should be received for affiliation the second half of their intermediate year or the
first half of the senior year, believing that the student will be more pliable
to a new situation at this time than if she is about to finish in her own school.
The Committee further feels that the student at this time in her training will
not so acutely feel the reduction in rank which has been noted in the report
on sending students for affiliation, as necessarily the student must take
second place until she is thoroughly acclimated and proves her aptitude for
assuming further responsibility.

In the summary of question 5, we find that a fair number of schools which
receive affiliating students are not giving class work; it would seem advisable to correlate the theory and practice very closely. Where the affiliation
is from three months to one year, the block system of theory and prac-
tice makes for good organization with definite results.

The Committee recommends that all schools giving affiliations should give
class and lecture work on the specialty for which the student has come and
repeat the course when necessary, as the education of the student in the
specialty is a definite responsibility for both schools to assume; from the
analysis of the situation we find that where the special course does not
correlate with theory and demonstration as well as lecture, it is often side-
tracked in the home school or is given while the affiliating student is away.

In the summary of question 7, we find a large percentage of illness where
students are sent on Pediatric or Contagious service. The Committee
strongly urges a pre-entrance physical examination for all incoming affili-
ing students.

Among the disadvantages listed in receiving affiliating students, the Com-
mittee would urge that the large schools make an effort to aid the student
of the small school to adapt herself as soon as possible to her new surround-
ings in any of the following ways:

1. By engaging the interest of the student through social contact, such as forming a
committee to welcome students on arrival.

2. By mixing the groups at the dining tables to provide closer contact.

3. Through ward contact, by a greater degree of cooperation on the part of the large
school students, who know the problems of large schools, large wards, and the work in
them, but who very often are not willing to really show the affiliating students interesting
cases or help the affiliating student with her problems.

4. Through class contact, the block system in both theory and practice makes for
greater familiarity with the work to be done, besides making it easier for the supervisor
and instructor.

5. The constant exchange of affiliating students can be diminished somewhat by in-
creasing a two-months' affiliation to a three-months', and having a definite date of entrance
and leaving.

6. If the large school could provide one supervisor whose duty it would be to look
after the interest of the affiliating group, it seems that it would spell for greater satisfaction
throughout the service, unless the supervising staff can be made to see the importance of what is definitely due the affiliating student.

The Committee recommends the following in answer to the summary of question 10 concerning chief problems:

1. Since the large school offers and gives the affiliation, it would be safe to assume that it is feasible to make certain definite demands in the preparation of the student about to enter the affiliation. This may be done in several ways:
   a. The catalog of the large school should be placed in the hands of the prospective student so that she is better acquainted with the scope of the work and the aims of the institution to which she is being sent.
   b. A list of rules, either exercised by the superintendent of the large school or by the student government of that school should also be placed in the hands of the incoming students so as to familiarize the student in advance with what she may expect upon reaching the school.
   c. A physical examination should be made pre-requisite and the report sent to the superintendent of the large school. This will acquaint her with the physical standing of the student, and if the student has lately had an illness, this would be a distinct guide as to placing the student on any service where the risk of infection might occur.

2. a. After reaching the affiliated school, a committee from the student body should shortly call on the new student and endeavor to make her feel at home, showing a greater degree of cordiality than the questionnaires demonstrate has been expressed in the past.
   b. The lack of adaptability on the ward could in a large measure be overcome by the block system of class work; i.e., a week in the class room in preparation for practice, immediately followed by intensive practice in that subject on the ward, where no interruption from class work occurs. The results, we believe, will be most gratifying.
   c. In arranging for rotation of services as per agreement, a real problem presents itself, but a preparation for the next service in advance of that service would overcome some of the embarrassments and would not so greatly interfere with the nursing care of the patient.

3. a. The Committee believes that the affiliating student will more easily recognize the responsibility of big ward service if preparation for large ward service has been started in the home school and instituted in the large school by both theory and practice, and a greater degree of supervision of the affiliating student exercised while on affiliation.
   b. A card of individual assignment might be made which would intensify the special work for the student, for example:
   1. Number of patients in this ward?
   2. My assignment in this ward?
   3. If I have — cases of pneumonia, what observations have I made today?
   4. Range of elevation of temperature, quality of pulse, how does it vary as patient approaches the crisis?
   5. Types of delirium, if any?
   6. Types of weakness and how exhibited?
   7. Types of response to medication and variety of medicines ordered, also dosage?
   8. What special organ, other than the lungs, is apt to be affected in pneumonia, and why?
   9. Types of diet ordered and how taken?
10. Amount of sleep which pneumonia patient averages?
11. What isolation precautions have been taken, and why?
12. Do I understand the etiology, symptomatology, and prognosis of pneumonia?
13. What percentage of deaths occur in the United States annually from pneumonia?
14. How can I become a factor in the hospital, the home and the community in caring for this disease?

A card of this type carried through the nursing of the specialty which the student is expected to secure while on affiliation, would give rise to some concrete investigation on her own part and would link her class work on the subject to the case in hand. We believe this would be of lasting benefit to the student herself.

c. In the large school receiving affiliating students, it would seem feasible to repeat lectures and classes for the various groups if the service is to be thoroughly satisfactory to the student herself and to the superintendent.

ELEANOR E. HAMILTON,
Chairman.

REPORT OF THE COMMITTEE ON NOMENCLATURE

The Committee on Nomenclature is the outgrowth of a recommendation made at Swampscott last June that a committee be appointed whose special function should be an examination and analysis of the existing terminology describing personnel and other items concerned with nursing education and to make recommendations for a system of terms more in keeping with that used in colleges, technical, and professional schools.

The report of the Committee consists of the following recommendations:

1. Discrimination in the use of the term "training" upon the principle that "training" and "education" do not represent identical processes and that "training" may occur without "education." As a corollary to this statement would be the

   a. Substitution of the term "nursing education" for "nurse training."
   b. Substitution of "school of nursing" for "training school."
   c. Substitution of "nursing practice" for "practical training."

2. Discard of the use of "hospital" and "school of nursing" as synonymous terms and clear indication of the relation of the hospital to the program of nursing education as a laboratory for clinical nursing practice.

3. More general use of "student nurse" for the undergraduate body of a nursing school.

4. Use of the term "student service" for any service given by student nurses and reserve of the term "nursing service" for that of the graduate nurse body.

5. More general use of either "director" or "principal," "director" pre-
ferred, and less of "superintendent" of schools of nursing. Also discard the term "directress."

6. Discard of the term "practical nursing," the term to take its place indicated under 1.

7. Careful analysis of the term "educational director" as descriptive of a nursing school faculty member. Does "educational director" indicate primarily administrative or teaching responsibility? It would seem to imply direction of the educational policy of the school. If this be true, what is the function of the "director of the school?" Is the term a misnomer to the extent that the educational director is largely the teacher, who, with the principal, takes some share of the responsibility for the school program?

8. Discard of the term "instructress" and "theoretical instructor." What is a "theoretical instructor"? The connotation might well denote one who teaches theory. Does this apply to the instructor who teaches the sciences underlying the practice of nursing? If so, is that term, too, not a misnomer? Is good teaching possible with pure theory and without application, whether it be in the classroom or in the wards?

Recommended that "instructor" be used for all types of teachers, with such added description as indicated by their duties. If teaching one subject only, such as anatomy and physiology, to designate as "instructor in anatomy and physiology." If teaching several such subjects, as anatomy and physiology, bacteriology, and pharmacology, "instructor in sciences." If teaching nursing practice, "instructor in nursing practice."

Moreover, the fact that there seems to be more or less current the idea that the so-called "theoretical instructor" is of a higher level than the "instructor in nursing practice" is in all probability somewhat the result of the use of the term "theoretical instructor." The Committee is of the opinion that the nomenclature recommended would do much to correct this impression and to establish a more general understanding that the difference in preparation for these types of teaching should be one of kind and not of degree.

9. Discard of the term "probation period." The Committee was unanimous in its expression of the undesirability of the term "probation period." Two members of the Committee favored "preliminary course (or period)"; the third member of the Committee questioned the need of setting apart any section of the program by a particular name. The argument made for the term "preliminary period" is that it includes certain subjects largely accepted at the present time as part of the work to be covered in that period. Upon this majority expression, the Committee recommends the use of the term "preliminary period."
10. Concerning titles for text and reference books, there are “Materia Medica for Nurses,” “Chemistry for Nurses,” “Bacteriology for Nurses,” and many more. Is there a specific type of science for nurses? Then, too, are these books written exclusively for graduate nurses? Their titles might so indicate.

In connection with titles for textbooks, there came recently into the hands of the Committee books with the following names: one, “Handbook for Mental Nurses”; another, “Children’s Diseases for Nurses.”

11. Other terms which come under discussion, but which the Committee desires to give more consideration before making definite recommendations, are “supervisor” and “head nurse.”

For “supervisor” suggestions are “coördinator,” “adviser,” “teaching supervisor,” or “supervising instructor.”

One member of the Committee suggests that if there are to be two types of supervisors, one concerned with administrative work and the other with teaching, we should differentiate between the two by the use of “administrative supervisor” and “teaching supervisor.” This opens up the question whether there is a place for these two classes of supervisors in the school organization, which matter of administration will affect the term adopted.

12. Concerning “postgraduate,” the term as commonly used in nursing education has a significance entirely its own. For often it refers to work taken during the postgraduate nursing period rather than to quality of work, and too often the graduate nurse needs to take work which rightfully belongs to her in her undergraduate nursing course. Complementary or supplementary courses more nearly describe the actual conditions. The Committee at this time recommends the use of “special courses for graduate nurses” to cover work of such character.

13. Another term to be discarded is “shift” as referring to change in personnel of either student nursing service or graduate nursing service.

The above recommendations the Committee believes represent but the beginning of a study which it hopes will in time do much toward accomplishing the purpose for which it was created.

Blanche Pfefferkorn,
Chairman.

REPORT OF THE NOMINATING COMMITTEE

The Nominating Committee submits the following ticket for the coming year:

President: Laura R. Logan, Cincinnati, Ohio.
First Vice-President: Carrie M. Hall, Boston, Mass.
Second Vice-President: Mary M. Pickering, San Francisco, Calif.
Secretary: Ada Belle McCleery, Evanston, Ill.
Treasurer: Marion Rottman, Milwaukee, Wis.

Jessie E. Catton,
Grace Phelps,
Ethel P. Clarke, Chairman.

Following the acceptance of the Report of the Nominating Committee the President called for nominations from the floor for each office in turn. No further nominations were made. As a single ticket was finally voted upon, it was moved, duly seconded, and carried that the Secretary be instructed to cast the ballot.

On motions duly seconded all other Reports given above were accepted. Meeting adjourned.

The following reports were presented at the Business Session of the American Nurses' Association, the Committees being of that organization with representatives from the National League of Nursing Education and the National Organization for Public Health Nursing.

REPORT OF THE COMMITTEE ON INTERNATIONAL NURSING AFFAIRS

This Committee was formerly one of the National League of Nursing Education. As the nurses of America are represented in foreign nursing affairs through the American Nurses' Association, which is a member of the International Council of Nursing, it seemed best to dissolve this Committee and create a new one, the general direction of which would be under the American Nurses' Association. This was done in January, 1924, and a new Committee was organized composed of three representatives of each of the National Nursing organizations, with the Chairman representing the American Nurses' Association. The Committee as it now exists is composed of the following representatives:

- Helen S. Hay
- Sophie Nelson
- Florence M. Johnson
The Committee appreciates that a study of its purpose and function is indicated, but as it has not been able to meet owing to lack of time and scattered membership, beyond the presentation of informative matter it has as yet no specific recommendations to offer.

If one keeps in touch with nursing conditions in foreign countries through publications of the various Nursing Associations, the nursing supplement to the Information Circular issued by the League of Red Cross Societies, the Bulletin issued under the auspices of the International Council of Nursing and through the various National Red Cross publications, one observes that interest in nursing has been created in many countries which hitherto thought little about it, and has been revived and strengthened in those that had. Many factors are responsible for this condition. Unquestionably, the World War, during which thousands of nurses from America, Great Britain, Canada, Australia and elsewhere, pouring into the continent of Europe and into remote parts of Asia, demonstrated, especially to countries which had made no progress toward a modern system of nurse education, the value of the qualified nurse for the care of the sick and wounded soldiers and general relief work. Following the war the demonstrations made by the American Red Cross from Vladivostok on the eastern coast of Siberia through the countries of central and southern Europe, Turkey and Asia Minor, through its Schools of Nursing and its Child Health Stations, this interest was greatly strengthened.

The League of Red Cross Societies, composed of some fifty-one National Associations, which came into being shortly after the war, making "Health" its slogan, has through demonstrations and literature done much to arouse interest not only in health nursing but in the preparation of nurses to carry on satisfactory health measures.

The numerous scholarships which have been given by individuals, the Rockefeller Foundation, the American Red Cross, the American Committee for Devastated France, and other organizations, to bring nurses from countries of Europe and elsewhere to America for post-graduate courses in practical and theoretical instruction, in public health nursing and in school administration, have been an important factor towards improved nursing
conditions, as well as strengthening the bond of sympathy which should and we believe does exist between nurses the world over.

It would be impossible in a brief report of this nature to do more than touch the "high lights" in foreign nursing affairs. Among the more conspicuous occurrences during the past year since the report of the old committee was read at Swampscott last June, may be recorded a Meeting of the Executive Committee of the International Council of Nursing at Copenhagen, in 1923, from July 30th to August 1st, inclusive. The Chairman of this Committee had the honor to represent the American Nurses' Association at that meeting. This conference was called for the purpose of making further arrangements for the meeting at Helsingfors, in 1925, and to consider various important questions which had arisen, and which could not be deferred until the Triennial Meeting. A full report of this meeting as given by your representatives was printed in the American Journal of Nursing, October, 1923. Following the recommendations made at this meeting, the American Nurses' Association appointed a Committee to work with the Secretary of the International Council of Nursing, Miss Christiane Reimann, on the revision of the Constitution. The Committee consists of Miss Sly, Miss Deans, and Miss Noyes, Chairman. A special committee composed of Miss Isabel Stewart, Miss Elizabeth Fox, and Miss Agnes Deans, has also been appointed to work with the Secretary for the purpose of developing a program for the Triennial Congress and also to act until 1925 as an Eligibility Committee. The American Nurses' Association, in conformance with the special request, has been able to give the Secretary some clerical and secretarial assistance through their headquarters. The bulletin which was authorized by the Executive Committee of the International Council of Nursing, two numbers having already been issued, was mimeographed, proof-read for the stencils, addressed and stamped at the American Nurses' Association headquarters. These bulletins not only contain a great deal of interesting material but will unquestionably serve to bring the Nursing Associations of the affiliated societies into closer contact. As the Secretary of the International Council of Nursing is present at the meeting and will herself give a report on the activities of the I. C. N., with special reference to the Helsingfors meeting, the Committee on International Nursing Affairs will do nothing more than express a hope that as many American nurses as possible will be present.

Perhaps no more important step has been taken than the appointment of an Advisory Committee on Nursing by the League of Red Cross Societies. This Committee was called together for its first meeting on April 23, 24, 25, 1924, at the League Headquarters in Paris, to confer on international nurs-
ing problems. The personnel of this committee is fairly representative and is composed of the following members:

Baroness Sophie Mannerheim of Finland, President of the I. C. N.
Miss Lloyd Still of London, who is Superintendent of the Nightingale School at St. Thomas.
Countess d'Ursel, Secretary of the National Nursing Association of Belgium.
Miss Charlotte Munch, Superintendent of the School of Nursing, Bispebjerg Hospital, Copenhagen.
Miss Elizabeth G. Fox, Director of Public Health Nursing Service, A. R. C.
Miss Katherine Olmsted, Director of Nursing of the League of Red Cross Societies, is Secretary of the Committee.

The Committee met prior to the meeting of the General Council of the L. O. R. C., which convened in Paris on April 28, 1924.
Miss Fox reports that the meetings of this Committee were most interesting, serving not only to clear the thought of its members, but resulting in some special resolutions which she will give at a session of the National League of Nursing Education. These resolutions were presented to the General Council of the League of Red Cross Societies, which also approves of them.

_Nursing Education:_ Inasmuch as the student nurse is the unit upon which all types of nursing work ultimately rests, it is logical to first present such new developments in the education of nurses as may have been called to our attention. In addition to the Schools of Nursing which have developed under American Red Cross nurse direction and financial subsidies in Europe at Prague, Poznan, Warsaw, Sofia, Bulgaria and Constantinople, the League of Red Cross Societies has been interested in a School at Belgrade, Serbia, and two schools in Roumania. It would be impossible in a report of this length to trace the development of these schools, to enlarge upon their present status, or to attempt to prognosticate their future. It is believed, however, that these schools have done a great deal to develop public opinion in favor of a modern system of nurse education. The difficulties in establishing schools in countries where nursing has from time immemorial been regarded as a menial occupation and where the women quite generally have felt that work with one's hands is degrading seem at times almost insurmountable. The position, however, of women in most of these countries, especially since the war, has changed. The better women are taking a more active part in public affairs generally, while many have been actually obliged to engage in some type of business or other work in order to gain a livelihood. Therefore, little by little the better type of women have been attracted to nursing, and the educational admission requirements to most of these schools
have been gradually increased. The criticism is occasionally made, by natives of foreign countries as well as Americans, that Americans are inclined to force their views and their standards upon foreign countries and start something which is too elaborate and expensive for the average foreign country to maintain and furthermore it does not accommodate itself to existing customs. Unquestionably, there is a certain element of truth in this criticism. On the other hand, the natives of foreign countries are very critical, and unless a demonstration of this nature is developed on a sound educational basis, these same countries would unquestionably criticize the American method as not only superficial but slipshod and unsound. The American is very apt to be regarded by most foreigners as an enthusiastic idealist, but who is also born to hurried ways of working, and who is apt to build most things on the same generous plan as our skyscrapers. Therefore, the American Red Cross has adopted the policy that in developing plans of this nature it should develop strong local committees, able to operate on a "fifty-fifty" basis; and that while practical facilities for teaching should be established, as well as suitable theoretical instruction provided, this should be done on as simple but sound a basis as possible.

Another interesting school has been developed at Haiti, with American Red Cross assistance, for the native colored students.

In Santo Domingo efforts are being made by American nurses to establish native Schools in connection with the hospitals of that country.

In the Virgin Islands the same activity is being conducted under the auspices of nurses from the American Navy.

In Porto Rico, in order to increase the number of qualified nurses as promptly as possible, the American Red Cross has agreed to furnish nursing direction for a new school, in connection with the Municipal Hospital. This question is still awaiting the erection of a suitable school building by local authorities.

From South America generally, we hear stirrings of interest; and in Rio de Janeiro in particular, under the auspices of Mrs. Ethel J. Parsons, who is developing municipal public health nursing, the importance of suitable nursing personnel was early demonstrated and a School of Nursing has been started. At the Red Cross Regional Conference at Rio de Janeiro, considerable interest was manifested in the development of Schools of Nursing, particularly by Chile and Peru.

From missionary nurses throughout China, Siam, India, Africa and elsewhere, we read interesting accounts of efforts to establish modern schools, adapted to local needs and conditions. While very little is published in regard to the efforts of missionary nurses, individual letters from time to
time bring most interesting stories of devotion to work of this nature. In a letter recently received one nurse states:

We are situated northwest of eastern Ghatouts, 102 miles from Salur, the nearest railway station, at an altitude of 2500 feet. It is quite in the jungles, and persons injured or wounded by man-eating tigers, bears and panthers come to us frequently. . . . Before I can have a nurses' training school, I must educate some girls. I have one woman who is doing very well and helping, who will make a good practical nurse.

This case is only one of many others of a similar nature. It would be repetition to attempt to include in this report detailed information regarding Schools of Nursing in Scandinavia and Anglo-Saxon countries, for the publications which I have mentioned in the early part of this report are generally accessible to nurses. The Committee, however, would like to encourage members of this audience to read these reports, as they not only contain much that is interesting, but serve a good purpose in broadening one's knowledge of nursing affairs elsewhere and deepening the bond of professional sympathy that should exist between nurses of the world.

The American Committee for Devasted France has been interested in the organization of a School of Nursing in Paris. This plan includes the construction of a building as well as the development of an endowment. Major Julia C. Stimson was selected by this Committee to visit Paris, study the situation, and make suitable recommendations. As a result of these, the Committee has decided to develop the School around the present one at Rue Amyot in Paris, of which Mlle. de Johannis is the Director. The construction of the new building has been delayed until adequate funds for this, as well as for the endowment, have been secured.

The American Nurses' Memorial, in which the Florence Nightingale School, connected with the Protestant Hospital in Bordeaux, France, is housed, will be given in a separate report.

Public Health Nursing: Public Health nursing has been given a great impetus in Europe by the American Red Cross through its widespread system of Child Health Stations, also by the League of Red Cross Societies through its participating National Associations and its International Course in Public Health Nursing in London. To the more conservative mind it has been a question whether an attempt to introduce public health nursing into countries, generally, without a system of nurse education and consequently without qualified nurses, was not attacking the problem from the wrong end, that by stimulation of interest in work so important in its nature that the very best type of special education, super-imposed upon a sound, preliminary nurse education, is required, was not putting the cart before the horse and likely in the end to result in lowered standards.
Others, however, and especially public health nurses, have felt that it was the only way to arouse an interest in schools of nursing and nurse education in general, and the introduction of the idea through propaganda and individuals into a country without nurses would demonstrate the necessity for the properly trained nurse. The danger, however, appears to lie in the acceptance by these countries of health visitors, or so-called public health nurses, prepared by short courses, as the best means of quickly meeting the situation. This idea once established, it is difficult to demonstrate that the school of nursing and the student in the school is the best basis for public health nursing and not intended solely as a means for caring for the sick in the hospital, and, therefore, not requiring as high a type of woman. Time only will determine who is right. In the meantime nurses and nursing are being widely discussed in educational and health circles.

Disaster Relief: A report of this nature would not be complete without reference to the contribution made by nurses to disasters throughout the world. The Greek situation in Asia Minor, by which approximately one million refugees were driven into Greece, not only aroused the sympathies of the world but called into action nurses for actual relief and hospital work, as well as sanitary inspectors. Nurses from many nations responded to this demand, but particularly from America and England. A group of ten American Red Cross nurses served heroically in Greece for six or eight months, while a large number of American Red Cross Nurses with the Near East Relief organization and the American Women’s Hospital in both Asia Minor and Greece are still engaged in alleviating the miseries of thousands of refugee women and children, and old men, and conducting schools for refugee children who come within the sphere of their activities. Reports indicate that a School of Nursing is being established in Athens under the auspices of the Near East Relief, with American nurses as supervisors. Nurses were also sent to Japan from the Philippines and China for service during the earthquake.

Among other interesting activities to which the American nurses through National Headquarters have contributed, has been assistance to nurses in Russia through the Medical Committee of the Society of Friends, who have been working in that country. A total of $1475.15 was forwarded. An appealing letter for assistance for the German nurses from Sister Agnes Karl was brought to the attention of American nurses: while no campaign for raising of funds in this case, or the other, was organized, the Headquarters of the American Nurses’ Association was authorized to receive contributions, and $194.35 was sent to Schwester Agnes, the President of the German Nurses’ Association, through that office.
General News: At the request of Jane A. Delano Post, No. 125, Chicago, the American Nurses' Association was asked to facilitate the introduction into the Panoramic picture, which has been on exhibition in Paris for some years, of the World's War, a picture of Miss Jane A. Delano in proper uniform. The American Nurses Association appointed a small committee to investigate the situation, of which Miss Stimson, Superintendent of the Army Nurse Corps, Miss Bowman, Superintendent of the Navy Nurse Corps, were members, as well as the Chairman of this Committee. The result has been that formal letters have been forwarded through the Secretary of War and the Secretary of the Navy, asking that nurses in the uniform of both the Army and Navy should be incorporated. The Chairman of the Executive Committee of the American Red Cross has forwarded a similar request, asking that Miss Delano, representing the Red Cross nurses, also be incorporated in the uniform of the Red Cross nurse. This request, with specific instructions and information concerning the uniforms, has been forwarded to the proper authorities in Paris through the War Department. As the nurses of America are now represented by lay people, it is hoped that this change will be promptly made.

The influx of foreign speaking nurses into the United States may create for the American Nurses' Association a condition which will require some special consideration. We have no knowledge at the present time of the actual number of nurses who have arrived, but we believe that they are quite numerous. It seems important that before nurses leave their own countries they should know something about the difficulties, especially in connection with registration laws. Just how this question will be met and solved is still uncertain; but we understand that Miss Christiane Reimann, the Secretary of the International Council, is giving considerable thought and study to this particular condition. It is hoped that she will give us some further information in her report.

