they say it works beautifully when you have the right kind of fuel for it, but it is responsible for hours and hours of agonizing work on the part of nurses, trying to make it work, and there were times when they could not get any hot water to boil their instruments in. If we had not had private funds, to spend to buy oil lamps, I should hate to think how the work would have been done. But talk about battles! We fought for every drop of oil, for every piece of coal and for every stick of wood we had.

Then we were hampered with the intricate rules for communicating with our Director of Nurses and by lack of authority. We really did not have the feeling that we had anybody back of us at all.

Another conclusion is that the way the nurses live in a base hospital, you must have nurses old enough and responsible enough to be on their honor. There is no way, if you are unfortunate enough to have an irresponsible person, that you can properly look after her.

I have a feeling that there are others who have had similar experiences, who feel as I do, and if so, we should prepare in time of peace for time of war, although heaven forbid that we should ever have another war! There are a number of suggestions that I have thought we should give the Red Cross authorities, under whom we were enrolled, and from whom we went in the army. I want to say how everybody over there blessed the Red Cross, everybody that I saw, both soldiers and nurses. We could not have got along without it. Practically all our confidence came from the Red Cross, and indeed we did love Miss Delano and Miss Noyes and all the rest of you at home working so hard and standing behind us.

_Miss Noyes:_ I am sure we would like to have Miss Parsons go on indefinitely, she is so exceedingly interesting and entertaining. Next on our program is Miss Allison, who was Chief Nurse of the first unit to be sent out of this country, and I shall never forget going over to New York and down to that steamer in a taxicab loaded up with coats and blankets until I looked like an East Side tailor, to get the military equipment that we had then succeeded in getting together to this particular unit. We sent them
out of the country without being properly equipped, because there was no time to get the equipment together. We had to send on their equipment to them overseas and they were for a long time without it. But such are the risks and exigencies and difficulties of war.

We will now hear from Miss Allison.

WHAT THE WAR HAS TAUGHT US ABOUT NURSING EDUCATION

By GRACE E. ALLISON

Chief Nurse, Base Hospital, No. 4, A. E. F.

Our experience in London is a matter I do not speak of very often, but those who happened to know have asked me several times and I think perhaps you might be interested to know the preparation for our reception at Buckingham Palace.

We did not have any uniforms, we had no suits and Red Cross caps; and on being invited to the palace, the first question that came to our minds was: “What shall we wear?” Our trunks were in storage and we had nothing but civilian street suits, gray, purple, black, green and almost every color of the rainbow. I supposed that the British nurses were received in their indoor uniform, so we had our sixty-five trunks sent from storage and engaged a tailor shop to press our uniforms overnight. I received a bill of $85 for pressing 65 white cotton uniforms.

Then, too, we had to consider court etiquette that we might not turn our back to the Queen, so we engaged a drawing-room at the hotel and in the morning I, for the time being, represented Her Majesty, Queen Mary, and the nurses came to me and curtsied back.

I think we were fortunate in being associated with the British. My conclusions are based on seventeen months’ experience in a British Hospital. I do think, having two groups to work with, it gave us all the problems of the army, and after hearing Miss Parsons I feel that we worked out the better.

Regarding the orderlies, the British organization is very different from our own. Orderlies elect, I believe, their service for the Medical Corps, and having once been assigned to a particular
hospital for that work they are given instruction by a matron or
chief nurse, who corresponds with the chief nurse in our unit. I
think there are seventy-five hours of instruction given by her
and at the end of that period she examines the orderlies and
decides as to their fitness for the work. She has a certain num-
ber of orderlies assigned to her, and while they are on the floor's
they are entirely under her direction. No orderly is taken off
without her knowledge or without her authority; and the lack of
such control is one of the causes, I believe, which has made it
very difficult for us in our American army hospital overseas.

The British have provided similar quarters for their own nurses
as they do for the officers. I think we were more comfortably
provided for than the nurses in the A. E. F. The differences in
the other things supplied for us were in those supplied by the
officers of our own army. We could see each morning orderlies
carrying hot water for washing, and we knew by the shine on
their boots and all, that the nurses had no such provision made
for them. In the British Army that is provided for. So that
inadequate provision for our own nurses was due to the American
officers rather than to the British.

I was quite interested in hearing Miss Parson's statement in
regard to her directing the social life of the nurses. The British
have a very rigid organization. They permitted no dancing;
nurses were not permitted to remain downtown to dinner. They
had very strict regulations. Being situated just across the street,
our mess hall was just exactly opposite from the mess hall No. 6,
and on two other sides a similar situation, which made it very
difficult to bring our nurses up to that rigid discipline which the
British required and which they expected us to follow and at the
same time to keep our nurses satisfied. We appreciated, too, the
attitude of our nurses who were far from home, in a foreign coun-
try and the situation was difficult.

We had similar difficulties with the orderly situation too. I
remember one head nurse had supplied hot dressings for one of
the patients, and hot dressings were very difficult to get. The
officers ordered them in very large numbers. The head nurse
had prepared the hot dressings over a small kerosene stove and
at seven o'clock at night the day orderly was due off and the
night orderly on. The night orderly was delayed in coming and
the day orderly refused to put on the dressings. The head nurse told him to but he said nothing, and it became necessary for her to reheat the dressings. She reheated them a second time and still he refused to put them on. The matter was brought to my attention and I directed that it be brought before the commanding officers. A court martial took place, but during the proceedings the judge said, "Did he say that he would refuse to carry out the order?" And, as he did not say so, he was excused, there being no cause for complaint. The patient was the sufferer.

Regarding a distinct uniform for the chief nurse I think that is most essential. We had a request from the British to wear some mark of distinction.

How little we realize in our daily hospital life what opportunities lie before us in our training and unconsciously, perhaps, we accept the varied experiences, little appreciating that in their miniature, they are the foundation upon which can safely be placed the unusual and heavy responsibilities, such as those recently experienced as a result of war activities.

Rarely is there to be found the person who fails to express his or her appreciation of the opportunities offered by such experience, even though a statement may follow, expressing no desire for a continuation or a repetition of it. This is as true of the nursing ranks as of other soldiers. Let us then look back to the situation and formulate, if possible what has been taught us about nursing education through the bitter struggle of war just ended. At the beginning of the war, England found herself with only sufficient Army nurses to maintain her Army hospitals in peace times. France was almost totally unprepared, having no professional nursing service and only a few hospitals offering educational opportunities for nurses, the Nightingale School at Bordeaux probably being the exception. Italy, too, had little more provision for the care of her soldiers. Due so largely to the foresight and efforts of our beloved Miss Delano, the United States was the only country maintaining a Nurse Reserve Corps, which was able at the moment of the declaration of war, to offer 9000 well trained members of the nursing profession for service wherever needed. Now that the war has ended, what has been taught us? What are the possibilities for the future? What are the lasting results?
Since the opening of the American Ambulance Hospital in Paris in 1914, France has had thousands of her soldiers nursed back to health through the interests and efforts of American nurses who offered their services to that institution. In other parts of France, the French people have followed the work performed by our nurses with keen interest, not wholly agreeing to it or adopting it, perhaps, as it was something they little understood. The great public hospitals in France, which are controlled by men selected by the government, have never given to the Superintendent of Nurses any recognition of her position. As a consequence, French families of refinement have not, in past years, been willing to permit their daughters to enter hospitals.

As a result of the various nursing and public health activities, France has become awakened to the need for a higher standard of nursing service and already women of college education possessing qualifications of refinement and culture are applying to our American Nursing Schools for admission with a view to returning eventually to France for pioneer work. This is one of the indications of the changed attitude of the French people toward the imperative need for openings for women along professional lines, no doubt developed largely through the influence and results of the services of nurses during the war.

England found it necessary to supplement its nursing forces by offering a course of instruction covering a few months, to young women who volunteered their services. The experiment, as far as the actual service was concerned in the hospitals of France, was, I believe, on the whole, fairly satisfactory. We have every reason to believe that owing to the feeble support given to so many of our nurses in executive positions, the non-recognition shown them and for other reasons, such a plan could only have met with disastrous results as an undertaking in connection with our forces. We are now profiting by the example seen in England of the division of nurses as a result of these volunteer workers. Lay people, apparently principally men, have interested themselves in the management of nursing affairs and are using every effort to credit these women with one year's work. These volunteer workers have had very meagre, if any, professional theoretical instruction and their experience, generally, has been dusting, feeding patients, making beds, serving food and assisting the doctor.
with surgical dressings when necessary, the one thing most important and interesting from their standpoint. Evidently this is a valuable lesson shown us and one from which we so narrowly escaped from suffering ourselves.

Previous to the war we heard so much about the over-trained nurse. We shall never be called upon to refute those charges again if members of the Medical Corps, who were in a position to know, and the wounded, are true to their own convictions. In a civil hospital, with its standardized methods and equipment, the full capabilities of a graduate may not be always known, but in an active Army hospital, where the number of patients may change from a few to a thousand or more in a single day, the resourcefulness of nurses particularly, upon whom the responsibilities rest so largely, are often taxed to the utmost. With so many of the wounds, which were always infected, located so near the important blood vessels, it was imperative that knowledge of the location of the principal arteries and veins be well known. If one could appreciate the picture of a ward at night, with its 40 or 80, or even more, seriously wounded patients for whom one nurse was responsible and realize, too, that owing to repeated air raids, a shaded lantern was the sole means of inspecting wounds, a better conception for the necessity for sound educational, professional and other requirements would be understood. To illustrate: one nurse discovered, in a single night, eight profuse hemorrhages among her patients, and be it to the everlasting credit of that splendid group of nurses that in one hospital where in all 67,391 patients were cared for not one life was lost during an entire period of 23 month’s service, by reason of delay in recognizing and controlling a hemorrhage.

Nurses in service in the Army hospitals overseas functioned distinctly as assistant and co-workers to doctors. During a heavy drive, they were not only called upon to cut down all dressings, regardless of conditions, for the inspection of wounds, but were also capable of making decisions, in case of need, for emergency operations. At these times the demands for surgeons in the operating rooms necessarily preceded routine duties, and as a result, many soldiers owe their lives to the unfailing and efficient care given by our nurses.
Many other illustrations could be given which prove to us the need for adequate instruction according to educational principles so that it is usable when needed and comprehended as of practical value in our professional life.

We are all familiar with the unusually large numbers of rejections in the Army draft on account of physical defects. Had the inspection of school children been recognized by the authorities as an obligation of a community some years ago, not only would this needless expense have been avoided, but a great Army of otherwise acceptable soldiers would have been able to join the ranks for patriotic service. This as an economic factor, probably has or will influence public opinion in creating a more vigorous campaign for public health nurses as a means of prevention and alleviation of the suffering which impedes the welfare of our communities so seriously. Should such a provision find more general development, the relationship of the general problem to the nursing schools is conspicuously apparent.

Through the examples shown by nurses who have been in active military service, the people of the world have learned to value and respect the training, the skill, the discipline and high standards of the profession of nursing. In the light of this it seems difficult to understand why recognition in the form of rank for members of our Army Nurse Corps should be withheld.

It seems still more impossible to realize that there are members within the nursing ranks who, through selfish motives or lack of appreciation, are indifferent to the urgent need of proper and dignified recognition. It is apparent that the few who would sacrifice principle for the sake of personal gratification, in committing offences which apparently have failed to need disciplinary measures, as those recorded in the American Journal of Nursing, are not representative of our nursing body and they fail to appreciate the object of their full mission in service.

We have learned much from the soldiers who returned to our hospitals from the terrible scenes of battle and death. One could not but be deeply moved and impressed by the genuine and wholesome feeling of fellowship shown one patient by another. The last morsel of food was divided and any effort, regardless of its cost in pain, was not too great to assist a fellow comrade. A common sight was that of two or three grouped together, after
the arrival of a convoy, one wounded assisting another to hobble to an adjacent tent or hut. Self was entirely forgotten by those splendid men even in their intense physical sufferings. A strong contrast is seen in America where the sorrows, sufferings and deprivation have been felt by only the few.

If the war has taught us nothing else, it would have been worth the price could we but remove the selfishness and petty jealousies so common in American life where luxury, abundance and needless waste appear to be almost everywhere prevalent. Our patriotism, both in times of peace and war, must include good fellowship, helpfulness and consideration for those about us, and willingness to accept matters which are conducive to the best results for the greatest number. The great body who have performed their duties with faithful, unselfish devotion to the sick realize more fully the need for unity in our nursing ranks, that we may more advantageously make progress in our efforts to advance our standards. Toward this end the results of war have taught us lessons which make for better and stronger women and which contribute much toward that standard set so long ago, the ideal nurse.

Miss Noyes: As Miss Adams is not here to read her paper we will now call for the paper of Miss Trench, which Miss Nevins has been good enough to say she will read for us. Miss Trench was also Chief Nurse for one of the base hospitals (No. 3), the Mount Sinai unit, and later became Chief Nurse of one of the Army schools of nursing.

IMPRESSIONS AND CONCLUSIONS BASED ON EXPERIENCES ABROAD

By AMY H. TRENCH

Chief Nurse, Base Hospital, No. 3, A. E. F.

So much has already been told in letters to individuals and in articles which have appeared in print or will appear, about the work done in the Base Hospitals and elsewhere of the American Expeditionary Forces and the conditions, favorable and otherwise, under which nurses lived and worked that my efforts will be confined to just one group and I will speak of their work and of possible future developments along those lines.
In every experience, certain impressions stand out more prominently than others. The one selected for presentation to you is one that interested me greatly and stands out as my "highest peak" impression. The work done by the head nurses of wards in meeting emergencies and in making the hospital service satisfactory during the times of greatest stress can never be expressed adequately either by word of mouth or in writing. Too much happened and too quickly for anyone to pick up the many details and get a true appreciation of the situation. Under the stimulus of a great emergency, swept by a rushing wave of events, some of our women handled problems for which they had had little or no previous preparation.

Some of the units which went to France may have been fortunate enough to keep their nursing staff intact, at least for a time. But in some cases the units were broken up, and, therefore, any plans which had been previously made in regard to the placing of nurses according to experience, were impossible of accomplishment. Such was my experience. Our unit left New York with 65 nurses. Soon after arrival in France these nurses were divided into small groups and sent to various camps, and base hospitals. When our hospital was opened and the nurses recalled, 20 of the number were held at other stations and were never returned to us. Among the number thus held were many with experience in executive work. They had been enrolled from the home institution with very definite ideas in mind as to the type of work each was capable of accomplishing. To replace the absent ones and later to increase the nursing force, nurses from other bases and "casuals" were assigned to our hospital.

With but one or two exceptions, therefore, the head nurses of wards were drawn from the groups which had been engaged in private duty nursing in pre-war times. When the wards were first opened and these nurses took charge, the largest wards were equipped to accommodate 110 patients each and the smallest about 32 patients. At that time there were few patients, principally medical, and there was ample time for equipping and developing the routine work. A standard equipment had been established and it was comparatively easy to have the wards in excellent order and to have things running smoothly. It was possible for the head nurses to extend their interest from the
immediate management of the wards to other activities. One or two of them, mechanically inclined and also with an appreciation of the value of occupation as an aid to curative measures, started carpentry among the convalescent patients and by personal interest aroused enthusiasm. From packing cases such articles of furniture as bureaus, desks, bedside tables, stools and many other useful commodities for the wards and the nurses' quarters were made. This effort, started by one head nurse during leisure hours afterwards spread to other wards and even when the hospital was at its busiest, was kept up as being a source of distinct value to the institution.

When the convoys of wounded began to arrive, the whole aspect of affairs changed. By degrees the largest wards were expanded to accommodate approximately 300 patients and the smallest to a bed capacity of about 63. This meant increased equipment, greater responsibilities in the care of patients, in the sanitary conditions of the wards, and in the discipline of the patients. In all of this added responsibility the head nurses took their share and a very large share it was. Everything had to be accomplished in the minimum of time and without unnecessary expenditure of energy and material. Convoys frequently arrived at night and while notice was given ahead of the incoming train, in some instances it was only a matter of a few hours and much had to be done in that time. Patients had to be shifted from one ward to another or from one floor to the other, more beds had to be added, a large number of beds remade and many other necessary readjustments. It all called for good executive work and for the closest kind of team work. With always an inadequate staff of nurses, the head nurses had to plan for their dressing teams, had to direct and instruct the medical detachment boys. They had to be here, there and everywhere to meet the many demands of the management of what would be considered in peace times, a moderately large hospital and with a more acute service than would ever be possible in times of peace.

By degrees more responsibilities were relegated to the head nurses. This was forced by circumstances, and, before long, the officers began to recognize that in most of their head nurses they had efficient co-workers in whom they could place the greatest confidence. As the number of patients increased, in proportion
the work of the officers increased also but always they turned to
the head nurses with the assurance that new difficulties would be
met and straightened out. One of our commanding officers had
such confidence in the work being done by these nurses, that,
when convoys were expected, he requested that they be called
together. He personally presided at the meetings and instructed
the head nurses as to the numbers of cases which would be sent
to each ward, as far as he knew the situation, and would talk
over any difficulties in reference to meeting that special emergency.

Thus, briefly, I have shown that the head nurses in our Base
Hospitals overseas had many more cares, more difficult problems
and much greater physical and mental strain than had fallen to
their lot heretofore. Added to the direct care of the sick and
wounded, was the need for the greatest cooperation with the
officers in charge of wards, a knowledge of the paper work of the
army which calls for personal supervision, the constant effort
towards maintaining a high standard of morale among the patients
and the personal touch with the nurses immediately under their
direction. Because of the stress of duties which made it neces-
sary for the medical officers to be absent from the wards for long
periods, at times, either in the operating room or on other wards,
responsibilities were heavy on the shoulders of these nurses.
Greater confidence was given them, more reliance placed on their
judgment and as a result a definite status was created for them.

Many of the officers with whom we were associated in France
and in the home hospitals are now returning to civilian life, and
coming back into the civilian hospitals. Is it not possible that
more will be expected from head nurses than before? Knowing
what efficient co-workers developed because of war conditions
will it not be a natural sequence for the medical officers to expect
that the training schools will make greater efforts to develop the
young graduates as executive assistants? But few of the grad-
uate nurses who served in the military hospitals will come into
the civilian hospitals in similar positions. The young graduate
will step in, and without the stimulus such as prompted her older
sister-graduate to act, will remain the perfect automaton, guard-
ing all the traditions of the institution and contented to keep to
regular routine. Having seen that the importance of the work
of the head nurse can be more actively demonstrated, can the
training schools not help their young graduates by definitely planned courses in ward management, these courses to include lectures, discussions and conferences dealing with the problems of the hospital.

Many of the nurses who achieved the best results in ward management arrived at their success oftentimes through devious paths of trial and error. Those with greater perseverance had the courage to start afresh after each failure, and, with greater thought and effort, rearrange plans. Others who had not the courage to struggle with heavy problems of which they knew nothing, were glad to drop out and leave it to newcomers to work out. So, it is evident, that even with an exciting incentive to arouse effort, many failed as head nurses. It was just the not-knowing-how. This condition was one of the greatest problems which chief nurses had to cope with. It was by no means an easy matter to find the suitable nurse for the position of head nurse.

Before closing I would like to say that not for one instant would I wish to minimize the work done by all the nurses, who served in the military hospitals, but, because of my interest in the work of the head nurses, I have chosen them as the subject of this paper. If the nurses on the wards had not cooperated to the fullest extent, had not worked cheerfully for long hours, the work of the others would have been of no avail. I would, therefore, wish to make my closing remarks a tribute to every nurse who did her part whether at home or abroad. I have ended my army career with greater confidence than ever in nurses, and what nurses can accomplish. Looking back over a year's experience in France, and four months in a military hospital here, I can come to but one conclusion. Our nurses have done their part well. Their team work has been excellent. I must express every confidence in the progressive system of nursing education which is being developed in the majority of our nursing schools. Those who have seen the splendid work done overseas, where under adverse conditions, with scant equipment, working long hours in times of need, the nurses achieved good results, cannot help but feel confidence for the future success of an educational scheme which makes such results possible.
Miss Noyes: Miss Jammé based the study presented in her paper, which will next be read, upon the experience gained while she was at the Surgeon General's office in Washington as Inspector of the military hospitals. Miss Jammé was not able to come, so she sent us her paper and I have asked Miss Logan to read it.

CONCLUSIONS BASED ON A SERIES OF INSPECTIONS OF CAMP HOSPITALS IN THE UNITED STATES

BY ANNA C. JAMMÉ

Director, Bureau of Registration of Nurses, California

This paper deals with some impressions of the nursing service, in the base hospitals of Army cantonments, which were gathered during a course of inspections covering seven months.

This period was all too brief to form any just estimate of the work from an efficiency standpoint, and, it is not the aim of this article to make criticism, but merely to state what was observed, from an impartial standpoint, and to point out where the nursing service appeared weak, and also, where it showed strength under hard and trying conditions.

The mobilization of a large body of nurses, such as was required, was a task accomplished not without difficulty, to bring together in the camp hospitals and mobilization points women from all parts of the country, and from various schools, and with various methods of training. To bring together women who had in many instances never been outside of their own locality, who had met few nurses aside from those with whom they had been trained would have been an almost impossible task had the machinery not been well set, moving effectively, and ready to accomplish such a mobilization. Due to the foresight and leadership of women of the nursing profession, nurses had themselves established an efficient organization, and were, themselves, carrying on the work which resulted in the Army Nurse Corps and the Red Cross Nursing Service. To the vision of these women, which appears to us now as prophetic, do the country and our soldiers owe the capable and quick mobilization of our army of nurses at this critical period.
The nurses were ready before the base hospitals were even ready for them, and, when the call came, no time was lost in getting to their posts. The sorrow was that the call did not come sooner, even for the chief nurse, for, had she arrived at the base during the construction or equipment period, much of the later difficulties due to unwise and inefficient arrangements in the wards, which hampered the nursing service, might have been avoided. The story of the first days of occupation, show the men fell ill by the hundreds from measles, mumps, pneumonia, meningitis, and other diseases, incident to the mobilization and to changed living conditions, was heard from camp to camp during the inspections. Conditions, when the nurses took charge of the wards, showed the need of a woman’s hand to be no less necessary in an army than in a civilian hospital. The work of the nurses during these early days apparently was heroic, and soon they brought order out of chaos, and established a feeling of comfort amongst the patients, and a sense of assurance and security for the friends and relatives of the sick soldiers.

The nurses entered upon their duties with a spirit of exaltation, facing the hardships and discomforts of camp life with courage and cheerfulness. There was no precedent which could guide them; they knew little or nothing of military regulations; like the men in France they had their “objective” and they went to it with a right spirit. They found at first but a meagre equipment ready in the wards; they had few or no thermometers or basins or blankets, and, in many places, no water; when cold weather came in the southern camps the water was frozen, the pipes had burst, and the little water that could be procured outside of the buildings had to be carried in pails; food supply was not adjusted, laundry regulations were not right; but, gradually light came, and, little by little, order began to take the place of disorder. The assimilation of the nurses was to me one of the wonderful parts of this great mobilization of a body of trained women gathered from many schools, schools with old or new traditions, some with independent and decided opinions. It was astonishing to see how quickly and with comparatively how little friction the assimilation took place and each one fell into her own part of the work.
The government of the groups was frequently not an easy task and called strongly on the administrative powers of the chief nurse. Confronted with nursing and social conditions totally strange, and for which our nurses, aside from the very small group of regular army nurses, were absolutely unprepared it is not surprising if breaches of army discipline and etiquette were reported. The outstanding fact is that there was, on the whole, comparatively little that required stern discipline. In the course of my inspections I watched this most carefully, and found, where there existed infraction of rules to any extent, that it was due to poor organization of social and disciplinary methods within the base hospital organization itself. The whole question of social relations with the men was such a vexed one and made so extremely trying to the nurses because of lack of status, that it required good poise and levelheadedness many times to carry the situation successfully. In the cantonments the social side of the life of a nurse was not as difficult as in the post hospitals, where army traditions were so ingrafted that the nurses were considered quite apart, and did not share in the social life of the officers' families.