Many of the foreign Nursing Associations have had national headquarters for many years. The Canadian National Association of Trained Nurses has recently established its Headquarters at 609 Boyd Bldg., Winnipeg, Canada, with a full time Executive Secretary, Miss Jean S. Wilson.

The National Office of the American Nurses' Association has already established cordial and helpful relations with the Canadian Headquarters. Our National Office, so tardy in its materialization but so vital to our work, has forwarded information on registration to a nurse in Australia, also to Mlle. d'Ursel of Belgium, and has sold several copies of Edith Cavell's picture for the benefit of the Edith Cavell Rest Home for Nurses in England.
The Chairman in closing this report appreciates its incompleteness. It has done little more than indicate in a general way the trend of nursing thought. It does, however, show the scope and field for the Committee’s activities. It is also hoped that it may inspire our members with a desire to further familiarize themselves with nursing in foreign countries, and most particularly that it will serve to attract them toward the Triennial Meeting of the International Council of Nursing at Helsingfors, Finland, in 1925.

CLARA D. NOYES,  
Chairman.

REPORT OF ADVISORY COMMITTEE, AMERICAN NURSES’ MEMORIAL (FLORENCE NIGHTINGALE SCHOOL)  
BORDEAUX, FRANCE

The personnel of this Committee remains unchanged. Efforts are being made, however, to enlarge it to include several lay members. We have been informed by Dr. Anna Hamilton, Director of the Protestant Hospital, Bordeaux, that no limit has been established as to the number of members. The present Committee is so widely scattered—one member in Poland, two in France, one in California, one in Illinois, one in Boston, and the Chairman in Washington—that meetings are practically impossible, except in connection with National Conventions, consequently considerable correspondence is entailed. The principal difficulty in these circumstances is the question of securing prompt action when a question arises which needs immediate response. For example, a cable from Miss Evelyn Walker, Director of Nursing of the American Committee for Devastated France, calling attention to the need for additional funds to be used in connection with the construction of the hospital, as well as letters from Dr. Hamilton and Anne Morgan, Chairman of the C. A. R. D., to the Chairman of the Committee in confirmation of this appeal, prompted her to lay the matter before the Boards of Directors of the three National Nursing Associations, which were about to hold their January sessions, for their consideration. It was the opinion of the members that the American Nurses’ Association having built the Memorial should make no appeal to nurses for funds for the construction of the Hospital. It was unanimously voted, however, that the Chairman be authorized to approach the Rockefeller Foundation and such other foundations and organizations as she deemed wise, to interest them in this need. Inasmuch as the Rockefeller and the C. A. R. D. had formed connections with the School and Hospital, the former having built the dispensary for the treatment of tuberculosis and given scholarships, and the
latter having established an affiliation whereby the students from the
School receive their practical training in public health nursing under the
supervision of Evelyn Walker, the Director of this activity, and, further-
more, as they are largely dependent upon the graduates of this school for
staff nurses, it was hoped that these two organizations might find it possible
to contribute to this important cause. Both, therefore, were approached,
but while sympathetic and anxious to help did not see their way clear to
doing so. Miss Morgan also visited the Rockefeller as well as the Common-
wealth Fund, and urged their consideration of this project. The Carnegie,
while sympathetic, felt that it did not come within the scope of their activi-
ties, and we are still waiting for a final decision from the Commonwealth
Fund.

In order that the nurses of this Association may fully understand the
reasons for these appeals, may I state that the hospital work because
of lack of funds to build the new institution is still being conducted in the
hospital building in Bordeaux. The American Nurses' Memorial is situated
outside the city, on an estate known as Bagatelle. Funds are available for
one wing of the Hospital, but Dr. Hamilton is most anxious to have the other
wing under construction at the same time. It was for the second wing that
funds were required. The depreciation of the franc and the high cost of
building material and labor have made it difficult to collect the money in
France and to begin the construction. Photographs have recently been
received from Dr. Hamilton, showing the laying of the cornerstone of
the first pavilion on the 16th of March, 1924. Dr. Hamilton is shown
with the trowel placing the mortar under the stone. The picture showing
this is entitled "A Happy Moment." No information has since reached the
Chairman as to whether money has been procured to build the second wing,
but it is to be hoped that this has been made available. Questions of this
kind can rarely be submitted to the Committee in advance, and for this
reason the Chairman sent a questionnaire to the Committee, asking approval
of the action of the Chairman in approaching the Foundations, as well as
for permission to proceed in such matters as needed immediate attention,
without waiting for a referendum vote. I am glad to say that replies have
been received to this letter from all the members with but one exception,
not only approving of the action of the Chairman in this particular case,
but authorizing her to proceed without waiting for replies, should similar
questions arise.

It was felt that Anne Morgan would make a desirable member of the
Committee, but she has not found it possible to accept the invitation.
It also seemed desirable to include a member of the Rockefeller Foundation,
because of their connection and interest in the institution. Steps in this
direction will be taken with as little delay as possible. It is also agreed that
Evelyn Walker should be invited to become a member, and an invitation has
been sent to her in accordance therewith.

The American Committee for Devastated France has been exceedingly
generous with scholarships. Mlle. Mignot, who supervises the nursing of
this School has visited this country upon one of these scholarships and has
studied the system of practical and theoretical instruction at the Army
School of Nursing in connection with the Walter Reed Hospital in Washing-
ton, the Johns Hopkins, Philadelphia General and the Presbyterian Hospi-
tal in New York City. She also visited Toronto, Canada, in order to see
the work that was being done by one of their graduates, Mlle. Tisseau, a
Rockefeller Scholarship student. Mlles. Gui baud and Caguly, Monod,
Peiron and Eldin, all received scholarships from the C. A. R. D., first going
to the Presbyterian Hospital in New York City for practical experience,
then to the Visiting Nurse Association in New Haven, Conn., for Public
Health Nursing experience.

All money given by the American nurses for the purpose of constructing
the Memorial School has finally been turned over to the Hospital and
School authorities. This money had been with the Banking Firm of Mor-
gan, Harjes & Co., Paris, and disbursed under the auspices of Mr. Jay of
this banking house, Helen Scott Hay and Evelyn Walker acting as a
Committee for this purpose. When this money was finally disbursed, this
Committee was dissolved. The staff at the Memorial School during Mlle.
Mignot’s stay in this country was increased to include Mlle. Ger auod,
A French woman who received her nursing education at the New Haven
School of Nursing and Mlle. Aeschimann, a graduate from the Florence
Nightingale School at Bordeaux, who was given a scholarship by the Ameri-
can Red Cross to attend the International Course of Public Health Nursing
at Bedford College, London.

Mrs. Celh ay, a graduate of the Presbyterian School of Nursing in New
York City, married and living in Bordeaux, is a most valued member of
the Committee. Her letters contain much interesting information. She
states “that she has never felt that the construction of the hospital has
been the responsibility of the Committee, but agrees that the Committee
should help to make the needs of the hospital, on account of the danger to
the school if a new hospital is not completed at an early date, as widely
known as possible.” She further states “that residents of Bordeaux have
contributed 700,000 francs, which is being used for the construction of the
first pavilion; that three million francs will be needed for the entire hospital,
but about 400,000 francs were urgently needed to complete the second pavilion without which the first one cannot be used." She gives several reasons why the new hospital should be built as quickly as possible:

First, the residence and school (i.e., the Nurses' Memorial) is at Bagatelle.

Second, graduates from the school are in great demand throughout France, because their training is recognized as sound and superior.

Third, the time element. The residence being so far distant from the old hospital that one hour a day is still required in transportation, which is taken from their off-duty hours, and that because of the necessity for overcrowding the camion (which has a capacity of fourteen but is obliged to carry twenty) there is some danger to the occupants. The expense is another consideration, as oil, gas, chauffeur and general upkeep require about 12,000 francs a year. The nurses, also, are in danger of contracting colds from leaving an overheated hospital and riding in light uniforms in the camionette.

Furthermore, she states that the delay is also affecting the applicants. Candidates hearing from their friends of these unpleasant conditions are deciding to postpone their training or go elsewhere. This is a serious matter, as nursing is comparatively a new profession in France, and to quote Mrs. Celhay, "There are still too few girls in France whose parents allow them to take up the profession. The loss of candidates, therefore, is a serious handicap." A larger field for practical experience is greatly needed, which the larger hospital will afford. There are only sixty beds in the old institution. Mrs. Celhay closes her letter by stating "that the prospects of the hospital are very satisfactory, as many promising young medical men are eagerly seeking appointments on the staff, and doctors who hitherto never approached the institution are now sending private patients. . . . . In spite of the old hospital having but sixty beds, more than six thousand patients have been looked after by the institution, either in the hospital or in their homes through their visiting nursing staff, during 1923. . . . ." Quoting again from Mrs. Celhay, writing from the Memorial School, March 6, 1924,—"This morning doctors, delegates of the Society of Nations, visited the American Nurses' Memorial, and the Rockefeller Dispensary (the latter is also located at Bagatelle). They were very enthusiastic about the School. The Memorial is truly a perfect home for these courageous French women, so many of whom in spite of the refusal of their parents are here."

While Mlle. Mignot was in this country many conferences were held by the Chairman with her on the subject of the School and its development. The Committee hopes that all members of the American Nurses' Associa-
tion who visit France will make a trip to Bordeaux, not only to see the School for themselves, but to demonstrate to the Board of Trustees and Dr. Hamilton the interest of the nurses of America in this important educational project, to which they have made so notable a contribution.

That the work of this Committee has been appreciated by the Trustees of the School is expressed in a letter dated February 19th, from Monsieur Fauer, who has now become President of the Board, who states, "I must personally and in behalf of our School and Hospital thank you for all you have done for our Superintendent of Nurses, Mlle. Mignot, during her visit to the United States. As Chairman of our Advisory Committee, I know you have taken the trouble to direct the program of her visits to many institutions, and she reports to us how carefully you arranged all the details. We are most grateful to you . . . . for writing to the Carnegie Foundation and other societies who might be able to help us. We have decided . . . . to build the first block of our new hospital . . . . but we ought to build also the next block, as without this the first one cannot be of any use. We need 500,000 francs for it, but we have not got that sum. The French Government . . . . has already given us some help by an allowance of 80,000 francs last August, and another 60,990 francs last month. We hope to get more help from the Minister of Hygiene, as they are much interested in our institution, especially on account of our Training School. You see that, in spite of not having all the needed funds, we are going ahead, trusting in God and in our friends to help us in the very uphill work of training good nurses in France." Copies of this letter were transmitted to the various members of the Committee.

In view of this statement, it would appear that money for the second pavilion is in sight. If this is the case, the difficulties incident to the development of the practical teaching field for the students of the school are of but a temporary character. In the meantime the nurses of America have just cause to be proud of the Memorial School Building, and let us hope that those of our members who are planning to attend the Meeting of the International Council of Nursing at Helsingfors next year will include a side trip to Bordeaux.

CLARA D. NOYES,
Chairman.
AMERICAN NURSES' ASSOCIATION, NATIONAL LEAGUE OF NURSING EDUCATION, NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Opening Session

Monday, June 16, 8:00 p.m.

The meeting was called to order at 8:00 p.m. by Adda Eldredge, President of the American Nurses' Association.

The Invocation was made by the Very Reverend Warren L. Rogers, Dean of St. Paul's Cathedral, Detroit, Michigan.

The Address of Welcome was given by Dean Warren L. Rogers instead of the Hon. Joseph A. Martin, Acting Mayor of Detroit, who, because of illness could not be present.

ADDRESS OF WELCOME

BY WARREN L. ROGERS

Dean of St. Paul's Cathedral, Detroit, Michigan

In the name of Detroit, and all of our good citizens here, I welcome you nurses who have come, representing, I think, three different groups. In a way I am qualified to give a welcoming speech, for I have lived in this city the greater part of my life.

I have one message that I want to give to you, and I want to put my message something like this. You women are not in jobs. You are not seeking positions, but you are seeking to attain careers. There is a big difference. To me it is one of the most stimulating things in American life that the day has long since past when men were the only creatures on earth who might have careers. You women have attained them; and you are doing some of the work that comes to your care with splendid service, and with real achievement. I congratulate you upon it. One thing about a career is this: It is not easy. Jobs are always easy, they are just the same old monotonous grind all of the while. We have men by the thousands in some of our factories who would not change from the particular task they have because they would have to learn something new, and they would rather stay and grind the same old nut. They have learned it. It is not difficult to continue. There is a sense in which the task that you have, as nurses, is monotonous. It is the same story, performed day after day. And yet there is a sense in which it is ever new; or there are new applications, new developments. I spent a month
of this year in a hospital. I grew to know something about what a hospital means, and what the work of a nurse is, and I hold them in higher esteem than ever before. I recognize the possibilities of nursing as a career in life. I have had the happy fortune to know a great many of the nurses here in the city, and in the various hospitals. Once a year, for the last few years, they have come to my Cathedral for the anniversary service. There are twenty or twenty-five various hospitals, sanitariums, and institutions in the city of Detroit; and those who felt like coming have come to share in the great service that we have. I appreciate all that. I know them also through the Guild of St. Barnabas nurses, for I happen to be the Chaplain for that organization in the city of Detroit.

You have a great task in life, and your career is marked by three things. First, it is hard. Second, it is needed. Third, it is lofty, it is worth while. I have not the time to go through all of these. I just want to suggest them to you in the sense in which I recognize your coming to Detroit for your annual convention; and to give you a greeting from our city, because we recognize in you women the challenge of the finest kind of service that can be rendered in this world, and because we recognize in your willingness to give yourselves to tasks that are difficult, disagreeable at times, and to tasks that are needy, and we are feeling it more and more every year we live, and to tasks that have some of the loftiest ideals and purposes of any that we have in life.

Now, one signal of warning about it. You are thinking about a lot of legislation, a lot of things you are talking about, and trying to settle. They are worth while, they are good. In all your work you are doing everything you can to make yourselves more efficient.

Let us not forget one thing, that all of the tools we have, all of the talents we have, and all of the work we do, must be for a high and noble purpose, or it is not worth while. We may use our skill for harm as well as good. Here is a knife, made out of finely tempered steel, one of the finest knives I can get anywhere. It is, however, a little thing. It does not make any difference how fine the handle is, it is just for a casing. The value of the knife is the steel in the blade. But that is not enough. There is no magic in the knife. There is no ability or talent in it itself. It is all in the use to which we put it. This knife, with an edge like a razor, if you take it as a surgeon does his surgical implements, may be used for the preservation of life, and is so used every day in the year; but, this same knife, in the hands of a mad man or of a criminal, is used for the destruction of life.

Here is the message. Do not spend too much time sharpening your
tools. Use them. Use them for good; use them for the loftiest purposes we know; use them for the benefit of mankind.

And so I say, we welcome to Detroit you women who stand so much for things that are in earnest and worth while, things that mean life and the preservation and the usefulness of life, things that have to do with our comfort and well-being. So, your task is one of the biggest in the world; and we are proud to have here in Detroit so splendid a company of you. We know that your coming will do us good; and we hope, in turn, that you will like us and our city here. I give you my greeting with all my heart, in the name of Mayor Martin.

ADDRESS

By Laura R. Logan, R.N.

President, National League of Nursing Education

Every institution in the social order needs constant re-examination and re-study to determine whether it is growing in the right direction. For thirty years it has been the work of the National League of Nursing Education to so study and promote the educational development of schools of nursing.

How broad shall the education of the nurse be? Are the education and training as now given suited to the limits or ranges of her functions? What limits and ranges are there to her function in society? What shall be the minimum standard curriculum? What shall be the distribution of time between training in nursing practice and the more purely academic educational subjects? How much academic credit shall be given for nursing practice? What shall we seek and what may we expect from the universities in furthering nursing education? These and many other questions are still waiting answers which meet with general agreement and the test of experience.

Fifty years of nursing education of such quality as we have had have demonstrated the value of the nurse to society, and its manifold need of her. The nurse of the last thirty years has been largely a product of the immediate need of the hospitals, so rapidly increasing. Yet, in many cases, the nursing instructor and the public health nurse, with only such preparation as these hospital schools have afforded, have met the public need so well and contributed so much, that our schools are asked for an output of such numbers as will supply the unmet demand for the public health nursing field, and for nursing instructors, in addition to the field of so-called private duty, and the ever increasing hospital field itself.
ADDRESS

Even such preparation then as our nursing schools heretofore have given has so prepared the nurse that she has been found worthy to be at least "the messenger of health to each individual home." There must have been something very strong and fundamentally right in an educational scheme that has attracted and prepared a group worthy of so important a mission; and this is only a part of the responsibility that individuals and groups have found the nurse worthy to carry.

This development of the nurse was due largely, I believe, to the educational value of the actual responsibility for the ward work itself in her student days, an advantage we have had over every other form of education and which it is my hope we may cherish and never forfeit or disregard. For a wide experience in dealing first hand with the problems and practice of any profession is by far the best basis upon which to build original thinking, constructive activity, and to develop executive ability. Training and education must go hand in hand to produce leadership and to realize our fullest professional usefulness.

The important part the nurse has played in the development of hospitals and in preventive and public health fields has been due also to the type of woman that was attracted to the field. Any group in whose ranks were such women as Isabel Hampton Robb and Jane A. Delano, was bound to make large contributions to the social order of the day. But many new occupations have opened to women, and hospitals have grown so rapidly in numbers, that the overburdened schools of nursing left to meet the needs of their nursing services alone, as best they might, have been less able than formerly to exercise as rigorous a selective process in the admission of candidates.

Meantime, nursing, as medicine, has been going through a period of socialization so that more than ever before do we need the finest type of personnel and the soundest basis of scholarship to give us, among other things, proper grasp of the manifold complexities of the present social order, in which we already play so essential a part. It is becoming evident that our contribution as schools of nursing and as nurse educators will be increasing, not only to provide enough nurses for actual nursing care, but also to raise the general standard of excellence, to attract women to our ranks capable of leadership in administration and education.

The nursing school is a very much needed institution. In fact, the need is so great and the field so extensive in which the nurse must minister that it has become a grave problem to determine just what forces can best be used to strengthen the growth of nursing education and how it should develop so that it may indeed become the strong, vital institution which society needs.
It is being demonstrated that such universities as have developed sound academic and nursing courses have rendered signal service to the communities which they serve in elevating the standards of nursing education and attracting to the nursing profession larger numbers of the type of woman needed for leadership. But still more, such candidates must be attracted and the university school, so rapidly coming into existence, must have increasingly able faculties of nursing.

That the university has much to offer is clear. But the manner of organization, the choice of university departments as ministering most to our development, the curriculum to be outlined, the relation of the university nursing department and the hospital nursing service; these and many other fundamental questions are in a frankly experimental stage. It would be beyond the confines of such a paper as this to enumerate them.

It is queer how the grass always looks greener in other pastures. In our appreciation of the undoubted educational value of the more purely academic university work which we so much covet, I sometimes wonder if we do not fail to justly appreciate that in our hospital nursing services we have an even greater educational asset, if rightly used. The practical field, which other educational groups are beginning to appreciate and earnestly seek, has been ours for years. We know its resources and its limitations, its needs and its demands. We have a finely articulated body of rules and regulations and methods for its conduct. With the conduct of the nursing service of our hospitals, of the dispensary, and the public health field, we are conversant; and we are in possession of our field for practice as is no other teaching group anywhere. It exacts a price, as most things do. If rightly used, it is worth all the time and energy it costs. I do not believe our part in it should ever become merely that of a supernumerary teaching group, using the hospital merely as a teaching field, in no way responsible for the actual nursing department. We have not yet begun to exhaust the resources of the great county and city hospitals as we should for training ground.

We are gathered here as a profession tonight, the second largest profession for women in the country. If we believe in our work and its value, if we desire to make a contribution to the betterment of the social order, we should map out thoughtfully the general course of our educational policies and proceed earnestly and single-heartedly toward its accomplishment.

Much has been done by the various alumnae associations throughout the country during the twenty-five years which have followed Isabel Hampton Robb's address to the Associated Alumnae in which she urged
alumnae groups "to devise practical ways and means for systematic study for the graduate nurse," but there remains much more that may be accomplished.

What an impetus would be given to nursing education if every alumnae association of the 1700 schools of nursing in this country would each provide, for the next few years, from one to three scholarships and establish loan funds. If only one graduate of each alumnae group this coming year could be made to feel the need of the further education which makes possible a genuine contribution in any field of education, there would be 1700 graduate nurses studying for degrees and coming back into the nursing world shortly with bachelor's or master's or doctor's degrees.

Every university in the country desires to serve the state or community in which it is situated. One university president declares the business of a university to be

discovery in every possible realm of human knowledge the useless and useful, fundamental and specifically practical; the dissemination of knowledge by which the largest possible number of people may avail themselves of it; the training of men for service.

He also conceives it to be the business of a university "to develop personalities, personalities that are capable of large participation in life and of large contribution to life." It is chiefly our own fault if we do not seek and avail ourselves of this service.

As a professional group, we shall not be ready or capable to take our place with other professional groups until the women who administer and teach our schools of nursing have availed themselves of such education and are well grounded in the biological and other sciences fundamental to nursing.

Such a concerted move as I have mentioned on the part of alumnae groups over the country might also take the form of a concerted effort on the part of the nurses of each state to establish chairs of nursing in the state universities, as the nurses of Virginia are leading the way in their work for endowment to establish a chair in the University of Virginia.

The university which is in your community and which offers sound scientific and liberal arts courses and full participation in every phase and element of college life, will accomplish our purposes best and with the least expenditure of funds. Every well prepared and scholarly nurse who enrolls in such college or university as a regular student and carries with credit regular courses in English, social science, psychology, zoology, bacteriology, chemistry, physiology and anatomy, which later she will be
called upon to teach, will do more to further the advancement of nursing education in the minds of that community and of the faculties and bodies who control the university wherein she studies than will many addresses and formal petitions for a university school of nursing. If such a student goes back into the nursing world after graduation and fosters the nursing departments of hospitals, as well as the schools of nursing, she will not only have prepared herself, but those with whom she comes in contact, to see the value of the university education of the nurse.

I believe that each state should have its own university school of nursing, as each state has its schools of law, medicine, and education. It should not be a school which owes its connection with the university merely to the need of the university hospital for securing nursing care for its patients. I believe that the better this nursing care is done and the more responsible the part the student nurse takes in it, the better will be her background for educational development and the greater the likelihood of her future contributions of importance to nursing and nursing education. But we shall not advance nursing education, and we may hinder it irreparably by the multiplication of nursing schools in university hospitals, unless we see to it that these schools are really integral parts of the universities’ conscious and avowed purpose to maintain in them consistent educational standards and provide as generous opportunities as are afforded other collegiate groups.

Moreover, the nurses who direct these schools should be conversant with university organization, with graduate and undergraduate standards and curricula, and with methods of registration. They should be as deserving of the responsibility and rank conferred upon them as are the deans and heads of other college schools and departments. If the majority of the universities and colleges throughout the country can provide themselves with efficient deans and heads of departments, we are indeed a poor profession if we cannot man our university departments with women of equal capacity and education. To this end, and that we may soundly interpret the trend of the social order and our place therein, that we may wisely formulate state laws and regulations, that we may enrich our curricula and make researches and original contributions to nursing education, we also must have masters of arts and science and doctors of philosophy in our ranks. To these may be granted the privilege of defining and demonstrating the cultural values in nursing subjects, in nursing work, and also of defining and demonstrating the relative values to nursing of cultural and more purely scientific subjects.

There is a decided place of importance being given to coöperative educa-
tion today. Coöperative education is not an easy subject to handle because of the relation of theory to practice. The danger is that we may emphasize one to the detriment of the other.

Other educational groups are earnestly seeking wider practice fields and are asking for still more responsibility therein; any tendency to minimize the value of practice in nursing should be a matter of grave concern to us. Nursing education must always mean more than the acquisition of new knowledge. The nurse must have skill as well as knowledge. We cannot do good nursing except by drill. It is an educational truism that we learn by doing. We must not fail to see the need "of converting the conscious into the unconscious in the performance of a manipulation or the wide educational value of repetition." I believe it will be found that ward work, even the repetition thereof, develops the student mentally to a surprising extent if rightly utilized and taught. It has not been proven, but I am willing to have it set down as my judgment, that a student nurse will receive more in actual intellectual development itself in a hospital school of nursing where the academic courses are not particularly strong, but where she really learns expert nursing care in fundamental types of nursing procedure and ward management, than she will with an equivalent of two years of average college work if coupled with too flimsy experience in practice.

It is for our university schools of nursing to solve this problem. Here we administrators and teachers are close to the real needs of the profession; and if we are but soundly prepared educationally, we cannot fail to establish courses of undoubted value and practicability and through affiliation meet the needs of the profession in the small hospital, in the special hospital, in the mental hospital, and in the community.

We are prone to talk too much about the methods of teaching and not enough about the actual knowledge of the subjects we need taught in our schools. If the instructors' knowledge of the facts behind practice is right, not only will the student nurse acquire skill, but understanding of the day's work. One who cares only for the practice does not solve problems understandingly, but becomes a routine worker only. Both skill and knowledge are a strong combination.