The nursing service in the wards presented slight difference, in the main, from that of most civil hospitals of the public type, where the ward is conducted on modern principles and the supervision of the work effectively carried on. When the first inspections were made by Miss Goodrich and Miss Burgess, they quickly saw that the chief nurse could not maintain proper supervision, unassisted, in a hospital of fifteen hundred or more beds, and two supervising nurses were recommended, one each for the medical and the surgical services. The old custom of the chief nurse making morning rounds at a definite hour and collecting time slips without actually seeing what was going on in the ward during the important morning hours could not be continued in the cantonment hospitals. The supervising nurses watched the routine work throughout the day, the dressings, the serving of meals, the general care of the patients, and the order of the wards. Where this was steadily carried out, and daily conferences held with the chief nurse, a better uniformity of method was found and a smoother running administration. When the chief nurse was privileged to attend the officers' conferences far better coördi-
nation between officers, chiefs of staffs, and officers in charge of wards, and the ward nurses, was the result.

Nursing in the army tested the ability of leadership in our nurses. This was very apparent in the head nurse. The chief nurse selected her head nurses from the staff, and occasionally she was fortunate in having a goodly number at the base who had had such experience, or who showed ability. Again, she was hard pressed to find a sufficient number to staff her wards, and head nurses had to be made quickly out of the inexperienced. Many measured up well to the opportunity and conducted their wards with spirit and efficiency, holding the confidence of the patients, the respect of the officers in charge, and the obedience of the nurses. The whole atmosphere and well-being of the patients depended so largely on the head nurse that one could almost sensate the condition immediately on entering a ward.

Before the armistice days, the personnel changed rapidly as nurses were withdrawn for overseas service. Naturally the chief nurses were anxious to send their most capable nurses, and the head nurses were more frequently selected to fill the quota.

The routine work was carried on with about uniform method throughout. The baths, treatments, and diets were taken care of in the manner ordinarily employed in civilian hospitals. In some base hospitals there was found more finished detail and better regularity than in others. The training of the nurses showed up in a very clearcut way, and often when finding a piece of work either poorly or well done, as the case might be, the question always arose in my mind, from what school was she graduated? The answer might reveal a school of high reputation as responsible for a very poor piece of work, and the small, or unknown, school would show good training in the finished work. The conclusion I finally came to was, that in the last analysis it is not the school but the nurse, and, further, the woman back of the nurse, which counted.

There were many weak points in the detail for which the nurses were not wholly responsible. But that which was most constant and could have been improved upon was the distribution of diets. In my reports to the Surgeon General, scarcely one was without criticism of this, and the fact that the patients were served with cold food was continually commented on. This
was due to the poor method of transportation from the main kitchen and the inadequate facilities for reheating in the wards. In many places this might have been improved upon by better supervision of the tray service. Occasionally this was found of fairly good type and some thought as to daintiness had been exercised in setting the trays as, for instance, a paper napkin, salt and pepper shaker, and the knife and fork and spoon. In several hospitals I found no tray whatever, and all of the food presented for that meal, even including the dessert, was put on one plate and carried to the bedside with a knife and fork in the hands of the corps men. I frequently found, at many places, there was no attempt to enable the patient to get at his food successfully. Meat was not cut, nor the tray placed where the patient could handle it easily. I frequently found well filled plates taken away from the patient simply from the fact that he could not manage to feed himself. I felt the most intense resentment at this state of affairs, and realized that the responsibility for it must, to a great extent, be placed upon the nursing service. I could not help but feel that it was due to lack of training in civilian schools. I frequently heard the remark, "This is the way it is done in the army," thereby accepting such conditions as a natural part of army life.

Probably the most outstanding feature in the treatment of a soldier in this war has been the social hygiene work. Wards for the treatment of venereal diseases were found in every base hospital, which were, as a rule, well equipped and which used the most modern methods. When the first inspections were made it was found that nurses were not assigned to duty in the venereal wards, and recommendations were made that this should be done. In my inspections on the Pacific Coast I likewise found no nurses on duty in those wards. I saw that they were disorderly, dirty, and poorly supervised; the beds were made by the patients, and merely thrown up; floors were dirty; patients were untidy, many without shoes or sock; diet kitchens were not clean; linen rooms were in great disorder; and later, in the southern states, I found food was outrageously served; and altogether these wards presented the aspect of a low grade penal institution. In one hospital, located a short distance from New York, the condition of the venereal wards was such that it seemed impossible that
such an unspeakable state of affairs could exist where so much effort, intelligence, and money was being expended in the care of these cases.

After nurses were placed in charge of the venereal wards an immediate transformation took place. Order prevailed at once; beds, linen rooms, diet kitchen, food service, was at once placed on the same basis as in the other wards. The response of the patients to a better state of control was instantly apparent. I had good opportunity to observe the change in a post hospital near Chicago where I was for ten days and made the second inspection six days after the nurse had been placed on duty. It seemed almost a miracle to see the changed condition of the patients and the difference in their attitude, even to me, as I entered the ward.

I saw some very capable nurses in charge who showed the right spirit and attitude and while they did no actual nursing themselves, as this was done by the corps men, they were fully occupied in their supervisory duties, and I am convinced the influence of these women will be present in the minds at least of a large proportion of the patients throughout their lives. It was a magnificent opportunity to demonstrate a type of nursing hitherto not undertaken by women nurses, and it showed conclusively their important rôle in social hygiene work.

What appeared to me the most neglected part of the nursing care of our soldiers, and, which aroused my indignation in many instances, was the care of the psychopathic patients in not a few of our hospitals. In these cases there was no effort made beyond the custodial care of the patients and no segregation of the purely nervous from the violent and epileptic. No form of amusement nor occupation was provided, and the reason that no nurses were assigned to these wards was not due to the chief nurse.

Again, in remarkable contrast, there were places where much attention was given to the care of the psychopathic patients. Nurses were assigned and some attempt was made at segregation, gardens were provided, forms of amusement and occupation, and an attempt at remedial treatment made.

The care of the tuberculous patients in the general hospital was a problem. In some instances also there was found no nurse
in charge of the tuberculous ward. Again, a bad condition existed, and, in one instance, I was told by the ward master that he disciplined the patients by keeping them on bread and water for three or four days. Where the nurse was in charge the patients were, as a rule, under wise care and discipline. Food was given particular attention and rest hours were observed. In one hospital, in the vicinity of New York, the nurses were greatly distressed over the inability to get proper food for their tuberculous patients, and the Red Cross came to the rescue, supplying eggs, milk, and cocoa.

In the special hospitals for the tuberculous soldier the food question seemed still to be the most serious, due to the poor methods of transportation from the kitchens. I found the nurses, in one old established post, making heroic efforts to reheat, on small electric toasters, food for forty or more patients. The distress of the nurses at not being able to procure for their patients properly warmed food impressed me deeply.

This brief summary of some of the impressions made during this period of inspection, would not be complete without reference to what was found during the influenza epidemic. In September, the terrific wave of this epidemic swept over the camps, commencing at Camp Devens, and pursued its ghastly course through every camp from the Atlantic to the Pacific and from the Great Lakes to the Gulf.

Never will I forget the day in the early part of the epidemic on which I went to Camp Upton. It was a cold, dusty, windy day and from the moment I left the train I saw that terrible look of horror in the face of everyone whom I met, from the M. P.'s at the station to the K. P.'s in the ward kitchens. At the nurses' quarters there were 67 nurses in the throes of the disease, two had died the day before, the chief nurse was ill and delirious, and the stricken horror in the eyes above the masks was something never to be forgotten. The wards were quiet with the stillness of death. As I went through them with the commanding officer and looked into each cubicle and saw the blue faces on the pillows and the mute appeal on the faces of a mother, or sister, or sweetheart sitting beside the bed, it was a spectacle never to be forgotten. The nurses stood to their tasks like brave soldiers, as long as they could. I found almost the same condition prevail-
ing in every camp, as I went westward as far as Camp Riley, the same expansion from the hospitals into the barracks. The Red Cross houses were taken over for either patients or emergency nurses, cots put up for nurses, bed ticks filled with straw, a few blankets, sometimes no sheet or pillow, scarcely any provision for toilet purposes, a crowded mess, but always good food and plenty of it. During this period one could but admire the work of the chief nurses. They were generals at their tasks. They had to think, organize, and carry out quickly. In the camp barracks, after barracks were evacuated, equipment was installed, beds set up and hasty preparation made for the patients who came in by the hundreds every day. The nursing service was reinforced by civilian nurses, Catholic sisters, third-year students, and in some places by nurses' aides. Many instances were found of the splendid work of the emergency nurses, especially of the sisters. The commanding officers were unanimous in their commendation of the earnest cooperation of the nurses and their unflagging devotion to their duties and to the soldiers at this time.

The war was a perpetual round of experiments; there was no precedent from which to act. The Army Nurse Corps had also no precedent. The nursing in post hospitals during peace time offered little object lesson in the face of an overpowering number of patients. The nurses found themselves under totally new conditions, surrounded by military regulations, placed under military orders which they were obliged to obey. They were often under great discomfort, especially in the southern camps where there was poor heating provision and great discomfort in quarters. The food was, on the whole, uniformly good, and the service in some places very good. The mess hall tables were well scrubbed wooden ones and, occasionally one found oilcloth, sometimes even tablecloths. Frequently the service was in cafeteria form; again, kitchen police did the waiting on table, and here and there were maids. Occasionally the mess hall was made most attractive with curtains and flowers, and china table ware. The nurses' quarters, sometimes of several units, consisting of a headquarters and dormitories, were on the whole very comfortable. When not overcrowded, each nurse had her own room which contained, aside from an army bed, a bureau or
chiffonier, sometimes a rough wooden table, and the usual closet consisting of a shelf around which was hung a curtain of chintz or light material concealing the clothing hung underneath.

The nurses derived great comfort from their Red Cross recreation house. The long room with its attractive fireplace, the sun porch and library at one end, the kitchen and laundry at the other, the blue chintz curtains, electric lamps, willow furniture upholstered in chintz of the same pattern, were similar in all of these houses and gave the home touch and familiar feeling when the nurses were changed from one camp to another. Here was served afternoon tea, or there was a dance in the evening, or a concert or other form of amusement for which the Red Cross house lent itself most admirably.

The coming of the armistice brought a remarkable change. There was apparent at once a most decided relaxation, which was not surprising, following as it did on the days of tension due to the epidemic and the stimulating expectancy of the call for overseas service. Our nurses would indeed have been above earth had they not participated in the general "let-down" found among all the divisions of the personnel of the base hospitals. This existed during November and December, but apparently January and February seemed to bring a stiffening of morale and a steadier purpose in the work. The return of the disabled soldier brought in a new element and created another atmosphere in the hospital and somewhat of a change in the régime of work.

We had scarcely found our place when the armistice came, and with it the demobilization of the nurses. During the months when I was in close contact with the work, I constantly felt that the nurses had made good. Here and there were deficiencies and often a wrong conception of the character of the service, and a wrong viewpoint of the work, but, taken as a whole, I feel that our nurses measured up to the demand. They were patient under hardships, self-sacrificing when occasion called for it, and would, I feel sure, have stood by to the very end, even were that end yet far away.

*Miss Noyes:* I will now ask Miss Roberts to open the discussion of these papers. Miss Roberts, as you know, is a Chief Nurse in the Army Nurse Corps at this time.
Miss Mary Roberts: I find very little to discuss in Miss Jammé's paper. Miss Jammé inspected our work at Camp Sherman. Even the officers who had not had any particular use for women in the organization said her criticisms were exceedingly just. Having known her for many years, I found her points were well taken.

There are a few points, however, which I think I might emphasize in her paper. One of them is the quality which she speaks of that we so quickly assimilated the nurses from so many different schools. In those classes for the nurses we have had at Camp Sherman there were on the list represented sixty schools. They are not by any means all the schools that have been represented at that Camp. I think you will find today in the material of the classes of some schools that some of the head nurses are not of the same point of view of the classes. Some of them are thoroughly good; some of them need much instruction in order to develop into reasonably good executives.

The point that stands out clearly in my mind after a year or almost a year with recruiting nurses for the Red Cross and then working with some of the nurses whom I myself regarded as falling under the standard in our methods, I should like to have money in my pocket to buy copies of the standard curriculum and put into every training school in the country, and after that I should like to ask the League to get out a similar book on standardization methods.

One of our head nurses said to me just a week or two ago that with the so-called ordinary home nursing a man runs down. She is not a graduate of a school, she is not in that ward. But that is the idea about taking the surgical ward, the whole charge. I think that is the one thing we more nearly approach the standard in than anything else.

The value of the Army School in bringing about standardization of course can hardly be overestimated. Sometimes we won't hesitate about putting in a group of graduate nurses whose method is not very good. That is a hard thing. I said to the head nurses, "Shall we teach the students to do it this way, or shall we be a little lax and say that is good enough?" But I feel always I want the Camp Sherman unit to stand out as one of the finest units. It has been a most potent argument.
Miss Jammé says in her paper that in the final analysis she believes it is the woman, not the nurse, who counts. I believe it is the woman and the nurse that counts.

The question of rank for nurses has not touched me as an individual nearly so closely as it has the nurses overseas. Perhaps I need tell you but one or two instances. I shall quote my own experience. I have had in that time to change the head nurse three times because the ward master did not like this nurse. I appealed to the commanding officer who looked after ward matters, then I carried it to the commanding officer and it took me six weeks to have that man transferred, after that head nurse saying, "I will do as you wish, but I will stay." The ward master was always a gentleman, even to the nurses who would not condone his failings.

I have a very general statement of General Glenn in support of the Army School and a statement on the status of the nurses in the army. General Glenn organized the 83d Division and is now commanding officer at Camp Sherman. I think it is too long to read this morning. General Glenn is privileged to be conservative if any man is, and yet his statement is as follows:

This necessary use of female nurses quite naturally raises the question of responsibility in regard to control that must be determined. By this I mean that, if female nurses in the army, or in civil life, for that matter, are to be held responsible, as they should and must be, for the proper performance of the duties that devolve upon them, they must be invested with authority and power of control of not only patients, but also of all those who serve in the care of these patients. By this I mean that if a female nurse is placed in charge of a ward and is to be held responsible, as she should be, for the proper care of the patients and discipline within the ward, then she must be invested with an official grade, duly authorized by the government, and which carries with it the power to enforce her instructions and orders upon all subordinates in that ward. This new condition of utilization of female nurses implies that there must be an organization of the Nurse Corps, through which we can secure "team work;" and in military affairs this implies that the nurses must be graded and given military rank. For instance, in each hospital there should be the Chief Nurse with the necessary assistants to replace or assist her, and there must be nurses in each of the wards with power of control, as stated, over those wards. In other words, an organization such as each and every large institution must provide in order to secure results. This I have just designated as securing "team work."
I make no suggestion as to what grade the Chief Nurse should have. These details should be determined in so far as the army is concerned by the Medical Department, but I am quite clear in my own mind that the nurses must be graded and accorded military rank if we are ever to secure that efficiency which the importance of the work demands.

I am glad to say that the commanding officer of our base hospital and also Mr. Black, the chief of our surgical service, assures me that he has become convinced of that while overseas, but did not feel that we should have rank. Just why I cannot say. He was with a small group of nurses over there.

Just one other story of Camp Sherman regarding rank for nurses. Last fall during the epidemic we used the porches—every place in order to hold a place for patients. When quiet was a most important thing and very difficult to secure, a nurse was trying to restrain a delirious man patient on one of the porches. The patient was heard shrieking in his delirium, "I don't have to mind you. You are not a lieutenant." If a delirious soldier knows that lack of a shoulder strap means lack of authority, what can you expect of a man who is trying to dodge authority at every turn?

Miss Noyes: We have a few moments for further discussion.

Miss Parsons: Just one word, if I may. We hear so much said about the necessity for rank for nurses on account of the enlisted men. My experience is such that we need the rank for nurses much more on account of the officers.

I think the officers were at a complete loss as to how nurses should be treated, except where they had a personal interest in a particular nurse or a particular group of nurses. Of course I think, all of us know officers whom we like and admire extremely and from whom we have received great consideration and courtesy. But I know I can honestly say that I have never seen any courtesy extended to any nurse just because she was a nurse or a woman.

Miss Noyes: That is a terrible indictment, but I do not think Miss Parsons is alone in that expression. I think it has been the greatest revelation to me and the greatest surprise to hear nurse after nurse come back from her overseas duty and make exactly that same statement. It is a great surprise to us. At the same time it is an embarrassment, because we women of America have
always felt that we occupied rather an unusual place. We are
beginning to feel somewhat different at the present time.
We shall be glad to hear from any one else.
Miss Allison: I want to say, Madam President, that there
is a very great difference in the attitude of the British officer to-
wards the British nurse, and that of the American officer towards
the American nurse or the British nurse.
Miss Noyes: Can you explain why that is the case?
Miss Allison: I think it is due to the training.
Miss Noyes: Is it due to the position that the nurse has held
in the Army Nurse Corps from the beginning? She has no rank,
you know, but she has a definite status.
Miss Allison: I think it is due to the past history and regula-
tions handed down by the British Army, but it is very conspicuous
overseas.
Miss Palmer: Does the English nurse wear an insignia of rank?
Miss Allison: No, she does not wear an insignia of rank, but
it is very well understood that she has a relative rank. It is
recognized as such in every move she makes. I assure you it is
very different in traveling under the British Government, in
traveling through northern France, where I was met at the sta-
tion. I was invited to southern France as a guest of the British
nation. When I arrived in Paris a British officer met me and
escorted me over the city and made arrangements for my dinner
and transportation and every service was provided for me, even
for arrival in southern France and my accommodations while
there. I had no thought of my transportation in any way what-
soever.

After I returned to America I happened to be crossing the
ferry on my way to a Lakewood cottage, where I was sent on
general duty after seventeen months' experience, and an officer
came up while I was reading a paper. I looked up and he said,
"Are you going to stay here?" I looked at him. He said,
"If you are I want to ask you to look after my suitcase. I
am going upstairs on the ferry." He saw my sleeves showing my
service and I thought that, if nothing else, ought to have made
him a little more courteous. Giving you my experiences I think
would keep you all day.
Miss Palmer: We would like to hear them.
Miss Hilliard: Isn't a part of the success of the system in the British Corps due to the fact that there is a chief matron who has her assistants, and under her, the chief nurses, and under them the nurses; there is no line officer, medical or otherwise, working in between the chief nurse and the last member of the branch? It seems to me if any sort of army officer gets between our nurses and the superintendent of the Army Nurse Corps, that is where our system falls down so badly. I don't know whether there is any way that we could create such a corps or not, but it seems to me the strength of the corps is in the authority of the chief matron over every individual in the corps and her ability to make arrangements for their safe conduct, and for the courtesies which should be extended to them, instead of this being left to every officer who happens to be appointed, whether he has ever had any experience for handling the situation or not, as it is in our army. I think many of the discourtesies and hardships that our nurses have suffered have been not acts of willfulness but acts of ignorance on the part of our officers in not knowing what to do with us. If we had a matron who was sustained all the way down the line these men who do not know what to do with us would have no occasion to break in upon our arrangements.

Mrs. Helen Hoy Greeley: I want to add that I think Miss Hilliard is absolutely on the right track. But, I feel that we do not go far enough in asking simply for rank. Rank is just the smallest part of the program that must be adopted by the womanhood of this country, not merely by nurses, if we are to be benefited by the experiences of the present war. I believe that the women of the country must demand that their experience in this war shall not be duplicated.

[Editor: The rest of this and the other impelling speeches made by Mrs. Greeley during the convention on the need for rank for army nurses, the steps that have been and must be taken to obtain this rank, and her plea for our undivided support, have been gathered together and given the wider publicity of publication in the American Journal of Nursing for August 1919 where you have already read them, or are earnestly urged so to do.]

Miss Noyes: I cannot begin to tell you how grateful we are for the fact that we have had Mrs. Greeley here just at this op-
portune moment to spring into the breach and clear up all the confusion that was existing in our minds.

Miss Maxwell: I wish to say that we can only get this rank by unity among nurses. Every one of us has got to stand up if we get it.

Miss Noyes: It after all sums itself up in the question of education, doesn't it? It is education all along the line.

Miss Nevins: I think what Miss Maxwell has said in regard to the help of the nurses themselves must go in this matter. Do not let Mrs. Greeley write her letter to one special department and one association of nurses. You haven't an idea of the work that she is doing for the office in Washington as we have who live there. I hope you will think of what she has said and I believe that this meeting will be more than glad to support her to the very limit of its strength and influence and money.

Miss Hilliard: I want to say that it has been most discouraging to the few who have done pioneer work, for those that were looking after the funds to carry it on. Through the efforts of Miss Maxwell, largely, it has been carried on by the committee, and we, as nurses, have done very little as an organization or as individuals. I wish that every nurse present who represents an organization or a school or any other unit in nursing would go back and raise funds to do this work. If we want this thing we should pay for it.

Miss Noyes: We occasionally hear that nurses themselves do not want rank. Mrs. Greeley has explained that rank is only a part of the whole question. There may be nurses that do not want rank, there were many women that did not want suffrage, but that is no argument against it. This is just one step onward, and if we do not progress, if we do not develop, what is the use of living at all? Go to those nurses who say, "I do not want rank," and ask them to think about it as the largest and very first step towards the development of our service for the army.

We have still others to hear from, so that much as we should like to prolong this exceedingly interesting subject, we must go on with the program. I will call for the paper of Miss Caroline Gray. Miss Lawler will read this paper.
Organized publicity applied to nursing was a war-time measure and today our main interest is not so much in the results which were obtained, but rather in the question of publicity in general and what results we may expect to obtain from it in peace-times. The splendid publicity work carried on by the Nursing Committee of the Council of National Defense plus war-time enthusiasm brought to our schools such large numbers of young women that only a year ago, our main problem was to provide accommodations for larger classes of pupils than had ever before been admitted. This required much careful planning and many adjustments, which were hardly complete, when the epidemic of influenza swept the country. Possibly if we had known what the months of October and November were to bring us, we could not have provided for the emergency better. Hundreds of our nursing schools were filled with probationers and it will always be to the credit of these recruits that they faced the terrible ordeals of the epidemic with courage as great as that displayed by our soldiers in the front line trenches.

When the terrors of influenza had somewhat abated and we were struggling to get our classes started and live up to schedules which had been temporarily abandoned, the armistice was signed. Welcome as this was, it entirely reversed our problem, and some of our students who had stood bravely at their posts all through the awful days of the pandemic, lost interest and enthusiasm to such an extent that they left our ranks. To my thinking, the most remarkable thing was that the fascination of nursing was strong enough to hold so many, rather than the fact that the loss of war-time enthusiasm and returning fiancés took a smaller number from our schools. However, I do not belittle this problem, which has been a cause of worry and anxiety from the standpoint of the superintendent of a nursing school who has witnessed her classes grow smaller because of the gradual leave taking of war-time recruits. Added to this there has been a very decided
drop in the number of applicants to our schools and from many parts of the country we hear that the nursing schools are facing a serious shortage of pupils, which in hospital terms means a lack of nurses to care for the sick and carry on the multitudinous tasks which by some strange process of reasoning are classed as "nursing."

The lime light of publicity which flooded our schools, perhaps more completely than ever before, showed many weak points in our system for which many members of this League are seeking remedies. I interpret the purpose of this paper to be the question whether publicity will again help us to fill our schools with the pupils we need so badly.

Looked at from the proper standpoint, we offer education in return for definite work, and this we must stress and emphasize because any attempt to attract pupils on any other than an educational basis means, to my thinking, complete failure. Education for a profession and for life is, in terms of advertising, the goods we have to sell. Always when we are facing a shortage of pupils there is danger that this may be lost sight of, and we are all familiar with the suggested panaceas of "short courses," "lower standards," "increased allowance," etc.

Fortunately we have a goodly number of schools that never lose sight of their educational function, and these illustrate my point, that the appeal of nursing education is quite as potent to fill our schools as various other forms of education are successful in filling our colleges and universities.

This brings us to the anomalous position which our schools occupy. They are never listed with other schools and cannot be found in catalogues, books or any of the printed records where educational opportunities are usually sought. Moreover the educators of this country are in many instances woefully ignorant of what we offer, and still think of our schools in terms of apprenticeship rather than education. Despite these facts our attitude in regard to advertising is one of shrinking and a feeling that it is not dignified. I believe I do not exaggerate when I state that many of us were "horrified" the first time it was suggested to us that we advertise our beloved school. Yet it is necessary for all schools to advertise. Our universities, colleges, professional and private schools all advertise systematically. They suffer from
no false standards and are frankly competing to attract the best
young men and women of the country to their respective doors. Our
daily papers and magazines devote many pages to advertising the
claims of universities and colleges that are already far
better known than even our best nursing schools. And the
advertising is done by experts who know the psychology of the
art and do it effectively. Moreover, college festivities, gradu-
ation exercises, and various social functions are always well written
up, because they furnish interesting news items, and while pri-
marily this is not advertising, it serves the purpose of advertising
in the best sense of the word. In comparison with this, we find
not a word about hospital training schools. They are not listed
as educational institutions, are not found in the advertising pages
of papers, or magazines and are rarely mentioned in the news
items. The interesting articles on nursing published in the
daily papers during the war were red letter events, and were part
of a regularly organized campaign.

Another comparison that is of interest is the relative number
of students required by nursing schools. In the United States
there are approximately 48,000 to 50,000 pupils in training and
from 14,000 to 15,000 pupils enter each year. This total of 15,000
students, which we must enroll each year, is far in excess of the
total enrolled in any other group of schools. There are few
professions whose annual number of graduates even approaches
the number leaving our schools annually.

All this is relevant to the existing condition, which is that the
nursing schools are today in need of a large number of pupils and
are making no systematic efforts to inform the public of the
advantages which nursing education offers.

It would seem that we have reached the “parting of the ways”
and will have to rid ourselves of the obsession that it is undign-
nified to advertise, and because of our great need and past failure
to use this means, make a serious study of how best to make it
serve our purpose.

It is true that in a few instances individual schools, whose
need has been great, have advertised successfully and perhaps I
can best tell of the methods that have been used to increase the
number of pupils in a large school.
1. Descriptive booklets were attractively bound and printed, showing a series of pictures of the outside of the hospital, nurses' residence, surroundings, etc., also a set of interior views of the interesting things one might show a visitor on a tour of inspection. Each picture was accompanied by a few lines of description. A detachable printed post-card was inserted at the end, so that if the booklet proved interesting, the reader could use the card to request further information. In response to these cards a circular of information was sent out. This went into detail regarding the theoretical and practical course offered and attempted to answer the usual questions that applicants ask. The picture booklets were printed in February and in March distributed to the reading rooms of the high schools, public libraries, women's clubs, religious societies, and by means of alumnae members over as wide an area of country as possible. These attracted attention and brought results which more than repaid the initial cost of getting up the books which had been considerable. Moreover, the use of these books simplified the office work to a very great extent, and, in one instance, made it possible to dispense with the services of one of the two clerks that had formerly been kept busy.

2. Interesting articles were printed in various religious publications. Several were written by pupil nurses. This is perhaps the cheapest and most effective method of advertising, if one is fortunate enough to have pupils gifted with literary ability. The testimony of pupils in training carries weight with parents and guardians, and the pupil is nearer the viewpoint of the applicant and knows the things that will make the strongest appeal to a prospective beginner.

3. A few schools have used posters of quite large size, showing a few attractive pictures, with a brief but interesting statement regarding the school. These posters are sent far and wide to high schools and displayed on the bulletin boards. They have proved a successful means of interesting young women, and are cheaper than books.

4. Page advertisements were carried in school publications and such magazines as the Young Women's Christian Association Monthly and the Extension Magazine of the Catholic Church. The writer of these advertisements must be familiar with the
RESULTS OF ORGANIZED PUBLICITY

psychology of advertising, should use pictures and make sure the page is too attractively gotten up to be skipped by the reader. It is a good plan to have reprints of these pages and send them to the various Young Women's Christian Association branches, including the summer camps asking that they be posted on the bulletin boards. Considering the initial outlay this proved very profitable advertising. I would like to emphasize the advantage of the full page advertisement over the usual one of six or ten lines, inserted among many similar ones, because the latter did not bring results even when inserted in rural and Canadian papers.

5. It seems probable that our main source of supply must come from the high schools and colleges of the country, consequently our profession must be kept in the foreground so that these pupils in thinking of what they intend to do when school days are over, will at least know about nursing. In many parts of the country representatives of our profession have made addresses in the high schools. As one of these representatives I made some sad mistakes and for a time was quite discouraged until I learned the method of approach. Later I came to the conclusion that addresses in the high schools are perhaps the very best way to arouse interest that will later bear fruit but it is not the quickest way to secure immediate returns. The first, second and third years I attempted this I didn't get any pupils but since then each year has brought a number and in several instances they have come from high schools where they heard the address given as long as four years ago. I remember quite distinctly how well prepared I felt as I wended my way to my first high school address. I had listed all the advantages of our school, and felt quite confident I had the right method of approach. Imagine my discomfiture to face what seemed like a sea of blue and pink bows adorning the heads of mere children. These children were surfeited with classes and lessons, the educational appeal fell flat. They were far more interested in "doing things" and a few stock stories of hospital happenings were all that saved me from utter failure. I decided never again to attempt such a thing, and never did. Before I made another address I secured a set of slides illustrating a visit to the hospital and simply attempted to describe what the illustrations pictured. I closed my address with an invita-
tion to visit the hospital and one busy spring entertained ten
groups from various high schools. These groups came at stated
times and every effort was made to try to show them, as nearly
as practicable, what had been shown on the screen. It took
time and patience to entertain them and answer their questions,
but it resulted in a far better attitude on the part of both the
pupils and the teachers who accompanied them, and cleared
away many misconceptions and prejudices.

Miss Nutting, Miss Wald and Miss Goodrich who made ad-
dresses in colleges could tell you better than I about the success
of their efforts. As evidence of their success I submit the large
number of college women enrolled last year.

During the time that I was engaged in carrying on this public-
ity campaign, I began to wonder whether the stereotyped letters
I sent out in answer to inquiries were all they might be, and
thought I would like to know what other schools were doing.
With the help of a friend I sent inquiries to thirty schools and I
assure you I learned much from the letters and literature I re-
ceived. We women who are superintendents of training schools
are all too often so busy that office work and letter writing is not
as important from our point of view as it is from the point of view
of the applicant. Some of us need to learn the value of courteous
and cordial letters that will encourage timid writers to persevere.
We who know how much nursing has to offer should not hesitate
to tempt prospective pupils in every possible way, and I think
you will all agree with me that form letters with a rubber stamp
signature are not apt to be tempting.

As a result of my personal experiences I am a firm believer in
advertising and also a firm believer that a knowledge of nursing
does not necessarily make one a successful advertiser. I enjoyed
my experiences, and learned much, but am convinced that one
who knew the art of advertising could have applied that knowl-
edge to my problem with a larger measure of success than I had.
The few facts I learned were paid for by costly mistakes, and,
even yet, I dislike blue and pink hair ribbons.

The exigencies of the war taught us the value of organized
publicity and as this is costly it would seem to be justified only
in time of great need. Some of you I know will consider the
present a time of great need, and I am inclined to agree with this.
opinion. If the hospitals all over the country would share the expense, it might not be prohibitive. A publicity expert would map out a campaign and would see to it that interesting articles on nursing subjects were published simultaneously in a large number of papers. By means of pamphlets similar to the splendid ones written by Miss Isabel M. Stewart of Teachers College, the principals of high schools and the deans of colleges could be reached and in many, possibly untried ways, we might be able to arouse and develop an enlightened public opinion regarding our hospitals and schools that would prove a tremendous asset. Many of us who have struggled with problems that should be a matter of community concern and knowledge, and have realized the ignorance of the public regarding these problems, have come to question whether the highest form of loyalty to our beloved schools consists in keeping all knowledge from the public.

In our effort to attract pupils, to improve standards and secure legislation, public opinion of the right sort would prove the greatest help in the world. Are we as a professional group wise in continuing to ignore this asset?

Miss Noyes: Let us give a few moments of discussion to this splendid paper.

Miss Isabel Stewart: I would like to say just one word. I entirely agree with everything Miss Gray has said about need for publicity work, but I think we have come to the point where publicity will not help us very much, unless we have something a little different to offer. We have tried to show up all possible advantages of the nursing profession, and we really believe in it; but there are a few things that we ourselves, even those who are most enthusiastic about the training cannot entirely justify. Students come to us and ask us frankly, "Are not the hours in hospitals very long? Doesn't the work affect the health of nurses sometimes? Don't you think the conditions are sometimes trying?" and so on. You cannot truthfully say, that you can absolutely stand for some of these conditions in all hospitals, or in even the majority of hospitals.

We have come to a point where I think we must make some improvements before we can conscientiously encourage a great number of young women to come to training schools.
I, for one, have tried for many years by writing and by speaking, to get over this message about the needs of the hospital field and the opportunities for the young high school girl and college women. But at the present time I do not feel that I can go very much further in inducing young women to enter training schools until I can be sure that they are going to have shorter hours and somewhat better conditions generally.

Miss Eldredge: In my work throughout the United States I have been asked to speak to student groups of high schools, parochial schools, colleges, and at one place they even brought in the little children with the pink bows, because the sister in charge of the parochial school said “Miss Eldredge, I want to bring the little ones, because they cannot too early have their attention directed towards nursing.” I believe we have got to begin very much earlier than the high school to present the profession of nursing, so that the little girl’s attention will be directed towards the school, towards nursing, and she may think of it as she nurses her dolls. Young people, as young as the ones with the bows on, are beginning to think what they are going to do in life.

Miss Stewart’s pamphlets were of great importance to me. Their points for speakers I think ought to be in the possession of every state.

I believe there is one other method by which we can get this thing over, and that is through the American Journal of Nursing. It ought to be in every library, it ought to be in every high school, it ought to be in every Y. W. C. A. One high school superintendent told me he thought every high school in the country would subscribe for the American Journal of Nursing if it was brought to their attention that it was a valuable thing for them to have.

There is one thing I would like to say about the announcements. I have had young women criticize the fact that they had read a beautiful announcement of what they were going to have but they didn’t get it. Every announcement should be true to the letter.

Miss Noyes: Perhaps some of you have heard that the Red Cross has put thirty nurses out speaking on the Chautauqua platforms this year, and one of the points that they are emphasizing is the need for nurses in training schools and the opportunities for nurses. We got out a little pamphlet, How may I
become a nurse? which is very short and very terse and very much to the point, which is being circulated by these nurse speakers from the Chautauqua platform. These nurse speakers reach something like 6000 audiences in the smaller towns of the United States, and we are hoping that in addition to our message of public health which they are carrying that they will also carry to the young women in those communities the message that they are needed in the profession of nursing and that there is a great opportunity for them there.

I agree with Miss Stewart in every word that she says, but I think we still have some pioneer work to be done and we still must confess to some necessity for making sacrifices.

Is there any one else who would like to add a word to this discussion?

Miss Van de Vrede: I would like to emphasize the idea of the cooperation of the nurse body with the extension of the teaching of home hygiene and home nursing in schools. I know of three specific instances where girls wanted to join training school units, to become nurses, and their parents very definitely objected. After the covering of that short course in home hygiene and care of the sick, in all of these particular instances the mothers were converted into thinking that it was not a strange thing that their daughters were undertaking at all, but a very necessary and useful thing for their own homes. And I believe that the universal adoption of high school courses with home nursing classes, if it takes practical lessons home with demonstrations, that the mothers can know about, will have a very good effect on recruiting students for training schools.

Miss Isabel Stewart: We have had at one of the schools attached to Teachers College, the Horace Mann, a course of this kind, in the home care of the sick and the care of children during the last two years, and find that this has done a great deal to arouse an interest in nursing. It is surprising how early they show an aptitude for it. In watching their work you will see some who have the hand, the manner, and the spirit of the real nurse. All you have to say is, "I think you would make a good nurse," then the little girl begins at once to say, "I think I would like to be a nurse," and very soon she says, "I am going to be a nurse," and you get that girl later on in the school.
I am quite sure you are going to get a good many recruits from that kind of teaching in the high school. Of course we have got to safeguard it. But I think if we are careful with the teachers we put in we will get a number of applicants in that way.

_Miss Helen Kelly_: During the time I was connected with the School Nursing Service in Chicago we debated health leagues and mothers' clubs for the girls in the seventh and eighth grades. Those girls were given the course in home hygiene, care of the sick and points of personal hygiene. Many of these girls said they wanted to be nurses after they got to be women. The nurses conducting the classes impressed upon the girls that in order to be a nurse they must go to the high school.

_Miss Noyes_: I think that is a splendid point. If we can induce the grammar school girl to go on and finish her high school work to prepare for a course in training, that is well worth working for.

_Miss Palmer_: I would like to say that the local branch of the League in Rochester has put such a course as that into the high school. It has a definite place in the announcement circulars of the high school. There are certain departments—the preparatory for college, and you know how that all reads, and the preparatory for nursing. We simply selected from the regular schedule certain studies that we thought were necessary for the nurses and eliminating others. We increased the amount of domestic science work and we substituted for the first year of Latin what the high school people called scientific Latin, which chemists and doctors have to have. We have really a very fine course arranged there. It is just going into operation this year. Just what the effect of it is going to be I am not able to say, but it took us some little time to get in touch with the high school authorities and took the high school authorities some little time to get the endorsement of the Board of Education at Albany. But we accomplished it and it stands as part of the educational system of our city, this preparatory course, especially for young women who are contemplating nursing. It is a very simple thing for the League members, it seems to me, in any large city to accomplish.

_Miss Noyes_: That is another piece of work for the local League. They could do nothing better, I am sure. If there is nothing further the meeting will adjourn.
The meeting was called to order at 3.45 p.m. by the chairman, Isabel M. Stewart.

Miss Stewart: We are too apt to feel that the responsibility for recruiting and training public health nurses rests with the people who are specially interested in public health work. But there is no question at all that this is distinctly a training school problem as well. In order to know just what is expected of the training schools we shall have to find out what the demands at present are in this field. Mrs. Haasis, who represents the Public Health Nursing organization, will tell us something of the requirements in this field and how those requirements are at present being met.

THE PRESENT CONDITIONS OF SUPPLY AND DEMAND

By MRS. BESSIE A. HAASIS
Educational Secretary, National Organization for Public Health Nursing

It would certainly seem that the subject of the present conditions of supply and demand should be approached by the questionnaire method, but as I had no desire to precipitate an avalanche in our office I did not try this method, but have instead drawn some deductions from the requests that have come into our office for nurses and from information received from other centers from which nurses are sent out.

If it were simply a question of quantity I could sum it up in a few words: the demand is overwhelming and the supply inadequate but improving. But since it is not only a question of quantity but of quality as well, I would like to draw your attention to a few facts that are decidedly interesting and decidedly up-to-date.

During the past year there has been an unprecedented increase in the demand for public health nurses, both of the specialized type and the kind who can carry on generalized work. The conditions which have led to requests for special nurses have been somewhat as follows.

The findings of the draft have stimulated a great interest in child hygiene, in the correction of defects during the school period,
and we find states such as North Dakota, for instance, passing laws enabling each county to spend money from the public funds for school nurses.

The demand for school nurses comes from all over the country, and even in places where the nurse asked for is supposed to do a generalized piece of work, it is almost always taken for granted that she will at least start her work, make her initial approach, through the families she reaches through the school children.

During the past year the various organizations engaged in tuberculosis work were relieved of the necessity, under which they formerly labored, of spending a great deal of time in the raising of funds. This has given them the funds that they previously had and sometimes an increase and the opportunity to spend their energies in the actual work of fighting tuberculosis. In addition to that we have had beside the tuberculosis soldier problem, the problem of what to do with his family, and this has increased our demand for nurses who are specially qualified to do tuberculosis work alone, or to approach community work from the angle of tuberculosis.

The Children's Year program, which succeeded in getting measured and weighed over six million children, has greatly stimulated the demand for nurses to carry on child welfare work alone, or to approach community nursing through child welfare work.

Just recently we have heard that there is an increasing demand for mental hygiene nurses, nurses who have had experience with the care of mental cases, and who have also had social case work and who understand family and home problems, who can take their part in the adjustment of the returned soldier who is suffering from some mental disease, to his family and to his community.

It is generally supposed that there has been a great increase in the demand for industrial nurses. This has not been the experience in our office. As Miss Strong put it, in Massachusetts, although there is a law which requires every industrial concern employing over one hundred employees to also employ some one who can take care of the injuries adequately, the nurse sought is much more likely to be the friend of the manager's wife than the nurse that has had special training.
There is also a great misunderstanding among nurses themselves about what industrial nursing consists in, and we have had a great many nurses come into our office, who have done first aid work inside factories, without any social, or family, or home, or community work, who considered themselves industrial nurses. That is not the generally accepted sense of the term "industrial nursing" as used by public health nursing organizations. I cannot see that there is any great demand today for industrial nurses, although more than half the nurses that come in and ask for positions express a preference for this kind of work. The same is true among social workers. Mrs. King of the National Social Workers' Exchange recently told me that they were having exactly the same experience that large numbers of people who have had experience in factories in some capacity or other during the war, perhaps only two or three months, on the shutting down of the factories, come out feeling that they have had good training and experience in industrial social work, and that they also were being flooded with a large number of workers for whom there were no positions.

For the special activities in the nursing field we are having requests, not only for staff workers, nurses who will work on a staff of say five or ten in a city of considerable size, but for nurses who can organize such a service for cities of all sizes.

Besides these demands for specialized nursing, we are feeling, very acutely, the demand which has been the direct result of the Red Cross splendid peace time program of developing public health work in every community which is not already provided with it. This also calls for nurses who can take care of a small area by themselves, or for others who can coordinate the work in areas that are insufficiently, or inadequately, covered at the present time by two or three nurses under independent organizations.

It is needless to repeat the fact that the influenza epidemic taught the United States the great value of having some organized nursing service in each community which should be capable of expansion during an emergency to cover the homes of the entire population of a given area. This has also brought a demand, and, of course, for this work the emphasis is laid on the fact that the nurse must have organizing ability, and be able to adapt herself to unusual conditions, if they arise.
The program of the United States Public Health Service during the war, which built up as nearly as possible the model health administration around each cantonment, also has done considerable to stimulate the demand. Some of these extra cantonment zone units have gone on after the military organization disbanded through the support of the civilian population of the city, or the county. A number shrank in size considerably when outside subsidy was withdrawn, and some few have disappeared entirely. They have left their mark, however, and, sooner or later public health nursing will be revived in those communities.

The propaganda, which has been carried on by various organizations interested in public health nursing work, has also had this effect: we have all worked together. The publicity has merged so that it is hard to tell, when you read an article in the newspapers, whether it was stimulated by one organization or another. There is a remarkable unity of purpose about these various organizations to establish at least one nurse to every county in the United States and as many more as are needed for centers of population where there is congestion.

It is hard to consider the present demand for public health nurses without a look into the future. It is difficult to go to meetings of social workers these days without hearing a good deal about the future care of the sick. At the recent conference of social workers in Atlantic City social insurance was on everybody's lips. As Mr. Lapp said, every risk that is measurable can be insured against. The risk of illness is definitely measurable and there is no reason at all why it shall not be insured against.

The labor organizations, which formerly have been somewhat hostile to social insurance, including insurance against sickness, have some of them now come out and favor it, notably in the case of New York State. When that comes—and I cannot believe that it will be five years before some state in the Union will pass some such laws—there will be a demand for a vast number of nurses to care for the sick in their homes. To my mind, the discussion of the attendant ties right up to this. If people are to be insured against the sickness that they may have and insured that they may have the health that they need, this
PRESENT CONDITIONS OF SUPPLY AND DEMAND

will be paid for out of taxation and the nurses and the attendants, if they are needed, the household helpers if they are needed, will be paid for and organized into a single service for the entire population.

In addition to these requests for workers, we also have many requests for teachers. This is one of the calls which has been most difficult to meet. The National Organization has a scholarship fund of $10,000 which it is hoping to spend during the coming year for the education of women for such positions. Normal school or college graduates if they have been engaged in public health nursing will be eligible. Familiarity with the technique of teaching and a wide acquaintance with the methods in public health nursing are necessary to equip them to direct public health nursing courses.

So much for the demand. The supply has been seriously interfered with during the war. But during the war also there has been a distinct change in the character of the students that have been taken care of in various schools of public health nursing. At the present time there are nine recognized post-graduate courses, eight months in length; there are four post-graduate courses, four months in length; and four summer courses not less than six weeks in length. There are in addition to these a number of courses which have not yet been recognized by the National Organization through lack of teaching personnel or of adequate field work.

Of these various courses twelve are taking undergraduates. New post-graduate courses are being projected in four states. During the past year, as you heard yesterday, the Red Cross has set aside a large scholarship fund to prepare nurses, primarily those returning from military service, for public health nursing. The indications are that the courses this summer and fall will be filled to capacity.

During the past year the capacity of courses for graduates has hardly been taxed. Some courses have had one and some have had two students. Only one that I know of had as many as twelve in an eight months' course. The scholarships of the Red Cross are designed, for the most part, to increase the number of public health nurses rather than to raise the quality of the public health nurses already in the field. In past years about half the students,
who have taken post-graduate courses in public health nursing, have
had experience in public health nursing, and from that realized
their need for instruction and entered the course. The other
half have been nurses who have not had experience in public
health work, getting their first introduction through the course.
Because of this decision of the Red Cross to award these scholar-
ships largely to those who have not done public health nursing
before there will be a preponderance, no doubt, of workers new to
the field in the courses this year.

One of the most interesting things in the development which
I hope Miss Stewart will tell about is of the course for teachers
in the Department of Nursing and Health, at Columbia this fall.

In addition to these courses preparing post-graduates, there are
a large number of hospitals (I have a list of over one hundred),
which have given their senior students from two to eight months
in public health nursing instruction and experience. This is a
practice which the National Organization has been delighted to
see initiated in any city, where the public health nursing was car-
ried on in such a way, that to send students into it would enrich
their training while not depriving them of any of the education
which they needed in their hospital and which would insure them,
in the public health organization just as definite teaching as the
教学 they would get in any department of the hospital itself.

The stand has definitely been taken that it is an injustice to
send a student to a visiting nurse association, to a city board of
health, or to any public health nursing agency which depends
upon such students for the work which they will accomplish. I
feel that no organization is justified in taking students, unless it
can guarantee them three hours’ classwork a week, unless it will
start them in as students with some one else who knows how
to do the thing exceedingly well, and will explain to them the
different steps in the procedures, and keep a check on them
exactly as a check is kept on students going into a new de-
partment in the hospital. Where possible we are very anxious
to have developed an affiliation with schools where post-graduate
courses are being given. However, it is not always profitable to
turn under-graduates into a complete post-graduate course, for
reasons that I will speak of later.
The National Organization is exceedingly anxious to have a complete list of the hospitals which give their students experience and instruction in public health nursing during their senior year. Every few days we receive a letter from some nurse asking, “What hospitals in my state give public health nursing during the senior year?” I can only go to the list which I have assembled by writing the various State Nurses Associations and State Leagues of Nursing Education. I would take it as a great favor, if any of you here who are connected with hospitals, which have recently made affiliations, would see me at some time during the conference, and give me the name of your hospital and the organization to which your students are sent.