Another important problem for solution is the degree of university credit to be awarded for nursing practice. In order to include in one unit of credit enough of each type of nursing to really become skilled, and not merely conversant, therein, and in order not to consume too large a proportion of the units of credits allotted the academic year, and yet to include a safe minimum of practice, we can hardly give more than one
unit of credit for one month of practice. Much credit will avail us little if we are poor nurses.

Another problem to be solved by study and research is the question of the best order of theory and practice. Will the most efficient and well rounded attainment come from two years of university work, followed by two or three years of nursing study and practice, or vice versa?

In a profession where our numbers are insufficient to meet the actual present needs, it is a matter of considerable social importance that we arrange the content and order of our theory and practice so as to gain a maximum of efficiency and knowledge in a minimum of time. If a five year course can be so arranged as to produce an expert nurse and include fundamental courses in zoology, anatomy, physiology, chemistry, social science, psychology, domestic science and English, as well as nursing subjects proper, and which will also include the content of the ordinary postgraduate course in Public Health nursing, we shall gain at least a year in time when the graduate nurse may be serving the community which so much needs her, or when she may be doing really advanced graduate work. This phase of nursing education, the content of curriculum and courses, and the juxtaposition of theory and practice, offer one of the most interesting fields for research. It is almost untouched to date. Here again I am willing to have it set down as my opinion that we shall not go far astray if we see to it that the periods of nursing practice with full responsibility under supervision and the periods of genuine academic work are not too far separated from each other. We shall miss the force of our practice as an educational urge toward knowledge if we do not keep our practice constantly in need of further knowledge for its greater perfection and understanding, and keep our theory following closely with its answer to our practical needs and its vitalization of the practice that is ahead.

Nursing, then, at the present time has the unlimited field for practice which other fields are seeking. What nursing has to do is to enter the gates of our universities to receive an adequate background. Every state has a university; every religion, its college; and many cities, institutions of learning. The courses in these universities are well standardized and represent a wide range of subjects. Any matriculate may enter these courses for a moderate tuition. One who holds a diploma in nursing has an earning capacity which far outstrips that of any similar group of students in any other field of knowledge, so there is really very little excuse why a large proportion of us should not graduate from universities.

The problems of nursing education in all their varied phases, including,
as they do, so many individual problems, problems so widely distributed geographically, socially, and educationally, all of which must somehow be made to fit into a whole, that shall be strong and safe and all inclusive, need both our combined counsel and our individual enterprise. That we sometimes differ among ourselves over the parts which go to make up the whole represents the growing points. About the more fundamental aspects and the ultimate ideals of nursing education, there can be no difference of opinion, else they are not ultimate ideals.

The working ideals of the whole must constantly undergo gradual re-interpretation as the parts which make it reconstitute themselves. Here we need the combined counsel of us all that the whole may more truly represent its parts; that the ideals and principles we formulate and work by may really embody and reflect that perfection towards which we can strive but never fully attain; that all differences of opinion may be lost; and that whole-heartedly, and full of faith, and in humility we may each seek to do our part toward its fulfillment east, west, north and south, in the big schools, and in the little ones, in the great experimental and growing centers and in the wide expanses and remote places where the day's work is often so well done and the handicaps so great.

We have much to encourage us, much to be proud of, everything to work for. Let each of us "hitch our wagon to a star," for by that same token it may be given to many of us to make fundamental contributions to nursing and nursing education.

ADDRESS

BY ADDA ELDREDGE, R.N.

President, American Nurses' Association

Printed in the Proceedings, Twenty-fourth Convention, American Nurses' Association.

ADDRESS

BY ELIZABETH G. FOX, R.N.

President, National Organization for Public Health Nursing

Printed in The Public Health Nurse, September, 1924.

WOMAN'S RELATION TO WORLD PEACE

BY THE HONORABLE JOHN H. CLARKE

Former Associate Justice, United States Supreme Court

Printed in the Proceedings, Twenty-fourth Convention, American Nurses' Association.
THIRTIETH ANNUAL CONVENTION

THE AMERICAN RED CROSS NURSING SERVICE

BY CLARA D. NOYES, R.N.

Chairman, National Committee on Red Cross Nursing Service

It has been customary for many years to hold a special Red Cross Nursing Session at the National Convention of the American Nurses' Association. This year it has been decided to vary the plan somewhat by omitting this Session and providing on the opening night a brief report from the Chairman of the National Committee on Red Cross Nursing Service. This change does not mean that the Nursing Service of the Red Cross holds any less important position in relation to nursing affairs in general, or the American Nurses' Association in particular. The Government Nursing Services, formerly combining with the Red Cross on this occasion, are now provided with a special Section, in which the Red Cross has a distinct part. It seemed wise, therefore, to vary the custom, at least for this year. The majority of those present are well aware of the purpose and function of the Red Cross Nursing Service; yet we so frequently hear the question, "What is the Nursing Service of the American Red Cross and what does it mean to be a Red Cross Nurse?" that even at the risk of wearying those who are familiar with the historical background, as well as the organization and function of the Service, I venture to indicate some of the essential points in its organization, with special reference to its relation to the American Nurses' Association.

Function of Red Cross Nursing Service: You will recall that the primary function established by Congressional enactment of the Red Cross Nursing Service is to maintain a reserve of the Army Nurse Corps. The Nursing Service must, therefore, enroll graduate nurses who meet the required standards and hold them in readiness to answer the call to the colors whenever that may be. This relationship to the Army is carefully defined in the Army Manual, where the members of the American Red Cross Nursing Service are spoken of as reserve nurses. By special request the same service is also rendered to the Navy, the United States Public Health Service, and the United States Veterans' Bureau. The enrollment of over 40,000 graduate nurses might, therefore, be compared to the state militia in its relation to the Army; and in time of war, as well as in time of peace, the Nursing Service of the Red Cross is directing members of its enrollment towards the Army as well as the other Governmental Services. From this enrollment are drawn the nurses for the Red Cross Public Health Nursing Service of the American Red Cross, and the Instructors in the Red Cross Course in Home Hygiene and Care of the Sick.
When nurses are required for a great national disaster, or for one of international nature, this enrollment is called upon to supply them.

From this same source nurses qualified to direct and organize schools of nursing in foreign countries have been drawn. It has also furnished the nurses who have developed child welfare work under the auspices of the American Red Cross through Central and Southern Europe, as well as in our insular and foreign possessions.

*How nurses are secured:* The Red Cross Societies of Europe and elsewhere as a rule conduct schools or short courses from which they secure the required number of Red Cross nurses. The American Red Cross, however, differs quite materially, for it conducts no schools or short courses as a source of supply. Then "How are the nurses obtained?" Through an affiliation with the American Nurses' Association which pledged its support to the upbuilding of this service some twenty years ago, a system of state and local committees has been organized. While the appointment of the members of these committees lies in the hands of the Red Cross, the assistance which has been rendered by the American Nurses' Association has resulted in the creation of 49 state, 153 local, and 4 foreign committees; a total of 206 upon which approximately 1400 nurses are serving. Of the splendid service of these committees we cannot speak too highly. They finally "head up" in a National Committee, upon which the three national nursing associations are represented, each by 10 members. The Surgeons General of the Army and Navy, United States Public Health Service, the Medical Director of the United States Veterans' Bureau, and the Superintendents of their Nurse Corps, as well as others, are also serving. This National Committee is advisory to the Executive Board of the American Red Cross. Thus it will be seen that this series of committees, reaching in an unbroken line from the local to the national, insures the integrity of the Nursing Service and protects it from the vicissitudes to which it might otherwise be subjected if it were not for this splendid affiliation with a national nursing association.

*Function of committees:* The local committees gather the credentials of applicants, and no nurse may be admitted to this service unless she graduates from a school connected with a hospital having a daily average of fifty patients, and has experience in the nursing care of men, women, children and obstetrics. She must be of a given age and meet the physical requirements. She must also be registered, a member of the American Nurses' Association. The National Committee recommending these requirements to the American Red Cross has helped to create a very high
standard for enrollment, and by establishing these requirements has done much to improve schools of nursing throughout the country.

How is this done? is a question which quite naturally arises. Assuming that a nurse applies who does not meet these requirements and is refused enrollment, it is quite natural for her to return to the school from which she graduated, and acquaint the authorities with the fact that she is not qualified to become a Red Cross nurse, even though she may have spent three years in preparation. Again and again such schools by improving their practical and theoretical courses, or through affiliation, make it possible for their graduates to meet the requirements of the American Red Cross Nursing Service.

The Red Cross National Headquarters maintains a file containing the records of over 40,000 graduate nurses. These are under the immediate direction of the National Chairman of the Red Cross Nursing Service. To be of value these files must be kept up to date. Every nurse is checked up yearly by the local committees, through a system of questionnaires which are finally forwarded to National Headquarters. This file must not only receive such close professional oversight as may be required to evaluate the credentials of approximately 100 new enrollments monthly, but a staff of expert clerical workers is required to record the changes which constantly occur. For example, from December 1, 1922, to December 1, 1923, 2040 marriages were recorded and 4067 transfers; that is, nurses moving from the territory of one committee to another. If these changes were not promptly recorded, we would soon be without knowledge of the whereabouts of our nurses.

The National Office is in Washington. The question is frequently asked, "Why do you not decentralize the enrollment, inasmuch as you maintain five Division Offices?" This is easily answered. As the Red Cross has a definite governmental relationship, it is important that the national office should be easily accessible to the various governmental departments it serves. For example, during the war the papers and credentials of over 18,000 nurses were held in the office of the Surgeon General of the Army, while many more were in a state of transit.

It does not follow that all of these 40,000 nurses are available for active service. You will recall that the service is on a voluntary basis; and even in time of war the nurse is expected, but not compelled, to volunteer. About 2669 of these nurses are inactive, for physical or other reasons; in addition, 9000 are married. The majority of the latter are not available for active service, although many are acting as instructors, others on committees, and in a case of great national emergency they may and do assist temporarily.
Course of Instruction: The constructive and valuable contribution made to community health and to the well-being of the sick in the home through our simple course in Home Hygiene and Care of the Sick cannot be estimated. This course, as you probably know, includes instruction in the prevention of disease through a knowledge of cause, home and personal hygiene, and simple elementary nursing procedures. It is not intended as a means to prepare women to earn their livelihood as nurses. The approximate number of students under instruction during the past fiscal year was 65,000. Over 28,000 of these were school children. The approximate number who have been given this course of instruction since the beginning of the activity is approximately 600,000. The number of Red Cross nurses who were appointed as instructors in this course during the fiscal year 1923–1924 was 1050. The acceptance of this course as part of the curriculum by many schools has demonstrated the necessity for better prepared instructors. As a means to this end a special summer course was given at Simmons College in 1923, when 37 students enrolled, 10 of whom received scholarships. This demonstration has resulted in the development of additional summer courses this year at the Pennsylvania State College and the Colorado Agricultural College. Scholarships are also available for these courses.

Public Health Nursing: It would be impossible in so short a time to do more than touch upon the magnificent contribution to the health of the country made by the Red Cross Public Health nurses. At present approximately 1000 nurses are serving rural communities under the direction of 750 Red Cross Chapters. As a means of improving this service, scholarships have been given to 793 nurses to prepare for Red Cross service, and others are available.

Delano Red Cross Nurses: From the sale of the Red Cross textbook on Home Hygiene and Care of the Sick, as well as from the income from the legacy left by the late Jane A. Delano, five Red Cross Public Health nurses are being maintained in remote communities which otherwise would be without such service. These are located as follows: one on the islands off the Coast of Maine; one in the mountains of North Carolina; another in an isolated and backward county of Virginia; another in far-away Alaska; and the last to be appointed, in the mountains of Idaho. These nurses are true missionaries of health, living as they do in lonely communities, far away from the association of their families and professional associates. Through their constructive and devoted effort, they are building memorials of an enduring nature, far reaching and permanent in their character.

The Delano Memorial: Plans are under way for the erection of the
Delano Memorial, which will in this case be built in stone and bronze. The purpose of this is not only to memorialize the work of Miss Delano as Chairman of the National Committee on Red Cross Nursing Service, but the work and spirit of all nurses who have devoted their lives to the advancement of nursing, as well as those who have died in line of duty.

One of the primary functions of the American Red Cross is to furnish relief in time of great national disasters, to relieve distress and want caused thereby. This type of service, when indicated, is also rendered to foreign countries. There is nothing more splendid in the annals of history than the achievement of the American Red Cross in this field. Hurriedly marshalling its forces, it rushes to the rescue, with its nurses, doctors, relief workers, food and clothing. So well is it organized that it swings into line as soon as the call comes, and begins its work immediately. The Greek Refugee situation in Greece, one of the most frightful in the world’s history, required ten of our best nurses as directors and organizers for a period of about one year. The earthquake in Japan also called groups of American Red Cross nurses from China and the Philippines. Time forbids me to try to mention the occasions when they are called upon in our own country. Alas, they are only too frequent. In this connection, however, our Local Committees, cooperating promptly with the Chapters, are of inestimable value in providing nurses to meet the needs. Another activity requiring nurses is the maintenance of First Aid Stations in connection with great gatherings of people. Literally hundreds of these have also received nursing assistance.

This brief survey of the activities of the Nursing Service of the American Red Cross will demonstrate that, unlike many other Red Cross Societies, while prepared for the greatest of all disasters, war, it is fully as much concerned with a constructive peace program of preventive and alleviating nursing.

This report may serve to indicate the scope of work, but it necessarily gives a most incomplete picture of the accomplishment of the Nursing Service, for it has made no attempt to report upon the Schools of Nursing in Poland, Bulgaria, Czechoslovakia, Constantinople or Haiti, which are either directed now by American Red Cross nurses or which have been in the past, or are partially subsidized by the American Red Cross at the present moment. Neither can we do more than suggest what is being done in the development of nursing in Santo Domingo, Porto Rico, the Virgin Islands, the Canal Zone, or the Philippines. In the latter about 80 nurses are engaged in Public Health Nursing and instruction in our Course in Home Hygiene and Care of the Sick. The Red Cross Nurse
is there and she is at work. She may be found in hospitals, schools, or the field on her mission of health; and what is best of all, she is accomplishing something.

The question is occasionally asked by nurses “Why should I enroll in the Red Cross Nursing Service?” If any nurse in this audience who isn’t a member, after hearing this report on the scope and field of Red Cross Nursing endeavor, now feels any hesitation about enrolling, it will give me, personally, great pleasure to meet her and try to show her that as a member of this body of professional women, the largest in the world, connected with the greatest organization for service to humanity that the world has ever known, she will derive the keenest satisfaction. She may at first feel it a duty to enroll, but she will soon regard it as a high privilege.

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

General Session

Tuesday, June 17, 9:00 a.m.

Adda Eldredge, President, American Nurses’ Association, presided.

THE RÔLE OF THE PHYSICIAN IN THE EDUCATION OF THE NURSE

By CHARLES D. LOCKWOOD, A.B., M.D., F.A.C.S.

Attending Surgeon, Pasadena Hospital, Pasadena, California

Printed in the Proceedings, Twenty-fourth Convention, American Nurses’ Association.

DISCUSSION

By DAISY DEAN URCH, R.N.

Director of School of Nursing, San Francisco Hospital, San Francisco, California

Printed in the Proceedings, Twenty-fourth Convention, American Nurses’ Association.

Open Session Conducted by the Advisory Council

Tuesday, June 17, 11:15 to 12:45 p.m.

Laura R. Logan, presided.

California: The California State League of Nursing Education has a membership of one hundred. This League is organized with two branches,
a northern and a southern. Each branch includes an Instructors’ Section; the northern has also a surgical section. Regular meetings have been held during the year.

Both branches made a study of the Winslow-Goldmark report. In addition, the northern branch took part in a state hospital meeting at the International Health Conference held in San Francisco. The outstanding activity of the southern branch was a Child Welfare Institute for student nurses in which fourteen schools took part and at which there was an attendance aggregating 1300 nurses. An institute in tuberculosis for student nurses was held in San Francisco, and, while not directly under the auspices of the League, was greatly aided by it. Here twelve schools participated, with an aggregate attendance of eight hundred and fourteen students.

Both the northern and southern branches are unanimously in favor of the revision of the By-Laws of the National League of Nursing Education relating to membership and dues, and feel that the National League has been held back by the present system.

**Colorado:** The Colorado State League of Nursing Education held one meeting in conjunction with the Colorado State Nurses’ Association during the year. Several important papers were presented, chief of which was one by Mrs. Lee, Dean of Women of Colorado College, on “How to Teach Young Women to Bear Responsibility.”

The local section in Denver held monthly meetings at which educational problems and plans for a central school of nursing were discussed. It is hoped to establish a central school upon the completion of the new high school building, now in course of construction.

**Connecticut:** The Connecticut State League of Nursing Education reported four regular meetings. Its twelfth annual session was held in conjunction with the State Nurses’ Association and Public Health Organization.

The League owns three sets of slides on The History of Nursing which it rents to the various nursing schools in the State.

Special work accomplished during the year included (1) the recommendation to the State Board of Examination and Registration of Nurses of a standard qualification, which included the defining of the equivalent of one year of high school, for admission of students to nursing schools. Handbooks containing these qualifications, with the regulations of the Board, have been published and distributed; (2) the publishing of a pam-
phlet on The Accredited Nursing Schools in the State. Plans are also under consideration for an institute for instructors.

District of Columbia: The District of Columbia League of Nursing Education reported monthly meetings and an increase in membership of fifty-five new members.

The main issues effected by the League during the year were: (1) Arrangement for a series of lectures on professional problems and nursing opportunities for senior nurse students at the George Washington University, also a Baccalaureate service which was attended by all the nursing schools in the district; (2) the establishment of a central school for the preliminary course at the George Washington University, six schools participating, with an attendance of ninety students; (3) the appointment of a National League of Nursing Education Membership Committee, which reported forty-six paid members and twenty promised members.

Illinois: The Illinois State League of Nursing Education reported a membership of 124 and a series of instructive meetings held alternate months with the meetings of the Executive Committee.

An institute was held in Chicago the first two weeks in September. So great was the success of this institute that another is planned for the last two weeks in August.

Indiana: The Indiana State League of Nursing Education held seven meetings with interesting programs during the year. Its report includes: (1) a statement of the receipt of $400 from the Indiana State Nurses Association for The National League of Nursing Education; (2) effort to stimulate membership in The National League of Nursing Education; (3) the appointment of an Educational Director by the Board of Examination and Registration for Nurses; (4) the continuance of field work by the Indiana University through the Extension Division and School for Nurses; (5) a statement to the effect that the State League is quite thoroughly committed to reorganization as outlined in the Report of the Revisions Committee of the National League of Nursing Education.

Iowa: The chief activities reported by the Iowa State League of Nursing Education related to a successful institute held in Des Moines; agitation of the question of a State Educational Director; effort to create affiliation for the smaller schools in the State, and a promising account of the five year course at the University of Iowa.
Maryland: The Maryland State League of Nursing Education reported regular quarterly meetings.

Massachusetts: The Massachusetts State League of Nursing Education reported three business meetings held in connection with the State Nurses' Association and six regular monthly meetings. A number of interesting subjects were discussed, including the following debate: "Resolved: That the time in the Training School be reduced from three years to two years and four months." Following the debate a motion was presented and carried that "it was inadvisable to recommend the shortening of the course at that time."

An important activity of the year was a campaign for nursing legislation under the auspices of the State Nurses' Association and the State League.

Michigan: The Michigan State League of Nursing Education reported a membership of 193. A committee appointed for the purpose of working toward standardizing the teaching of Ethics, History of Nursing and Nursing Problems submitted a suggestive outline at the State League meeting in February. The committee was requested to send a copy of the outline to each nursing school in the State. This year the program of the committee will be toward unifying the work in these subjects.

During the year a local League was organized in Detroit. Further interesting accounts indicating satisfaction and progress in the Michigan nursing schools with university relationship and the Public Health Nursing Course at the University of Michigan, were given. Another item of interest was the offer by the Michigan Tuberculosis Association to send lecturers to the nursing schools throughout the State.

Minnesota: The Minnesota State League of Nursing Education has a membership of about 100 and holds at least four regular meetings in addition to the annual meeting. In May, 1924, it conducted the second annual institute, which was attended by about 150 nurses. Much effort is given to this institute, which the League believes is its most important work at present.

During a Health Exposition held in Minnesota, the League maintained a booth at which many copies of "Opportunities in the Field of Nursing" as well as other literature were distributed.

Missouri: The Missouri State League of Nursing Education is com-
posed of two sections and individual members. The total membership is 97, of which 47 are National members.

Proposed work for the League—Greater efforts toward proper publicity in nursing and preparation for nursing.

Actual work accomplished—Survey of accredited nursing schools in the State: Aim to gain more intimate knowledge of the existing educational conditions and to secure suggestions as to how the League might better function in relation to the schools and their individual problems. This survey was conducted by a special committee, questionnaire method, returns of the survey to be analyzed at the next State meeting.

A set of slides on "The History of Nursing" was purchased for promoting interest in nursing and teaching purposes in the individual schools.

Nebraska: The Nebraska State League of Nursing Education reported two meetings, the annual business session held conjointly with the State Nurses' Association at Lincoln in October and the midwinter meeting at Omaha, at which a number of important papers were read and discussed. At this meeting it was decided to hold a three days' institute in September, and a committee to make the necessary arrangements was appointed from the State and local Leagues.

The State League has a total of 54 members. Eleven are members of the National Organization.

Three local Leagues have been organized, all of which are manifesting promising activity.

New York: The annual meeting of the New York State League of Nursing Education was held in Buffalo, N. Y., in October. The following important matters came up for discussion: "The Proposed Federation or Amalgamation of the Three National Organizations of Nurses" (this project was endorsed by the State League); "Required Examination by the New York State Department of Education for Nurses in Mental and Nervous Diseases" (also endorsed by the State League), and "Teaching Institutes."

The League consists of four sections, all of which hold regular meetings.

Three successful teaching institutes have been held in the State during the year.

Oregon: The Oregon State League of Nursing Education reported 20 paid up members for 1924. Its program includes: (1) The study of the five year university course and the evaluation of nurse education in uni-
versity credits; (2) the study of practical nurse training; (3) the Reclassification Bill.

**Pennsylvania:** The Pennsylvania State League of Nursing Education reported 124 members; one meeting in conjunction with the State Nurses' Association, following which a three days' institute was held, that was so enthusiastically received that another is being planned for the coming year; and the two active local associations, the Pittsburgh and the Philadelphia Leagues.

A special committee of the State League was appointed to meet with the Educational Committee of the State Board of Nurse Examiners for the purpose of revising the State Curriculum for Schools of Nursing. The Educational Committee has for its objective a plan to cooperate with the National Committee on Mental Hygiene to advance the interests of Mental Nursing in the Pennsylvania Nursing schools.

**Rhode Island:** The report of the Rhode Island State League of Nursing Education indicates a promising progress. The League of this small State has 70 members. Regular meetings were held during the year and important educational problems were discussed. Statistics on the preliminary education of the student nurses in the State were collected, and it is encouraging to note that a percentage of 38% were reported as high school graduates.

The Instructors' Section has carried on an active program, as has also the Publicity Committee. The work of the Publicity Committee is concerned with interesting high school students in nursing.

**Texas:** The Texas State League of Nursing Education has a membership of 75. It meets annually with the State Nurses' Association. A Committee on Nursing Education of the State League with representatives from all parts of the State, has been in operation two years. With the aid of this committee and the Department of Vocational Education of the State, Smith-Hughes funds have been made available to supplement class instruction in schools of nursing.

The Education Committee has also sponsored institutes. Two have been held and another is planned for October.

At the recent State Nurses convention it was voted to offer $1000 as a public health nursing scholarship loan fund and $500 was appropriated to supplement the salary of an instructor in the public health nursing course at the University of Texas. It was also voted to create a loan fund for
nurses desiring to qualify as instructors. These appropriations are to be taken from the treasury of the State Nurses' Association and administered through the State League.

Washington: The Washington State League of Nursing Education held its annual meeting in Spokane in June. A definite objective of the work of the League for the coming year is the securing of a State inspector of schools of nursing through advanced legislation.

During the past year through the efforts of the League a special course in chemistry and household science was established for student nurses at the University of Washington. An institute for nurses has been planned at the university in July.

Every accredited nursing school in the State is represented in the National League by at least two members.

Wisconsin: The Wisconsin State League of Nursing Education has a membership of 65, and a balance of cash on hand, June 1, of $671.29. Four active district Leagues exist in the State. The annual meeting was held at LaCrosse in conjunction with the State Nurses' Association.