A number of hospitals are giving their students experience and instruction in their social service department, where visiting nurse organizations, or public health nursing organizations are not available. Sometimes this is done even when visiting nurse organizations are available, because it is felt that it fits in better with the hospital routine and makes for unity in the control of the students. I would like to make it clear that while it may not always be true, it is very frequently the case that such experience does not give the nurse the same attitude towards the public health problems that experience in public health nursing organizations, or with a group of school nurses does. Hospital Social Service Departments lay a great deal of emphasis on the social case work side and less on the community aspects of disease. However, it is an excellent affiliation and there is no question that such experience is useful for the nurse in deciding what kind of work she wants to enter after she finishes her training.

The question arises, how far shall this practice of giving under-graduates experience in public health nursing be extended? I would say just as far as we can be assured that it will not rob the course in the hospitals, because we need every bit that the hospital has to teach, just as has been pointed out that in the hospital the nurse needs all the experience she can possibly gain during her training. We would not impoverish the hospital training for the sick with two weeks, or two months, or four months in public health nursing, if it leaves her a poorer nurse than she has been before.
Also we would extend it, as I said before, only where the student can be assured good teaching.

It seems to me that in the very near future things are going to crystallize and we will have a more definite line of demarcation between what the under-graduate and the post-graduate student should have. I think we cannot expect the under-graduate courses, the under-graduate instruction in public health nursing, at the end of the senior year to do the same thing for the nurse and produce the same kind of product as will a post-graduate course given to an older nurse. As in other fields, it is not simply the content of the course which makes the public health worker. We feel the need of women of maturity, of experience, with knowledge of dietetics and the problems of patients in their homes. Undoubtedly the post-graduate will be able to take more advanced instruction if she has had some public health work during her under-graduate days. Of course if the hospitals will demand college graduation for admission, then the college graduate taking her under-graduate course may get, in four months, at the end of the senior year, enough public health nursing to make her able to go out and take the qualified positions we expect of graduates and post-graduates where they will not have the constant aid of the supervisor. Until the standard of nurses going into training schools is raised as to age and education, we cannot expect this to be the case.

During the past year public health nurses have come under very hot fire from various groups. In the first place, we have been called to account for not turning out enough public health nurses for staff positions.

We have also been criticised for not turning out public health nurses that were well enough trained, and that we feel is a well-founded criticism. We hope that, through the League of Nursing Education more and more hospitals will give their students training in contagious diseases, in mental diseases and especially in venereal work, also that more nurses will have adequate preparation in the care of children. This is one of the greatest defects in the graduates of ten or fifteen years ago, who try now to enter public health work. They have had more or less casual experience with children but lack the modern methods of caring for infants.
We do not want to do a single thing to hasten any preparation of public health nurses which is going to cut down their present training. However, if the drudgery could be eliminated, if the teaching could be improved, so that the nurse could learn more in two months than she had before in four months, we believe that the course should be shortened. We look for splendid results from the investigation which Miss Goldmark is to make. We feel that for the supervisory positions a post-graduate course including sociology, preventive medicine, the principles of teaching will still be necessary. Of course our ultimate aim is the endowed school with the college graduate as the student applying for admission. This may be a long time off but there is no reason why we cannot keep our eye fixed upon it.

*Miss Stewart:* Mrs. Haasis has given you, I think, a very clear picture of the needs, the demands and the inadequate supply in the public health nursing field.

We shall now go on with the next paper on the program this afternoon by Miss Landis.

**STRONG AND WEAK POINTS IN OUR SYSTEM OF TRAINING, WITH ADJUSTMENTS TO MEET THE PRESENT SITUATION**

*By MAUDE E. LANDIS*

*Superintendent of Nurses, New Haven Hospital Training School for Nurses, New Haven, Connecticut*

With the signing of the peace treaty and the official passing of the Great War into history, the world faces problems that in many respects are more knotty than any raised by the war itself, and if the world, then, also, its groups representing multitudinous activities.

We find ourselves pausing this week to place our training school and nursing problems in view of all, to be clarified by the light of the rich experience and counsel which our leaders may throw upon them, and by the composite intelligence and interest and concern that are resultants of our every-day nursing responsibilities.
Specialties in nursing activities are rapidly developing and a breadth of vision, a depth of understanding, a wisdom for selection of fundamentals, an ability for coordination of important activities and agencies, must be ours to meet the ever increasing and intensely interesting possibilities that are to become notable achievements.

The care of the sick and the protection of health depend almost as much on the nurse as on the physician. In fact, the development of nursing as a scientific profession is the largest single health problem of the present day. For in social and preventive agencies of disease, such as dispensaries, infant welfare work, child conservation work, visiting nursing, school nursing, tuberculosis nursing, industrial nursing, and our share of the task of reconstruction, there is a demand for educated and well trained women. Nurses themselves realize the necessity for better organization and instruction, and insist on a training that will prepare them for their subsequent responsibilities, whether by administrative, or teaching, or public health or private duty election.

"Education" is our watch word and must be interpreted broadly. "Education is the totality of qualities acquired through individual instruction and social training, which further the happiness, efficiency and capacity for social service." It is measured by its ideals and principles—it prepares us for complete living.

The education of the nurse is still largely in an apprentice stage, discredited in every field of education. Training schools have in the past been operated by hospitals chiefly with a view of obtaining the unpaid services of nurses-in-the-making, who have generally received a minimum of haphazard instruction with inadequate supervision and have been occupied at routine labor 10-14 hours per day, so that if educational opportunities have been offered, physical and mental weariness have frustrated the purpose of this instruction. We must really offer what we promise in our attractive announcements. We must utilize our resources. We must maintain a nicely adjusted balance between our practice and precept. Our graduates should not find themselves the least prepared of any educated group when they finish training.
Our system has its flagrant weaknesses; economic necessity produced them. Community interest and responsibility must help us eliminate or overcome them. We must prepare our nurse not only to be economically valuable to herself and her family, but in return for the richer advantages which we must give her during her training, we may rightfully expect her to assume her share of community service.

Our work is pressing. Our workers are few. With the exception of a few schools, which have been established along broad and sound lines, we are all feeling the same embarrassments. We need more than anything else nurses, and now more than at any previous time the world knows it and shares our concern, just in proportion to the information and responsibility we give it.

How can the community secure for us an adequate number of nurses? Endowments, bequests and educational foundations can establish and emphasize our status, can make possible the wonderful development of our profession, with its ability to meet, as only nurses can, human needs and obligations, and can give to such service, dignity. We shall have to make certain mental, moral, physical, social and financial requirements of candidate, training school, hospital and community.

The candidate must come to us, old enough for mature judgment to be expected in the times of stress in which she will find herself, with an educational preparation that will enable her to grasp the kernel of her training school experiences, with poise to differentiate between true standards and false valuations of life and conditions, with an ambition to carry her share of our professional burden, with an appreciation of conserving her health intelligently, with a cultural and religious trend that can withstand matter-of-fact scientific findings, and with a sincere desire to be of service to, and, with an interest in, people.

For her we must provide suitable living conditions, opportunity and place for normal recreational and social pleasures, adequate rest and privacy, time for study, reasonable, shorter duty hours. This latter of course does not mean that the remaining hours of the day may be spent selfishly, or in frivolity, but indeed, that a portion of her off duty time may provide for self improvement and be spent in preparation for the heavier responsibilities that she is gradually growing to assume. We must provide
better equipment as to classroom and laboratory, and better instruction and supervision. In any other educational institution she would pay tuition for the privilege of securing her knowledge. She pays her tuition to us in terms of service, of health, intelligence, vitality, enthusiasm for three years of her life and we must prepare her for leadership.

On the wards we must provide better equipment, less night duty, less repetition of duties, that can just as well be carried by a different type of worker. We must arrange for a ratio of patients to nurse that will allow of nursing niceties and womanly sympathy, of knowing the patient as an human being, and his relationships in the home and in the locality, his personal and religious and social interests and needs. There is no more far reaching propaganda possible for the education of the public concerning nurses and nursing activities, than that afforded by daily contact between patient and nurse.

The content of our course has all the richness for "complete living." The dispensary, social service, the outpatient department, and public health supplement the hospital appreciation of the bed-ridden, helpless, temporarily socially useless patient, presenting the whole picture of disease and distress, and affording practical application of the various methods of care, treatment, study, observation, and relief, and teaching practical politics, too. We find even the young nurse alive to the human interest. It is in fact the one study where an instructor is not conscious at times of pouring knowledge into non-receptive or unready minds.

The discipline required during training has its advocates for and against, but in the final analysis, the more consistently it has been maintained the more dependable are the nurses, and the more satisfied are they with the results of their endeavors. They are trained workers ready for their post-training responsibilities.

The home life provides wonderful opportunities for cultural and social development. The suppression of selfishness for the wish of the majority, the meeting of worthwhile people with other interests, the knowledge gained of what is going on outside the hospital walls, the development of student government, the opportunity to study the cost of living, and the extravagance
produced by waste and mismanagement, prepares the nurse for
the understanding and appreciation of other people's problems,
and respect for others' opinions, and develops tact and courtesy.

This is but a repetition of details that have worried and
harassed all of us these many years, but growing more insistent
for disposal or readjustment. The statement of facts, however
familiar, does not offer a solution. To lead you to discuss how
you have met some of your various institutional problems, and
especially since the demand for public health nurses has also
emphasized certain defects in our training school system, may I
be permitted to refer to some of our own local ones, appreciating
fully that what will satisfy one community would not be applic-
able elsewhere, and that what one group may have done, may
not be the only way desirable.

It is my privilege today to be representing a training school,
one of the first three to be established in the United States in
1873. It is rich in traditions. Its history links with Florence
Nightingale's influence and direction. A few years ago there
seemed a need of financial retrenchment, and the policy was
adopted by which the use of graduate head nurses was abolished.
For several years this practice was continued, and the nurses'
ward work being inadequately supervised resulted in the loss
of routine, and even in the definiteness of nursing procedures.

Almost concurrently the hospital and the training school
planned reorganizations, and the medical and nursing interests
were rekindled. A new training school staff was appointed, a
new course of study was built up, following closely the Standard
Curriculum, new instructors were added to our faculty, unusually
well prepared applicants were accepted for admission to the
school and the new class was larger than usual. The new school's
future looked rosy. Our Vassar Camp students came ten days
ahead of the probationary class and the latter, several days ahead
of the influenza epidemic. Graduate nurses, practical nurses,
partly trained nurses, attendants, Red Cross aids, and volunteers
joined our nurses-in-training and probationers. We could not
have done without them, although only a semblance of organiza-
tion was possible with such a shifting personnel. At the end of
eight weeks, as the epidemic subsided, the nurses carried the
work, but the daily hospital census exceeded the number of
patients that could expect intelligent nursing care from our diminishing student body. Several times we set the date for beginning class-work, only to find this impossible.

This of course caused a great deal of comment. Little by little different groups of hospital and training school workers began to appreciate that the so-called epidemic had become a chronic congestion of the hospital, that unless some radical educational policy were immediately adopted, the nurses in training would be serving only the utilitarian ends of the hospital. The patients of course had to be cared for, that was the hospital's very definite responsibility.

General interest grew. Our Training School Board sent a protest to the Executive Board of the Hospital, calling attention to the Hospital's failure to fulfil the educational part of the program promised, with the result of an appropriation of $25,000 made to secure enough graduate nurses for general duty, for the next six months if need be, to relieve the nurses in training from the wards long enough for class, lecture and laboratory work. We have just finished for the school year, one of the most comprehensive and interesting and satisfactory courses of instruction for nurses, and besides this, almost everyone who has come in contact with us is keenly and watchfully interested, and no one has intimated that we lower our educational requirements for entrance.

Other changes naturally occurred. Although we had been given permission to secure graduate service, we knew this could not continue indefinitely. We decided to make use of nurse helpers. In each ward we employed a woman, older, and of better type than our ward maid. For this new worker, we have duty hours from 7 a.m. to 1 p.m. and from 4:30 to 6:30 p.m. She is paid a monthly wage with her meals, but not her room provided. She reports on and off duty to her head nurse just as the nurses do. She sets and carries trays, provides the patients with fresh drinking water p. r. n., keeps in order the linen closets, keeps bathrooms and utility rooms clean and tidy, dusts the window sills and ward furniture, goes on errands for the head nurse, helps convalescent patients to get up, wheels them to the porches and is responsible for many similar duties that heretofore our nurses have done and continue to do when she is not there. She is not given any training. We have not had any trouble with
our nurses imposing on her. We are hardly prepared to state that the plan is a success, for there is a restlessness among people who do this work, and some other job is always more attractive. We continue having these helpers when we can get them. They do allow our nurses more time for nursing procedures, and we think their employment should be continued. Certainly, it is not likely at our hospital that nurses will be required to spend so much time on non-essentials.

Because of the definite prospect of adding more departments to our hospital and including also affiliating services, it was obvious that we would be needing more nurses and that we could offer excellent training. We had been running our training school announcements in standard weekly and monthly magazines and city papers for several months, but you will remember, after the signing of the armistice, there was a decided slump in nursing applications, to say nothing of withdrawals of nurses from the schools. So responses had been few. With no satisfactory results to show for the several hundred dollars' investment up to that time, we were advised to get away from this conservative form of school advertising, and to make use of the large space advertising, 2 columns wide, 10 inches long, and to give information concerning our hospital, our training school, our course of training, our nurses' homes, the opportunities for nurses, etc., sometimes using our training school seal and at other times cuts illustrative of the subjects discussed. In a word an "educating the public" propaganda. We ran these advertisements for more than a month in the local papers, and outside of our city in papers having a general circulation through the state. We changed the copy three times a week. We also had inserted publicity articles and news items on days following the appearance of our advertisements, the total expense being about $1000. We placed this presswork in the hands of an experienced newspaper man, who enabled us to provide live news rather than dead publicity. The content of the advertisements did not always meet our professional approval; on the other hand, we could appreciate that our technical statements would have repelled rather than have attracted attention. It has been just a month since we finished this scheme of advertising and its results can not yet be known. We have had about 150 inquiries,
20 applications have been received and 15 passed on favorably, and the candidates will enter for September classes. Many young women are now graduating from high schools and have expressed themselves as interested, but have not sent in their applications.

Today we cannot state how many we would consider for the fall class, but are inclined to think that we would accept as many as are eligible, increasing the number of our practical instructors and the classroom equipment accordingly, feeling that the additional expense would be warranted under the circumstances for the year it would probably require for adjustments.

One of the first permissions allowed me, was to secure graduate head nurses for our wards. Appreciating just what a task was ahead of us, in my preliminary correspondence with all candidates, I emphasized their teaching responsibility-to-be, and they all accepted with that understanding, though the light of later experience showed that their interpretations differed in content but not in loyalty. We have all had a hard initiation, but we have remained constant. We have two practical instructors, who also do follow up work on the wards. For class, they outline their nursing procedures, have them mimeographed, so that each nurse has her own copy, and may be expected to follow its detail. This plan eliminates the inaccuracies likely to result from taking her own notes, and makes for uniformity throughout the school and wards.

Ward routine has been carefully worked out, and these outlines mimeographed. On the wards we have placed sets of our ward "routine" and our "nursing procedures," so that the transference of a nurse from one ward to another may cause as little confusion as possible, because she knows where to find that ward's definite routine. Not only did we have probationers attend demonstrations and nursing classes, but all the other students were drilled, for there had grown to be little or no routine. With our two practical instructors following up the nurses all the time, you can appreciate the nurses are getting a great deal of instruction without leaving the wards. They are interested in their work and are doing very creditably. We use the nursing procedures records, checking up the nurses about four times for each procedure.
At our last week's Medical Advisory Board meeting, we were granted permission to work out a plan for clinical instruction of our nurses, to become operative at the opening of the school year. This will "tie up" their lectures with the subject matter in a practical way, and will give them a real nursing interest in the patient. We have our case records all ready. Our theoretical instructor will check up this work.

Even two practical instructors and a busy assistant superintendent could not be everywhere at once, so we carefully instructed our head nurses, who had come from various schools and whose tendencies might have been each to teach her own school's methods, and placed on each the responsibility for insisting that the routine and the procedures be followed as taught. We had head nurse conferences every week, where each discussed her own ward problems, and also learned that other wards were having their own difficulties, showing our training school problem in its entirety and causing each to realize the need of her cooperation and the necessity for personal and professional adjustment. We always notified them of any anticipated changes in our work or plans. We encouraged them to consider better methods for whatever reasons, and to bring them to the conferences for discussion. If there were district meetings or those of general nursing interest, we advised their attendance, they not losing their half day. We want them to develop for their own satisfaction, and also for the next good position that offers, either with us, or elsewhere. We have little by little raised their salaries, and now we are redecorating and refurnishing their rooms. One of the members of the Training School Board has furnished a most attractive reception room for them. We emphasize this teaching responsibility all along the line. We have the nurses understand that as a department we bear a teaching responsibility to other departments in the same institution, and also that they daily have opportunity to teach each patient some little thing, consciously or unconsciously.

While I write this and it sounds so satisfactory, it doesn't mean that it has all come about without some disturbance or discouragement, or that everyone has fallen into line just according to our wishes. We have a normal lot of young people. However, we do feel there is a much better attitude and greater enjoyment in the work because of our getting together.
Pending the erection of a large nurses' home in the near future, we have several smaller ones which have been remodeled, redecorated and refurnished. Reception rooms and kitchenettes have been arranged for. Social pleasures are allowed our nurses. To obviate any temptation for making candy on duty, every Wednesday evening is "Fudge night," with a small quantity of sugar, milk and cocoa provided. We have had for three seasons, a seashore cottage, within trolley distance, where the nurses may spend their off duty time, swimming, clamming, resting, with meals of picnic variety. Sleeping accommodations for sixteen are available. If a student wishes to spend her vacation there, that is her privilege. A tennis court on the hospital grounds has just been given them. A tournament is in the making, and great interest and some skill are being manifested.

The logical result of everyone being interested in us as a school and the students individually has been the development of class spirit and activities, and I foresee the evolution of a student council, which we are fostering rather than urging.

No, we do not have an eight-hour day. We approve heartily of such schedule, but we haven't enough nurses for the ward and the classwork we have to do, in spite of the fact that our hospital admissions are still being censored. We have started our vacations and hope soon to plan for shorter hours.

This has been a long recital, but it is the concrete way of letting you know how we, at the New Haven Hospital and Connecticut Training School have applied our means at hand, and the interested friendliness of many people directly and indirectly associated with us, to bring about desirable changes, to eliminate unsatisfactory conditions, and to prepare our students for giving themselves whole heartedly to their community responsibility in return for the many advantages that are theirs while in training.

In closing let me emphasize, in order that nursing education may meet the needs of the present day:

1. Training schools must be organized and conducted by educational authorities (preferably as parts of established universities).

2. They must have their own budgets,

3. An adequate standard of preparation must be demanded on the part of the nurse students,
4. Didactic and laboratory instruction must be given by a paid faculty.
5. Practical or clinical training must be secured through arrangements with a hospital, its extent and content to be governed by educational considerations.
6. The course leading to the nursing diploma should permit the nurses to elect special work in nursing education, institutional administration, or in public health.

Miss Stewart: I think we shall ask Miss Friend to read her paper on a proposed science nursing course in Ohio State University first, and then we shall have a little time, I hope, for the discussion of courses of public health nursing, how we can arrange them, how we can connect up with different types of institutions or organizations for that training.

(This paper is given by title only in these proceedings as the League of Nursing Education through its Committee on Education, has a pamphlet in preparation for early publication which will set forth the curriculum and organization of all nursing courses which are integral parts of, or in any way connected with, universities.)

Miss Stewart: Now we have half an hour before we close and I think that you will want to take up a number of the points which have been brought out in these papers. I think we want to understand quite clearly Mrs. Haasis has made it quite plain, that in spite of the fact that nurses have been the pioneers in opening up the field of public health nursing and that they have done on the whole remarkably good work, they are under a great deal of criticism. We have heard it stated quite definitely by some of our public health men that they do not feel that the nurse is the person for the future development of this public health work. They have said that they do not feel that she is well enough qualified educationally, that she has too much of the bedside point of view, that the training she had had in the hospital is not of very great importance at all, that in fact she ought to have an entirely different kind of training. Other suggestions have been made and the point has been urged that a different kind of worker might be trained. It has been suggested that she shall be a college graduate, that she shall not be pushed
through a long clinical experience in the hospital but that most of her work should be along scientific lines and should be given in the college. It is stated that such a person could be trained very rapidly for public health work and would probably make a more satisfactory worker.

This was seriously proposed. A number of men who had been abroad felt that the health visitors whom they worked with in France and England were pretty satisfactory, in spite of the fact that the health visitor has not proved entirely satisfactory in England. Nevertheless they were willing to try her out here, feeling that they would get a number of attractive and able young women in different communities to take a short period of hospital training and that those women could be quickly trained for the field of public health work.

The men who are proposing such measures are serious and they are, some of them, quite prominent. So we have to take this matter into serious consideration. I suppose we shall all admit that nurses have not always had as full preparation as they need for public health work. I suppose we all feel that there are big gaps in our training. While most of us think that hospital training is absolutely essential to the work which the public health nurse is doing we should, I think, agree that this training needs to be modified. I do not believe there is much danger that this field will pass from our hands, but there is some need for us to adjust our training to meet its new demands.

There is no doubt that a great deal of the work which we give in our training schools is absolutely essential for all nurses. I think some of it, a little, probably, might be omitted and more opportunity given for specialization or for experience in public health work. I think we ought to take this up first for discussion. What modifications might we make in the existing training to meet the new needs of the public health field? What modifications are being made by the schools which you represent? We should like to hear from members who have been thinking on this subject and who have been working on it, both from the public health service and from the training schools.

Miss Hilliard: Is it not true that in this same group who had opposition in New York in their employment of nurses they were not given a sufficient wage to attract the really good women in
the profession? Is it not true that they did get about them a very large number of women who were not as well qualified, who were really under the average of the profession? I though that was true for a long time in the Department of Health of New York. I think the salaries have increased recently. Perhaps Mrs. Haasis knows more about this. But I did feel from the conversation I have had with nurses, endeavoring to have them take up different forms of work, that the slight salaries paid frequently deterred women from embarking on the work. They have financial obligations incurred during their training, or, for other reasons they cannot afford it. These men call for women of training and education; they do not always pay for it.

Miss Stewart: I think that is a very good point. As a matter of fact, the boards of health have paid the very smallest salaries—I think I am right in that, am I not, Mrs. Haasis? The head of the State Department and one of the assistants of the State Department of Health in New York said to me not very long ago that they can not find nearly enough of any kind of nurses to fill the demand, that they could not begin to get enough skilled nurses for that kind of work. But during the war they had been very unfortunate, I think, in the selection of nurses. In fact, there were not very many nurses to select from, and, therefore, he was inclined to be a little bit discouraged about ever being able to secure an adequate nursing staff.

I am quite sure that, with the returning nurses from abroad and the large number taking up public health work, this acute demand will be met to some extent, at least, and there will not be so much complaint about the kind of nurses employed.

Is there any other discussion in regard to what the training schools are doing, or can do, to meet the need for public health nurses.

Miss Van de Vrede: I would like to bring out the idea that the average officer or physician or any one who has been interested in the discipline and health work in communities in almost every case fails to differentiate between visiting care on a community basis and public health nursing. Nearly all people who are advocating the use of that type of workers are thinking of the outside worker on the community basis rather than the public health nurse, and I believe, if a better understanding and more
literature could be widely disseminated on the differentiation of
the types of nursing, it would go far to correct that opinion in
the minds of people who are dealing with health subjects.

Miss Helen Kelly: I would like to say in connection with
boards of health and other municipal bodies directing public
health nursing that it is not always so much a question of the
sufficient salary as it is the lack of opportunity for self-expression.
A nurse will take a course in public health and sociology, is
full of ideals and ideas about what she might do. Then she goes
to one of these municipal organizations, and finds that she is tied
down by a set of rules compiled by men whose information of
social work is nil. One of the men with whom I talked of my
work, when I talked about the "social" end of it, thought I meant
tea parties. He said, "We have no time for tea parties." I
think one of our very large obligations is to try to socialize our
city officials.