The centralized course of instruction for preliminary students organized under the Milwaukee Council of Nursing Education and sponsored by the State League is going forward. The first year has been fraught with many problems, some have been solved, others are seeking solution. But in spite of the problems and difficulties, the year 1924–1925 sees a better organization, better equipment, and an increased teaching staff.

An institute given under the auspices of the State League will be held in August. The League is assuming the entire cost of the Institute and there will be no attendance fee. It is hoped, however, that those attending, if not already members of the League, will join the organization.

Reports were also given at this meeting from the Education Sections of the State Nurses' Associations of Ohio and Virginia.

Ohio: Reported five local education sections; an institute in Cleveland last year and one planned at the Ohio State University in November; the study of a committee on the inclusion of communicable disease nursing in the curricula of the schools; and the contribution of the Ohio League, before it was dissolved, of $100 to the support of National League Headquarters.

Virginia: Reported the holding of instructors' and superintendents'
meeting during the year; plans under consideration for a central school of nursing, and the establishment of uniform records in every school in the State.

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

General Session

Tuesday, June 17, 2:30 p.m.

Elizabeth G. Fox, President, National Organization for Public Health Nursing, presided.

COMMUNICABLE DISEASES

By CHARLES P. EMERSON, M.D.

Dean, Indiana University School of Medicine

My friends of the greater medical profession, I do indeed consider it a great honor to meet you this afternoon. We doctors may emphasize our own importance in medicine, but we know that in the long run it is the trained nurse who will make our knowledge of actual efficient value to the public. How much the American medical profession owes to the trained nurse is only too evident from a study of the history of our profession. When we remember the conditions which obtained in Bellevue Hospital back in 1872, as told in Miss Nutting's and Miss Dock's History of Nursing, and remember the influence which that group of women had who reorganized that hospital and started the first training school in America, we again remember that it has been the training schools which have made the many hospitals possible and the hospitals which made our medicine and surgery possible. We doctors may know how to treat the few; but it is the public health nurse, the district nurse, and the Red Cross nurse who carry this relief to the masses. And finally, from the first it has been one of the functions of the nurse to hold up the standards of nursing so high that you have pulled those of medicine up with you.

We are this afternoon to talk about communicable diseases. The communicable diseases are those which made the patient an element of danger to his neighbors. They are "catching" diseases. We used to call them infectious diseases, but that word got us into trouble as used; it covered only those "catching" diseases caused by pathogenic microorganisms.
COMMUNICABLE DISEASES

We called them also contagious diseases, but that also failed. It assumed, historically, a dangerous air area about the patient. So now we call them "communicable" diseases, and a person who has a communicable disease to a certain degree is an element of danger to his neighbors. Now, of course, how great that danger is depends on our knowledge.

There was a time when bubonic plague was one of the most communicable diseases that we knew. It destroyed over a million persons in the Far East inside of eighteen months. Such awful epidemics have not been unusual in history. And yet, bubonic plague should not be a communicable disease, because rats are not necessary in our community life. A person with bubonic plague is now not an element of danger to his neighbors if his neighbors use only a reasonable degree of care. There was a time when yellow fever was a very communicable disease. It is not now. At least, it should not be in any community that has any hygienic conscience. There was a time when malaria was a definitely communicable disease, we thought. It is not now. Malaria does not spread directly from person to person. There was a time when typhus fever spread through armies and decimated camps. It does not now. We know what to do. Now, if we use ordinary common sense, we stop typhus fever. Typhoid fever was communicable. It is too often communicable today, but only because we are careless. It should not be named in the group of communicable diseases. We hope some day it will not. Asiatic cholera was a communicable disease. Today it is not, because if we use a reasonable amount of care, we can stop it. Cholera infantum, very communicable a few years ago, should not be as much now.

In other words, the more we know about communicable diseases, the more clearly we understand the way they spread, the shorter becomes the list.

The diseases which I have mentioned are water-borne, food-borne, and insect-borne diseases. We now know how to control most of these. There is another group of communicable diseases which also we have learned to control, but in other ways. Smallpox, for instance, is almost a solved problem. Diphtheria, which formerly claimed so many of the children, is now almost a solved problem. Typhoid fever, which I mentioned before, thanks to vaccination is an almost solved problem; and scarlet fever, we believe is too. In other words, in addition to our control of the waterborne, food-borne, and of the insect-borne diseases, there is another group of communicable diseases which we can make non-communicable by means of vaccines and serums.

But there is still another group of communicable diseases which as yet we have scarcely begun to conquer. Among these is tuberculosis. We
have enough knowledge now to conquer this, but not yet quite enough
social conscience. Diphtheria we should in large degree control, but still
there is diphtheria in our midst. Influenza we have not yet learned how
to control, and influenza has, historically, been one of the worst epidemics
man has had to deal with. Measles we have scarcely begun to control
as yet; and the same is true of mumps, whooping cough, and chickenpox.
Again, allow me to review. There are water-borne, food-borne, and insect-
borne diseases which now we can control, at least in any reasonably con-
scientious community. There are other diseases which can be controlled
by vaccine or serum. But the so-called air-borne diseases are as yet
almost free from our control. Please allow me to criticize that word
"air-borne." Really we know of no such disease. Those diseases I have
mentioned and often called "air-borne," such as influenza, pneumonia,
tuberculosis, whooping cough, measles, mumps, and so on, should really
be called "saliva-borne and nasal secretion-borne diseases." I know you
do not like the word, and it is distasteful, but the truth is that the child
spreads some of these diseases by means of his nasal and his mouth secre-
tions. We may, because of our love of euphemisms, still use the term
"air-borne" disease; but as a matter of fact, if those diseases actually are
spread through the air, it has yet to be proven. We must be able to con-
trol those little personal habits which control the nasal and the mouth
secretions before we can control these diseases, and that as yet is quite
beyond our power.

There is still another group of communicable diseases which are perhaps
more important in the long run than those I have mentioned. We talk
very little about them, and we pay very little attention to them, yet they
are perhaps still more important in the long run than the others. I refer
to the common cold in the head; the ordinary sore throats, even when the
tonsils are out; tonsillitis; infected adenoids; and to nasal sinus diseases.
We believe that the infections of the nose; the ordinary coryzas, or colds
in the throat; the acute bronchitis; the colds which lurk in an adenoid;
the colds which lurk in infected tonsils; the colds which hide themselves
in the nasal sinuses, these we believe are quite as important as the more
serious diseases. They may not kill today, but they certainly do so deteri-
orate the health that a few years later they make themselves very definitely
felt in our mortality statistics. In other words, we can control food, we
can control to a great degree the city water, we can in large degree con-
trol the vermin, but we have not yet learned to teach our children those
little habits of personal hygiene which will protect them and their neigh-
bors against these other diseases. We can control the man who sells
milk, but we cannot control the child who drinks milk. We can control
the man who makes a lead pencil and insist that it should be sterile when
it is placed on the market, but we have not yet learned to control the
child who chews it and then hands it over to his neighbor. We can con-
trol the bookseller and force him to sell clean books, but we cannot control
the child who wets his finger in order to turn a page and then loans the
book to the next child.

Now, the communicable diseases have certain characteristics which I
would like to emphasize. First, these communicable diseases are in large
degree diseases of childhood. If a person escapes them until he is fourteen
years old, the chances of his getting them later in life are much slighter.
It is the child protoplasm, the child’s body which is susceptible; and
therefore we should give the child greater protection than we have ever
given him. The youth and the adult who have escaped them may catch
these diseases, but they are not nearly so susceptible as are children. We
see that so clearly in our medical students and pupil nurses. How seldom,
when one considers the number of times they are exposed, do these young
persons, those of them who had escaped these diseases in earlier years,
ever catch the diseases of childhood. But 80 per cent of all the cases
of diphtheria are under five years of age, and 97 per cent of all are under
ten years of age. Now and then an adult gets diphtheria, yet those over
ten years of age who do, and diphtheria leaves no permanent immunity,
make up only 3 per cent of the patients of diphtheria. It is very seldom
that an adult gets whooping cough. The vast majority of the cases of
whooping cough are in children before the seventh year, and the rest
escape. While it is true that sometimes a poor miserable man or woman
gets whooping cough, yet such a case is an unusual incident in the practice
of even busy physicians. It is well known that smallpox is a disease of
childhood. For instance, in one of the great recent epidemics, 85 out of
every 100 who died were under ten years of age. It is well known that
scarlet fever is so truly a disease of childhood that 90 per cent of the cases
are under ten years of age. Scarlet fever in an adult is so unusual that
diagnosis raises a question. For twenty-five years we have taught classes
of medical students. Not over 10 per cent of these students have had
scarlet fever, and yet how few students catch it during their medical
course. And think of the number of times each is exposed. The point
I want to emphasize is that when we are talking about communicable
diseases we are talking about children and not adults. The control of the
communicable diseases is a problem of child welfare and not a general
problem of public health.
The communicable diseases are important because of their own intrinsic dangers which are many and serious; and because they may cause important injuries, as for illustration, the deafness in one ear or both ears due to scarlet fever; also, and this is more important, they have a definite relationship to the activity of other diseases not so definitely limited to childhood. The tuberculosis of the lungs seems often to be fanned into a flame by whooping cough; and what is far more important, the chronic diseases of adult life seem in some measure determined by the communicable disease which as a child he had.

Why is it that an infant born has about the same chance to live the whole of the first year that a man of eighty years has to reach his eighty-first birthday? It is a serious matter to be born and to grow up until about fifteen years of age because of communicable diseases which we could control if we really wanted to.

Let us go one step farther. Did you ever see a lost river? A small stream up somewhere in the hills which disappears under the ground to reappear as a river miles away and flow on? So you have seen a disease of childhood “disappear.” That is, the child seems to be well for twenty years, not perfectly well, but to have no symptoms of any particular trouble, and then later to develop some chronic disease, from which one seldom recovers. That is the serious aspect of the diseases of childhood. I now have reference to the diseases of young adult life; that time of life when we are in our prime, when we are trying to make our way in the world, when we are trying to rear our children, when the problems of life are most serious to us, when we should have the best of health we ever expect to have. I am not now talking about the diseases which come in later adult life, after forty. They belong to another group. I am talking about the diseases of the heart, of the kidneys, of the lungs, of the joints, diseases which make invalids of persons between twenty and thirty years of age. In many cases, in very many cases, these are merely the streams issuing up in adult life, the springs of which were the infections of childhood which disappeared for a while, but which progressed latently for fifteen or twenty years. For illustration, it is an interesting medical problem whether or not an adult easily can acquire acute nephritis, acute Bright’s disease, since in so many of the cases of so-called acute Bright’s disease of adults we find that the trouble must have been there for years. Do you realize that it is almost never that a person in the prime of life “gets” tuberculosis of the lungs? Practically always we can find that the source of that hidden river disappeared before he was eight years of age. That is the story of a great group of invalids who seem to develop
which make Detroit a safe city. Forget for a few days to apply these measures and you could not meet here today. It is not many years ago, I can remember it, that a city of over 100,000 was a dangerous place to live in. Now our cities are trying to climb up over the million mark as fast as they can. Name me one of the tendencies of twentieth century life which automatically tends to lengthen life. The dangers of a crowded city would seem to increase faster than the square of the increase of density of population. Think of our tenement districts. Our crowded schools tend to shorten life. Do you remember the reputation of former city water supply? I can remember when the city water supply was about the most dangerous thing there was in a city, but now a city's water supply is a very safe supply. The serious questions of food, the milk, for example its production at a great distance, its storage, its preservation, its distribution, these are watched and controlled at every point. Forget to apply these regulations for a week and you know what the result would be. And all these regulations which work for safety, all, I say, are the product of scientific research in general pathology in its broad sense. There is indeed a strong tide of twentieth century tendencies in civilization which tend to shorten life by means of disease. Not only that, but the stress and strain of the twentieth century certainly reduces immunity to infection. Add to this the dangers of rapid trains and still more dangerous automobiles and the lowering of our spiritual morale—were the average expectancy of life what it was in 1800—that would be a victory for public health measures. No, my critical friends, if any are in this hall, that which we call "general improvement of civilization" has tended to shorten life, and the very fact that the doctors and nurses have succeeded in lengthening life shows that they not only have stemmed a strong tide in the other direction, but that they have made actual progress and even added fifteen years to the average duration of human life.

But may not common sense, without medical training, claim some of this general improvement? Perhaps, but what? I can imagine a child in Detroit who never saw an apple tree. Give that child an apple and I know it will taste good. So far as that child's enjoyment is concerned, it makes no difference where that apple came from; it may have grown on a tree, or on a bush, or it may have grown under the ground. What does that matter. But as a matter of fact it did grow on an apple tree. There are a great many medical facts which have become public property. The fact that it was a medical tree may have been forgotten, they save life just the same. Now, as regards that general improvement which tends
to health, I challenge any person to show one of those advances which did not grow in a medical laboratory.

But to return to our discussion of the problems of communicable diseases, we would emphasize first that each disease is an individual problem, each is a battle to be fought out individually. The Widal test for one disease proved quite satisfactory, but typhoid fever remains the one disease in the diagnosis of which that kind of test is valuable. We found a preventive vaccine inoculation against typhoid fever. If you were to go to the drug stores today you would see lots of such vaccines, yet as a public health measure no other vaccine has proved a success. That is, one vaccine did not help to discover any others. It was supposed when we first had diphtheria antitoxin that we could make plenty of others in the same way. We have two others, but that is all; and those three are so different in their administration that they present really three different kinds of serum treatment. The point I want to make is that the problems of disease are very, very individual. Each one must be worked out by itself and we must avoid the mistake of adopting too quickly for a given disease any measure which worked well in the case of another disease.

Second, the problem of communicable diseases is more of a community problem than it is an individual problem. While it is true that each individual is to a certain degree responsible, either voluntarily or involuntarily, for his attack of typhoid fever, smallpox, etc., yet the community is far more responsible.

Third, we must understand better the team play between diseases. Diseases often work in teams. Or, if you do not like that figure, diseases suggest the work of a farmer who first ploughs the ground, then harrows it, sows the seed, cultivates the ground and reaps his harvest. So it is in infectious diseases. One may prepare the ground for another, and that for another, etc. In the influenza epidemic we could see at least four waves of infection which followed each other, each preparing the ground for the next. We know that there is a definite relationship between measles, whooping cough and tonsillitis; between influenza and nasal sinusitis; between diphtheria and scarlet fever, etc. We know that whooping cough plays with measles or scarlet fever, and they will either precede or follow it rather than play alone. In other words, we have to consider the group of communicable diseases altogether as well as individually because they have a regular team play among themselves. Each one seems to prepare the ground for the other.

What can we do to control these diseases? First of all, we can quaran-
tine each person who has the communicable disease. That should be done. It does not amount to much in itself, but we should do it. When I say it does not amount to much, I mean this: that when a person is sick enough to have a well-developed disease, he will go to bed without being told to. Nevertheless, we show our conscience in hygiene matters by the accuracy with which we deal with each outspoken case. You cannot expect us to deal with the atypical cases well unless we deal with the evident cases very well. Therefore, a community owes it to itself to deal with every outspoken case just as well as it can, because then it will be in a better position to deal with those cases which are not as clear. A child with measles has already been spreading his disease five days before the rash comes out. Influenza evidently cannot be spread after the man knows he is sick. Scarlet fever is spread in the very first few days more than it is later, and smallpox too. The point I am trying to emphasize is that we show our conscientious care of the community by the way in which we deal with the evident cases, because he who deals with the evident cases best will be more likely to deal with the atypical cases better. The real problem in quarantine is the problem of the early and the atypical cases. It is not the child who has scarlet fever who spreads scarlet fever, but the one who has that disease and yet has no fever and no scarlet skin. It is estimated that one-third of all in a given epidemic are such cases. We are more afraid of those children with measles who have not yet broken out and those who do not get measley than of those who do. We know there are cases of whooping cough who are never having to whoop, and it is they who spread the disease. There are many cases of diphtheria, for instance, who have a membrane where you cannot see it, back, in the nasal sinus, in the antrum, on the adenoid. They are the ones who do spread the disease. Then, we have the carriers. We have the child who carries diphtheria for fifteen months after he is well. We have the man who harbors the typhoid fever bacilli for years after he had typhoid fever. Therefore, the problem of quarantine is a difficult problem. We have the atypical cases, we have the latent cases, and we have the cases of carriers to deal with.

Now it seems to me that the place to begin to solve the problem of child health is in the hospitals for children. It is there that we can set the example to the community. It is in the hospitals for children where the nurse and the future doctor learn how to take care of communicable diseases. Are they doing it? Not very successfully. We doctors should take the blame. Some twenty years ago we decided that a hospital for children was a little more dangerous place for the child than his home was.
Of course, you remember the wards for cases of Neisserian vaginitis, and you remember the other infectious diseases which developed in the wards. We have a good opportunity there to prove our sincerity. When we studied this problem in Europe before the war, we found, and we believe that our data was correct, that in those hospitals they had only one epidemic in seven years. The majority of American hospitals have three epidemics in one year. Why should it be one in seven abroad? Why should it be three in one here? Why should the incidence relation be as one is to twenty-one? Is it the construction of the ward? That has only a little to do with it. The trouble is that we Americans depend too much on machinery. We expect the hospital wards with their marble walls, terrazzo floors, glass partitions and separate individual outfits for every child to prevent epidemics. That is all right, but the human element is more important. I remember the old hospital in Vienna, which was about as poorly built as any hospital I was ever in, but I do know that they had over every bed a definite statement of the communicable disease each child had and had not had, and woe betide the doctor or nurse who let two similar susceptibles lie in adjoining beds. Whenever a case of communicable disease developed they reassorted the beds so that a case of scarlet fever, e.g., would be surrounded many deep by those who had had scarlet fever. But, in these hospitals abroad I found that which I do not find in America. I found the greatest care in the admission of patients. I was the superintendent of the hospital or the chief resident physician who admitted the children to these European hospitals. In this country we let the internes admit the patients. If an European interne allowed a suspect to get past him, I know that he was punished and I know that his punishment hurt. And if an American interne lets a suspect get past him it is a matter for a joke, and that is all. Of course, our American hospitals have their observation wards. That is another misplaced confidence in physical equipment, when we remember that children with chronic surgical troubles are more likely to come to a hospital during the prodromal period of measles or whooping cough or something else than at other times. For illustration, little Mary has a club foot, or a bad hip, and the mother knows she ought to be taken to the hospital sometime, but keeps putting it off. Pretty soon Mary begins to complain of sick headaches or sore throat, and the mother says, "I must take her now." So Mary is admitted to the surgical ward and soon a rash appears. Every child admitted to a children's hospital should always be under suspicion, every one of them. The most important thing in controlling the communicable diseases in hospitals is that the one who admits the
patients must know what the dangers are concerning each patient's admission. When we remember that the incubation period of whooping cough, that is, until the first characteristic whoop, is about twenty days, the incubation period of smallpox at least twelve days, of mumps perhaps twenty-one days, of scarlet fever at least seven, of typhoid fourteen days; when you remember the incubation period of the communicable diseases and add to this the prodromal period, which usually is misunderstood, and which ranges from fourteen to twenty-one or twenty-five days; and then when you remember that the average child's stay in a children's hospital averages only twenty-one days, you will see that it is perfectly absurd to talk about observation admission wards, because 75 per cent of all the children, except those with orthopedic diseases, who average three or four months, would have to be there all the time. No, your whole hospital (except for the very long boarders) should be an observation hospital for every case and every day. Then you must watch the mothers, with other children at home, visiting their child there with infection on their clothes. You must educate them. Build your hospital of the best material, on the most approved plans, "organize" it wonderfully, and yet the important factor in its success is that human element. Who admits the case? Is each performing his duty all the time? The nurses observe their duties a great deal better than the internes do, for the interne "feels his authority" since contagious hospitals today are so glad to get him. That is the real difference between the European hospital and the American hospital: obedience. Americans are unwilling to obey petty rules of technic, and the problem of controlling communicable diseases is after all one of obedience. But unless our special hospitals for communicable diseases set a better example, we can expect little of the public.

Another very important strategic point in the control of communicable diseases is the public school. I know it is a strong statement, but we feel that the public schools are responsible for the majority of our epidemics of communicable diseases. We crowd them, two thousand children, under one roof; and yet the incidence of a contagious disease and its severity increase the more crowded your susceptible population is. It would seem that if you double the population of school children in the same area you almost quadruple, not only the incidence but the severity of the diseases developed there. Another thing is that the children in schools all are just about the same age, and we know that susceptibility to a given disease is a definite age problem. If you have a lot of children of one age, there is more danger of the spread of disease than if the children are of all ages, as they are in the tenements. Then we should have school doc-
tors who know their problems and are not appointed by a mayor. We should have a sufficient number of schools nurses. Since it is perfectly true that in the schools you cannot consider a child is guilty of a communicable disease until you can prove it, that is, until you have seen the rash, we must find means of catching the cases earlier. It is harder in school than it is in a hospital to refuse doubtful children. Nevertheless, if we can only locate the susceptibles, as we can now those susceptible to diphtheria and scarlet fever, we have gone a long way. Also, we must not let the "cured" case return too early. And most important, we must take care of the children who have colds in the head and sore throats. The American law requires children to go to school, and it is right; do not understand anything I say as criticizing enforced school attendance; but if we require children to go to school, we at least should protect them when they are there, and that we do not do.

I am told this is a fire-proof building. It looks like one. But the majority of the school buildings are only "slow burning" structures. The politicians may argue that since children have to go to school, why spend a great deal of money in making a building fire-proof? I will guarantee that in the same cities where they have the slow-burning school buildings, there are plenty of palaces of amusement, where the children learn the evils of life, which are far better fire-proofed than the schoolhouse, where they are supposed to learn the better things. They have to go to school. They do not have to go to movie palaces. Since we require children to go to school, the child has a right to demand that he be protected from disease while he is there.

Now, as regards these problems in general. First, we should remember that education is in the long run the only way to solve these problems. This means the education which we doctors must give, which you public health nurses, you Red Cross nurses, are doing so efficiently. Our medical schools are only just now beginning to teach medical students public health, and yet these future doctors must educate the nurses and the nurses must educate the public. We should so organize our hospitals that they will set good examples, we should teach in every possible way. We do not need more laws concerning health. So far as public health is concerned, I do not believe that we should try to pass any law before the majority of right-minded citizens is so well educated that they would obey it even if it were not a law.

Second, we should have our public health officers trained for their work. This means that a doctor who is not yet busy enough to support himself by his practice and who for a small salary is glad to serve as a public
health officer is the one we do not want. We should remember that public health and preventive medicine are general medicine plus, and it is only the best men who should go into public health work. Then, we should teach the public just what is the one thing necessary in each case. A general fear will defeat its own purpose; a specific and enlightened fear will protect. There usually is one thing that is necessary. There was a time when we were all afraid of malaria, now we fear and fight a mosquito. Not any mosquito, but one mosquito. If we control that one there can be no malaria, and that one we can recognize across the room. There was a time when we were afraid of yellow fever. It was a curse from God. But now we know that it is only one mosquito that is to blame, and we can recognize him also across the room. There was a time when bubonic plague was a terrible curse, but now we know that it is spread by one miserable flea. Control him and we control bubonic plague. There was a time when we were afraid of typhoid fever, but now all that we have to be afraid of is sewage in the wrong place. There was a time when we were afraid of tuberculosis; we thought it was the lot of man; but now we know it is because some men are filthy and careless, or cough without putting a handkerchief before the mouth.

Third, the next thing we should avoid is the appearance of truth. The Bible tells us to avoid the appearance of evil, and we should: but in medicine we should avoid also the appearance of truth. Oh, there are so many things that we do, or go through the motions of doing, which amount to so little, and yet give us a false feeling of security. This fumigating of houses is a perfect joke. Now, mind you, I am not talking about the theory behind the thing; I am not talking about the way it is described in the books; I am talking about the way it is done. Then, there is this question of water filters. They usually are worse than none at all. We wore masks during the "flu" epidemic. Oh, we went through the motions; yes, we had the appearance of safety; but I think they merely spread the disease. Our vaccination with bacteria, with serums, how absurd some of it is. How fine it would be if well done. We go through the motions, yes. We should avoid the appearance of truth, the appearance of safety, and should really do what we do well.

And finally, it is a question of arousing in the public a realization that health is a community problem. If I want my children to be well, I must try to keep my neighbor's children well. Where did my boy get diphtheria? I don't know, probably several days ago from some boy he may never have seen. Where did that child get scarlet fever? Nobody knows. That happened from seven to twelve days ago. Why was it
that a Prime Minister of England is said to have lost his daughter, his only daughter, from typhus fever? Typhus fever, the very name of which suggests filth and vermin? It was because a poor seamstress took the unfinished opera cloak home with her to the East Side of London in order to finish it on time, threw it that night over her sick sister's bed, and delivered it next day to the daughter of the Prime Minister of England. The truth is that if you want to stop typhus fever for yourself, you must stop it for all. One man makes a mistake on the Pacific coast, and seven men die on the Atlantic seaboard from botulism. Why was it that in Washington they found so much disease among the wealthy? Because there was so much disease among the colored servants in the alleys between the boulevards. If those who are wealthy wish to be well, they must first see to it that their servants are well too. Now, the public is perfectly willing that we should "swat the fly," that we should fight the rat, that we should vaccinate the cow, etc.; but when we talk about vaccinating his child, he does not yet see it. There is a question for education. If I want my children to be well, I must see that my neighbors' are well also. I am my brother's keeper and his children's keeper too; but the public will see this only when we educate it, when we teach the parents that every case of communicable disease means that somebody has made a mistake. That can only be done if you and I educate the public so that it can see the importance of communicable diseases and the way to control them.