Miss Stewart: I believe that there is also a good deal of com-
plaint on the part of the nurses themselves, that they are not
under the direct supervision of nurses in these state and city
boards of health, that they are working entirely under physicians;
and, that, unless we can have expert supervisors to organize and
direct the work, we probably won't get many good women in
these fields.

Miss Eldredge: I think the suppression of which Miss Kelly
spoke has considerable to do with the poorer type of nurse whom
sometimes we find in our public health fields. For instance at
Teachers' College we took a course in school nursing which sent
us out into the field. With those New York school nurses, and
the method New York was using last year the class felt such
suppression, as it were, because commendation was made not a
question of what your results were, but merely a question of how
many visits you made. The nurse would go out and work for
improved conditions and obtained results. Her report was taken
over and compared with that of some nurse who made more visits
but hadn't any results. The former was called down, the latter
commended.

Miss Barnes: What impresses me as fundamental about our
problem is the need which we have not met as fully as we must,
of educating the public to what is involved in real nursing.
Another factor is the matter of politics. Some years ago when Tammany was once before in command in New York City, when I personally applied for a position as school nurse I was distinctly told by the secretary of the Commissioner of Health that while he had no doubt that I was better prepared and would do better work than many nurses who had been appointed or who would be appointed, there was no possibility of my getting the appointment if I had not political influence.

Miss Stewart: What modifications, if any, do we need to make in the training of nurses in order to meet the needs of the public health field? I think that is the question which is going to be met by a great many superintendents. They want to train their nurses so they will be able to go into the public health field and do creditable work. The work is needed there is no question about it. Now what do we need to do in our training to make our students ready for that work?

A number of training schools are trying to fit into the last year a short course, four months, sometimes longer, in public health nursing. You have already heard of this course.

Are there any other modifications of the training school curriculum, or of the training in the school, that are needed in order to make the nurses better fitted for this field of work? Perhaps the public health nurses can help us here, since they are the ones who are in the field. If there are any deficiencies they will know what the deficiencies are. Mrs. Haasis has told us some of these.

Miss Kelly: I would suggest that they at least acquaint their students with the fact that there is such a branch as public health nursing.

Miss Eldredge: There is one thing we want to remember, and that is that every nurse in the private duty field, in the hospital, in married life, is a public health nurse if she only looks at herself from the proper point of view.

Miss Stewart: This brings us to a point which I think we shall have to emphasize here, and that is that all nurses need a good deal of information on the prevention of disease, and the social aspects of disease. It is not only the public health nurse who needs this.

There are some people who seem to feel that the differentiation between a public health nurse and other nurses ought to
come fairly early in the training, that all should have a preparatory course but that very soon the public health nurse will declare her intention to take up public health work and then her training should be somewhat specialized from the beginning.

I would like to hear the point of view of some of our training school superintendents on this subject. I have a very definite point of view of my own. Miss Parsons, will you speak on that? How soon should that differentiation be made, if it is made at all?

Miss Parsons: I think that it is desirable to give the probationer, or shortly after her probation, an idea of what the public health work and social service means. We are not able, nor do we pretend to give an ideal course at the Massachusetts General Hospital, but we have been able to give our probationers a few hours with the hospital social worker and an opportunity to visit a few homes with the hospital social workers. That starts them out with an idea of the surroundings of the patients whom they later care for in the wards and set their ideas along the line of public health and prevention.

After that they need about two years in fundamental general nursing, without any special regard, usually, to the line of work which they intend to take up later. In the third year, if they are intending to do public health, they ought to have experience in the skin wards and, if possible, a special course in eye and ear work. We usually cannot give both in the Social Department and District Nurses' Association, but we try to give one or the other. And that is about as much as we have been able to do in our three years' course, but that is better than nothing, we think.

Miss Lawler: I feel that the question of how, or when, in the nurses' course you should make this specialization is open to question, for no matter what department of nursing a woman is going into there are certain things that are common to all, and we assume that the nurse will take up some particular form of public health work, but that does not always follow. For another thing, particularly in our larger schools, a number of the graduates going out each year do institutional work, and it seems to me the information which you give to the nurse who is going to do either public health work or institutional work should be the
same. In the larger schools you must give them all a good foundation. We can do more towards public health training but this should be given to all the students, so that when they go out they will understand the point of view of the public health nurse better.

Miss Goodrich: I would like to ask what part of the public health nursing experience should be eliminated from the course of the student who is preparing for any other field of nursing. What would you eliminate from her preparation as private nurse? That would be a good way to get at it.

Miss Palmer: We have some statistics.

Miss Goodrich: Well, I don't know how you can get any statistics like that. Ear trouble is a complication that like many diseases affect wealthy people also.

Miss Parsons: But the students have enough experience in that in general training so they can meet those. But I mean the special course in the eye and ear infirmary.

Miss Goodrich: Not ear trouble, but skin diseases that only afflict the poor; is that it?

Miss Parsons: I think pretty generally, I have never heard any complaint of nurses in private work on account of not having those special things. Of course they get much of it in the regular wards without special courses, but they are not so intensive.

Miss Goodrich: The nurses' unwillingness to undertake the care of the sick child is directly attributable, I feel confident, to their lack of experience in pediatrics. I believe that we should insist that the three years should include the various experiences. The reason these experiences have not been included is because we have not been free to adjust our work, not because from the standpoint of time they cannot be included.

All the services have a distinct relation to each other, pediatrics, for instance, is medical experience plus the child. You can cut your adult medical experience by just so much as you strengthen it through the experience in pediatrics. The obstetrical experience definitely extends the experience in surgery, the orthopedic service again makes a distinct contribution to a knowledge of the surgical field.

Thus a variety of services means not a loss of any given experience but a definite strengthening of each. If in addition to
shortening the period in certain services, such as adult medical and surgical wards, we relieve the students of duties of no educational value, we have distinctly extended the clinical experience of the students and we will find that we have ample time to include all the subjects essential to the public health field.

Miss Stewart: It has been suggested that they might dispense with some of the surgical work in order to get more medical and contagious work, and it has been stated by a number of public health nurses that they had far more work with private patients than they needed for public health. I think these are two places where we can eliminate for the public health nurse.

Are there any other suggestions of readjustments in the training?

Miss Hyde: Mrs. Haasis' paper speaks of the need of a course in mental hygiene. I would like to know how much time the public health nurses think would be desirable.

Miss Stewart: Yes, I feel that question could be better answered by someone who has had more experience with mental cases, who could tell us what would be the minimum time in which a person could get any understanding at all of such work.

Miss Lawler: Our students each get three months. We feel that is adequate. Of course there are some who, if they particularly desire it, are allowed a longer time than that.

Miss Stewart: We have just a few moments left and we are anxious for discussion of the kinds of affiliations that have been made between training schools and visiting nurse associations and other institutions for the training of public health nursing.

Miss Maxwell: Most of our students get two months in the social service department of the Presbyterian Hospital. Most of the others get four months in the Henry Street Settlement. We do not think this absolutely prepares them for taking charge of any important work afterwards without further preparation.

Miss Clayton: Our students go two months with the Visiting Nurse Society of Philadelphia. The superintendent of that society teaches them two months; in the next year we shall extend that course to cover four months. Many schools find it impossible to send their nurses to the Visiting Society for four months, but the society has affiliated with the school for social workers and will continue the remaining two months after she had graduated from the training school. In this way the student will
receive credit for four months’ public health work in connection with the Visiting Nurse Society and the School for Social Workers. Our own hospital is now giving the students the privilege of living in the hospital with all expenses while they take the additional two months with the Visiting Nurse Society if they so desire.

Miss Hilliard: I would like to ask Miss Clayton if all students get that training or is it elective?

Miss Clayton: The training school faculty first decides whether the student should select that special training, and the student also elects it. Then, if the student has shown throughout her training that she is not qualified to be a real public health worker she is only given the two months in the hospital and Visiting Nurse Society. If she seems specially qualified, both in the opinion of the training school and the Visiting Nurse Society, she is given the additional two months.

Miss Hilliard: But each pupil in training has the first two months?

President Clayton: Up to the present time, up to next year, yes. They either have two months in the social department of the hospital, or in the Visiting Nurse Society.

Miss Stewart: Attention might be called to the importance of certain minimum training before students enter the field work. We have had some experience from our affiliations. Several hospitals are sending students to Teachers' College, where they have their theoretical work, and to the Henry Street Settlement for practical work. I suppose it is difficult to adjust the schedule, but the superintendents were sometimes sending them to us very soon after their first year. We felt it was absolutely necessary, in order to do safe work in the homes, that they have their general medical, surgical, obstetrical and children’s training before they go into the field, and we have made it a regulation that they must have at least two years’ training before they begin to affiliate for public health work.

Miss Van Coy: In Texas we have some school work, but mostly social service work. Just recently a law was passed making it compulsory for every county to employ either a public health nurse or a public health instructor, and it is very necessary that we have more classes than we do to fit nurses for public
health work; because, unless we do, every county will have a public health instructor, who may not be a nurse.

Miss Eldredge: Will Mrs. Haasis tell us whether the proposed series of introductory lectures in public health are ready? There is a need for them.

Mrs Haasis: I am sorry to say that their preparation was interrupted by the war.

Miss Stewart: I believe there is a plan, isn’t there, for a public health campaign to take up the possibilities in the public health field and in the training schools of the country? It seems to me we ought to make that a definite object for the year, to see that all the training schools are covered, or given at least some opportunity for knowing what is in the public health field as well as every other field.

Mrs. Haasis: I would like to speak of the combinations that have been effected in two or three cities that I know of, Philadelphia, Boston, and I believe Chicago, whereby the senior students, and in some cases all students of all training schools, were brought together for a series of eight, ten or twelve lectures during the winter, one lecture on school nursing, for instance, one lecture on infant welfare work; etc. This has been a splendid thing, but simply as informing matter for the students, not in any sense to prepare them for that type of work.

Miss Stewart: I think we have come to the end of our time, and I am sorry that we are not going to be able to thresh this out further, but we will have an opportunity later to bring this question up for a discussion again.

The meeting adjourned.

Thursday Evening Session, June 26, 1919

The meeting was called to order at 8.00 p.m. by the president Miss Clayton.

Miss Clayton: Our subject this evening is, “Nursing Education,” and we are fortunate to have as our chairman, Miss Annie W. Goodrich, a leader in nursing education and Dean of the Army School of Nursing.

Miss Goodrich: It is hardly necessary to say to such an audience as this that we are now facing a very important, if not critical, time in the history of the world. It is hardly necessary to say that the work that has had to be carried on by the nurses in
the war, tremendous as it was, is as nothing to the work which
which should follow in these coming years.

That we have been so fortunate as to send thousands of nurses
overseas is indeed something to be thankful for. That they
were as well prepared for emergency work, for surgical work, for
care of the actually sick, was a thing that I think we have reason
to congratulate ourselves upon. But the kind of work that must
follow now is broader and more far reaching, and, it seems to me,
more intricate.

Seeking for information concerning the nursing care of the sick
in The Medical History of the Civil War in the Surgeon General’s
library I found two references only in the seven large volumes;
one in the opening volume and the other in one of the three vol-
umes that dealt with the medical cases. In the first volume it was
stated that about 2000 women had come forward to render service
in the Civil War and that it was the consensus of opinion, that
their best service was rendered in the diet kitchens and linen
room; that occasionally in the nursing care of very seriously ill
patients they had been of assistance.

At that time there was no school of nursing, in the present sense
of the word in the United States, and the St. Thomas Hospital
Training School had only been established a very few years.
So it was perhaps not so strange that the service of these wom-
en as nurses was deemed of such little value.

But in the second reference, I found the highest testimony to
the value of nursing care. This medical historian reporting on
the treatment of continued fever wrote as follows:

In fact, the closest study of the record fails to show that the disease was
influenced beneficially by any system of medication, or even that individ-
ual remedies had a notable effect on the result in individual cases.
It must not be supposed, however, that professional care was valueless
in the treatment of continued fevers. Regulation of the diet in the late
as well as in the early stages of the disease no doubt saved many lives by
lessening intestinal irritation and promoting the cicatrization of ulcerated
patches. The administration of suitable nourishment at regular times
saved the strength of the patient. Watchful care and control during the
period of delirium not only preserved the patient from direct and immed-
iate accidental death, but prevented that involuntary violence of action
and those unconscious exposures which would have tended to death by
subsequent exhaustion or local congestive processes. The removal of
retained urine by catheterization sometimes quieted delirium, relieved
hypogastric pain and prevented local injury. Careful nursing economized
the patient's strength by affording assistance in all his desired and permitted movements. The use of the bed pan certainly decreased the fatality of continued fever. Exhaustion was rapid in cases associated with active diarrhoea when, from want of facilities, the patient had to leave his bed on every alvine movement. Moreover, sudden death was not uncommon among asthenic patients who made the effort to attend their necessities in this regard. Careful nursing also protected the fevered soldier during the night when a pneumonic complication might have resulted from a continued displacement of the bed clothes; and by constant attention and regular change of position and pressure, it prevented the development of exhausting and distressing bed sores, keeping the skin of the patient clean, his bedding fresh and the air in his vicinity comparatively pure.

I said trained nursing, and we had it 22,000 strong in the Medical Department of the army this year. I think when we study that over and realize all that it means in the way of preparation, we have also a good deal of information which we can derive from it.

In a book that fell into my hands in the Congressional Library relating to our national professions and occupations, I was interested to see that in the many pages devoted to agriculture, engineering and other professions, the profession of nursing is disposed of in less than two. Dealing with the question of agriculture the importance was emphasized of knowledge on the part of dairymen of bacteriology and chemistry, and for those concerned in raising vegetables and cattle quite an extensive knowledge of pathology and biology. Mention was made several times of the desirability of devoting three or four years for the preparation for any field of agriculture or engineering, whereas, in discussing the preparation for the field of nursing, it was indicated that some experience in hospitals was desirable, and that such personal attributes such as tact, etc., were highly important. It is a curious thing that it should be thought that we who come so closely in contact with that most intricate machine, the human body, should have a less thorough preparation in the sciences than the dairymen or the farmer.

It seems to me that it is time that we linked up with every educational institution in the country in order that we may help our coming generation to stand a better physical test, if it so happens—which pray God it does not—we ever have another war.

I have the great pleasure of introducing Dr. Chadsey.
It is with a good deal of hesitancy that I attempt to say anything before such a gathering concerning this subject. It is very obvious, of course, that one whose business has been confined to the administration of city school systems would not be in a position to give any very definite statement of any value concerning the education of nurses. It seems to me, however, that from the standpoint of public education, the whole question of the education of the nurse is linked up very closely with the general philosophy as to the function of public education which we are trying to establish in this country.

For a long time we thought of public education as something which had to do with the general training of children, so that when they reached years of discretion, they would have a fundamental training on which there might be superimposed some form of special training which would be fitting to the case. We have of late years come to believe that education has a far broader significance and that the function of the public schools is to meet just as far as possible all of the needs of the public with reference to education that it ought. That is, the duty of the public schools is not merely to educate children, it is not merely to give the ordinary training in secondary education which we are accustomed to associate with the idea of the city public schools; but it is to furnish, after all, all kinds of training which may assist any individual in the community, whether child or adult, to fill his place in the community better, to be a more useful citizen and to prepare him in many cases for specific kinds of work which he otherwise would be unable to perform.

So we have seen in our public schools, so far as the young men are concerned, a very great widening of opportunity for training. Nearly all of our large cities have rather highly organized technical high schools in which many forms of education may be secured, which give rather specific training for different kinds of activities.
My own experiences in connection with this whole subject are associated with one city, Detroit, where we had been agitating for a number of years the necessity of adequate technical training for our young people, and had secured very generous appropriations for the creation or extension of technical education. In connection with this we felt very keenly that it would not be fair, if we did not attempt, so far as we possibly could, to offer forms of training for the girls of the community which would, so far as possible, parallel the forms of training which might be offered the boys. And of course in beginning to consider the things for which we could train the girls we found that, as compared with the number of possible things in which we saw the way clearly for the training of boys, the number of lines of possible usefulness for girls was quite limited. Certain traditional things that we always have had of course occurred in every instance. We can immediately assign in technical education for girls dressmaking and cooking. Those are the things that are found in all the high schools which really to a certain extent count on technical training. But after all, a dressmaking school does not go very far in the way of furnishing suitable technical education for the young women of the community; and even schools for catering, helpful as they are, will only meet the needs of a very limited number. And we found in addition to these there were comparatively few technical subjects. Of course there was the possible exception of the work in design, applied design, industrial design, and some very great opportunities for the conduct of useful education in that line.

And then we had as one of our other important subdivisions the development of education which would prepare definitely for trained nursing. We had had a little preliminary experience in that connection, inasmuch as the hospital schools in Detroit had for a number of years made use of some of the high school courses giving the nurses in training a form of education in a somewhat more effective manner than could ordinarily be secured in connection with the hospitals. We had, therefore, realized that there was work that the public schools could do very definitely. We realized also that the hospital schools would not receive the young women until they had reached at least the age of eighteen. We wondered whether there was something which
we could do which would be worth while for many of our young women who graduated from high schools before they reached the age of eighteen, and who had to mark time if they were expecting to prepare for nursing. A good many girls, more girls indeed than boys, graduate when sixteen years of age, and a great many at seventeen years of age, and so have a year or two to wait before the formal instruction in the hospitals may be commenced.

So we decided there were two different things that we might do in connection with the training of nurses. We might organize in this technical school courses for the girls who were expecting to enter hospitals or schools later on. We expected to work in a closer cooperation with the hospitals themselves and try to furnish, so far as possible, the kind of courses which they deemed wise. And as the then superintendent of those schools I was not personally concerning myself particularly as to the details, the subject matter of the curriculum. I did realize that there were courses in chemistry, of course, which would be very much worth while, not merely the elementary course which must be taken in the ordinary high school but course designed formally with reference to the particular needs of the nurse, so that she might have the opportunity of gaining elementary training for the application of that knowledge to the particular problem with which she would come in contact. And I thought we saw there a very useful piece of work that we could do.

We had established, in connection with this school, well organized courses in pharmacy, because we discovered in the city of Detroit there were a great many clerks who were ambitious to get their training and go right on with their work, and there was no other opportunity in that city to obtain that training except through the public schools.

It seemed to us quite obvious that there should be certain things in that course that could be utilized for the young women expecting to be nurses, or, if those courses were not properly organized, to modify such pharmaceutical courses so that they would be satisfactory. Naturally there is a very close connection between a course in chemistry and a course in pharmacy.

In connection with our plans in developing thoroughly organized and properly equipped departments for the training of those who wished to specialize in cooking and training for caterers it
seemed to us that there could be courses organized with very much the same faculty in dietetics which would give to these young people a really scientific basis for their knowledge of dietetics, combined with actual practical experience under the public school conditions.

Then of course, beyond that, we expected to work in harmony with the schools so that we might still further strengthen the preparation of these young people. It seemed to us that it might be highly worth while to try to connect up our educational guidance work with this work; that is, that there should be at some time comparatively early in the training of the girls a presentation to those girls of the opportunities which the nursing profession offered, of the training that was necessary, and the kind of life that would be led, and the service that a trained nurse could render to the community, in the hope that we could interest many in that way to plan to enter into that kind of work. Having interested them in that kind of work, it would naturally follow that again, in cooperation with those specializing in the subject, we should try to have a general preliminary high school course for those young people suited, so far as possible, to the future work which they were going into.

That covers the situation, about as far as I came in contact with it or thought concerning it: That the public schools should recognize that it is the duty of the public schools to give all the training that possibly can be given in order to assist the hospital schools in their work. I think it goes without saying that this training should be given so far as possible before the girls go into regular training. I also think that in our public school systems we can develop a very much closer cooperation with the hospital schools with respect to much of the work that is offered in the hospitals under rather disadvantageous circumstances. I am inclined to believe that, when this whole question of the cooperation between the public schools and our training of nurses is completed, we will be offering and carrying in our public schools nearly all of the formal training, leaving to the hospitals the practical application of all the clinical work, and receiving from the specialists in those hospital schools the advice and the supervision which would enable those in the public schools to render efficient service.
In other words, I think this whole problem from a public school standpoint is going to be solved in very much the same way that I think all our special training for young men, our industrial training, is to be solved. We are getting away beyond the point where we believe that we can carry on to any great extent effectively that training as part of the public school system in the public school buildings. But, we do say that we can effectively give many courses in the fundamentals of all kinds of trade, and many even beyond the fundamentals, more effectively in the public schools than such courses can be given in the trades themselves, but there can be really effective results, only through the cooperation of those who are overseeing the training of the young people in the trades and the work in the schools. I think the whole thing as far as nursing is concerned is going to be solved in a very similar way.

That we should emphasize this in our public school work I think I am thoroughly convinced. I do not suppose any thinking person exists today who does not realize very clearly that we need to stimulate this training, that we need to bring into the profession from year to year a group of young women, who not only have better technical training than they have had in the past, but shall have had a preliminary academic and cultural training which will enable them to do more effective work.

Miss Goodrich: I fancy that there are some who may want to ask questions, or perhaps to say something in relation to this very interesting presentation of Dr. Chadsey's. Unfortunately, he has to leave very soon, and so I am going to ask if you will not bring up any questions now.

I am going to ask Miss Stewart to say a word. She has been very closely connected with this question of the work of the secondary schools and I think no one is better prepared to speak.

Miss Stewart: I think I will just be repeating some of the things I said the other day in that report which I read from the committee which has been considering this whole question of part time educational teaching in the high schools. Perhaps the people in the high schools do not quite realize that our students are a little older than the ordinary high school students; and that makes this whole question of tying up with the secondary schools rather a difficult proposition.
I think we all agree with Dr. Chadsey that we want the cooperation of the high schools during the time that the girl is taking her high school training. I am quite certain that if we could bring into our professional schools students who have had good sound courses in chemistry, in physics, in home economics, in biology and probably in other subjects that are definitely associated with nursing, that we should have a very much better foundation on which to build our professional training, and we should certainly find that the students would get a very great deal more out of their training.

But, I do want to emphasize this point, that the profession of nursing requires something more than purely technical training. Our students must be well prepared in other ways and I should not like to sacrifice any of the cultural part of the high school training, any of the language, the English, the history, and the other part of the training for the inclusion of technical subjects, or even for the science, though I believe that we want to make the high school training strong along science lines.

In regard to the actual professional training, I doubt very much whether it would ever be possible to build very far along those lines in connection with any technical school. The science and other fundamental subjects, such as home economics, we may be able to find in the secondary schools. But when it comes to clinical subjects, medical nursing, obstetrical work, children's work, and so on, I have never been able to see that the ordinary secondary school could ever supply the amount or kind of instruction that our students need.

After all, as we said the other day, our schools are essentially professional schools of collegiate rank, and although some of them do go below a professional standard, our main aim is to get them up to that professional standard, and I feel that the secondary school can give us a very great deal of help in laying a sound, solid foundation for that. But I am inclined to feel that it will not be through the secondary school, that our further professional training will be best carried on. I believe that is also the general opinion of a number of our own women and others who have made a rather careful study of the situation.

_Miss Goodrich:_ Dr. Chadsey, do you wish to consider the other side of this?
Dr. Chadsey: I did not know I was expected to enter into a debate on this, and I am afraid I did not make all my points perfectly clear.

In the first place, I want to say that what we were trying to do in Detroit was being done at the request of these hospital schools absolutely. We were not trying to thrust ourselves into, or take away from, the nursing schools anything that they wanted to do, not at all. It was the other way. For years they came to us saying that we could offer better work, that we had better facilities for much of the work than they had themselves. Perhaps in order to make my own point of view, so far as the only city that I am connected with is concerned, I should say that I can conceive of the public school education as going a good deal further than apparently this purely elementary training which has just been described is concerned. I tried to say at the beginning that I thought our public schools existed for the training of all kinds and conditions of individuals. And in connection with these technical schools we train hundreds and hundreds of young women between the ages of twenty and thirty. They are accustomed to carrying rather advanced work. And we aim in that city and in many of our cities we are carrying on in connection with our public school work training that is beyond the ordinary undergraduate at the high school.