THE NECESSITY FOR EDUCATION IN COMMUNICABLE DISEASE NURSING

By ELIZABETH F. MILLER, R.N.

Superintendent of Nurses, Philadelphia Hospital for Contagious Diseases

In the inspiring message given to us by Dr. Charles P. Emerson, we have had not only a constructive vision of the whole problem of communicable diseases but a new emphasis and a new appreciation of our responsibility, responsibility in which, we must admit, the nursing profession has not heretofore entirely fulfilled its obligation. With the vivid picture presented to us by Dr. Emerson in mind, we approach the salient points of the discussion.

What responsibility devolves upon the nursing profession? How are we to meet it?

First, the acquisition of knowledge; second, the daily application of it in our own personal lives and in our professional activities.
Where and when should this knowledge be obtained? A survey will show the following fields:

- The communicable disease hospitals of our country
- The sanatoriums and clinics for patients with tuberculosis
- The venereal disease clinics
- The communicable disease departments of large general hospitals
- Affiliations with Visiting Nurse Societies caring for communicable disease patients
- Children’s hospitals and children’s wards in our general hospitals, where good technic in communicable disease nursing is taught

Of the above mentioned resources the communicable disease hospitals offer the most promising field. Considering these hospitals from the standpoint of teaching, we may discuss their function in the community and the responsibility they should share in the control of communicable disease.

While the primary function of communicable disease hospitals is the hospitalization of patients who cannot be properly isolated in the home, a second vital function is the education of doctors and nurses in the care of such patients and in the public health aspects of communicable diseases.

To accomplish these ends such hospitals must be active teaching institutions. Dr. Winford Smith expressed the potentialities of service in these institutions when he said,

To the community in which an institution of this kind is located it has an enormous educational value. The effect which the standards and principles of such an institution have on a community, the development of public interest in these principles, the effect of this group of skillful nurses in disseminating knowledge concerning the transmission of disease and its eradication, cannot fail to have a very practical value in the development of public hygiene, better sanitation, better living conditions, and a higher plane of existence.

Communicable disease hospitals should have such medical and nursing standards as to make them effective exponents of the ideals of preventive medicine. Every line of effort exercised in the prevention of cross-infection is a protection against all other infections. The care taken in the admission of patients, the subsequent observations, the daily vigilance, constitute a training no doctor or nurse imbued with the modern ideals of public health can afford to miss.

These institutions can be made clearing houses where not only the immediate infections can be cured but an effective effort made to coördinate with the constructive activities of all other children’s institutions and child welfare organizations. Many physical, nervous, and mental defects which may have remained obscure for indefinite periods may become accentuated during the period of these infections. To secure proper
means for the correction of these defects is one of the inspiring motives that actuate the life and conduct of the workers in such institutions.

The nursing profession has barely touched the educational values in communicable disease hospitals. Year after year we register nurses as fully equipped nurses who have never seen a rash or a membrane, or had any contact with a tuberculosis patient; and then we berate them for refusing to nurse communicable disease patients with a knowledge limited to a few didactic lectures.

Some of the practical problems in considering the communicable disease hospital as a teaching field are the following: (1) There are not sufficient of these hospitals equipped for modern technic and provided with an adequate teaching and supervising personnel to give this training. (2) Many hospitals are so remote from the communicable disease hospitals that the cost of transportation of students may make this experience prohibitive. (3) There is a great variability in the types of cases admitted to these institutions. A hospital having a thousand cribs may be filled and yet be able to give experience only in the disease that happens to be epidemic, with here and there a few cases that are endemic. (4) There is a great difference in the census of these hospitals in winter and in summer, so there may be a great variation in the amount of clinical material available for different groups. (5) For many years this training will have to be elective. Prejudice against it must be lived down in the minds of the parents of students. (6) The failure on the part of some communicable disease hospitals to extend their facilities to students. The reason for this is generally that it is less arduous to have a continuous nursing staff than an ever changing group such as we experience in a teaching hospital receiving students for three months periods. However, this problem depends upon the mental attitude of those who direct these hospitals. If work in such institutions can be considered as a great teaching opportunity, providing successive groups of nurses trained for communities in the care and control of communicable diseases, we will realize our responsibility for taking advantage of this opportunity, especially if our students include nurses engaged in any public health activity. There are many solutions to these educational problems, and many adaptations that can be made.

From surveys taken of available resources for teaching nurses, we know that in the United States and Canada we could give instruction based upon periods of three months to at least 4000 more nurses a year.

Communicable disease hospitals can do a great deal to change the mental attitude toward the problem by conducting groups of student
nurses through communicable disease wards, showing them the possibilities of caring for these patients by the application of Pasteur technic, and demonstrating to them practically that communicable diseases are not controlled by "beating the air" processes.

Institutes on communicable diseases and periods of observation for all groups who have not had this training may prove helpful to nurses unable to give full time to the course.

I believe that all universities and schools offering public health nursing courses should include some practical program in the care of communicable diseases, so that women taking these courses, regardless of the field they will later occupy, will have a knowledge of this important problem.

I knew of one school of nursing director in a small city who met her problem in this way. She would select a promising nurse to take a course in communicable diseases. This nurse was later responsible for the teaching of communicable diseases to the students and the supervision of the infectious disease ward of the hospital. She made the most of every isolated patient by having clinics and made comparative studies of each disease, demonstrating that different diseases can be handled in the same ward by applying medical asepsis.

The value of tuberculosis sanatoriums as teaching fields for communicable diseases was ably set forth in an article by Miss Louise M. Powell in the American Journal of Nursing in 1921. Miss Powell says:

If we can by actual experience teach every nurse who goes out of a general hospital the following things, I think we can feel that, while we have not trained a specialist in tuberculosis, we have laid a sound foundation:

a. That tuberculosis is preventable.

b. That early diagnosis and proper treatment are all important.

c. That she can care for these patients as she does for other infectious cases without becoming infected herself.

d. That the function of the nurse in this field is first, last, and always to teach.

e. That she has a responsibility to the community to help those who are specialists in this field.

f. That she must be familiar with the early symptoms and with the main points in the treatment and methods of controlling the spread of the disease.

In concluding I shall point out the opportunities and responsibilities of the different nursing groups.

I shall begin with directors and instructors. They may either inspire students to acquire more knowledge of this phase of nursing or fail to arouse the proper interest for further preparation.

The private duty nurse occupies a strategic position for the teaching of the prevention of communicable diseases. Her function in the home is:
(a) to render nursing care to the infected member of that family; (b) to teach every member of the family, including the patient, all he is capable of absorbing about home nursing procedures and the means to control the dissemination of disease organisms.

I believe the education of the public through a public health nursing staff is the most important phase of public activity in the prevention of disease. In any public health program, the very foundation of success depends upon its nursing service. The opportunity of contact with parents and teachers that is the privilege of nurses who assume the care of communicable disease patients in the home, can not fail to bring about more cooperation in the isolation of the patients and a greater interest in the accepted methods of controlling disease.

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

General Session

Wednesday, June 18, 9:00 a.m.

Laura R. Logan, President, National League of Nursing Education, presided.

The meeting was called to order at 9:00 a.m.

It was moved by Miss Daisy Dean Urch, duly seconded, and carried that the following telegram be sent to Miss Nutting "Greetings, love and good wishes from the nurses of America. We miss you."

The Chairman then announced that the program of the morning was concerned with that important subject "Budgets for Schools of Nursing"; that a committee had been appointed after the Swampscott meeting (June, 1923) to study the subject, and that the topic would be introduced by Miss Elizabeth A. Greener, who was Chairman of this committee.

A STUDY ON BUDGETS FOR SCHOOLS OF NURSING

By ELIZABETH A. GREENER, R.N.

Superintendent of Nurses and Principal, School of Nursing, Mt. Sinai Hospital, New York, New York

At the meeting of the National League of Nursing Education at Swampscott, Massachusetts, last June, Prof. Charles F. Rittenhouse, of the Boston University, presented a paper on the principles underlying budget-keeping
and urged the adoption of budgets in schools of nursing. Following the meeting a special committee was appointed by the Executive Board of the League to make a study of the subject in order to ascertain, if possible, to what extent the budget system is being followed in our schools and to develop some basic figures to be used in estimating the actual present cost of maintaining nursing departments. The committee consisted of: Lillian Clayton, Louise Powell, Amy Hilliard, Sally Johnson, Mary C. Wheeler, Helena McMillan, Ada McCleery, Mary Keith, Laura Logan (ex. officio), E. A. Greener, chairman.

In preparing for the study, it was found that there was little available material having any bearing on the matter that could be considered helpful to our group. A budget form was prepared by the committee following closely the plan suggested by Prof. Rittenhouse and submitted to him for approval and for further suggestion. As a result, this committee, on May 12, sent out to eighty schools in all parts of the country, a questionnaire, a blank budget form, and a form letter urging cooperation on the part of schools of nursing and hospitals by returning either their own annual statement of estimated income and expenditures or the submitted budget form, properly filled in with such figures.

The schools of nursing selected represented various types from the largest to the smallest; from the university school to the small school connected with the isolated community hospital. Replies were received from 52 of the 80 schools. In most cases the questionnaire only was answered, and the budget form ignored or returned. Twenty-eight schools made no reply. Only 6 schools returned budgets in such form that they could be used for this comparative study, although certain isolated figures from 8 other schools were used in the composite statement formulated by the committee. Several schools submitted their own annual statements or partial statements, but in most cases the superintendents of schools of nursing, and in several cases the heads of hospitals, wrote to say that it was impossible for them to separate the expense accounts of the hospital from those of the nursing school. The result of the questionnaire sent out was as follows:

Question 1. In the administration of your school of nursing do you prepare a budget of income and expenses?

Eight schools replied "Yes"; 44 schools replied "No."

Question 2. If so, who is responsible for the preparation of the budget?

Four schools replied "Superintendent of the Hospital"; 2 schools replied "Superintendent of Nurses"; 46 schools, no answer.

Question 3. Can you supply the committee with a copy of your budget showing a definite schedule of income and expense items?
Twenty estimates received in all. Six schools returned complete budgets; 14 schools returned partially complete budgets.

Question 4. What method of bookkeeping is used in your school?
Twelve schools replied "double entry"; 40 schools, no answer.

Question 5. How frequently are statements of income and expense prepared?
Eight schools replied "annually"; 2 schools replied "semi-annually"; 42 schools, no answer.

Question 6. Do these records show actual budget figures in comparative form?
Forty-nine schools, no answer; 3 schools replied "Yes."

Question 7. When does the fiscal year end?
Thirty-five schools replied "December 31"; 3 schools replied "March 31"; 12 schools, no answer.

Question 8. If a form budget for your school has never been prepared, would you welcome assistance in placing your financial affairs upon a budget basis?
Thirty-five schools replied "Yes"; 6 schools replied "No"; 5 schools did not answer. Eight schools stated that their hospitals were considering the installation of a separate nursing school budget during the coming year.

Replying to the last question as to whether the school would welcome assistance in placing school affairs on a separate budget basis, one canny soul replied that before accepting assistance she would deem it wise to find out what might be involved by so doing. Another stated that she herself would have to have a much greater knowledge concerning budgets than she possessed at the present time before she would dare reply to such question.

As a result of these returns, it was ascertained that in many cases the hospital itself was not administered on the budget plan. In nearly every letter received the fact was stressed that school accounts were so hopelessly involved with those of the hospital that any separate financial study was an utter impossibility. Many who attempted to use the budget form presented for their use by the committee gave it up as an impossibility when they found how much work would be involved in making such a study and how subject to question many such figures might prove to be.

On the whole, however, there seems to be a general desire on the part of both hospital and nursing school authorities to establish a system which will enable them to determine the actual cost of the nursing department to the hospital.

As Prof. Rittenhouse carefully explained last year, budget making is simply financial planning based on a careful estimate of one's expected income as compared with one's intended or expected expenditures. It is the only method by which an actual comparison of expenses becomes possible and is the best possible method for the control of expenditures. An initial budget is always most difficult of preparation and should be reviewed and studied by an experienced finance committee. In most cases the develop-
ment of an initial budget for a school of nursing would necessitate a study which should extend back over a number of years if it were to be accurate or definite. The adoption of the separate budget system would without doubt call for an increase in the hospital or nursing school clerical force.

A vital step in budget making is the accurate and appropriate placing of each item of expenditure. Even in this limited study with identically the same budget form there was a great difference in the interpretation of various items by the different schools.

Because of the many difficulties which the committee found in connection with this study, it can be termed only an approach to budget making through a preliminary analysis of the expenditures of schools of nursing. Two questions naturally present themselves as one studies all the vexing problems in connection with such a plan: first, is it possible at this time to establish a system of cost accounting in the schools of nursing in this country; and second, is such a system desirable? So far as the hospital itself is concerned, these questions seem to be answered by Dr. Malcolm T. MacEachern, President of the American Hospital Association and Director of the Hospital Activities of the American College of Surgeons, who, in a recently published paper, states, “Budgets should be maintained for all departments, worked out on a definite business cost for service to be rendered and based on past experiences that are reliable for comparison.” In further support of this argument attention is called to the fact that the American Hospital Association, realizing the timeliness and importance of this subject, recently appointed a special committee on budgets to report at their next annual meeting.

At the meeting of the American Hospital Association last year, Dr. Caroline Hedger pertinently asked, “How can health or conservation of nurses be considered or even discussed until we know what it costs to replace a student nurse when she is ill and what illness and resignations among student nurses cost the hospital?”

The following figures presented by the committee regarding their findings are based on estimates furnished by six representative schools, one from California, one from Illinois, one from Massachusetts, and three from New York. Certain isolated figures which it has been possible to select and use from the financial statements presented by eight other schools have also been used. Almost without exception schools of nursing have no separate or independent funds and no income of any importance outside of the estimated earnings of student nurses. In a few instances a small amount is collected annually in the form of registration fees charged to students or from the sale of books, uniforms, instruments, etc., to students. Such
articles, however, must be purchased by the school originally and are sold generally at cost. The matter of income, therefore, was not one which called for any particular study except as to the amount that should be charged to the hospital for the nursing service of students. This can better be determined at the end of our study than at the beginning. The total composite budget as developed by this committee will first be presented and then analyzed. The figures quoted are the per capita charges against each nurse per year.

**Item 1.** Relates to the physical maintenance of the buildings dealing with upkeep, repairs, and replacements.

**Item 2.** Deals with the physical operation of the nurses’ home and allied buildings and covers the cost of light, heat, power, wages and supplies. It has been necessary to combine items 1 and 2 because of the different interpretations made by the hospitals submitting figures. $101.28

**Item 3.** Includes all fixed charges, such as interest on hospital invested funds, rent, taxes, insurance (fire or liability) and estimates as to depreciation of buildings. $197.68

**Item 4.** Administration or Operation:

*a.* Salaries of officials to be charged to school $120.01

*b.* Maintenance charge where due 37.63

c. Domestic salaries 38.90

d. Domestic maintenance 32.63

*e.* Charge for time of hospital officials 9.38

*f.* Educational supplies 4.77

*g.* Special expenses: students’ uniforms, textbooks, etc. 63.10

*h.* Commencement expenses 5.88

*i.* Students’ allowance 133.00

*j.* Charge for sickness 51.83

*k.* Recreational 7.59

l. Linen: bed and table 11.82

m. Mattresses and pillows: renovation, etc. 1.20

n. Dishes and silver 3.71

o. Furniture and furnishings 15.63

p. Food, including all overhead charges 367.47

q. Laundry 67.65

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**Item 5.** Office Expense 5.46

**Item 6.** Telephone and Telegraph 2.50

**Item 7.** Advertising expense; publicity and auditing, etc. 3.09

**Item 8.** Miscellaneous 2.92

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Grand total (all expenditures) $1285.13

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1 All of the above items are chargeable to student nurses. Items not starred are chargeable to graduates. **(e)** one-half to students and one-half to graduates. ***(x)** two-thirds to students, one-third to graduates.
Our analysis necessitates the tentative acceptance, at least, of certain basic building and administrative standards. For instance, in considering item 1 (that of physical maintenance) and item 2 (physical operation) we start by estimating at least 4000 cubic feet for each nurse. As some of the new nurses' homes require fully 4500 cubic feet per occupant, 4000 feet is a conservative figure for a home in which the basic unit is a single (not a double) room. In building, it is customary to estimate hospital nursing needs at the rate of one nurse to every two patients, though in a few instances, hospitals are actually providing for three or more nurses for five patients.

In estimating total hospital requirements for one patient, 12,000 cubic feet of space is considered the necessary quota, which figure includes the 2000 cubic feet representing the individual pupil's share in the nurses' home, a share which is equal to one-half of space required for each nurse. If 2000 cubic feet per patient or one-sixth of the required hospital space is needed for the school of nursing, then one-sixth of all building or building maintenance cost should be charged to the nursing department.

In estimating item 3, fixed charges, we again take our required 4000 feet of space which, estimated at a cost of eighty cents per cubic foot for multiple-storied, fire-proof buildings of the most approved type of construction and finish, (today's building figures), plus proportionate land value and furniture for nurses' home, gives us a figure approximating $4000 as the capital investment required for the housing of each nurse. If this figure seems a little high, it must be borne in mind that 4000 cubic feet is probably less than today's actual requirement in building nurses' homes.

Estimating the capital invested by the hospital for the nursing department at the rate of $4000 per nurse, a 5 per cent interest return on that amount furnishes a figure of $200 to be charged off against each nurse per year. In our composite budget in one instance, the interest charge was only $41.00 per pupil, which would indicate that the hospital submitting this figure estimated its capital investment for each nurse at $850 in place of the $4000 which would probably be required today for building a nurses' home. The figure of $850 undoubtedly represents the cost many years ago of a non-fireproof home of a type no longer acceptable as either safe or desirable. This composite budget yields the figure of $142.25 per nurse as the item of interest or a total cost for building and grounds of $2845.

In schools where interest is charged, there will probably be no rent item and most hospitals are tax exempt. Tax exemption represents a community contribution which does not appear at all in our study. Insurance (fire) is
quoted at varying rates according to the type of building insured. One school with first class fire-proof building quotes a rate of seven cents per hundred. Liability insurance varies from thirty to forty cents per hundred.

The charge as to the depreciation of buildings is generally computed at a two or three per cent rate in well-built, fire-proof construction, which would allow for renewal or abandonment of the plant in from 33 to 50 years.

Item 4, administration or operation, which is divided into many subheads, presents points for discussion which are less involved and concerning which the average nursing school superintendent feels herself to be reasonably well informed.

Under subheads a and b, the entire salaries and maintenance of the teaching or special officials, who give full time to the student nurses, should be charged off against the school of nursing; also a fair proportion of the time and maintenance of all other nurse officials. It has been estimated that three-fourths of the superintendent’s salary and maintenance might be charged, one-half of the assistant superintendent’s and from one-eighth to one-third of certain supervisors’ and head nurses’ who have definite teaching duties. The same facts hold good with servants whose duties are limited to the nurses’ home and who deal entirely with the nursing group. Their salaries and a fair maintenance should be charged off as a part of the nursing expense. The maintenance figure for this group has been estimated at rates varying from $365 to $500.

It has been surprising to find that some schools make no charge against the department of nursing for time spent by hospital officials other than nurses. In several instances, the statement was made that no time was spent by hospital officials on training school matters and yet in the next breath we were told that all nursing school accounts were so tied up with the hospital accounts that a complete budget could not be returned. Undoubtedly in almost every school of nursing most of the bookkeeping (except possibly the actual making out of the monthly payroll) and all handling of special funds are done through hospital executives. It is only fair to assume that time spent by the head of the hospital in advising with nursing school authorities as to the various nursing problems should be considered as well as that of other officials, bookkeepers, clerks, etc.

Probably all other subheads under item 4 are self-explanatory and call for no particular argument. Considerable difference was found in the estimate made for furniture and furnishings, dishes, bed and table linen. Undoubtedly such figures will vary greatly according to policy of the hospital in providing generously or frugally for the needs of the nurse. The item of food
was one concerning which there was less difference proportionately than any other. Ten schools reported on this item. The lowest estimate was $266 per nurse, the highest $547.50. In the matter of laundry expense there was a marked variation. Quotations were received from eleven schools, the lowest of which was $18.72 per year per pupil, and the highest $143. It was interesting to note that in each of the cases quoted, the school stated positively that there was no doubt as to the accuracy of that figure. The composite total of $67.65 will probably be considered as a fair average estimate.

**Budget for Department of Nursing**

*As divided by committee for further analysis*

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Per Day</th>
<th>Schools Represented</th>
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<tbody>
<tr>
<td>Item 1</td>
<td>Maintenance of buildings with repairs and replacements</td>
<td>$101.28</td>
<td>6</td>
</tr>
<tr>
<td>Item 2</td>
<td>Physical operation—light, heat, power, etc., wages and supplies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 3</td>
<td>Fixed charges—interest, insurance, depreciation of buildings</td>
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<td>Item 4</td>
<td>Administration or operation.</td>
<td></td>
<td></td>
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<tr>
<td>c. Domestic salaries and wages</td>
<td>38.90</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>d. Domestic maintenance</td>
<td>32.63</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>e. Charge for Hospital officials’ time (§ total)</td>
<td>4.69</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>l. Linen, bed and table</td>
<td>11.82</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>m. Mattresses and pillows, renovation, etc</td>
<td>1.20</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>n. Dishes and silver</td>
<td>3.71</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>o. Furniture and furnishings</td>
<td>15.63</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>p. Food, including overhead charges</td>
<td>367.47</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>q. Laundry, including overhead charges</td>
<td>67.65</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Item 5</td>
<td>Office expense (§ total)</td>
<td>1.82</td>
<td>6</td>
</tr>
<tr>
<td>Item 6</td>
<td>Telegraph and telephone.</td>
<td>2.50</td>
<td>6</td>
</tr>
<tr>
<td>Item 8</td>
<td>Miscellaneous</td>
<td>2.92</td>
<td>5</td>
</tr>
<tr>
<td>(No estimate for sickness)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(No estimate for vacation relief)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For graduate maintenance, total</td>
<td>849.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For graduate salary at $30 per month</td>
<td>960.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cost</td>
<td></td>
<td></td>
<td>$1,809.90</td>
</tr>
</tbody>
</table>
A study of the composite budget as a whole yields the following interesting figures: of the total $1285, $850 is the actual maintenance charge to be made for all nurses, either graduate or student. The remaining $435 is the amount chargeable to nursing education and special student nurse expense. The total cost of the single graduate is $850 maintenance, plus her salary per year of $960 or $1810. The cost of the student is $850 for maintenance plus $435 for education, or $1285 total. One might be tempted to jump quickly to the conclusion that if the student costs the hospital at a rate of $1285, while the graduate costs $1810 per year, inclusive of salary, the cost of the graduate group would be much greater, but such is not really the case.

As a fact, the expense to the hospital is relatively greater through the use of the student group, because of a direct loss in three different ways: First, through the loss to the hospital involved by carrying the entire probationary group as extras. In the school with a daily average of 100 pupils we could expect to graduate a class of at least 30 per year. It is generally conceded that from 25 to 40 per cent of the students admitted leave during training. Taking the lowest figure of 25 per cent in the 100-student school, at least 40 probationers would have to be admitted each year and carried for a period of four months, or one-third of the year, in order to keep up the ranks of the school, which would signify that the hospital is carrying an average daily loss of 13 per cent of all nurses. In many schools 15 to 20 per cent estimated loss would be nearer the actual figure. The second loss which occurs to the hospital is a time loss. Student nurses are on the wards eight hours, gradu-
ates nine hours. The relative loss through the use of the student nurse group, therefore, would be one-ninth of the whole amount or practically 11 per cent. The third loss occurs because of the lack of experience or efficiency of the student nurse group. A generous estimate of the relative value of the student as compared with the graduate would be that in her first year (exclusive of probation) she might be said to represent 75 per cent of the graduate’s value, in her second year 90 per cent and in her third year 98 per cent or a general average of 88 per cent efficiency during her entire training as compared with the graduate. Thus the total loss to the hospital is: 13 per cent through probationers, 11 per cent through shorter hours and time loss, 12 per cent through lack of efficiency, making a total relative loss, as compared with the graduate group, of 36 per cent, or a relative efficiency of 64 per cent on the part of the student group, 100 per cent representing the full value of a graduate nurse. If the graduate group costs the hospital at the rate of $1810, each, per year, the relative value of the student nurse rated at 64 per cent of that amount would be $1158.40. Since the cost to the hospital of the student is $1285.13 and her estimated value amounts to $1158.40, the total loss to the hospital through maintaining a school of nursing amounts to $126.73 per student each year. If the school is maintaining less than a three-year course, the loss to the hospital would be proportionately greater, as more students would have to be enrolled and a larger group of probationers maintained, besides which the relative value of the senior students would have to be scaled down below 98 per cent. Hospitals that maintain the full three-year course of training receive, therefore, the best financial return from their schools of nursing.

Another interesting figure is that of the cost of the student to the hospital per working hour. This is a figure which has been very much discussed at different times during the past three years. The student works, according to the findings of the committee, 36 weeks, first year (16 weeks probation deducted); 48 weeks, second year (1 month vacation deducted); and 48 weeks, third year, (1 month vacation deducted), which gives us a total of 132 weeks in a three years’ course.

If the 54-hour week is maintained (which allows for 8-hour day minus extra time on half days, holidays, Sundays, and days following night duty), 7128 hours in all is the amount of time the student works. The cost of the student nurse to the hospital for entire training is ($1285.13 multiplied by 3, which equals) $3855.39 divided by 7128 hours equals 54 cents per hour, cost to hospital (all maintenance and educational items included) equals $4.32 per day or $130.40 per month.

The financial comparison which our composite budget permits us to draw
between the graduate nurse and the student nurse group, would seem to be a decided argument in favor of the employment of the graduate nurse group; first, because of her greater earning value through greater experience; second, her longer hours of duty; third, because in a hospital staffed with only graduates the nursing could be done with at least as many less nurses as the daily average of its probationary class. It must also be granted that less supervision is required by this group owing to greater familiarity on the part of the graduate with her work and much less timeliness through illness than is the case with the young student nurse, who has not yet become adjusted to the physical demands of her nursing work. Other points in favor of the graduate nurse group is that a hospital staffed with graduates could easily develop a group of attendants to take over a large part of the routine nursing work now done by student nurses, which would further tend to reduce the expense of conducting the nursing service of the hospital. The last three arguments, however, have not been considered in this financial study. But there are vital factors that cannot be indicated in any merely financial study.

The most common arguments against the use of the graduate nurse in the hospital for general duty are that the individual nurse too often lacks interest or inspiration and that the group as a whole lacks permanence or stability. As a result the rapid turnover makes it exceedingly difficult to maintain standardized nursing technic in any hospital requiring graduate nurses in large numbers because of the variety of nursing methods thus introduced.

The greatest arguments in favor of the use of the student nurse, in spite of her apparent greater cost to the hospital, are that, because of her youth and buoyancy and the fact that she is receiving a nursing education in which she is deeply interested, she brings an atmosphere of inspiration, of initiative and of human cheer to the place that could never be developed in any other way. Student nurses are constantly on the alert for information, knowledge and experience and keep everyone around them stimulated educationally and socially. Since they are a younger and more flexible group, they respond readily to suggestion and necessary restriction. Superintendents of experience justly claim that the student's value to the hospital in the third year of her training is so great that if given the choice they would invariably select her in preference to a graduate nurse for general duty.

Our final and most important consideration in developing this comparison between the two groups, is the fact that the hospital with proper standards has a return duty to the community which supports it that it must meet by educating and preparing student nurses not only for all hospital nursing needs but for those of the community at large. If schools of nursing were
abandoned, we should risk a return to the Sairy Gamp condition in hospitals, and welfare work in communities might be brought to a disastrous and sudden termination.

In considering the result of this necessarily limited study, the committee wishes to stress the surprising per capita differences existing in the figures presented by different schools. The totals of the six budgets, on which the larger part of the study was based, ranged from $718 to $1410. This wide range was due to several causes. In some cases no monthly allowance was paid students while in one instance students received an allowance of $20 per month. Only one school submitted a complete estimate with every item considered. The study has also demonstrated the totally different standards existing in different hospitals regarding training school requirements as to instruction, educational equipment, scholarships, recreational funds, etc.

The results, however, show quite conclusively that in hospitals where an adequate nursing education is maintained—where the eight hour day prevails and where students are suitably housed and cared for, the time has passed for accusing the hospital of exploitation. Today certain hospitals are maintaining educational institutions in the form of their schools of nursing at considerable cost to themselves, which cost is constantly mounting. There is, among them, no complaint because of this increase in cost and responsibility, but rather in each case an intense pride in the school as an educational factor, productive of good not only to themselves but also to the public whom they serve so well. And, unfortunately, the charge of exploitation still holds against many hospitals whose standards are grievously low.

Your committee would respectfully recommend that the National League of Nursing Education urge hospital and training school authorities to unite efforts in bringing about the general adoption of a separate budgetary system for schools of nursing throughout the country for the following reasons:

1. In order to do justice to hospitals maintaining proper standards in their schools of nursing and to free them from the charge so frequently brought of exploitation of student nurses.

2. In order to enable hospital authorities to make application for a separate and extra proportion of funds assigned them through community chests, federations, and so forth, to be devoted to the exclusive use of the school of nursing.

3. In order to place definitely before the public the need of greater financial support and assistance in properly housing and educating student nurses.

During the past ten years the whole hospital system has undergone a complete change; medical education also has changed radically and increased greatly in cost. Should it surprise us to discover that nursing education
has changed greatly both as to method and cost? Until the separate budget system for schools of nursing is adopted, definite comparisons cannot be drawn nor can financial expenditures be planned intelligently and economically in advance in order that ugly and unexpected deficits may be avoided.

Your committee is of the opinion that if the nursing needs of the hospital and the educational needs of the school of nursing are to be fairly and adequately met, if the health and happiness of the young student nurse is to be properly considered and maintained, hospital authorities and nursing heads should be in a position where they can estimate correctly and intelligently the total cost of such service in each of its varied requirements.

In the Rockefeller Committee Report of 1923 were many recommendations for the correction of existing limitations and evils in schools of nursing, and one of its foremost was that the community be brought to understand that if nursing education adequate for the care of the sick and to meet the need of modern health campaigns was to be properly developed, the securing of endowment funds for such purpose must be considered as an absolute prerequisite. It is difficult to see how the sums required for endowment funds for schools of nursing can be estimated until each hospital and school can present a definite and correct account of its practice and expenditures. The difficulty experienced by practically every hospital and school approached is felt by the committee to be the strongest argument in favor of a separate budget for the school of nursing that can be produced.

In closing the report the committee wishes to express its gratitude and appreciation to the schools furnishing the budgets or various estimates on which this report was based. Special thanks are due Prof. Charles Rittenhouse and Dr. S. S. Goldwater without whose helpful assistance this study would have been almost impossible.

At the close of Miss Greener's paper, the chairman stated that, inasmuch as the study submitted represented a report of a committee of the National League of Nursing Education, a motion to accept the report was in order. Such action was duly taken.

PROBLEMS OF BUDGET MAKING IN CONNECTION WITH THE SMALL HOSPITAL SCHOOL OF NURSING

By M. E. McIntyre, R.N.

We have listened to Miss Greener's most carefully worked out maintenance cost of Schools of Nursing and individual cost per student. The questionnaire sent out by The National League of Nursing Education necessi-
tated some thought and I tried to dissociate the expense of the Training School maintenance from the total expense of maintaining the hospital.

The Hospital accounts were being audited by the same firm that has audited the accounts of the Mount Sinai Hospital of New York City, and I consulted them only to be told that, inasmuch as all outlay and expenses were grouped with the general expenses, 90 per cent of all estimates would be approximate only and rather valueless.

The fact that it has been almost impossible to obtain from Training School or Hospital executives the approximate cost of a student nurse to the hospital is in my estimation the strongest reason for an investigation by all Hospital Boards as to the cost of maintaining student nurses.

Hospital funds have been conserved at the sacrifice of the educational training of the student, and hospital executives have been short-sighted in not giving greater publicity to the value of the Hospital as an educational center. Schools of Nursing are doing a piece of work for which they are receiving as a whole little credit, because communities do not realize that in preparing student nurses they are making an enormous contribution to the health of the community.

It is doing the community an injustice not to explain what it actually costs to maintain a school with even minimum standards. If we could say it costs so and so to maintain and educate a student nurse and to give the ideal care to the patient that we wish, and we need fifty, one hundred or two hundred student nurses, would the appeal meet with greater support or enthusiasm?

It is of great importance that the community should have definite knowledge regarding what it costs to maintain a School of Nursing and what proportion of the funds being constantly solicited by one method or another, is spent in ways quite remote from the actual care of the patient and not understood except by those in possession of the facts.

This brings up the question as to whether it would be good business to dissociate the expenses and income of the School of Nursing connected with the Hospital from the actual maintenance of the Hospital? Would the advantage or satisfaction of knowing the relative value or cost of the School of Nursing to the community warrant the additional expense of extra people on the clerical staff?

When funds are solicited for a hospital either by campaign method, kirmess, charity ball or in whatever way, I have yet to see mention made of the needs of the School of Nursing. It is supposed to thrive on the ideals that we struggle to maintain.

Schools of Nursing have too long been schools in name only, and a cam-
paign of education is necessary effectively to "put over" to the public generally the fact that nursing education and nursing technique are not possible without good educational background, well supervised classroom instruction by especially prepared Instructors, proper classrooms, equipment, etc. These all cost, as all education costs. When one realizes with what limited equipment and inadequate funds some, so-called, schools are laboring to prepare nurses, is it any wonder that our educational standards are criticized?

Why would it not be well to present the need of the School of Nursing and the need of the Hospital?

Before we can provide this information, separate accounting of all expenditures in connection with the School work and income from nurses' services must be balanced. Miss Greener has made an indisputable plea in behalf of the enthusiastic young student nurse as against the graduate nurse in the hospital.

If the actual cost of maintaining the student when she is part of the nursing personnel could be available, it might be of vital interest to the public, or even the Boards of Trustees, who too frequently consider the student nurse only as a means of giving, as they think, cheap service to the patient. This trend of thought is quite often registered when one hears of a small hospital being established and a Training School started.

In the hospital with which I am associated, we do not operate on a budget either for the Hospital or the School. It has been possible through the generosity of some of the Board of Managers to establish on good educational standards a School of Nursing, but I doubt if many in the community have appreciated the financial outlay.

Had we been working on an estimated budget for 1923, expenses for the latter part of the year would have been out of proportion to the early months or to previous years. It seemed a wise and progressive step to establish a Central School of Nursing for five hospitals of Westchester County to cover the preliminary four months' study. An item not thought of earlier in the year was that of transportation. It cost three dollars and fifty cents a day for five days a week for four months.

This, when included in the per capita cost per patient for the year, is going to represent a decided increase over previous years which is difficult to explain to those unfamiliar with expenses of Schools of Nursing. If a budget of the School has been separate, the expense of maintaining the Central School would have no bearing on or increase in the per capita cost of the patient in the hospital.

Statistics show that one-fourth of students entering Schools of Nursing
drop out after the four months’ preliminary course. During this time they have been a great expense to the hospital for maintenance and teaching but have given no actual nursing service. This is considered a loss to the hospital, but, realizing how much better prepared they are as citizens, the expense is justified and public health benefited.

There is a growing need for Public Health Nurses and the preparation for such a field is found in the School of Nursing. Why not recognize this fact and provide adequate budget for the school? Why must so many schools struggle with limited funds?

Some of the outstanding problems for budget making in small schools:

Standardization of Schools as to educational value and practical experience. As illustration, one School may have a qualified instructor while another School of the same size may rely on the assistant superintendent to carry on the same program.

Value of students to the Hospital allows of great variation. Some students require constant supervision, others can be relied upon to do finished work.

Loss of student’s time through illness, operations, etc., varies.

The question of what the School should be expected to supply in allowance, uniforms, books, supplies, etc.

What would justify a school in charging tuition and thereby offset outlay.

The methods used by various schools in attracting students. The small Hospital School of Nursing enjoys all the general problems and also struggles with the serious question of competing with the large schools in an effort to attract the educated young woman.

Underlying all points covered in most instances is the lack of adequate funds on which to plan budgets for Schools small or large.

The National League of Nursing Education has tapped a rich vein when the Committee endeavored to get data on what it costs to maintain a School of Nursing.

PROBLEMS OF BUDGET MAKING IN CONNECTION WITH THE GENERAL HOSPITAL SCHOOL OF NURSING

By SALLY JOHNSON, R. N.

Superintendent of Nurses, Massachusetts General Hospital School of Nursing, Boston, Massachusetts

In the spring of 1923, when I was working on the program for the League Convention in Swampscott, I wrote to Miss Greener and asked her if she would take charge of a certain division of that program. She replied that she would if I would work on her committee on budgets. I had already done considerable work on the subject of budgets, and I thought that would be a
very easy way of returning something to her and to those women who helped us on our program last year. Little I knew of what was before me.

In the winter of 1924, I again took up the work on budgets and worked on the outline which was submitted by Miss Greener. I put on that outline a few approximate sums, and sent it off to her. It was promptly returned. With this return came a copy of Miss Greener’s figures, with an interpretation of the items on upkeep and physical operation.

Again we estimated our budget and once more sent off our figures with a feeling of finality. A few days later, in the morning mail was an envelope with the name of Mount Sinai Hospital printed in the corner; and from the thickness of the envelope, I knew that our budget had been returned.

The Chairman of your Committee informed us that our figures were altogether too low. And so, once again we turned our attention to the budget. The third estimate was made in the following way. And here, let me pause to say that, had not the date of this convention been firmly fixed, the Boston-New York Express would still be carrying our budgets back and forth. The estimates which we have made are not so far afield, for barring such items as allowance for uniforms, the figures submitted by the principals differ less than we might expect.

The first item, on “Upkeep and maintenance and physical operation of the plant,” was made on the same general plan as Miss Greener has already explained to you, on the number of cubic feet per nurse.

The second item, “Commencement Exercises,” was fairly easily estimated, for we had the exact cost of Commencement.

“Scholarship funds” were easy to estimate. We knew exactly how many we paid, and we divided that by our number of students.

“Loss due to probationers or nurses leaving during training” was difficult to estimate, and here I might say that any school might make a different estimate. We estimated that we took care of about twenty-five months of probationers during the year at a loss. We made due allowance for tuition fees paid.

“Sickness”—there again, you may vary with us at any point. We send our students to the Boston City Hospital when ill with contagious diseases. We had that bill. We also knew how much it cost to take care of a student when she was in our own hospital, so we had an accurate estimate of that. We made a charge of $2.00 a day when the student was in the infirmary.

When it came to an estimate of “bedroom linen and table linen,” that took a long time. We arrived at it by finding from our cost accounting the exact cost of every article of linen assigned to each student nurse, both in her
room and in the dining room. Then we charged off a depreciation of 33\% per cent.

"Renovation and replacement of mattresses"—that is the same item which was submitted by Miss Greener.

We arrived at "dishes and silverware" in the same way that we arrived at the cost of linen. We found from our cost accounting the actual cost of every piece of silverware and every dish, each student’s share of the general furniture in the dining room, the share of small wares that are put on each table, and deducted for a depreciation of 66\% per cent.

"Furniture and furnishings" was an everlasting job. We made a fairly accurate estimate of the cost of every article of furniture in the bedroom, in the recreation rooms, reception rooms, and so forth, and allowed a depreciation of 5 per cent.

"Food" seems to be the one thing of which every hospital knows the cost. That I readily obtained from our head bookkeeper.

The next item is "laundry," and I do not mind telling you that the small cost of washing to which Miss Greener referred was ours, and yet we do not feel in Boston that we belong to the great "unwashed." The difference of our item was mainly due to the fact that the overhead of our laundry went with the general overhead of the hospital. That accounted for our lower estimate. In making up any budget, again and again you will find exactly such differences.

"Office expense" was another long journey. We found the cost of the routine forms used by one nurse, her share of the general publications such as circulars and information, the biennial book, and so forth. We also found the actual cost of furnishings in the office, and charged off a depreciation of 5 per cent.

"Telephone and telegraph" was not difficult to estimate. We kept track of those items for a certain period of time, and used that as an estimate for the yearly average.

"Advertising, publicity, auditing and so forth"—advertising and publicity came entirely from announcements in various magazines, and our head bookkeeper gave us what seemed to be a very accurate figure for our share of the cost of auditing the accounts.

"Salaries of executives" was done in exactly the same way as Miss Greener has explained, estimating the share of each worker that should go to the school. There again you could express varying opinions as to whether the fraction which we took was right or not.

"Maintenance of executives" was done in the same way. Practically every hospital can give you a maintenance price, and by charging off the
share of the maintenance according to the share of the executive's time given to the school, we could get an estimate on that.

The "wages of maids and helpers in nurses' homes" was an item very easy to find out, also that of "maintenance" charge.

The "share of administration officials" was not as difficult as you would think. You already have taken care of many of your workers in connection with the laundry, the preparation of food, the care of the homes, and so forth. You have left such people as officers, bookkeepers, people in the store, pharmacy, and some executives.

"Educational supplies" is quite easy to determine. That represents library, microscopes, maps, and charts.

"Direct cost of student" includes uniform, textbooks, school pin, diploma, black band, etc.

"Recreational" should not take very long because very few of us have much of a budget for that.

"Miscellaneous"—transportation for affiliations came under this head.

As I said before, you may take exception to every item which we have presented. We do not pretend that this report gives an accurate estimate of the cost of conducting a training school, but we do say that we know a good deal more about school budgets than many of you who may be criticizing our efforts. Try making a budget yourself; you will appreciate this report more afterward.

PROBLEMS OF BUDGET MAKING IN CONNECTION WITH THE SEPARATE SCHOOL OF NURSING

By MARY C. WHEELEER, R.N.

Superintendent, Illinois Training School for Nurses

The Illinois Training School for Nurses is a separate school, and we should be able to show exactly the cost of every item. We do know what our appropriation is.

In the analysis of our expenditures, it is easy for a separate school to show what it costs to maintain the nurses' residence, what it costs to maintain the educational work in the classroom, and what is expended on the social and the recreational side. But when we consider the practice laboratory, it is very difficult to determine the expense of such departments, because in our particular case we carry many services which in the ordinary hospitals are a part of their expenditure rather than of the school of nursing. For instance, in a large number of institutions, the social service department, the occupational therapy, the physio-therapy, and much that has to do with various
clinics, are a part of the hospital situation. It happens that with us these come under the training school administration. Then, when we study our wards, it is a very difficult problem to know what percentage is expended on the training of the student alone, because there are many problems to consider.

The basis of facts goes back to a very important thing, and that is the matter of records. Why better records are not kept in our schools depends on many reasons. Our records should be immediate, not the next day or the next month; they should be accurate; and they should be legible. Again, the records should be accessible for study. Then comes the point that it is necessary for the one who is in charge to have the time to study these records, which cover from one to ten years, in order to build up a basis on which one is able to make a budget. It is not only necessary to have the time for study, but there must be a very constructive imagination attached to the person who is to further the study.

PROBLEMS OF BUDGET MAKING IN CONNECTION WITH THE UNIVERSITY SCHOOL OF NURSING

BY MARY MAY PICKERING, R.N.

Director, University of California Training School for Nurses

The arrangement of the program this morning would indicate that budget making and administration in a University School of Nursing differs from the problem as it exists in other schools connected with hospitals. I doubt if this is true. In those schools fortunate enough to have University affiliation or connection of some kind—the so-called University Schools—the University relationship, so far as I know has not been extended to include a separate budget direct from University funds. Our budgets are made in conference with the hospital administration and our funds come from hospital funds—although these same hospital funds may be derived direct from the University.

But as the details of administration always differ greatly in different institutions and different localities, it may be worth while to tell briefly the methods used in the school and hospital with which I am connected in making up and administering its budget. Our experience, however, has not been long as we begin our third year on the budget system on July first. In two years one cannot form very definite conclusions in a matter so involved and complicated as this.

Our actual procedure in budget making is about like this: In the early spring at administrative meeting the director of the hospital announces
to department heads that departmental budget conferences will be held on certain dates. When budget conference takes place there are present the director of the hospital, the head of the department whose budget is being considered and the assistant to the comptroller of the University, who bears the same relation to financial matters on the San Francisco campus as the comptroller’s department does to University finances as a whole.

The department head submits his budget—preferably in writing—showing last year’s expenditures with this year’s corresponding requests—and with supporting explanatory sheets where needed. I believe it is most important that a typewritten budget be taken into this conference because (1) it is business-like and expedites the conference; (2) it prevents important items being omitted; (3) it is a useful record to produce at future budget conferences to show for how many years one had requested one or another item that has not been granted.

After the various departmental budgets have been submitted and are combined, it is usually found that the grand total exceeds the total hospital budget allowance and other conferences are held until each budget is pared down to the figures allowed. Making up a budget is not nearly so difficult as cutting out of it expenditures which you consider absolutely necessary. But even with a budget smaller than your needs, there is satisfaction in knowing just how much you have to spend.

When the budgets are finally completed, each head of department receives a typed copy of the one for which he is responsible. And each month he receives a ledger sheet showing in detail exactly what has been spent in his department for the month. At the same time there is made up in the accounting department an expenditure sheet for the entire hospital for the month. This sheet shows in the first column the budget subdivisions as Accounting, Commissary, School of Nursing, Buildings and Grounds, etc. Opposite these items are shown the total budget allowance for the year, the monthly pro-ratum, the pro-ratum for the number of months past in the fiscal year (that is, if the record is for the month of April, the pro-ratum will be for ten months). Opposite these statements are shown the actual expenditures for the month preceding this one, expenditures for this month, the month’s saving or deficit, the ten months’ expenditure, and the ten months’ saving or deficit. Unless this expenditure sheet is made up monthly, it is hardly possible to keep the proper expenditure proportion between departments. Making the deficits in red, one can see at a glance just what departments have overdrawn and how much and requisitions from those departments treated accordingly.
The budget for which the nursing department is responsible is sub-divided in this way:

1. *Medical and Surgical Supplies*, Expense and Equipment. Under this heading come all supplies issued from the stores and pharmacy, new permanent equipment that is purchased, and repairs to movable equipment. As this sub-division concerns the administration of nursing service in hospital departments, it need not be discussed here.

The other two sub-divisions logically overlap but in order to simplify accounting, an arbitrary division has been made thus:

*Nursing*, the second division, covers the salaries of the assistant director of nursing, the ward and department supervisors (head nurses), two male nurses doing general duty with urology patients, ward helpers and orderlies.

The third division is the *School of Nursing*. To this are charged the salaries of the director, instructors, housemother, monthly allowance to students, wages of maids and porter in the Nurses’ Home, classrooms and Nurses’ Home supplies and equipment, office expense and other incidental. This sounds as if our budget were incomplete, and taken alone, it is. Our brief experience, however, has led us to believe that it is infinitely more satisfactory to plan our budget under large group headings and make corresponding charges than under too many sub-divisions of sub-divisions with their corresponding charges, as the former method means less duplication of clerical detail work and at the same time enables us to get cost information whenever we seek it.

For instance, the Buildings and Grounds budget covers not only the maintenance of the hospital and nursing school buildings and grounds but those of the Dental and Pharmacy Colleges, the Hooper Research Foundation, and the Hahmemann Hospital.

On the ledger sheet of the School of Nursing, there appears no item charging us with heat and water, repairs to building, etc. But it is easily possible to find this information in the accounting department in the Buildings and Grounds records.

No charge is made on our ledger sheet for laundering the Nurses’ Home linen. But in the linen room a record of daily issue is kept and the monthly total made of every article issued. The cost of laundering all flat-work has been worked out on a towel basis so that we can easily see the comparative cost of laundering the different articles and their total cost.

The arbitrary division of the salaries of the director and the graduate staff was made because it saved clerical work. Given the correct proportion of each salary to charge to the Nursing School, it is not difficult to make the calculation.
Nursing students infirmary service is not budgeted but is charged on the books and rebated as free work. But with a little summarizing, it is possible to know just how much has been spent.

Some costs cannot be determined as accurately as these instances noted above, but I do not believe it possible to entirely separate the nursing school figures from the hospital figures as our organization exists today and there will always be some items that must be estimated. I do believe that while a budget may be very much tied up with that of the hospital, yet by a well planned and accurately followed accounting system, it can be made possible to obtain cost information at any time. If the director of the School in compiling her annual report gave such facts and figures as those presented by this Committee today, surely her report would challenge the interest and attention of those to whom it is presented. If along with these figures she could present some estimate of the value of the services of the nursing students to the hospital worked out on some such basis as that presented by this committee but calculated to suit conditions as they actually exist in her school, she would unquestionably stimulate discussion.