We had in connection with the same school which was doing this work with the nurses a full free medical course, two years in addition to high school graduation, which enabled the graduates of that free medical course to enter the regular work in the college of medicine. And, certainly faculties that can train successfully those young people through the sophomore year, and can train successfully hundreds of adults of all kind may well be able to offer courses which will be of the character as described.

I, on the other hand, am very glad to hear that very strong desire for raising very much higher the general standards of nursing. It had not occurred to me that we had reached that standard yet in the United States for our nurses, that they as a rule were women of so much academic training and culture as I understand is the case. I thought that a great many of the nurses had had comparatively little training over and above that of high school graduation. If you are reaching a place
where you can say that in your schools you are practically admitting only the women who have had, let us say, the junior year of college, it certainly augurs well for the development of your profession. I will confess, however, that I did not realize that was true at all in the United States. I did not realize it was true even here in Chicago. I thought that there were many being trained who had much less training than that.

My thought, as I tried to think of this whole problem, was that nursing is one of the professions and one of the best professions to which woman may go. Public schools in our larger cities are trying to offer many broad courses, and intelligent courses, for the training of individuals for various forms of usefulness in life. They have gone a long way in providing very extensive training and education of many forms for young men. I claim they have not done enough for the young woman and that we have in connection with the public schools an opportunity to render a very valuable service to very many of our young women. And we do not have in mind these sixteen year old girls. We do have in mind the girls themselves. Whether these courses shall be offered before they actually get into the hospital schools, or in conjunction with the schools while they are doing hospital work is a matter, of course, not of indifference to us, but a matter for us rather to respond to whatever the demand may be, to whatever the desires may be of those who have the specific responsibility of determining the final and complete training and preparation of those who will go into the nursing profession.

Miss Goodrich: I am sure we are deeply grateful to Dr. Chadsey, both for his address and his extension and the discussion. We know quite well, Dr. Chadsey, that our students, our graduates, a very large number of them, have not had even more than a year of high school. That is our great weakness, not our strength. What we feel, I think we would all agree, is that we need all the assistance we can have from educational institutions to help us build that up. What we wonder is if we will not build it more rapidly and, as we should, if the work in the secondary schools always worked towards the preparation of the students for the professional training which would extend beyond the secondary school grade.
I think we all realize that we are advancing our standards, and perhaps rather rapidly, because the universities are beginning to open their doors, giving us a five years' course, with the degree of bachelor of science, and the diploma in nursing. That is only, perhaps, for comparatively few, but if we can have in mind pretty clearly what our desire is, I believe we shall eventually obtain it.

We are deeply grateful to Dr. Chadsey, as we are indeed to the other educators who are helping us in this great problem of nursing education.

I was in Texas a few weeks ago and the citizens of that state are deeply interested in public health. They stand ready with really very excellent salaries for public health nurses, but the nurses qualified to develop the work in this or other nursing fields are not to be found in any adequate numbers. It is for that reason, I think, that we stress so much the importance of developing our educational opportunities.

We have with us tonight Dr. Pierce, who has come to tell us something of another important branch of work, and since it is our very great misfortune not to have Miss Nutting here I hope that he will take both his time and hers, to present his subject, The Nurse as a Factor in the Prevention and Control of Venereal Disease.

THE NURSE AS A FACTOR IN THE PREVENTION AND CONTROL OF VENEREAL DISEASE

By DR. C. C. PIERCE

Assistant Surgeon General, United States Public Health Service, Washington, D. C.

It is very kind of the chairman to give me Miss Nutting's time in addition to my own. It will take just a few moments, before I enter into the subject that was assigned to me on this program, to let those present know just what the attitude of the various governmental agencies in Washington is towards this very important field of public health nursing.

There are in Washington three Surgeons General of the Army, the Navy and the Public Health Service. The Public Health Service is a permanent national civilian health agency. The
Army Medical Department takes care of the soldiers in the army, and the Navy Medical Department takes care of the personnel of the navy, and the Public Health Service has as its function the general health and welfare of the entire population of the United States.

In the way our government is organized most of the health rights are inherent in the states, it not having been specifically stated in the Constitution that it was a function of the Federal Government. Therefore, there are only two functions that later have been taken cognizance of by congress, in which the Public Health Service has a free field of action: that is the immigration duty, the national quarantine duty, the prevention and spread of communicable diseases and interstate travel, and, more recently, the control of the venereal diseases and of the war risk insurance work. The other functions of the Public Health Service in relation to local communities must of necessity, and rightly, be carried on through the cooperative action of the various state boards of health and in municipalities in cooperation with the local health boards through the State Board of Health.

Congress last year, on July 8, created a new division of the Public Health Service, a division organized especially to have charge of the control and the spread of venereal diseases, and that is the subject that was allotted to me tonight on the program. And I want to say that it is a great pleasure for me to address such a splendid audience of women who are interested in public health nursing and to tell you conscientiously just the attitude of the Public Health Service, and, by quotation, the attitude of other bureaus and departments in Washington towards this great agency that we have for bettering the health conditions all over the United States, the Public Health Service.

The subject allotted to me for discussion tonight was The Nurse as a Factor in Venereal Disease Control, but because the venereal diseases are so intimately interwoven with every aspect of the public health movement, because gonorrhea and syphilis have unlimited possibilities as the cause of the physical and social ills of the people, I have not restricted myself to this limited though very important phase of public health nursing, but have included the broader field of the public health nurse as a social and educational factor in the prevention and control of prevent-
able diseases. One has only to study the records of the up-to-date institutions where thorough-going medical and social histories are taken of all patients, to be convinced that the physical and social ramifications of gonorrhea and syphilis are almost limitless. These diseases play a most important rôle in the cause of maternity and infant morbidity and mortality. Children affected with congenital syphilis even when treated are predisposed to many conditions that cause a serious handicap to them throughout life, among these results being abnormal mentality or mental retardation. To these two diseases also can be traced much of the great burden of all industrial illness.

To properly fit a nurse for venereal disease control means to properly fit a nurse for public health service. The war clouds have about passed and the period of reconstruction is here. The responsibility of medical men and nurses is to bring about the reconstruction and conservation of the health of the people of this country. Doctors and nurses must form a “league of workers,” if you please, to protect the health of the nation.

No graver responsibility than the conservation of human health rests on civilized nations, and it so far transcends other social or economic questions that neither time nor money ought to be considered a serious factor in the proper and prompt safeguarding of the life and health of the people.

So said George Shiras in a hearing before the Senate Committee on Public Health and National Quarantine in 1910.

The war has emphasized this responsibility. It has disclosed our mistakes and failures of the past, and has put into our hands knowledge and opportunity for the future.

Two years ago we did not know, as a nation, that 30 per cent of our young men were physically unfit for military service and that two-thirds of this number were rendered unfit from causes which could have been prevented; we did not know of the widespread prevalence of venereal disease; we did not know of the many adult cases of feeblemindedness or of the large number of the industrially handicapped. This knowledge was bought at a terrible price, but because of the price we have paid, we have come to appreciate life and health as assets essential for national efficiency.
Never before in the history of our country has such interest been centered in the subject of health as today; never a time when more effort was being made or when the confidence of the public was greater in the possibilities for improvement in hygiene and sanitation.

Read the post-war programs of the various governmental and private agencies in this country and you will find with but few exceptions that some part of the budget has been planned for health, and the public health nurse is named as the agent who is to do the important part of the work.

Secretary of War Baker in a recent statement says:

War has sharply revealed to how great an extent national success depends upon national health. It has also shown that organized efforts to conserve and build up the strength of our people can quickly show results. Every element of our public health activities during the war should be continued and enlarged during peace. The public health nurse, one of the greatest forces in promoting national health, is needed in greatly increased numbers.

In offering to the public the post war program of the United States Public Health Service, Surgeon General Blue very ably points out why public health nurses are needed in greatly increased numbers. He says:

The plans of the United States Public Health Service for the reconstruction period include a recognition of the need for a greatly increased number of public health nurses. Our work would fail of its best results without the cooperation of the public health nurse in explaining, to the individual person, the methods for preventing and curing disease; in giving nursing care to those who need it at what cost they can afford to pay; and in furnishing health authorities with facts gleaned from her intimate knowledge of neighborhood health conditions from which new programs can be formulated. A public health nurse at work in every county is a part of the goal toward which we should work.

This program provides for the study of the cause and methods of control of the preventable diseases, including the venereal diseases and tuberculosis. Prenatal, maternity and child hygiene, school and industrial hygiene are given recognition. The keynote of the whole program is prevention.

Ignorance is the fundamental cause of preventable illness and premature death. If ignorance is the cause, then education is
the obvious remedy. The following statements, made by persons of broad vision, clearly indicate by whom much of this education can best be disseminated.

Julia Lathrop, Chief of the Federal Children’s Bureau, says:

In any program to save the lives of mothers and babies, public health nurses are essential. The Children’s Bureau studies reveal how greatly the progress of child welfare is hampered by the scarcity of these trained women. An illustration of how public health nurses have already saved babies is found in the fact that the death rate of infants from one month to one year is steadily decreasing. It is for babies of this age that most has been done by public health agencies, including the public health nurse. The public health nurse finds the mother and baby even in homes inaccessible to medical and nursing facilities and brings them into relation with physicians and all health agencies. She also connects the doctor more closely with his patients by interpreting and showing them how to carry out his orders effectively.

Particularly is this true in the country where great distance makes it impossible for mothers and babies to obtain skilled care. An organization by which the county enlarges its work for the sick so as to keep people in health through the service of traveling nurses will cover the county with a network of beneficent workers who will be a constant educational force, cooperating with schools and health officers and knowing how to serve the individual home.

Commissioner of Education Claxton says:

Health is the first object of education. Among the various agencies involved in the effective program for guarding the health of school children and teaching them health habits, none is more important than the school nurse. Where there is a school physician, she supplements his work of examination by following up into the homes the children needing treatment and aids in securing the needed help. She also supplements the work of the teacher, who is generally lacking in this special training necessary for teaching health to the children in ways simple and vivid enough to influence their daily habits of life. The intelligent and tactful school nurse, too, is one of the best agencies for closer and more sympathetic relations between the school and the home. A school system without the nurse is an incomplete system.

Secretary of Labor Wilson says:

One of labor’s greatest assets is its health. Labor’s reconstruction program must therefore include a carefully formulated plan for repairing the physical waste and destruction of war by conservation and renewal of national health. The public health nurse enters into such a program in
many ways. The industrial nurse brings skilled nursing care to workers in factories and stores. The visiting nurse takes new methods of how to get well and keep well into the worker's home. The infant welfare and the school nurse assist in protecting and building up the health of the worker's children. To bring to every worker in our country skilled care many more public health nurses must be put at work in our communities.

The demand for the services of the public health nurse is an outgrowth of the shift of emphasis in the public health campaign from legal and restrictive, to educational and constructive measures. Some important things like purification of water supplies can be directly accomplished by official action; and legal restrictions are and always will form an essential part of the control of communicable diseases. Yet it is more and more clearly recognized that the larger problems of health require the intelligent cooperation of the individual citizen. An increasingly greater proportion of the energy of the public health workers is devoted to individual education in the sanitary and hygienic conduct of the daily life. This direct educational work is an important task for the public health service and state boards of health.

It is evident that for educational work of this character we need a woman of high type with a sound and broad education. She must have attractive personality, intelligence, executive ability and strong qualities of leadership.

It has been remarked in the past that nurses have been too highly trained; that the educational requirements have been too high; that the time of training has been too long and recommendations have been made to reduce the education.

Careful consideration of the important work the public health nurse is called upon to do clearly indicates that to reduce the standards would be most unwise. The public health nurse needs not less training, but more training, especially for the recently developed field of venereal disease control. For in this branch of public health nursing, whether this be clinic work or social service work, the nurse must know not only the organisms causing the diseases, their mode of transmission, the proper way to administer the treatment prescribed by the physician, but she must understand the elements of psychology, sociology, and economics, so that she can seek out and correct or cause to be corrected, conditions of environment that are conducive to improper living and immorality.
It has been said also that the training a nurse receives in the hospital unfits her for public health work; that in the hospital emphasis is placed upon cure rather than upon prevention, and it is suggested that a different type of worker other than the nurse be trained for this important field of public health education. If I am correctly informed plans are being worked out to train such workers. To one who has been actively engaged in public health work for almost twenty years, it seems unwise to experiment with an unknown and untried type of worker.

While every one will agree that nurses have not always been fully prepared in the past yet the fact is that work so far done in this field has been built up by nurses and physicians and the educational and prevention work done in the home has been the contribution of the nurse. It is because of the fact that she is a nurse, that she has had practical training, that she can use her hands to alleviate the many ills and suffering of the moment, that makes it possible for the nurse to do the educational work necessary to any public health movement.

Dr. J. H. Mason Knox, Johns Hopkins Hospital, Baltimore, in an article in the Visiting Nurse Quarterly for July, 1910, speaking of the nurse as an educational factor in the campaign against infant mortality, says:

In the last analysis, however, all our work hinges upon the better care of individual babies coming under our influence, and it is here that the trained nurse should be given the first place, both because of her unique opportunity and because of the good results which she has and does accomplish. It is she who enters the home, a welcome visitor, but one armed with expert knowledge and kindly act. It is she who can open the closed windows, remove superfluous clothes, prepare the baby’s feedings, give it a bath as an object lesson to the mother, and perform a hundred other services which together mean the difference between life and death.

The opportunity for service is here. The need for workers is great. The detail and home work so far, as has been stated before, has been done by the nurse. The almost phenomenal increase numerically of the public health nurse and the growing demand for more nurses, is due to the fact that she has met a real need.

Efforts are now being made to give the nurse better preparation along social and preventive lines. Witness this fact in the
three new courses which have been put on this summer at Columbia University; namely, Industrial, Venereal Disease Control and School Nursing.

The tendency is growing on the part of colleges and universities to recognize their responsibility toward nursing education and especially public health nursing education.

Courses dealing with such subjects as municipal and industrial sanitation, household economics, modern social problems, social legislation and similar topics are likewise proof that the nurse has proven herself worth cultivating.

From England, where the Health Visitor (the type of worker without the nurse's practical training) has been installed, come rumors that she is not altogether a success.

A warning sounded by Miss Lavinia Dock in a letter to hospital superintendents printed in the National Hospital Record, January 15, 1909, can be well heeded in the present crisis. She says:

The plea for laxity in preliminary educational standards, low entrance requirements for hospital training schools, and even for shorter terms of training, is often made with great skill of argument, and can be so presented as to sound extremely plausible, especially when present difficulties, graphically portrayed and emphatically dwelt upon, are placed well to the forefront of the statement.

Yet it is a singularly shortsighted plea—that of providing at all costs for the present without reflection as to the future. It is, indeed, an un-statesmanlike type of mind that can advocate a deliberate choice of lower, instead of higher standards of education, because this kind of policy tends ultimately to self-destruction. It is like the pit that one digged and into which he himself fell.

The thing of real importance is not that nurses should be taught less, but that all women should be taught more; not that courses of training for any serious work should be shortened, but better filled.

The present is urgent, but those in places of responsibility and authority have not the moral right to ignore the future.

It was estimated that there were 6000 public health nurses in this country before the war and this number was temporarily greatly decreased by war work. To fill the demands of bills now before Congress and State legislatures, at least 50,000 nurses will be needed.

This is indeed a challenge to the nurse educators of this country. The difficulty at present of preparing women for all branches of nursing is lack of funds.
Many hospital training schools are financially unable to meet the added expense of the necessary teaching equipment. I do not presume in the presence of this organization to suggest or outline any prescribed course or method of teaching. The National League of Nursing Education, which has so ably provided for the past, can safely be intrusted to meet the needs of the future.

But I do feel that it is not out of place for me to emphasize here the need for endowment funds to meet the unusual expenses attendant on the better training of nurses. Since this training is essentially for public service it would seem reasonable that the public should appropriate funds to support and develop this work. In conclusion let me once more impress upon you the needs of the public health field, and I can think of no better means than to quote Dr. C.-E. A. Winslow in his article, *The Public Health Nurse and Her Preparation for Her Calling,* in *The Bulletin of the National Organization for Public Health Nursing,* November, 1913, in which he says:

We need expert sanitary engineers to build and operate our public works; we need sanitary physicians to deal with the broader communal aspects of the spread of communicable disease; we need sanitary bacteriologists and chemists and statisticians to furnish the special expert knowledge by which all these activities must be guided. More than all, however, we need large bodies of sanitary educators to bring our knowledge to bear on the individual citizen who alone can make so much of it effective. Some of these missionaries of sanitation will be physicians, but most of them will be nurses. And that is why in my judgment the visiting nurse is the most important figure in the modern movement for protection of the public health—even if I state the case more moderately than did a student of mine in a recent examination paper. As he put it, "The nurse is the Grant, The Blucher of the campaign. She has come up with her splendid training, her many talents, her ready sympathy and mother heart at the crisis of the battle. Those who have fought long and hard may take courage. The victory will be won. Waterloo is in sight."

_Miss Goodrich:* I am sure that we have all been exceedingly interested in this presentation of this field for the public health nurse. I wish Dr. Pierce would go before the legislatures when they are deciding upon their appropriations and tell them how many millions of dollars we need to really develop the women for this field which is open to them.
I wonder if there are any questions which you would like to ask Dr. Pierce.

Miss Noyes: I would like to encourage Dr. Pierce in regard to his 50,000 nurses and tell him that I have signed the application of seventeen scholarships for his particular work.

Dr. Pierce: The Chairman has given me permission to use another moment. I want to thank Miss Noyes for the seventeen towards the fifty thousand that she has already found for us. I have to say that when I said there were fifty thousand public health nurses needed to fill the requirements, if all of the various pieces of legislation now pending before congress and the various state legislatures passed, that would include the various phases of public health nursing, of course.

But venereal disease control work, in which I am particularly interested, would not of course need such a very large number. That includes the nurses that are going to do the real sanitation work and tuberculosis and child hygiene and school inspection work and all the other phases of community nursing and public health nursing.

The particular phase of public health nursing in which the division that I have charge of is interested in is training nurses for the social service follow-up work. The outside work is the clinics. We can get nurses now to do the work in the clinics that are being organized all over the country. There are about two hundred and fifty of them at the present time that are cooperating with the Division of Venereal Disease.

Now a clinic with those diseases cannot operate satisfactorily without one or more nurses, not only to assist in the treatment of disease, but to do the very important work of following those infected persons into their homes. A few days ago we were discussing this at a meeting up in New York and some one asked the question if it was not a very unusual procedure to follow the patient with diseases of that sort into their homes. As a matter of fact, most of these cases are followed into the home at the request of the patient. As soon as the patient is impressed with the seriousness of the venereal disease that he had he wants the nurse to come to his home, if he is a man of family, and see whether his wife and children have already become infected and if so to get them under proper treatment, and if they are not
to prescribe the measures whereby he can avoid infecting the members of his family or his associates—at once a tremendous field for public health nursing is developed along those particular lines. And as was stated in that little paper I read today, this work properly seeks probably the very broad viewpoint of sociological and economic conditions which are responsible for the widespread prevalence of these diseases. It is a very particular phase of public health nursing, and through the kindness, or the great generosity I should say of the Red Cross and through Miss Noyes’ help and Miss Nutting’s at Teachers College, we are going to give this small group of nurses a course there that we believe will particularly fit them for this sort of work. And that, we trust, will just be the starting point and the nucleus of a very large number of nurses, who in subsequent years will take this and a broader course along the same line and be able to play the very important part, that nurses must play, in this practically new phase of public health work. Because until the war those diseases were largely ignored by the hospitals and training schools for nurses, but little was given to the nurses on those subjects. In fact, most hospitals would not take patients suffering with those diseases.

In this new cooperative work that the public health service and various state boards of health are carrying on a very determined effort is being made to get all the hospitals and institutions to recognize the responsibility that they have for the hospitalization of persons infected with these diseases; not only to give them the benefit of proper and thorough treatment to cure them, but as a means of preventing the further spread of these diseases through association in the family and shop and store and otherwise. So that, if by coming here tonight and addressing you women who are interested in nursing education, I can feel that you are going to be interested in this new, and, what up until recently has been a tabooed phase of nursing, it will be a milestone on the road of progress, in the control of these diseases, that will be well worth while.

Miss Goodrich: Perhaps Miss Noyes will say just a word about the public health scholarships, etc.

Miss Noyes: Shortly after the signing of the armistice the Department of Nursing at National Headquarters prepared its
peace program and it was directed towards public health nursing, the extension of our town and country nursing service very generally. In order to do that work we needed, of course, nurses, and in connection with that the first thought was to open a bureau of information in New York, an office through which the incoming nurses from overseas duty might pass, where we would have an opportunity of directing their attention towards the opportunities in the public health field. This bureau was opened and you will hear from my report, which comes, I think, tomorrow, the number of nurses that have come through that office; and it has been done in the way of diverting them and interesting them in this direction.

In order that we might go still further and assist the nurses, who were perhaps depleted as far as finances were concerned, towards their preparation, the Red Cross appropriated $30,000 scholarships and a small portion of that for loan funds towards the preparation of nurses for our own particular service. This of course constituted only part of the nursing personnel that will be needed for this country, and later $70,000 was added, making $100,000 for the preparation of public health nurses alone.

We should be very glad indeed to have nurses who are interested in our loans and scholarships apply to the Bureau of Information in New York concerning the amounts available. There is hardly a day that passes that I do not sign five or six applications for scholarship or loan.

The particular work in which Dr. Pierce is interested has been one in which I also have been deeply interested for many years but have not done any particular work in that direction. At the time when Dr. Pierce came to the Red Cross to see what we could do for him we hadn’t any scholarships at all, or only a small amount. When we secured the above mentioned money it seemed a large sum to us, but it is after all only a drop in the bucket when you consider the 50,000 nurses that Dr. Pierce says we must have. I asked the Executive Committee in appropriating that amount of money if they would not put aside at least $10,000 for this particular work. Miss Doyle, who is working with Dr. Pierce in his office in Washington, has been indefatigable in running down nurses and finding them and bringing them forward, so that we might give them our scholarships.
There is just one other thing in regard to scholarships that I think will interest this particular audience as much as the other announcements of appropriations, and that is that the Red Cross has just recently appropriated $15,000 for the preparation of instructors. That means a great deal to us. We reported to the Red Cross that although perhaps it was not their particular business to make appropriations for the preparation of instructors, still many of the schools had been obliged to modify their courses in order to include some preparation in public health work in the senior year, that they had had to appoint new and additional teachers, that they had had to make considerable adjustment of affairs in all directions. The Red Cross, therefore, came to see that it was quite as much their business to appropriate money for the preparation of instructors as it was to appropriate money for the preparation of public health nurses. So we feel very proud of ourselves to think that we have $15,000 to put in scholarships and loan funds for instructors. When you go back to your rooms please think it over and bring to our attention any person who may wish to apply for a scholarship loan for this particular purpose.

Miss Goodrich: Probably all of you are familiar with James' essay Moral Equivalent of War. It would seem that we must find some equivalent for arousing the interest of our young women in nursing at this time. You heard me tell you that in five months we had over 10,500 applications for admission to the Army School of Nursing last year. You also heard me say that over 5000 of those had had a full high school course, many of them college graduates, and were therefore fully qualified. We have not today the trumpet call of patriotism, but it is just as real a patriotism which is calling as was the war situation, and it is perhaps as closely related to the men who have given their great service as was the call for nurses in wartime. It must not be forgotten that we should never have had that response in the army and civilian schools had it not been for the persistent publicity that was carried on, particularly through the Committee on Nursing of the Council of National Defense. It was due mostly to articles in paper after paper all over this country telling about nursing and its needs and opportunities. It seems to me that we should learn something from that lesson and that
we should consider very seriously the importance of a big publicity program which would attract young women to this field, not for a few months but for a real preparation in nursing.

It is a very splendid fact that while we are being prepared as nurses we are rendering a service. And while many, many of our young women in the Army School have fallen back into their home life, it is to be remembered that many of them were women already trained for other fields, particularly teaching; therefore, I think it quite proper that they should have fallen back. But I do have to say that there was a proportion of them who could have given the three years of service and who might have continued beyond that preparation as graduate nurse. It does seem to me that we ought to get the message over to the young women who are free to give their time in order that they may render a certain number of years or months of service to their country in this reconstruction period.

We are very unfortunate in not having Miss Nutting here this evening. She was to have presented a most interesting subject, *The Turning Point in Nursing Education.*

It seems to me that rank for nurses is an important question. Rank in a democracy, it seems to me, has no justification except as an efficiency measure, a means where it may be known who is in authority in a great emergency without any loss of time. We need every instrument, I think, for the important service that we are rendering, and the country must be prepared to give us that status through which alone we can be effective.¹

After Mrs. Greeley’s very eloquent plea I am sure that you will add to your now somewhat numerous duties the struggle for rank. We are the only body of women, as far as I know, that have ever been accused of being inarticulate. Now that we have found voice I dare say we shall drown the military system as well as Congress.

My feeling about the military system, Mrs. Greeley does not really know the extent of. I would not only take the medical

¹ Mrs. Greeley, at this point, spoke on rank for nurses. She urged that we work diligently and systematically for such rank voicing our wishes in the matter to Congress. This appeal has been embodied with the other presentations of the subject of rank, and as stated above, given the wider publicity of *The American Journal of Nursing.*
and the nursing care out of the military system, but I would like to run the whole army, as a business in times of pressure and as a university in times of peace, and that would certainly do away with rank. This may be Utopian, and we shall have to try it out in another planet. I do not believe in rank, but if the military system of control is through rank we must have rank.

Friday Morning Session, June 27, 1919

The meeting was called to order at 10.00 a.m. by the chairman, Sarah E. Parsons.

Miss Parsons: I think we will begin as the hour has come for opening this interesting and valuable session, for, after all, the whole nursing situation depends upon what our training schools can do to improve their methods. I am anxious that we should have all the time possible for these papers and for as full discussions as possible. As Miss Burgess is not yet here and as no one has her paper, will Miss Coonihan please read Miss Wood’s paper?

THE VALUE OF THE CLINICAL METHOD OF TEACHING IN NURSING SCHOOLS AND HOW IT CAN BE ORGANIZED

By HELEN M. WOOD
Acting Superintendent of Nurses, Massachusetts General Hospital, Boston, Massachusetts

In our training schools for nurses, more than in almost any other kind of school, do pupils have the opportunity of seeing theory and practice taught side by side; and in no better way can we correlate theoretical and practical teaching than on the wards of our hospitals. Yet, in spite of this open field, we have often failed to make this correlation, and the student nurse whose idea in coming to the hospital is to learn to care for the sick finds her chief interest in the wards, and pigeon-holes much of her instruction in a part of her experience labeled “theory only” and associates it with text-books, blackboards, microscopes and classrooms in some part of the day’s program disassociated with her chief business—the care of the patient.

In our efforts to train nurses we have frequently been in despair
over more than one pupil who shows a keen interest in her ward work, and yet who is obviously bored in class or lecture room.

The most simple solution then to such a problem is to transport the pupil, whenever possible, to the ward where she acknowledges her interest, and substitute the patient for the text-book. Fifteen years ago the majority of training schools had all their practical teaching done on the wards, either by instructors or head nurses, or even by senior pupils, and the young nurse learned from the beginning to care for sick people by working with the patient. Such methods have their advantages as well as their disadvantages. The Chase doll with its many relatives of rag and rubber is a fairly recent asset to our teaching force, and came to existence when the necessity of larger classes and more carefully worked out technique came into existence. But in being driven from the ward to the classroom we lost two things of great value to beginning students: the personal equation of the patient and the hospital atmosphere, which undoubtedly holds the interest of more students than does the atmosphere of the classroom.

Why then should we not bring some of our teaching back to the wards? It is impractical to carry on the instruction of the probationers in this way. The preliminary period which is spent for the most part in the classroom has proved itself as the best way to handle large groups of untrained pupils, both from the view-point of the student and of the patient. But after the latter part of the first year of the course, there is a distinct advantage in taking the nurses to the wards for their routine instruction. Why teach typhoid fever and pneumonia in the classroom alone when an hour's visit in the medical wards, with a teacher who there has at his hand typhoids and pneumonias in different stages of the disease, will present a real picture that cannot be forgotten or confused with others? An hour's description of erysipelas will never make the impression that is made by one minute's look at the red, swollen face of the patient.

There are several points to be remembered in this clinical method of instruction. First of all, the group must be small enough to be able to gather around the patient to hear the instructions and observations of the teacher without his having to raise
his voice or be heard throughout the ward. It will sometimes be advisable for the members of the class to feel of the tumor, or to try to use the stethoscope, and then too large a group would be tiring for the patient. Fifteen students at a time can be well managed. Twenty students become a cumbersome group, and it is almost impossible to hold the attention of a much larger number with this informal method of teaching.

The interest for the instructor in this type of teaching depends very much upon his personal contact with both students and patients, and the larger the group the less can he learn to know the individual nurse and hold her interest.

The question arises as to whether the patient should hear the discussion of his own case. This matter must be left to the doctor conducting the clinic. Very often it is a perfectly wise thing to let the patient hear it all. He is the one most interested, and he often makes very helpful observations on his symptoms, such as we would never find in a text-book or hear from a third person. If not too sick he generally enjoys the procedure of a clinic. If a patient is too ill, or for any reason should not hear too much concerning his disease or his own condition, discussion of the case should be held outside of the room, the bedside clinic being short and general, probably without the patient even being touched. The mere actual picture of the very sick person will help to fix in the mind of the young nurse the preceding or succeeding discussion of the disease.

Clinical instruction is one of the best ways of training a nurse's observation. Sometimes the doctor makes the observations for the class: again he may ask them to make the observations after seeing the patient and perhaps talking with him. The making of diagnoses is without the province of a nurse, and yet the same drill that is used to train the observation of a medical student is not out of keeping in the training of a nurse. In our large hospitals our young nurses have so many superior officers immediately at hand to take responsibility, senior nurse, head nurse, and house doctors, that they often do not have the experience in observation which is forced upon the pupils of a smaller school, where there is no house doctor present, and where the head nurse in the ward has a much more varied scope of work and, therefore, less time to supervise the pupils than is true in a large hospital.
Here is our chance to develop this point. Perhaps the instructor has been teaching pneumonias: he may take the class into the ward and let them, without the aid of charts, determine which are the probable pneumonia cases by observing a number of patients. Nothing will make them more keen in observing symptoms, which is one of the nurse's chief duties as an aid to the physician. It may be that a new kind of case is to be studied. If the nurse has watched the patient, talked with him, observed his general appearance, noted his complaints and abnormalities, she has a much keener interest in the doctor's instruction in that kind of case. In large groups, however, it is very hard to allow the time for the nurses to make these preliminary observations.

Another point to be considered is the time of day to be chosen. In order that the clinic may not be distracting to either the patient or the ward routine, it should be held at the most quiet time of day, when visitors or doctors are not as liable to be around. Certainly these classes should not be at meal hours. Experience has shown, however, that they make very little disturbance in the ward, particularly if the head nurse knows beforehand that patients are to be used in the clinic. She can then see that these patients are attended to and made comfortable, and that the duties of the nurses in the ward are so planned that there is no interruption to their routine.

One almost essential element in this type of instruction is the follow up quiz, to make sure that the points of instruction have been understood, and that the students may be conscious during the exercise that the work is of such importance it requires a checking up. This quiz would best be conducted by a nurse instructor who has attended the clinic. She will then have an opportunity to review with the nurses the nursing care of the cases that have been studied.

The question of instructor will vary in different types of institutions. In the large hospitals, that is, the teaching hospitals for medical students, it is not difficult to find some medical school instructor who can make time for clinical work with the nurses. In a small hospital it is almost always noted that the staff are expected to help with the instruction of nurses, and they generally feel quite interested to do so. It is not at all reasonable, however, in either case to expect that such a course can be given
without paying the doctor for it. If the classes are large and have to be divided into several groups, it would mean just that many sections a week to be given, and we can never plan on one section being the duplicate of the previous class, because the cases in the ward change from day to day, and the teaching material must, therefore, be arranged for each particular section. All this takes time in preparation.

The doctor goes to the ward early in the day, or possibly the afternoon before the class assembles, to look over the patients and decide which ones will be available and practical for teaching purposes. He then leaves a note with the head nurse as to which cases he will use, in order that everything may be in readiness for him the next day. It is quite important that the same teacher should have the class throughout the year, in order that he may make sure that the important types of medical or surgical diseases shall be covered. By cooperating with the head nurse she can often call his attention to interesting cases which are admitted to the ward.

In some instances a doctor may not be available for these classes. Nevertheless this system of clinic instruction can be carried on by the nurse instructor, although it seems that a doctor with his wider knowledge of medicine and surgery would be preferable. There are some hospitals where a suitable doctor would not be available, and where the one nurse instructor has far too much to do to take this added work. In such instances the head nurse is always available, and generally will be interested, if she is given enough assistance in the ward, to spend the time in teaching on her own ward.

If in the larger schools the classes have to be divided into three or even four sections, it is quite an item for the instructor who must accompany the classes and conduct the corresponding quizzes. One of the problems that has arisen with the development of our preliminary course in training schools is that the teaching of nursing procedures is limited to the probationary period, and very often there are no further classes during the whole course in nursing technique. The clinical method of instruction, therefore, gives one of the best opportunities possible for a review. If this increases the instructor's schedule unreasonably, the situation presents a very good opportunity for the
use of a senior pupil as an assistant; for no matter how interesting a clinic may be (and it is one of the most interesting forms of class work for a nurse), an instructor is bound to be more or less bored by having to watch the same group several times a week, particularly if she has one set of students in surgical clinics, and another in medical clinics.

Methods of instruction in nursing education are much under discussion today; and we have all manner of critics, from the extremist who claims that our teaching is growing too theoretical and borders on the realm of medicine, to the radical who argues that we spend too large a proportion of time and energy in the routine practical instruction of nurses. Could not this clinical method of teaching help to answer this realm of problems? It will keep a practical background to our theory, and emphasize the scientific aspect of the everyday work on the wards with the patients, unifying in the mind of the student nurse the various phases of her curriculum in a way that is hardly possible in any other field of education.

Miss Parsons: I hope you will bear in mind the point that you will later have an opportunity to discuss the clinical teaching of nursing. Miss Stewart will you read Miss Doty’s paper?

THE NEED OF COÖPERATION BETWEEN THE HEAD NURSE AND INSTRUCTOR

By PARMELIA MERMAN DOTY

Instructor, Teachers’ College, New York

In looking over recent articles on the head nurse one is impressed by the fact that all the emphasis is put upon her as an executive and little is said about her function as a teacher. We are told that the head nurse of today doesn’t have time to teach, that she isn’t greatly interested in teaching anyway, that she prefers not to do it.

It is true that we live in a changing world, but some of us, who were brought up by the old fashioned teaching head nurse and have very grateful memories of her splendid work as a teacher, are inclined to believe that it will be a serious loss to our nursing schools if the teaching head nurse is pushed too far to one side to
NEED OF COÖPERATION

make way for a successor whose chief interest centers in the management of her ward and who feels that the instructor is the person responsible for the teaching and cheerfully relegates this work to the classroom.

Not so many years ago practically all teaching concerned with nursing methods and practical procedures was done on the wards by the head nurse. Students were admitted in groups of two or three to take the place of the same number of outgoing nurses. It would have been difficult to arrange adequate class work under such a system and besides it was felt that the probationers were needed on the wards from the day of their arrival. The head nurses had full responsibility for teaching and training these new students and accepted this part of their work as a matter of course.

A little later we find the students admitted in larger groups and regular classroom instruction given in nursing methods, but we still find the probationer going "on duty" in the wards as soon as she arrived at the hospital and so large a part of the routine work was assigned to her that she could not be spared for class work for more than an hour or two a day. Obviously the head nurses still functioned very largely as teachers and they took great pride and interest in this phase of their work. I remember in my own school we frequently heard ourselves referred to as Miss S.'s or Miss B.'s probationers. Certain head nurses had considerable local fame as teachers and the new probationers who had training under them were considered very fortunate. I think the head nurses who were not good teachers in those days were decidedly in the minority. They were doubtless chosen for the position because of ability in this line, and it is the tendency for people to do well that work which they consider important and interesting, provided they have some capacity for it.

Changing conditions added to the demands made upon the head nurse as an administrator of her miniature hospital, and her executive duties became very much more complex. At the same time came the realization, that, if we were to justify our right to be called schools, and if we were to attempt to prepare students in anything like an adequate way to meet the demands made upon the profession, we must have more systematic classroom instruction in every branch of nursing work.
The first big stride forward was made by the adoption of a preliminary period, a large part of which was given up to theoretical work. The second vital step was the advent of the trained teacher in our schools of nursing. Today no one questions the necessity, or importance, of these two reforms, but, as in all reform, there is a tendency for the pendulum to swing too far in the extreme direction, and it is a question whether we are not in danger of divorcing our theoretical and practical training to too great an extent. The instructors themselves are recognizing this tendency and have been among the first to hoist a danger signal.

Other educators envy us our ward laboratory ideally equipped with clinical material for teaching. Are we utilizing this to the fullest extent in our schools? It is a trite saying that theory and practice must go hand in hand, but we need to bear constantly in mind that we are not going to get the best results in our schools, no matter how excellent the classroom teaching, without constant correlation of the theory and practice.

The busy instructor cannot be expected to carry this work alone, and must depend very largely on the cooperation of supervisor and head nurse. With the right kind of team work between head nurses and instructors, we could work out an ideal teaching system. The head nurse must be made to see how important her work as a teacher is. Certainly she has an excellent opportunity because of her close and constant contact with students to become familiar with their capacities and needs, and to give help where it is most needed. She alone can help them to acquire the skill and finished technique which is the result of frequently supervised practice.

She should be constantly in touch with the instructor in order that they may have the same methods of work. How often have we heard pupils say “Oh, that isn’t the way Miss A. taught us!” Is it not true that we are in danger of developing a classroom procedure and a ward procedure? We know what demoralization this means.

Closer cooperation between the head nurse and instructor would do much to standardize nursing methods. No new procedure should be introduced in the classroom which has not first been presented to the head nurse. Head nurse and instructor working together can perfect old methods and decide on the
adoption of new procedures. If the head nurse thinks the technique is becoming too complicated for practical use she can suggest modifications, and the head nurse who is really familiar with the classroom methods can make a worth while effort in seeing that the nurses actually use the methods taught in the classroom.

On the other hand the instructor should consider it her duty to keep in touch with what is going on in the ward, so that her teaching may be adjusted to the needs that arise out of ward work.

The problem of cooperation seems to be in devising some way to utilize fully the material at their disposal and to make the dividing line between theory and practice, between classroom and ward, less sharp. They must each recognize their common aim, to develop a perfectly functioning nurse and work together to that end.

We do not believe that the majority of student nurses can be left to make the application of classroom theory to the work on the ward. No matter how careful the instructor is to tie up her work with the students’ ward experience, there is a great deal of valuable teaching material which will be overlooked, unless the head nurse is constantly on the alert to point out the connection.

She has a splendid opportunity to teach bacteriology, materia medica, therapeutics, anatomy, symptomatology and allied subjects in a way which is particularly valuable because it provides associations for the student which tend to fix the new knowledge in her mind in a way that will prevent its being easily forgotten. We all know from experience that we remember best the things which are associated with actual cases under our care. The head nurse who is doing this teaching will have an additional incentive to keep in touch with the progress in nursing and medicine and to continue her reading and study.

It is pretty generally felt among the students today that the head nurses think merely of getting the work of the ward done in the most efficient manner and take little, if any, interest in the education of the nurse. This is the most serious criticism made by the college women who have recently entered nursing schools. When we have head nurses in the wards who can teach and who are interested in doing so, we will undoubtedly find much less dissatisfaction among our student body, many of whom are
inclined to feel today that they are not getting altogether a "square deal."

The success and standing of the hospital depends very largely of course on having a capable executive in charge of each department whose business it is to see that the machinery runs smoothly, but the head nurse owes a duty to the pupils as well as to the hospital authorities. Students have a right to expect supervision in their work from a person with training and experience. And supervision of the right type implies teaching, since merely to condemn without teaching right methods of work is utter waste of time and energy for both supervisor and supervised.

Florence Nightingale says "if you cannot get the habit of observation in one way or another you had better give up being a nurse for it is not your calling, however kind and anxious you may be." Here again, the importance of the head nurse as a teacher is emphasized. Observation cannot be taught in the classroom, it must be developed in connection with the daily work on the ward. A question here and there, a word about symptoms as they develop, and results will follow. Bedside charts and records and the right type of night report can be well used in this connection as well as the verbal reports concerning new patients or changes in the patient's condition.

In any field where so much routine is necessary there is always the danger of mechanical work. This is especially noticeable during the third year of the student nurses' training, and an alert head nurse, interested in teaching, can give new inspiration and show the student new fields to conquer every day. The head nurse who is a teacher does not forget that it is instinctive for every one to be creative and will lose no opportunity to encourage initiative in her student nurses. Even though the pupil nurse cannot be given full responsibility for the conduct of the ward, could she not be given more scope for individual work in the direction in which her ability seems to lie?

While we may not all agree about the value of a formal class in ethics in the training school, we are realizing more and more as we admit younger students to our schools the need of ethical training for the young girl making adjustments to entirely new conditions. As our old text-books used to say, the head nurse teaches by "precept and example" and she has unlimited oppor-
opportunities to teach those things which will lead to the development of character, and which will send out women members, of the profession, with high standards of honor and individual and social responsibility. Is the head nurse conscious of how great an influence her teaching in this direction may have? Standards of conduct and work, which are instilled in the students by the right type of head nurse are not temporary but are carried down through the years.

The interest of the head nurse, who seems to have teaching ability, might be stimulated by giving to her definite classroom teaching to do. Emphasize her position as a member of the faculty of the school as well as a member of the staff of the hospital. It adds dignity to the position. Possibly a small additional salary might be given for the classroom work. Ought not the head nurse on the children's ward be the best possible person to teach the care of children, and the operating room head nurse to teach surgical technique? In some schools the head nurses give the demonstrations in the classroom which particularly relate to their work. For example, the head nurse on the orthopedic ward gives the lessons on the Bradford frame and extension.

It has been demonstrated in business and industry that no one department can be efficiently run except as a part of the whole. This is equally true of a hospital, and much of the friction between heads of departments, which is so disastrous to good work, is the result of lack of understanding and appreciation of the work of other departments.

We need more communion among the faculty of our training schools. A share in the interests of other departments will create larger interests and do away with much petty fault-finding and friction. Appreciation of the aims of the other members of the staff, a realization of the common end for which all are striving will do much to bring about a cooperation without which it is impossible to get desired results.

Probably one of the best methods of getting this cooperation between members of the staff is by means of faculty conferences. The success of these conferences will at first be largely a question of leadership. But as interest grows there will undoubtedly be more active participation by every member. Every effort should be made to avoid any likeness to a class and too much must not
be expected from the first meetings, but it is the logical step in
the right direction and if the first meetings are carefully planned
and thought out, interest is bound to follow.

We are hearing a great deal these days about the difficulty of
getting the right type of head nurses. Isn’t this perhaps because
we have in some ways seemed to limit the scope of the work.
We say the position offers a splendid opportunity to test and
develop executive ability. Would it not be well to emphasize
the opportunities it offers in teaching?

Miss Parsons: I will ask for Miss Claribel Wheeler’s paper
next.

NURSING PREPARATORY COURSES IN SCHOOLS AND
COLLEGES

By CLARIBEL A. WHEELER
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When the war was in progress, the nursing resources of this
country were taxed to the utmost. Our nurses patriotically
responded to the call of the Red Cross in large numbers, going
overseas and into service in this country. In spite of this fact
the supply was inadequate to meet the undreamed-of demand.
Our hospitals and public health agencies were greatly depleted
and very few private duty nurses were left. It became necessary
to take measures at once to increase the number of nurses.

Under the leadership of the National Committee of Nursing
various measures were at once introduced which would hasten
the training and increase the supply of graduate nurses. Schools
of Nursing were urged to enlarge their living accommodations
and facilities, so that they might accept a larger group of stu-
dents; non-resident groups were admitted; the training was
shortened for specially qualified students, such as college grad-
uates with a science degree; extra summer groups were admitted
to schools; several colleges and universities offered their facilities
for preparatory or pre-nursing courses. By these methods the
numbers entering schools of nursing increased 25 per cent.

I have been asked to tell you something of the preparatory or
pre-nursing courses established as a war measure in schools and
colleges. Among the institutions which offered to turn over their facilities for such courses were Vassar and Teachers' College, and the Universities of California, Cincinnati, Iowa, and Western Reserve.

The information regarding these courses has been received through correspondence, questionnaires and personal interviews. Having acted as director of the summer course at Western Reserve, I am perhaps more familiar with it than with the others. I regret that I was unable to get information of the California course in time for this paper.

The University of Cincinnati entered a special war class in February. These students are all High School graduates, and, as do the regular students of the School, matriculated into the University. Some had advanced standing, and a number college degrees. A special summer central course was arranged as a war measure, which should be open to all schools of nursing in the city, but the funds which had been promised were withdrawn. On account of the difficulty in getting instructors, which the Jewish Hospital of Cincinnati experienced, their probationers were admitted for a few courses to the School of Nursing Health.

Teachers' College also as a war measure last autumn took in a group of between thirty and forty army school students and gave them a three months' course to prepare them for entering Base Hospital No. 1, which belonged to a nearby camp. The course was designed especially for these students, who did not take work with other students of the college. The course of instruction was somewhat similar to the one given at Vassar. The Chief Nurse at the Base Hospital felt that their preparation had been excellent. The college does not intend, however, to repeat the course.

At the University of Iowa a preparatory summer course was given to 28 students, 15 of whom were high school graduates, and 13 of whom had credit for college work ranging from two to four years. Several had degrees. The course was divided into two 6-weeks sessions. The subjects given were anatomy and physiology, chemistry, bacteriology, hygiene, materia medica, foods, elementary nursing and history of nursing.

The students who applied for credit paid their own expenses and tuition; the others were regular applicants to the University Hospital, entering in June. They lived in the Nurses' residence and the hospital met the expense of maintenance.
Of the 13 college women, 5 entered the University Hospital, several went to Army Schools and the others dropped out at the end of the first six weeks.

Miss Mary Haarer, superintendent of Nurses of the University Hospital of the City of Iowa and Director of the course, writes that the work was found very strenuous, particularly for summer work; that the students would have preferred more experience or contact with actual hospital conditions. Miss Haarer says:

It does not seem a sound policy to provide instruction and maintenance with no return from the pupil. The arrangement might be easily abused if it were continued. We have repeated the course, but I am convinced that it must be changed. It seems a difficult matter to exact tuition, or to convince people that any should be charged. I think that where no tuition is asked the student should be made to feel that she is doing something in return for the instruction she is receiving.

The summer course at Western Reserve University was given under the auspices of the Cleveland League of Nursing Education and the Mayor's War Advisory Committee. A committee from the League in conference with members of the University faculty planned the course, and the Mayor's Committee supplied the funds. A director was appointed to manage the details.