The Chairman of the Committee has modestly said the report should be considered merely "an approach to budget making." This approach however gives up something definite to use as a basis of comparison and is therefore very valuable to us. It does more than that in that it shows what has long been conjectured—that the nursing student actually does cost the hospital more than she gives in nursing service and that she cannot be any longer considered cheap labor. We are constantly being asked what can be done to reduce the cost of hospital care to patients. That the patient should bear the cost of educating the nurse in paying this hospital bill is unfair and unreasonable. The logical outcome of such studies as this presented today will be the separate provision of funds for the education of the nurse.

In the University School of Nursing, ideally the budget should be made up in the same way as budgets of other professional schools. Treating the needs of the School of Nursing as an educational project of the University would reduce the per capita cost per patient in the hospital and would undoubtedly shake down into place some of the disproportionate factors now existing in nursing school administration and would be a great step toward the accomplishment of our ultimate aim, the central independent school of nursing.

Following the reading of Miss Pickering's paper the Chairman announced that discussion of the subject of the morning would be continued at the 11:15 to 12:45 p.m. session.
SUMMARY OF DISCUSSION ON BUDGETS FOR SCHOOLS OF NURSING

Comparison of laundry cost per capita showed that in the institution where the commercial laundry was used the cost per capita considerably exceeded that of the institution operating its own laundry. The cost of furniture was estimated as $300 per nurse, this figure including not only the furnishings in the nurse's room but that of all other rooms in the building. It was pointed out that great discrepancy exists in different schools with respect to the proportion of the budget assigned for educational purposes and that probably $200 would actually cover all items properly chargeable to this expense.

Miss Greener stated that the study which had been made touched only the edge of the problem; that whether it was desirable in all cases to develop budgets or not was an open question; but every school of nursing and every hospital should be in a position to state what part of the expense of the hospital as a whole should be charged off to the nursing department.

The following motion was favorably acted upon: that the Committee on Budgets for Schools of Nursing be continued and that it be authorized to present a form which would serve as a basis upon which to work on budgets for schools of nursing. It was further moved and duly carried that a vote of thanks be extended to Miss Greener and her committee for the splendid work accomplished.

The meeting then resolved itself into a Business Session and proceeded to consider the Report of the Committee on Revision of the Constitution and By-Laws. At this convention a large part of the Business Sessions was concerned with this Report. Since the By-Laws were acted upon by section, and the revised form as a whole, which is appended to this Report, finally adopted, all discussion pertaining thereto is omitted.

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

General Session

Wednesday, June 18, 2:30 p.m.

Adda Eldredge, President, American Nurses' Association, after opening the meeting, turned it over to Major Julia C. Stimson of the Army Nurse Corps.
THE GOVERNMENT NURSING SERVICE

THE INDIAN SERVICE, DEPARTMENT OF THE INTERIOR

By FLORENCE PATTERSON, R.N.
Formerly Special Investigator of Nursing in the Indian Service

INEQUALITIES IN STANDARDS, QUALIFICATIONS AND PAY OF NURSES UNDER GOVERNMENT SERVICE

By LUCY MINNIGERODE, R.N.
Superintendent, Nursing Service, United States Public Health Service

NATIONAL SOLDIERS' HOMES

By ANNA GRACE McCRADY, R.N.
Superintendent of Nurses, National Military Home, Marion, Indiana

THE RELATION OF THE RED CROSS NURSING SERVICE TO THE GOVERNMENT NURSING SERVICES

By CLARA D. NOYES, R.N.
National Director, Nursing Service, American Red Cross

THE NAVY NURSE CORPS AND ITS RELATION TO THE ADVANCEMENT OF NURSING EDUCATION

By J. BEATRICE BOWMAN, R.N.
Superintendent, Navy Nurse Corps

THE PRESENT NURSING SERVICE OF THE UNITED STATES VETERANS' BUREAU AND WHAT THE VETERANS' BUREAU IS DOING FOR DISABLED EX-SERVICE NURSES

By MARY A. HICKEY, R.N.
Superintendent of Nurses, United States Veterans' Bureau

THE ARMY NURSING SERVICE AS ONE OF THE EDUCATIONAL FUNCTIONS OF THE MEDICAL DEPARTMENT

By MAJOR JULIA C. STIMSON, R.N.
Superintendent, Army Nurse Corps

All of the above papers, except that of Miss Patterson, which was not available at the time, were printed in the Proceedings, Twenty-fourth Convention, American Nurses' Association.
THE RESPONSIBILITY OF THE COMMUNITY AND THE HOSPITAL IN THE ESTABLISHMENT OF NURSING SCHOOLS

By CHRISTOPHER G. PARNALL, M.D.

Perhaps a subject better defining what I should like to say to you would be the responsibility of the public to nursing service and to nursing education. One cannot well be discussed without reference to the other and the obligations of the public differ widely toward each.

Professional education and institutions of learning for technical training are of recent origin when compared with the practice of any calling, even though that practice may have been a very crude precursor indeed of modern methods and ideas. The healing art was practiced long before schools were established to teach it; and nursing, while new as a profession, is as old as the race itself. Professions recognized today have all evolved from simple beginnings. Their evolution has been a direct result of a public need or a public demand. The need has always preceded public provisions for training. One might naturally conclude then that since the various professions have come into being and have continued in order to satisfy a demand on the part of the community for service, the public has certain obligations and responsibilities to these groups and to the individuals composing them.

The public or community responsibility however, on analysis, appears to be a purely selfish one. The combination of community need and individual desire to serve accounts for the filling of the ranks of various callings with numbers enough ordinarily to meet the demand. This is true of all callings, whether they be trades or professions. Labor demand creates the labor supply. The demand satisfied, the supply automatically is cut off. If there is an over supply in any one line individuals find employment in other fields. If the supply is not adequate to the demand, the increase in
emolument usually creates ultimately an additional supply. Highly specialized labor under great demand assumes that the world owes it a living. The natural reaction of man is to take much and give little. When adversity comes, it is not ordinarily accepted with fortitude but the most arrogant bow in the end to the inevitable. It is quite the same with the professions as in the commercial and industrial enterprise. The merchant renders a public service in the distribution of commodities necessary in the every day life of the people. He takes his reward in the form of profit. If he is sagacious, his profit is large; if he is unwise or if he misjudges the demand, his profit turns to a loss. If the losses are extensive enough, he can no longer continue his business. The individual who enters a profession does so usually from mixed motives. He desires to serve humanity and incidentally, in serving, to make his livelihood and to participate in the further reward, intangible though it may be, of the satisfaction of serving his fellow creatures. The public does not usually compel the individual to select any particular trade or calling. It is a matter of choice entirely. He takes his own chances and assumes his own obligations. If he were compelled to select any particular calling, then the community applying the compulsion would be morally obligated to look after the individual, but the community recognizes few obligations to him. It is largely a case of the survival of the fittest.

As professions, individually or collectively, we have no vested rights; the public needs determine our right to existence. The public is not concerned with what we may feel are our individual or group rights. The only right the public recognizes is our right to serve if our service is needed. Our real preferences, our professional traditions mean nothing to the public. If we limit or outlive our usefulness we can expect nothing from the community. We may as well recognize that life is relentless. The individual means little. By and large he is great or small only to himself. He may be a factor in human existence. Events may be determined or influenced by a master mind, especially in some crisis, but the world goes on just the same. However much they have moulded the destiny of the world, the great names of history are only names. To individuals life holds nothing and accounts to none. Organized humanity owes itself existence, perpetuation of the race, improvement. Amelioration of suffering is one of the important functions of an organized society. Justice and education are others. The obligation of society to its members collectively is perhaps best illustrated by the obligation of the individual to himself and to humanity to develop his social qualities or latent powers or abilities to serve in the measure of his natural endowment. My point is that the obligation
and responsibility of the community to any professional group is purely in its own interest. Now if the community owes nothing to the individual member of the profession or even to the profession itself, it owes it to itself, in order to be assured of the highest type of service from any profession, to establish the best training possible for those who embrace it. This responsibility is inescapable.

The public interest then must be our direct concern. Although it is perhaps safe to assert that nothing which is bad for the medical or nursing professions is good for the public, on the other hand anything that is of permanent benefit to the public will in the end be good for us. Opposition and reaction must often be endured as a test of real value. If our principles are sound and our service valuable, we will endure. The same immutable laws apply whether our calling be lowly or exalted. It is true that special privileges are enjoyed by those who follow the higher walks, but these privileges are paid for largely in increased responsibility. Very often we are protected by law in the pursuit of our vocations. Frequently we look upon this protection as the fulfillment of an obligation on the part of the community to us as individuals or as groups, whereas the protection is instituted by the public for the public benefit. All legislation providing for registration and licensure is primarily for the purpose of public protection against incompetent service. At that the credulity of the public results in the legalizing of many only partially qualified practitioners and, often, of out and out impostors. The community needs are such that in order to supply the service demanded it is necessary in most professions for the individual members to pass through a relatively long period of highly specialized technical training. Formerly an imperfect training was obtained not in educational institutions but through the preceptorial or apprentice systems in which the individual received his preparation from the direction and example of a practicing member of a profession. The training was not adequate to meet the need and thus the community has been forced to establish expensive institutions for the sole purpose of offering the best quality of instruction possible under our complex modern civilization.

What then is the status of nursing and nursing education in the light of the public need for the ministration of the nurse? Nursing has been undergoing a rapid transition. Is it coming or going? It must be one or the other. If there is a public need, nursing will stay. If the public need exists only in the estimation of its advocates, it will not survive. If some particular kinds of nursing are needed they will endure and only the kinds that are needed will continue. Who will supply the need? Will it be the
"super-nurse" with university education, the garden variety of bedside nurse with a hospital apprenticeship as a preparation, or will it be a trained or untrained domestic, a servant type? Whichever it is, it will exist because of the public need. While few of us are dogmatic enough to assert that we know what is best for the public, those who have made a careful study are entitled to an opinion and to the right of expressing it. It may safely be asserted that there always will be a need of nursing service, at least as long as illness continues. There always has been, although the need has not been supplied. If past history is any indication, the practice of nursing will require a highly technical specialized training. Any calling requiring such special education becomes in reality a profession.

No one will contend that if the preparation unfit a nurse for nursing that it is not faulty. There is a good deal of complaint on the part of the public generally and of physicians, that nursing service is not what it ought to be. There seems to be pretty good ground for criticism. While the brief history of nursing education shows in its advocates the finest idealism built primarily on the desire to minister to the needs of mankind, it cannot be denied that the standards have not always been what they ought to be. There is a good deal of justification for the charge that trade unionism aspirations have been the highest possessed by many of the individuals practicing nursing today. It has been too much a question of hours and pay. I am not defending a policy which requires the nurse to make herself a living sacrifice. She is entitled to consideration but if she is to consider herself a professional worker, aside from having proper educational preparation for her work, she must find her interest primarily in her service and not in its pecuniary reward.

That nursing may, in some instances, have been given a bad name is not the result of a wrong attitude of the leaders of the nursing profession. The public expects altogether too much when we consider how little it has done to improve conditions surrounding the technical education of the nurse. The majority of nurses in practice have had very limited opportunities for education. Hospital training schools have been wretched examples indeed of what we ordinarily consider institutions of learning, especially when compared to university professional schools. If the attitude of the average nurse is selfish or unsocial, ignorant or unprofessional, we, the public, who criticise must be brought to realize that we alone are to blame. The old fashioned nurse of tradition, who existed in fact, had the finest attributes of mind and soul. We see it in the leaders in nursing today in whom as noble a spirit of altruism exists as in the leaders in any calling. In being thus plain-spoken with you, it is not to criticise nor to
assume superiority. The scale of prices of the nurses’ registry is no more to be condemned than the fee schedule of physicians which is often printed and exhibited in their offices for the perusal of their patients. When the official organ of a state medical society in large print carries in a box at the head of its editorial column the following, “Report malpractice threats immediately to Dr. ——, address ———” and then derides the advocates of higher standards in nursing as irresponsible socialists, it looks a little like the pot calling the kettle black.

The chief responsibility of the community to nursing which indeed may be the only one, is to provide a training which will enable the nurse to give the best service in her power to answer the demand of the public. The public has been sadly deficient in meeting its responsibilities in this respect. Clearly to understand the responsibilities of the community for nursing education, we must know the needs for nursing service for which the training is the preparation. As set forth in the report of the Committee on Nursing Education, three general types of nursing service seem to be required; first and most important, that which provides for the care of the seriously sick at the bedside; second, a more highly specialized type which will provide for leadership in executive positions in hospitals, teaching in nursing schools, leadership in various public health fields and visiting public health nursing; and third, that which will supply trained but not expert workers who may assist the nurse and the physician in the care of patients not seriously ill.

The report of the special committee on nursing of the American Medical Association presented a year ago at San Francisco clearly endorses the findings of the Committee on Nursing Education and both committees seem to be in substantial agreement on all of the important points. The report of the Committee on Nursing Education sets forth in conclusion:

That for the care of persons suffering from serious and acute disease, the safety of the patient and the responsibility of the medical and nursing professions demand the maintenance of standards of educational attainment generally accepted by the best sentiment of both professions and embodied in the legislation of the more progressive states and that any attempt to lower these standards would be fraught with real danger to the public.

This means that nothing less than the preparation offered in the best training schools today is sufficient to meet the requirements of modern service to the sick at the bedside, whether in homes or in hospitals. If this is warranted and it is not clear how we can escape the conclusion that it is, then it is the responsibility of the community and the hospitals which serve the community, to establish training schools with standards at least as
high as the best hospitals recognize today. Such technical training is
needed by every nurse no matter what her special field may be. It has
well been called the basic nurse’s training. Whether it is given in two
years and four months or in three years is here beside the point. Only a
small percentage of the training schools today measure up to the standards
thus set. Even the best hospitals, faced with the idea of exercising the
most rigid economies in their administration, are not prepared to offer
courses of a quality which would measure up to modern educational stand-
ards. The situation is very well summed up in conclusion 5, of the
Committee:

That, while training schools for nurses have made remarkable progress, and while
the best schools of today in many respects reach a high level of educational attain-
ment, the average hospital training school is not organized on such a basis as to conform to
the standards accepted in other educational fields; that the instruction in such schools
is frequently casual and uncorrelated; that the educational needs and the health and
strength of students are frequently sacrificed to practical hospital exigencies; that such
shortcomings are primarily due to the lack of independent endowments for nursing educa-
tion; that existing educational facilities are on the whole in the majority of schools in-
adequate for the preparation of the high grade of nurses required for the care of serious
illness, and for service in the fields of public health nursing and nursing education, and
that one of the chief reasons for the lack of sufficient recruits, of a high type, to meet
such needs lies precisely in the fact that the average hospital training school does not
offer a sufficiently attractive avenue of entrance to this field.

Young women in sufficient numbers to meet the present needs for nursing
service are not going to be attracted to hospital nursing schools as they now
exist. A radical “bracing up” on the part of hospital schools has got to be
effected. Hospitals generally offer every reasonable inducement but one,
that one is the most important of all, educational opportunity. While
decent living conditions go without saying, they are secondary after all.
Other things being equal, the hospital of the future which maintains a
waiting list of applicants for its training school will be the one that offers
the substance of a real education and not the shadow. The teachers in this
hospital will be qualified by special training for their important positions.
The pitiable expedient of employing an “instructor” to do the teaching in all
its branches will be a thing of the past just as much as the teacher in the
grade school who taught all the subjects through all the grades is regarded
as a relic of a system long discarded. The hospital school preparation has
been a training rather than an education. The term “nurses training
school” has been accurately descriptive.

There are those, and many of them members of my own profession, who
seeking relief from present unsatisfactory conditions advocate lowering of
standards and a throwing open of the doors to an inferior type in an attempt
to fill the ranks of nursing with numbers adequate to meet the demand for
nursing service. Nothing could be more shortsighted. The effect of the
adoption of such a policy would be just the opposite of the one desired.
The product would multiply the faults and the much complained of attrib-
utes of the present group. If nursing is to be regarded as a semi-menial
occupation young women even of a lower type of intelligence are not going
to elect it as life work. There are too many other opportunities. Nursing
will not be regarded as a menial occupation. It will make its appeal to the
finest type of woman as an opportunity to serve mankind. When nursing
is put on a high plane and is respected by the public, recruits to its ranks
will not be lacking. Until it is, the prospect is not encouraging.

The hospitals are not entirely to blame for their failure to obtain recog-
nition for the nursing profession. They have done the best they could with
the means at their command. The system has been faulty and must be
changed. It is the responsibility of the hospitals to enlist public support
to the end that their training schools for nurses will be converted into real
schools for nursing. As suggested in the report of the Committee on
Nursing Education the establishment of university schools of nursing would
have the effect of preparing a type of nurse whose services are in great
demand at the present time to serve as teachers and leaders. It was
not the thought of the Committee that more than a small percentage of the
nursing profession would be prepared in such schools. However, it does
not seem altogether improbable that university schools will be the rule
rather than the exception in the future. That a system of university train-
ing for nurses would result in a body knowing too much and inclined to
usurp the prerogatives of the physician is a charge born of ignorance and
selfishness. None of us, physicians nor nurses, have mortgages on our
jobs. If somebody can do them better, individually, in the parlance of
the school yard, we are "out of luck," but it is unthinkable that even the
intelligent educated nurse is qualified to render the service of the physician.
The better educated and the more intelligent she is, the more she will
realize her own limitations. The better trained the physician, the more
security he will feel in his own field and the less likelihood will there be for
his believing that the nurse would try to take his place. Dr. Richard
Olding Beard has said that no aspirant for nursing can be too educated.
too wise or too good. This is not only good sentiment, it is good sense,
That an educated nurse may be able to distinguish between good medical
service and bad is no ground for assuming that she "knows too much."
The present system of cramming the mind of the student nurse is wrongfully
termed education. A little knowledge is a dangerous thing. Humility comes with real insight which is the result of education in its truest sense. Learning and teaching are the same process. The real teacher is only a student who inspires others to become students.

That many individuals have not the capacity for education is not to be gainsaid but the student nurse, whether she be trained in a hospital school or a university school, for bedside nursing or for teaching or public health work, who has not sufficient capacity for education should be saved the mistake of entering a profession for which she is not qualified and in which she would become a public menace rather than a community asset. Just as professional education in other lines is best conducted in universities, so we may reasonably assume that nursing education will flourish best under the same conditions and in the same environment.

If it is the obligation of the public to provide for its own needs, and if we interpret aright the public's needs for nursing service, it becomes the responsibility of the public to establish university schools of nursing because such schools will undoubtedly offer the best preparation of individuals to meet the needs.

Universities as public institutions have been slow to recognize their responsibilities to nursing education. The nurse is regarded as an interloper, even in universities which maintain their own hospitals in connection with schools of medicine, but the university school is now a fact accomplished. Progress may be relatively slow for a short time, but it is the prediction of those who are best informed that before the lapse of many years, many university schools will be established. With all that has been said against her, God speed the day of the so-called "super-nurse," the nurse with professional ideals instead of trade unionism standards, the nurse who because of her education will be more keen to serve humanity than to haggle for a price. The educated nurse will confound her detractors. She is what they are looking for and they are too short visioned to know it.

The public must awaken to its responsibilities to pay the cost of nursing education in the future in the same way that it provides for the training in other professions. The student nurse must not be regarded as a cheap substitute. As a matter of fact she is not cheap, even now. Adequate budgets must be forthcoming for the financial support of nursing schools. The individual who is so unfortunate as to be the sufferer from illness may be expected to pay for his hospital care which includes nursing service but there is no more reason for requiring him to pay the cost of nursing education than there is to expect the house builder to step in and relieve the public of the cost of maintaining schools of architecture. Nursing after
all is a public need. The cost of the service to the individual is properly borne by him, but only that part of the cost of the education of the person who renders the service which the individual may be expected as a member of society to pay, should be assessed against him.

As far as the so-called subsidiary nursing service is concerned, there are those who cannot altogether agree with the conclusions of the Committee on Nursing Education. The trained attendant is a domestic and not a nurse. She does not render nursing service in the true sense of the word and while, in spite of a difference of opinion, there may be a distinct public need for the trained attendant, her preparation has no proper place in the discussion of nursing education. While physicians loudest in their denunciation of the over education of the nurse will rant about the need of just good ordinary nurses they will not employ attendants and they do not employ them precisely for the reason that they believe them incompetent to care for their patients.

Unless we are prepared to believe that the problem of the supply of numbers of nurses adequate to care for the sick who need nursing service is an unsolvable one, it is the duty of all who appreciate the seriousness of the situation today to awaken the community in its own interest to its responsibility for the future of nursing as a profession. It is a public responsibility to provide the means of education in all callings which serve mankind and particularly in those which have for their object the relief of suffering and the promotion of health. It is vital to the public interest to produce more Florence Nightingales, Clara Bartons, Adelaide Nuttings and Annie Goodrichs. Such public servants are all too few and while the school of experience has trained them, their inspiration has come from a deep idealism developed by real education. This kind of education can be had outside any institution of learning but the only way we know of providing it and attracting any adequate number of the highest type of women is to establish nursing education on a more substantial basis than it occupies today. In bringing home to the community, the hospitals and the universities their responsibilities, we must expect to encounter ignorance and opposition. But to you certainly the effort will not seem impossible. You have responded in your brief history to every call to duty. You are experienced in receiving rebuffs, in suffering calumny. With increasing maturity, as Joseph Conrad might say, comes a developed capacity for suffering. Your efforts on behalf of nursing education have been signally successful despite apparent discouragements. Your leaders have been inspired by ennobling visions of ultimate triumph. The world needs sorely what they have had to struggle to give and it will not be long before the
world will come to recognize its obligations to them and its responsibilities to itself by according to nursing education the same privileges and the same standards as exist for practically all other professional training.

THE RESPONSIBILITY OF THE UNIVERSITY SCHOOL OF NURSING TO THE INDIVIDUAL STUDENT, THE HOSPITAL AND THE COMMUNITY

BY MRS. FRANCES P. BOLTON

Two university schools of nursing have sprung into being since the last national nursing convention. Very quietly, two great universities have welcomed the profession of nursing and have taken the small-seeming yet infinite step that separates the departments of nursing within medical schools, women's colleges, etc., from the free, independent, self-determining school, a step which marks the beginning of a new era and consummates the dreams of half a century.

There is no need to trace for you the evolution of nursing through these fifty years, no need to point out the glaring faults of apprentice training which has been made so clear by the Rockefeller Report, as they do the desperate need of hands, as well as the economic necessities of hospitals which have themselves evolved from being places to care for the sick poor into institutions to meet the needs of all classes, including the clinical requirements of medical schools—all this is too vividly a part of your lives to need any portrayal. Indeed it is still all too widespread an actual fact. But regardless of the time that must elapse before all hospitals adopt adequate training-school standards the fact shines out clearly that nursing training has come into its own and has taken its place in the field of education.

To insure ourselves against possible misapprehension let us take a moment to clarify our minds as to our conception of education. Modern education in the United States has tended to become merely the means of making the individual economically productive. Little emphasis, if any, is placed upon the development of the individual as a human being, as an all round, balanced citizen. Facts are crammed into the head at high pressure, and the mind that can evidence its ability to contain these facts is retained within school and college regardless of the character and heart and capacity for future growth of the individual along the lines of human development. This is not the interpretation that we can tolerate when we say with deep joy that university schools of nursing have placed this specialized training in the educational field. Education as we understand
will see that such standards of training alone will protect it from inade-
quately prepared nurses.

Because of the ramifications of the influence of these schools of nursing
it is my desire to try to interpret something of the sense of responsibility
to the students, to the hospital, to the community, resting upon those
intimately connected with their establishment.

What is the human material coming to the modern training schools?
Half a century ago the women who went into nursing were of mature years,
with an understanding of life, its complications, its possibilities. Their
bodies had already been through tests of strain, their minds had met
disillusion, their hearts had experienced both sorrow and joy. They took
up nursing because they had learned to value human life. Today the
student nurse is still in her teens, her body is in the process of maturing,
her mind is but beginning to find itself, her heart is still in a state of emotion.
She is wholly inexperienced, life looks very wonderful, rosy, filled with every
brilliant prospect. She dreams of the joys of an ideal service to humanity,
she sees herself as a ministering angel. Of course she has no sense of the
value of human life—how could she? She is too recently awakened for
that, too throbbing with her newly discovered and still intangible sense of
womanhood. Coming as so many do from communities where social
life is tied up with the church, the breaking off of that association, combined
with the fact that hours are of necessity such that new church affiliations
are difficult to make, the student feels deprived of a normal outlet and
divorced from accustomed counsel. She has become one of a group and
for a time she loses herself, sensing little but her aching body, her dazed
mind, her curiously cold heart. Perhaps home-sickness has seized her
in its clutch and utter darkness surrounds her; but that must not be allowed
to keep her from her work. Who cares whether she is lonely or not? Who
knows that every breath she draws hurts because it is not home air? To
whom does it matter whether every experience brings with it a shock
that life and death are so different from what she had imagined them?

Months pass, she becomes more accustomed. She has learned something
of nursing procedures, her duties have taken on definite responsibility,
too great, perhaps, for the time of preparation, considering her youth.
Night duty! The terrible stillness with the strange, weird sounds that the
sick make during sleep or in the long hard hours of wakefulness. The
creeping cold, the insidious temptation to allow her normal desire for
sleep to slacken her attention, conquered by an extra tour of the beds with
a whispered word of reassurance to the patients whose dread of the long
dark, increases rather than dispels her own. The lowering of her threshold
to all the weaknesses of her nature, and oh! so little understanding of that nature or life to help her. Only those in whose lives is the memory of such experience can fully appreciate how it shakes the very foundations of being.

She goes from one service to another, finding some intensely interesting, others indescribably horrible. These follow so quickly one after the other that she has no time to digest them, to assimilate them. Always the pressure of work, mental as well as physical, for she must stand well in the classroom if she is to complete her course.

Fun there is, too, the happy intercourse of a sort of boarding school life with new friends and an enlarged horizon, though here, too, are shocks and re-adjustments—always with the background of sickness. So she comes to the end of her three years when she goes out into the world to serve humanity.

We all agree that the university school of nursing has a very great responsibility to these young things, all of them, everywhere, for whatever is set up within university walls will be followed in varying degree by all training schools. Youth is a fervent, vital, thrilling time, but it cannot evaluate life and service. Its ideals are in the clouds, its feet have not yet reached good mother earth. What must be a part of these years of training to protect the girl and to return her enthusiasm and her desire into the right way?

First—She must be given certain ideals for the understanding of positive health of body, mind and souls, and those ideals must be made so practical that they become a modus vivendi as well as a norm by which to judge deviations. Second—She must learn to value human life and to appreciate the privilege of service.

To make these things possible, her education must be based upon what the community expects her to know rather than on what any particular hospital can give her, which involves living and working conditions that will enable her to build up proper habits of study, work and play, with protection against too heavy responsibilities before she is prepared for them. And further than that she should be taught to appreciate that all this is justified only on the assumption that it will enable her to render more worth while service.

Medicine and surgery have been occupied with the study of disease in order that society might be protected against the scourges civilization brings with it; all the energies of the profession have had to be expended in the effort to find the causes, supply antidotes and remedies, and to effect cures. So great has this task been that there has been no time left
in which to study health. Only very recently has there been intruded into the minds of certain medical groups the idea that the future medical school must offer its students the opportunity to study and practice health principles and function. The public wants health, and its demands are growing more and more insistent. Especially is this true of women, for their function is to bear children, and they want healthy children. The external appearance of physical strength which is apt to be man's definition of health, has no attraction for woman. She wants that which will give her the endurance she needs to bear and rear children, and to take her place in the larger world that modern life has opened to her. She wants knowledge, not of the abnormal, the diseased, the evil, but of the laws that govern health and happiness. Man by his nature is a fighter and the crisis toward which he moves is death, either for himself, or the other fellow. Woman in her nature is the creator and the supreme experience of her life is birth—so her demand for a better understanding of life is one that cannot be stilled—nor can it be satisfied with panaceas. Necessary as it is that medicine should study disease, germs, serums, etc., is it not time that health be made a subject of intensive study and that a definite application of its principles be made possible to all men and women?

If there is any one group of people more than another that should radiate health it is nurses. If you have had experience of illness you may have been cared for by a nurse who was always tired, worn, depressed, or you may have found the radiating smile, the bright eye, the clear skin, the steady strength of buoyant health. If you have experienced both, you know how great a factor this health quality is in determining the atmosphere of the sickroom, and you may also be able to weigh its direct contribution to the re-establishment of health.

To my mind one of the first responsibilities of university schools as standard making bodies is to change the attitude of all concerned toward this matter of health. The first step in this as in all things is to do away with ignorance and in its place to put, not only knowledge of health principles and law, but the demonstration of these by every student and every nurse, twenty-four hours a day. This is not an easy matter, for it requires teaching for which few are prepared. It would appear that the medical profession has little to offer us in this emergency for, as we have seen, its emphasis is placed upon disease, its nature and its cure, and for all the theoretical knowledge a doctor may possess of the functioning of a normal body, he has little understanding of how to have health and how to keep it, as it is outside his sphere, and he seldom applies the principles he may have known to his own body. Teachers of health for our young
students should have thorough scientific knowledge of structure and function, but more important still they should know how to apply this knowledge, how to make it practical, how to teach it, how to live it. Shall we find what we seek among the so-called physical culture teachers? Have they a sufficient background of anatomy, physiology, biology, chemistry, psychology and function to answer our needs? Just a course in gymnastic exercise will not be enough for our purpose, though even this is better than no emphasis at all on the student’s own well-being. But perfunctory gymnastics do not insure health. And there is a definite feeling among gynecologists and obstetricians that there is every possibility of injury from the athletic form of exercise now in general use in girls’ gymnasiums. A practical working knowledge of the natural laws of internal cleanliness, circulation, respiration and their daily use, combined with an understanding of and obedience to the laws of the inter-relation of mental and bodily function, and a realization of the limitless possibilities for self-control, self-development, self-mastery, that is the background necessary for health, that is what we want for the student. If she can be given a comprehension of the marvelous mechanism that is the “house we live in,” and appreciate through actual experience the wonderful kindness of nature, she will have a reverence for her own body that she can acquire in no other way, and through that, a reverence for the bodies of others, and a sense of the sacredness and value of human life.

In order to accomplish all that we want through this education for health it must include the practice of the principles involved: bodily function, mental development and character building. “Character,” says Stanley Hall, “can be defined as muscle habits.” So by beginning our teaching with the body structure and function, applying those same great principles to the mind and through both to building character, by giving them such knowledge we shall be protecting them from themselves and from the temptations that freedom from the usual restraints has involved them in—and we shall be giving them a vision of the sacredness of that which we call life.

Again I feel impelled to insure ourselves against possible misunderstanding, through differing definitions. I do not use the word “knowledge” in the sense so often used in health matters by those who decry the “knowledge of life” that the young people have indiscriminately gleaned from heaven alone knows what sources, for this is not knowledge, it is information without wisdom. Knowledge is two sided—it gives understanding because it gives both good and evil. It is based upon a true picture, upon science, upon reason.
Because our students today are so young it is clearly our duty to counteract the effects of their contacts with the results of the misuse of function by giving them a vivid picture of the results of right living, right function and a real capacity for happiness—that they may find knowledge.

Hospital atmosphere is another great factor in the life of a student, and it involves all the individuals who play a part in the network of its machinery from the trustee to the garbage man. If the members of the board of trustees are too concerned with other affairs to study hospital problems, if they place an over emphasis on financial returns, they quite definitely contribute an attitude that, as it goes down the line, grows into a curious disregard of the real center of activity, the patient, and he becomes a victim rather than the hub of the wheel. The medical staff plays a very important part in this intangible but powerful factor in determining the type of student that is developed. Men who have not certain fineness of feeling, who lack the humanities, exude a certain hardness and cruelty that leave a trail of acute mental suffering among the patients, and indirectly teach those qualities to the students. No amount of lecturing on hospital psychology, nursing ethics and the like, be that lecture ever so marvelous, will efface the effect of making rounds with a man who discusses the problem at the bedside, who intrudes the personal element, or who stoops to suggestive innuendoes. Men of this caliber are unfit to teach. We hope they are very much in the minority, and we trust that the medical profession of the future will be able entirely to exclude them from its ranks. The influence of men who, as the writer of The Corner of Harley Street says: “Take off their hats” to the marvels of the human body and the laws that govern it, who have found a reverence for nature in all her manifestations and who value human life because of that reverence, have an immeasurable influence over the student, as well as radiating it into every corner of the hospital.

Surely our university schools of nursing should face frankly this responsibility in the matter of teachers and insure their students against the unconscious influence of a bad atmosphere, securing for them the benefits of the good.

Girls who choose nursing as their career, though they may have but a vague idea of what they are involving themselves in, very definitely know that they must do without certain light hearted fun that their friends are experiencing. They give it up very cheerfully, feeling that they will find compensation in the sacrifice. But we who have the planning of those years of training must keep ever before us their need of normal, healthy, happy playtime to balance the exactions of their discipline. This
regulation of the free hours is as important in its way as is the proper arrangement of theory and practice, and hand in hand with it comes the necessity for pleasant, wholesome living conditions. This does not mean luxury, but it does mean that the residence facilities shall be such that each student’s rest time shall be protected from interruption and that she has an environment that spells health and happiness. The idea of self-sacrifice for a principle is a most estimable one, and, as I have said, there is quite rightly an element of it in every student’s heart, but if she has to stay herself upon it in order to keep up her courage, in order to bear the pressure of overwork, or inadequate playtime, improper housing conditions, etc., she is in danger of being possessed by the idea that she is a martyr, that her life is nothing but sacrifice. Surely this is far from the actual fact. I feel certain that not one of you but knows that there is nothing so overwhelmingly soul-satisfying as the experience of saving life and leading a human being back to health! So let us not run the danger of the student starting her nursing life with the wrong conception. Let us so adjust her work, her rest, her play, that she will recognize the privilege that is hers in being able to train herself to serve humanity, and through that service to find an abiding happiness.

The actual educational responsibility of the university schools of nursing can scarcely be over-estimated, nor the extent of their influence upon other nursing schools. Curriculums will be based more nearly upon what a nurse should have as equipment rather than upon what any one hospital is able to give her. The Boards of the hospitals giving the practical training will make superhuman effort to secure the funds necessary to the proper balance of the student’s work, once they see the need.

It would be unfair to the student not to give her a realizing sense of the opportunity that is hers—not to have her appreciate that the only possible justification of this additional expenditure in all its ramifications is the assumption that she will be able to render better service not only during her student years, but in all the years of her active nursing life.

The primary cause behind all medical and nursing schools, the raison d’être for all hospitals, is the poignant need of suffering humanity. The patient is the center and from him radiate all the spokes of medical education, diagnosis, treatment, care, etc., that reach out to reconstruct this Wheel of Life. All hospitals, large and small, exist primarily for the care of the sick, and each makes its particular contribution, but those that are definitely teaching institutions assume an added responsibility for they must set standards, they must be the living examples of all that is best in medicine, surgery and nursing.
This constitutes a dual problem: Adequate care of patients and balanced training for the student, and if either has to be temporarily held in abeyance it must be the student’s training.

It is in the nursing department that the dual problem is most acute. To give adequate care to the patients and at the same time have the student body free for the theory and practice of nursing procedure is not an easy task. Unless there is a force of graduate nurses to supplement the student service one of two things must happen: either the patient will not receive proper care, or the student will be on the wards over the time required for her education, and will have an unbalance of services. Naturally it is the student not the patient who suffers, this must be so, and should be so, no one could possibly wish it otherwise. But with the assertion that a university school of nursing makes nursing training an educational matter comes the necessity for enough supplementary nursing service in the hospitals involved to do away with the over use of the student.

The economic factor is, unfortunately, all too often the deciding one, and it is well that, as one of the results of the Rockefeller Committee report on training schools, we of the laity have been made to realize that three years in a hospital has not necessarily meant a well-organized, well-balanced training. We found to our horror, those of us who did not already know it, that R.N. after a name does not necessarily guarantee us against the perfectly honest but inadequate nurse whom we have called in, in our need, to care for our children, who has had but a week’s pediatrics while in training, and no contagious work at all! We have been rudely awakened and made to see that it has been somewhat our own fault, we have been blind to the fact that as trustees, we were misusing some of those precious hospital years from sheer ignorance of the problem. It is very human to search about for an alibi. And I think we often hide from ourselves behind the feeling that somehow we should have been informed, that you of the League¹ should have taken us more into your confidence, that we might have helped you bear the burden, and so hastened the day that has begun to dawn.

As I study the history you have made I am thrilled beyond measure at your endurance, your patience, your steady determination to establish adequate nursing standards. I doubt if there has ever been a more consecrated body of women anywhere and your achievements make me proud to share your womanhood. I have the joy of possessing an N. O. P. H. N. pin, and you of the League have given me the privilege of an equally in-

¹ National League of Nursing Education.
timate comradeship. I am happier than I can tell you to have this opportunity of expressing in person my deep and lasting appreciation of your graciousness. The fight for recognition that you have had to make has developed among you a wonderful esprit de corps, something that women need. To my mind you have in consequence two clear responsibilities, one to the rest of us, one to yourselves.

Your fifty years of studentship in the art of working together for an ideal have given you an experience that all women need. Can you not pass on to us some of the fruits?

The other responsibility consequent upon your long struggle, is one of self analysis in an attitude of the utmost selfishness. Is there not always danger that too concentrated an esprit de corps confines growth and so starts involution? Is this not the moment for you to catechise yourselves both as individuals and as a group as to whether you have not come to the end of the old revelation where your God was, and had to be, the God of battles, whether you do not stand upon the threshold of the new world where God is not only a judge but a father, a mother and a son? In this world it is no longer brother against brother, sister against sister. Will you not consider, among other matters requiring your deliberations, whether you cannot find a larger development for the future of your profession through a greater intimacy and an actual working hand in hand with the steadily increasing numbers of sympathetic and educated laity?

The problem of securing a well-balanced basic training for the student nurse is so involved with that of securing sufficient financial support for hospitals that I see no better way to attain it than to share the burden with the financially responsible. It is a matter of educating enough people to see it your way, and it is infinitely better psychology to work with people than to insist upon their doing something your way. Once men (or women) realize that they run the risk of having a nurse in a time of stress who is inadequately prepared simply because the hospital she trained in hadn't funds enough to relieve her of enough ward work to permit her to get the training she went for, they are going to put their right hands into their pockets. But so long as they have a feeling of suspicion about it all, so long as they imagine that "what the nurses want" is an "easy road," or something equally ridiculous as it is false, just so long will they refuse to make it possible.

The only way I can see to dispel these illusions is for you to open your hearts to them. You have only to do this to reap the fruits of your long years of labor and of ceaseless struggle for the ideal that is a light in the darkness of suffering. Not one of you but shares in the responsibilities
now resting upon these new branches of education. You have cherished the hope, you have laid the foundation stones and put up the framework and you must help to build the walls. Each one of you has the power to influence many separate individuals, each case you have, each day you spend at your work will be a definite help or hindrance to the development of these and other schools. You are just as definitely a part of this visible evidence of a new era in nursing as any member of the faculties, and you share with the trustees the responsibilities they have assumed of interesting the young women in nursing as a career, of safeguarding them during training, and of interpreting nursing in all its practical value and its beauty to the community.

This matter of securing students is one that is of greatest moment, for without students there can be no university school of nursing or any other. And they must be of good quality, capable of appreciating the opportunities of such a standard-making school.

The hospitals in which university students will receive their practical work have a right to expect them to have an appreciation of this high quality of service, of the privilege they enjoy in participating in the work of the hospital, being co-workers with trustees, doctors, etc., in the wheel of relief of pain and the study of disease and cure. We must never lose sight of the fact that we share the hospital’s responsibilities for the care of the patient, and our students should feel the challenge and the opportunity.

Further than this it would seem that the time has come when the actual economic value of the instruction, the teaching equipment, the living conditions provided by the hospital and the university should be more definitely realized by the student. She should see that if she wants the dignity of her profession recognized educationally she must begin to pay for what she receives in something other than service. If her time is so arranged that her service to the hospital is in very truth guarded for her training, she in turn should recognize its value and joyfully pay as students in all colleges do.

This is one of the matters requiring much thoughtful consideration on the part of the hospitals and the schools of nursing and other hospital training schools. It involves the coordination of the groups other than undergraduate students, those of affiliates, of special postgraduates and of regular graduate service. It is not possible to discuss it at this time, but it would seem pertinent to emphasize the sense of responsibility carried by the university schools in this phase of the problem.

In closing I have only a word to say in the matter of responsibility that
these new schools recognize to the community at large. As I see it, it is twofold. The first consists largely in those matters we have already discussed: the selection of the best human material, safeguarding them, developing them as human beings and assuring them a truly sound fundamental training in those essentials of nursing that are generally termed basic, that they may be truly fit to go out into the community as women trained in the care of the sick.

Just at this point I want to say a word about the university student not as yet touched upon—the postgraduates. There is a great need of supplementary and additional education for graduate nurses who have suffered from the failure of the apprentice type of training, and it is the university school of nursing that should recognize a definite responsibility to the community to insure these women the chance to secure instruction in those branches they have missed, as well as to provide the training required in so many of the special fields now open to the nurse. These special fields are numerous and a nurse must have, besides a sound basic knowledge, an additional technical training in public health, industrial nursing, tuberculosis, etc.

Finally, it would seem that university schools of nursing have a definite responsibility and a somewhat unique privilege in the matter of interpreting nursing, not only to the student and to the active nurse, but also to the community, that there may be brought about a more general understanding of what nursing is, its ideals, its aims, its principles, its opportunities.

The community should be given the chance to see its own responsibility in the solution of the problem of securing adequate care for the sick and the further education of the individual for health. This can be best interpreted by the schools of nursing within universities as their very position within the seats of education gives them a certain impersonalness that is essential, and this gives them a further duty: to secure a more general recognition of the many fields now open for the nurse, dissimilar in external form, called by various names, but all based upon the need of the suffering and the clamorous demands of all humanity for health.

**Instructors’ Section**

*Thursday, June 19, 9:00 a.m.*

Nellie G. Brown, Chairman of the Section, presided.
FROM APPRENTICESHIP TO PROFESSIONAL EDUCATION

BY GEORGE E. MYERS, PH.D.

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Perhaps it is well to present briefly at the beginning of my address the point of view which I hope to bring to the discussion of this subject. On the one hand I shall try to avoid the point of view of the representative of a single profession though I do represent one of the noblest of the professions—teaching. On the other hand I shall make equal effort to avoid the point of view of the advocate of liberal education, though I yield to none in true appreciation of the values of liberal education and insist that the best preparation for a profession must be rich in such values. Rather shall I endeavor to bring before you the point of view of one whose business it is to be concerned with preparation for occupations of all kinds, from that requiring an hour or so of training to that requiring years of professional study. In other words, I shall try to present the point of view of vocational education in the broadest possible sense of that term rather than that of a single profession or of liberal education. Nevertheless, I shall assume all the way along that you are relating and applying what I say to the education of nurses, and I shall call attention later to some of these applications.

My subject requires some explanation of terms. We are all familiar with the words apprenticeship and professional education. Nevertheless, we shall not all be thinking of the same things when I use these words unless, at the outset, we consider together their meanings and note their essential differences.

Apprenticeship is a method of training for an occupation, a method by which one party already a master of the occupation imparts to the other his knowledge and skill in return for service or labor. While it has changed in some respects during the many centuries of its existence, especially since the coming of the industrial revolution, apprenticeship remains essentially the same today that it was four hundred years ago. The central idea is and always has been training in return for service. This is well illustrated by an apprentice agreement of 130 years ago.

The period of apprenticeship has been reduced, paying the master for the privilege of becoming an apprentice has disappeared or nearly so, living in the master’s, or employer’s, home has long since ceased to be common and the employer now feels little responsibility for the conduct of the apprentice when not at work; but the exchange of service for training remains.

Probably every method yet devised of transforming a novice or green worker into an expert worker in any field, be it trade or professional, has
both advantages and disadvantages. **What are the principal advantages and disadvantages of the apprenticeship method?**

There are marked advantages in the fact that throughout the period of learning the learner is in constant contact with actual conditions in the occupation. He learns how things are done by seeing them done and participating in doing them. Under pressure of actual conditions he develops appreciation of the time element, of the necessity for speed as well as quality of product or service. He breathes the atmosphere of the occupation both figuratively and literally. He acquires the esprit de corps, the morale of the workers in the occupation by constant association with them. In some cases he discovers early, before spending a great deal of time in preparation, that he is not suited to the occupation. Then there is the advantage to the learner of being able to earn his living, or most of it, while learning. Many are able to prepare for vocations on this plan which they could not hope to enter otherwise. And finally, the public and our wealthy philanthropists are relieved of the necessity of spending money upon schools to prepare the apprentice for his occupation. The cost, or the first cost at least, is borne by the learner and his employer, a matter to which further attention will be given later.

On the other hand apprenticeship has serious disadvantages. In the first place it is wasteful of the learner’s time. He is required to do many things that do not contribute at all to his vocational preparation. Other things that do contribute he is obliged to continue doing long after their contribution has been made. Often the apprentice has to spend months at a job which he masters thoroughly in a couple of weeks. In some cases this is due to deliberate exploitation of the apprentice by his employer; in other cases it is a weakness of the system for which the individual employer is not responsible.

In the second place, in apprenticeship the subject matter of instruction seldom is well organized and arranged. Preparation for any occupation involves the acquisition of a certain body of knowledge and development of certain skills. The most effective preparation requires that this material be organized and arranged for teaching purposes. This is an educational job, not a production or service job. And those who are engaged in production or service work seldom have the training or the point of view to do it effectively.

In the third place, few of the expert workers who are charged with training apprentices use efficient teaching methods. Teaching, like organizing the material to be taught, is an educational job. It has its own technique and methods, which are very different from those of production or
service. The expert worker is called upon to teach the apprentice when he himself has never been trained for the job of teaching.

In the fourth place, even if the material of instruction is well organized and the expert workers are competent teachers, the very conditions surrounding apprenticeship are such as to interfere with its effectiveness as a means of training new workers. An industrial establishment or one rendering a professional service such as a hospital is not primarily an educational institution. It has a very definite piece of work to do to which the training of new workers is only incidental. When there is a conflict of interests between the two the training function always gives way to the production or service function. The work of the day, and it is often emergency work, must be done whether or not the learner obtains the training that is due him.

Professional education, like apprenticeship, prepares men and women for definite occupations. However, the institution which provides professional education is not concerned with production or service, but solely with preparation of its students for a specific occupation. Since the business of the professional school is education, its organization, its management, its curriculum are planned with that end in view. In the best professional schools the faculty is made up chiefly of members who make their living and their reputations in teaching and research, and who, therefore, become far more proficient as teachers than are those who exercise the teaching function only incidentally while making their living and their reputations in other work. The whole spirit of the institution is that of preparation for the chosen occupation.

Again, in the professional school the student devotes his entire time and attention to educational activities. He deliberately sets aside a certain number of years for this purpose, free from responsibility for productive work. His associates are in the same situation. He is thus able, in fact is required, to immerse himself in the processes of learning for a considerable period of time. His job for the time being is preparation for his future work, equally unhampered by the necessity of earning a living and the necessity of helping to keep a production or service organization functioning under all conditions.

Professional education requires a more extensive general education of those who pursue it than does apprenticeship. One of the best dictionaries defines a profession as an occupation that involves a liberal education. All professional schools of standing today require at least high school graduation or its equivalent for entrance, and many require two, three or four years of college work.
It has already been indicated that apprenticeship as a method of preparing for a vocation is centuries old. It is mentioned in English laws of 1388. In fact there have been, in all human history, only three really important agencies for providing vocational education—the home, apprenticeship and the vocational school, including the professional school. Originally the home was the sole agency. Then gradually apprenticeship developed to share in the work, beginning probably with the training of the priestly class. Later, very much later, came the special school, beginning also with the so-called higher occupations and gradually extending down in recent times to the trades and even semi-skilled occupations. All the while the home has kept part of the training for certain occupations, notably that of the girl for homemaking, and that of the boy for farming. In the same way apprenticeship will no doubt hold indefinitely to part of the training it has supplied so long. But the overwhelming tendency of the day is to turn over more and more responsibility to that comparatively modern institution of society whose chief business is to train for occupations, namely, the vocational school.

The fact that the so-called learned professions have made more progress in this direction than have other occupations should not cause us to lose sight of the fact that education even for law and medicine has not long been out of the apprenticeship stage. We read, to be sure, of medical instruction in connection with Mediaeval universities. But according to Monroe’s Cyclopedia of Education each professor covered the entire field of medicine and the would-be doctor obtained his real preparation later through a kind of apprenticeship to a practicing physician. Even so recently as fifty years ago many doctors obtained a large part of their professional training by the apprenticeship method, associating themselves with older men who were successful practitioners. And as recently as 1912 Dean Kirchway of the Law School of Columbia University made the statement: “It is safe to say that even today not less than two-thirds of those who apply for admission to the bar have gained their professional training wholly or mainly in law offices.”

Nor is the recency of the development of education for the learned professions from the apprenticeship stage any more remarkable than is the rapidity with which other occupations now are coming into the professional education stage. Teaching, several kinds of engineering, architecture, dentistry, nursing, business, and journalism have already arrived there or are struggling to arrive. And other occupations seem sure to follow these.

In view of the interest your organization has in this really momentous movement from apprenticeship to professional education it seems fitting