Students were recruited directly through the university, which announced the course in its summer school bulletin and through the recognized schools of nursing of Cleveland. The nursing section of the Cleveland Woman's Committee of the Council of National Defense gave valuable assistance in recruiting, and the Vassar Recruiting Committee referred to us applicants who did not meet their standards or who were too late for registration at Vassar.

The course, which opened June 17 and closed August 24, was given in ten weeks, being divided into two sessions of five weeks each. The first term lectures were given at the medical school and the second term at Adelbert College. Students entering had to meet the college entrance requirements.

Instructors were secured from the faculty of Western Reserve Medical College, Adelbert College and the College for Women, with the addition of two nurse instructors.
Students selected the school of nursing in the city which they desired to enter and were assigned to that school at the time of entrance. The hospitals provided maintenance, the students living in the Nurses' residence. Uniforms were not worn during the course, as many had to travel considerable distance to classes. Pupils paid for text-books, laboratory fees and carfare. Students not affiliated with Cleveland schools paid a tuition fee of $25.00.

Of the 88 who entered, 7 were college graduates; 2 had completed three years of college, 4 one year of college; 8 had received normal training; the remaining 67 were high school graduates. Eighty-three were assigned to Cleveland Schools of Nursing, 4 to Army Schools and 1 expected to enter an out-of-town school. Eleven were dropped during the ten weeks, the others continuing the course in the hospitals.

The subjects given were Anatomy and Physiology, 75 hours; Bacteriology, 45 hours; Chemistry, 30 hours; Drugs and Solutions, 30 hours; History of Nursing, 15 hours; Household Economics, 30 hours; Hygiene and Sanitation, 20 hours; Nutrition and Cooking, 45 hours; Sociology, 10 hours; making a total of 300 hours.

The latest reports show that out of the 88 who entered, fifty, or 56.8 per cent, remained in training.

Reasons given by those who gave up the work are interesting, and as you will see are practically like those given by the Vassar group. One of the chief was the signing of the armistice and the feeling that the obligation for service no longer existed. These students had come in for war service and did not care enough for the work to remain in it permanently. Many gave up because of home conditions and because it was the desire of their parents. Some were homesick or did not like the work, or felt it was too difficult. Several resigned to be married, several were ill, and one died of influenza.

Conclusions from the principals of schools who received these students may be classified under advantages and disadvantages. The disadvantages given were:

1. The crowding of so much theory into so short a time is one of the greatest. The instructors all made this criticism, saying that it was impossible to do justice to their subjects. It is doubtful if the students could properly assimilate what was given.
2. The work was difficult on account of the heat of summer.
3. Students were handicapped by having to travel considerable distance to classes, thereby losing valuable time.
4. It was not found entirely satisfactory to have the students living under difficult regulations subject to various methods of discipline.

The advantages were:
1. It supplied the schools with a larger number of students.
2. Students were provided with excellent college facilities, and instructors who were experts.
3. The scientific background given by the study of bacteriology, hygiene and household economics helped the students to grasp more readily the principles of nursing.

In gathering material for the Vassar course a questionnaire was sent to twelve of the most representative schools of nursing which received this group. This questionnaire had to do only with the work of those students after their entrance into the hospital. The replies received are most interesting, many of the questions being answered in the same way. As a very large number of women are concerned in the Vassar group, the conclusions arrived at should be valuable.

The plan of the Vassar course is familiar to you all, as a full report of it has been given in the American Journal of Nursing, consequently I shall not repeat it here.

There were 439 students admitted to the Vassar Training Camp. Dr. Herbert Mills, who is head of the department of Economics at Vassar and who was Dean of the course, is unable to give me the present census, but thinks there are approximately 200 still in training. The twelve schools with which we are concerned in this paper represent 274 students, over half of the total number registered at Vassar. Out of this number 131, or 47.8 per cent, are still in the schools.

The paramount reasons given by the students who resigned were the armistice and the influenza epidemic, both of which seemed to have a very unsettling effect in several ways. Some who had gone in for war service from a sense of patriotism, felt that their obligation ceased to exist with the close of the war. They were students who did not care enough for the work to remain in it permanently. Others gave up on account of parental
influence or family complications. A number were seriously impaired in health; 7 died on duty; marriage claimed a considerable number. A few were temperamentally unfit. One left because she was unwilling to give more than eight hours of service a day during the time of the epidemic. One decided to study medicine, and another remained in the school as social director.

The question was asked as to whether or not there was any difficulty in making these students fit into the school. One principal said there had been a little at first; another that these students did not mingle with the others of the school; the others found no trouble whatever.

The question as to whether there was any dissatisfaction on the part of the other students in the school on account of time allowance was answered in the negative in every case.

Would you approve of such a course as a permanent plan? This was another question asked. Three answered in the affirmative, one saying that it might be the first step toward a central school. Several answered no, giving as reasons: that the preliminary work should be given in a hospital; that these students were at a great disadvantage with the students who had received work in their own schools; that the students themselves felt that it was impossible to grasp all that they would need in two years; that the expense would prohibit such a course; and that it was impossible for all the necessary training in obstetrics, pediatrics, public health and social service to be crowded into two years and four months.

What is your feeling about giving the theory of nursing and nursing technique in such a course? Have the students been satisfactory in this respect? These were the next questions asked. One principal said that this was the weakest part of the course, that the students were not well grounded in practical work. Another that they were not equal to the average pupils in her school in this respect in that they failed to appreciate finished practical procedures.

Three schools reviewed the nursing technique, one principal saying that it took much less time than it would have done otherwise and another that the students resented being taught new methods. Two schools taught the entire course over.
It seemed to be the consensus of opinion that nursing technique can be better taught in connection with a hospital ward.

The last question asked for definite conclusions as to this kind of a course. The following answers were given:

1. This group showed a splendid attitude of interest in the work, that they were eager for more knowledge and grasped instructions quickly.
2. A course in massage would have been an advantage.
3. Much routine labor should be eliminated from our hospital wards in order to develop greater opportunities for advancement in nursing. Students rightly object to this kind of work. Hospitals are still too dependent upon students for menial work.
4. Theoretical work may be credited, but a practical course is best given in a hospital.
5. The school was benefited by taking in a group of women of this type.
6. Students entering should not be permitted to form any sentimental ideas as to the amount of good they may do, either to the country or to the individual. Decisions to enter should be made upon the same reasoning processes as other decisions are made. Students should not be allowed to enter because of the idea that being at Vassar gives them prestige. They should be made to realize if possible that nursing has much more to offer them of real education of their minds, souls and physical being than they can give to it, and they should not come as many have, feeling that the only content of a course worth considering is that of having academic credits. The Vassar students in this school are splendid in every particular. They have done much for the school, and the school has done much for them.

Permit me to quote from one of Dr. Mills' letters:

The spirit of the groups varies according to conditions. Most of those remaining are enthusiastic. I recently spent the evening with a group that has kept its members very well and I never saw a happier lot of young women. From many I got the finest testimony as to their enjoyment of
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The work. Only yesterday one who had been unsettled because of home pressure wrote of her increasing happiness day by day in her work. I am perhaps prejudiced, but I think that there will be turned into nursing a year from September a goodly number of able and promising women who will have a great influence upon public health and hospital nursing. From superintendents of nurses I get different opinions, some are clearly not well satisfied, others are most enthusiastic. In the groups that have not been successful there has usually been fault on both sides, I think.

The results of these recent experiments in nursing education should be a guide in deciding upon future courses. It seems to me that they have demonstrated several outstanding facts:

1. Colleges and universities are much better equipped than schools of nursing to give to students the necessary scientific background to nursing.
2. It is an advantage to the students to have this scientific background before going to the hospital, as they are better prepared to appreciate the theory and practice of nursing.
3. It is absolutely essential to have this pre-nursing theory closely correlated with nursing.
4. The theory of nursing and nursing technique are best taught in a hospital in connection with a hospital ward.
5. A ten or twelve weeks' course is much too short a time for students, with the possible exception of college graduates, to properly assimilate the work.
6. Mid-summer is not a desirable time for a pre-nursing course.
7. Preparatory nursing courses given in colleges and universities bring desirable candidates, thus giving to our profession women of better educational background.

As the colleges and universities throughout this country have expressed their willingness to organize preparatory nursing courses as a war measure, is it not possible to secure their cooperation in the establishment of permanent courses as has been done at several of our prominent universities? It behooves this great body of women to take immediate steps, by a publicity campaign and the raising of necessary funds, to put our schools of nursing upon the same educational basis as other professional schools.

Miss Parsons: I am sure you will all agree with me that this is an extremely interesting paper and it gives us much food for thought.
Miss Eldridge: May I say a word before you proceed with the next paper? I would like to emphasize the fact that if nurses in different parts of the country are thinking of tying up with a university or school with references to the courses, that they should consult with the Educational Committee before this is done. You know there has been a great tendency in public health to start courses that are not approved by the Red Cross or National Organization for Public Health Nursing. These courses are cheap, and people spend their money and take them only to find themselves not accepted in the practical course. I do feel that, as we are speaking of the necessity of tying up, we should speak of the necessity of being very sure that what we are about to offer is in accordance with what will be approved by the National League of Nursing Education. I understand from Miss Stewart that the Educational Committee of the National League intends to take pronouncing upon these courses as a part of its work. I have been over the country and I believe that it is really just as bad to tie up with the wrong thing as not to have anything at all.

Miss Parsons: That is a point exceedingly well taken. Thank you for bringing it up. I will next call for Miss Eliza Reid’s paper.

COOPERATIVE TEACHING

BY ELIZA PRISCILLA REID

Supervising Instructor, Rochester General Hospital, Rochester, New York

Our cooperative teaching in Rochester is now a settled fact, and the first year has proved sufficiently satisfactory to warrant continuing with our original plan. The hospitals of Rochester, like many others last year, faced a shortage of executive people, including instructors. With the increasing demand for nurses and the constant need of more and better training this was a serious problem.

The plan to combine the preliminary courses in three schools was devised by Miss Gilman, superintendent of Nurses in the Rochester General Hospital, and through the cooperation of the executives and instructors in the different schools, a very satisfactory program was made and carried out. This it seems to
me has proved a much more economical method than the usual plan of resident instructor for other than the practical nursing subjects. In the first place, the instructor gives her time to teaching, whether the class chance to be large or small. If the class is small, other things can be done to occupy the time; if the class is large, these other things necessarily suffer. Since the work of the instructor necessitates special preparation, it would seem better that non-related duties be delegated to some other executive, and the instructor devote her time with greater advantage to her specialty. In coöperative teaching this can be done, and in the hours otherwise spent in such duties as supervision of the nurses' residence, and assistance in such other training school work could well be done by one without the instructors training—the classes in another school could easily be taught. Just now, when there are not enough instructors to supply all schools, this method would surely seem to be more efficient.

There are also advantages in this closer coöperation of schools, in that the instructor is teaching the same subjects in each school, and the time and energy expended in preparation for one class can be utilized for other groups as well. This makes it possible to accomplish much more teaching and with a greater degree of efficiency. Class excursions can as well include larger groups, and the planning for one class include three. This could hardly be done by a visiting instructor teaching different subjects in each school, but here the classes enter about the same time, the schedule is practically identical, and special arrangements can easily be made.

The schedule for the full course is mapped out before the class enters, and it is seldom necessary to make any change during the entire course; both instructors and students know definitely the day and the hour for each class.

Demonstrations are given three times each week, theory of nursing twice, solutions twice, bandaging four times (the first three or four weeks only). These are taught by the resident instructor. Anatomy and physiology three times each week, bacteriology three times, and hygiene once a week. These are taught by the supervising instructor. Ethics is taught once a week for eight weeks, history of nursing once weekly for eight lessons, dietetics three hours each week. Of course some of these subjects are com-
completed before beginning others. The students are given two hours classroom practice daily, and from one to four hours in the wards, according to the day’s schedule. Excursions are arranged from time to time, to correspond with the work in bacteriology and in hygiene; and these excursions are usually very much appreciated by the classes.

We have found it necessary to combine several classes this year, in order to find time for the full number and this I think was not altogether a disadvantage. It gave the students the opportunity from the beginning to become acquainted with other classes, to visit other schools, and I hope will do something toward eliminating the narrowness and the one school idea that so many of us have grown up with. I once heard a graduate in an executive position in a large hospital remark with some pride that she had never been in any other hospital than her own; also in one of the military camps, a nurse expressed surprise at the friendliness that had grown up between the nurses of different schools.

The two hour weekly conference for the instructors of the three schools has also proved to be a great advantage. It is surprising how many apparently little things one can do in a better way, and by freely discussing methods in use in each school, their advantages and disadvantages, we have found that many disadvantageous methods could easily be changed. One thing accomplished during the year was the complete revision of the demonstrations. Each demonstration has been discussed, different suggestions tried out, and the result has been several decided improvements. The notes for the demonstrations are typewritten in outline form with the purpose, equipment, method of procedure, and special precautions. Each student is given a set of these notes before the demonstration so that she can give her full attention to what is being done, without the necessity of taking notes. This also eliminates weary hours of correcting note books, and the instructor can apply the extra time to supervision, or to necessary preparation.

There is an added incentive for good work when one is not working alone; it is encouraging to know that others are particularly interested in the results, in whether these are good or very good. One resident instructor who has been particularly successful in teaching ethics and getting most satisfactory everyday
results, showing itself in greater thoughtfulness and courtesy of the students, quieter manner, etc., has given valuable suggestions to the other instructors. The instructor in another school is particularly gifted in making very clear and comprehensive demonstration outlines, from which the others have derived much help.

One thing we have tried to keep in mind in planning each subject is the practical side. Can the nurse use it, and if so, how? What are the best methods to use to assist the student to see how she can apply the theory in her every day ward work? In the case of demonstrations, can she carry out this elaborate demonstration in the ward? Does it economize time, and is it efficient? The answer to some of these questions has made us seek for new and better ways of doing a piece of work, rather than adhering to traditional methods. There is too much to do, and too many things to learn, without taking precious time for elaborate demonstrations and much theory that cannot be utilized in everyday work. The teaching of bacteriology should be particularly closely related to the care of the patient and general ward technique; when a nurse finds that from simply sweeping a lock of hair gently over a plate of sterile agar that she soon has a most interesting and varied number of colonies, she is apt to make rather closer connections between what she learns in the laboratory and what she does in the wards.

During the coming year we plan to study better methods of teaching the different subjects, especially solutions, which seems particularly hard for most students; there is so much to be considered here, the type and number of questions, use of demonstrative material, amount of original work required of the student, as well as the method of presentation.

There is no question but that with the continuation of this method of instruction the ultimate result will be a more unified course of procedure in use by the nursing profession throughout the city, as well as a greater coöperation and broader interests in the work of the nurses following graduation.

Miss Parsons: It looks as if the central school was growing up just naturally.

Before we have Miss McMillan’s paper I will ask Miss Logan if she will read the paper of Miss Burgess.
There is food for thought for both executives and educators in this topic chosen by the program committee as the subject of a paper, and I believe it would be of the greatest value if we could have from those present concrete examples of what is being done in the various schools in an effort to promote the educational value of the student's practical work experience.

What I have to say is but suggestive, and by no means new I hope, however, it may serve to bring the subject more clearly before us and promote discussion.

There is surely no experience holding greater educational value for the student nurse than that of her practical service; at the same time there is no experience in any system of education which carries a greater opportunity for the exploitation of the worker than this same experience under the name of practical training.

But if we are to continue, as we have begun during the past few years, to speak of "nursing education" in place of "nurses' training" much greater attention must be given to this practical part of the experience which even in our most advanced schools occupies a minimum of 90 per cent of the time of the student.

We have, what any other school may well envy, the opportunity for practice and adaptation of the school's instruction to a real situation, and we do not have to wait for the opportunity it is available for the youngest students. The fact that the service at once meets a real need and that no artificial situation is created is an advantage which perhaps we scarcely appreciate until we think of what our loss would be without it.

This practical experience of the student is profitable in many ways:

First: It is valuable to the patient, due to the actual nursing care given.

Second: To the hospital, as it provides continued nursing service of the most desirable type.
Third: To the student,
(a) Since it provides opportunity for drill in the various nursing procedures.
(b) Since it makes possible familiarity with the clinical aspects of disease.
(c) Since it provides the needed opportunity for growth.

No hospital should conduct a school for nurses which is not reasonably certain of providing the first two mentioned opportunities for its students in ward experience, i.e., in drill in nursing procedures and familiarity with the clinical aspects of disease; yet so meagre may be the experience offered in some institutions or more often so badly is the available experience used, that student after student is graduated unfamiliar with certain procedures except as they have been demonstrated or possibly only discussed in the classroom. The greatest amount of vigilance is needed, even when clinical material is plentiful, that each student may receive the experience in carrying out in actual practice procedures which she is expected to be proficient in. Ask recent graduates their method and the technic employed in certain procedures and too frequently you find they have no method and may never have been called upon to practice the procedure. This is testified to by the members of boards of nurse examiners who hold the examinations in practical nursing. When we say that the practical experience of the student makes possible a familiarity with the clinical aspects of disease, again we must admit that it is not always the case, although this situation is without doubt much better than it was ten to fifteen years ago; state registration having been of great assistance. Could a record be made of the experience obtained during the period of training of the group here today, we would without doubt bring to light a one-sided experience in very many cases.

Examples such as the following abound: The completion of the course without training in pediatrics, and in 75 per cent of these cases there was no children’s ward. No diet kitchen experience provided; ten to twelve months spent in the operating room; one month only spent in the case of medical patients. One year spent in special duty with private patients. Three-quarters of the course spent as a head nurse in charge of other students. One of the most important services has by the great
majority of nurses been obtained through theory only, namely contagion. And finally, few graduates outside of those whose experience has been entirely in the state hospitals are familiar with the nursing care of mental and nervous diseases.

The past two years has demonstrated very clearly the graduate nurses' lack of practical experience in both of the latter services, for the military hospitals both at home and abroad have furnished the first practical experience in both the care of acute infectious diseases and in mental nursing for hundreds of nurses. The dislike which is often encountered toward caring for obstetrical patients is largely due to inexperience on the part of the nurse, who knows enough to make her hesitate before the possible complications with which she is but remotely familiar.

The third item, provision for the needed opportunity for growth, is that to which the title of this paper more directly applies, and in a sense it is inclusive of the two previous.

Professor Dewey calls the educative process a process of growth, and while we may secme skill in nursing technic and methods by constant drill, and a familiarity with disease through contact with it, if this growth and development, which changes the novice into the intelligent, responsible and well poised student who grasps the possibilities of her profession, has not taken place, the most important value of the practical work experience has been lost.

There are many points in the practical work experience provided for our students which may well warrant like criticism to that which Helen Marot in her *Creative Impulse in Industry* applies to the factory worker, when controlled under so called scientific management, is interested in a reward without desire or interest in the work experience. She says:

As the method of doing the work is prescribed in every detail and their only requirement under scientific management is to follow directions with accuracy, they are trained to do their tasks as the children in school are trained. They are trained in routine and to do each task as it is given. This is not education, it is training to do tricks. The worker does not take over what can be called experience from one task to another. He forms certain motor habits called skill. . . . The acquirement of this skill is robbed of its educational value.

In the majority of our schools the most interested group are the probationers. They are the group the instructors like best
to teach, and we have not to search far for the reason. Is it not because of the freshness, alertness and curiosity which marks their advent into what is to them an almost unknown field? At the end of the preliminary course each one invariably tells you that in no previous four or six months of her life has she learned so much. This does not refer entirely to the theoretical course, it is largely due to the educative process experienced in the practical service she has had. The opportunities in the practical work experience are much greater in the months following this introduction to the work, but the abuse of the experience is seen when enthusiasm is dampened and the light of achievement dimmed. Some of the factors which rob the experience of its value are:

1. Long hours of service and consequent mental and physical weariness.
2. Lack of relaxation and opportunity for refreshment.
3. The constant practice of procedures long past the time necessary for perfection of technic.
4. Lack of time to make the connection between class work and practice.
5. The impossibility of carrying out the procedure on the ward as it was demonstrated in the class room. This being due either to lack of proper equipment or lack of time.
6. Service in one department extending long beyond the time when there is neither new material nor opportunity for further knowledge.
7. Lack of stimulation arising either from entire lack of criticism, a passive attitude on the part of the head nurse, or from a constant fault finding.
8. The requirement of the student of routine work which could as well be performed by others, and which after she has become familiar with it ceases to have an educational value for her. I refer to duties which may well be delegated to maids or other class of workers such as the cleaning of wards, private rooms and service rooms, folding linen, cleaning large numbers of instruments, making of surgical dressings, etc.
9. Another practice frequently found in the larger institutions which takes from the value of the experience and emphasizes routine, is the division of the duties in the ward so that certain things are done by certain individuals wholly. A young nurse
just going to the wards cleans all the beds, and does all the dusting on one side of the ward, gives all the baths, etc. on her side; while another gives all the treatments, etc.

These are but some of the practices which actually militate against the educational value of the practical experience. They could readily be multiplied by a study of the procedures and ward routine of almost any hospital.

Without doubt what the student gets out of her experience depends very largely on what she puts into it; but it is incumbent upon the schools to lead the way. Students with meagre educational preparation will go little further than to acquire skill in the technical procedures; the bigger opportunities are not evident to them. It requires an inquiring mind, a live interest and intelligent appreciation of situations and opportunities to grasp the real value of the experience.

The value of the practical experience should be emphasized in every possible way. It should be presented as of foremost value in her course. Instruction in the sciences should be presented as fundamental and contributory to the final accomplishment of better care of the patient rather than made an end in itself. The test of greatest importance should be that in the major subject of Nursing. Students should be stimulated by their daily experience not dulled by its routine, nor should they be regarded or allowed to think of themselves as a part of the machinery of the hospital.

Some of the conditions which I believe will contribute toward the educational value of the practical work experience are as follows:

1. The hours of practical experience daily should not exceed eight.
2. Instruction should always proceed from the simple to the more difficult duties.
3. Each student in addition to certain stated responsibilities should have a certain number of patients for whom she is definitely responsible.
4. Head nurses chosen not only for executive ability but as well for their teaching ability are helpful.
5. The nurse instructor.
I have come to think that the nurse instructor should give a
great deal more attention and time to the teaching of nursing
than she does in the majority of schools today. In a recent issue
of the *The Journal* there appears in the Want Column an item
which is typical of what is being asked of the nurse instructors.
It reads “Wanted—Competent instructor of nurses for training
school of hospital of 120 beds. Must be capable of teaching all
subjects in the standard curriculum.” Many nurse instructors
are expected to be prepared to teach anatomy and physiology,
bacteriology, chemistry, materia medica and hygiene; while
the teaching of the subject in which she is a specialist, or should
be is assigned to a recent graduate who has had no practical
preparation for teaching. The reason for this is partly because
the recent graduate is familiar with the most recent technique
employed at the hospital. She surely is of great value as an assistant
to the instructor in demonstrating procedures, but teaching
nursing is a vastly different thing from merely holding demonstra-
tions.

The nurse instructor needs all the knowledge she can obtain
of the sciences, of psychology and pedagogy if she undertakes the
teaching of the major subject in the curriculum.

A physician can give valuable instruction in anatomy and
physiology; a bacteriologist the bacteriology; the chemist and
physician, in chemistry and materia medica; the dietitian, diete-
tics; all of which contribute to the necessary preparation of the
student. The nurse instructor uses this instruction as the back-
ground for her teaching. Many lectures on medical and surgical
disease ignore the fact that emphasis should be placed on the
nursing. Nursing technique too is as frequently taught solely as a technical procedure without its reference to disease. We also
find two errors frequently, that of teaching by demonstration,
laying all the emphasis on skill in the accomplishment, and on
the other hand little attention being given to the practice, the
student studying the principles, the practice being left to a haphazard learning. The instructor should constantly aid the
students to make the connection between class instruction and
practical service.

A well known method for keeping alive the interest of the stu-
dent in technical procedures is the requirement that each student
check up the various practical procedures as she performs them during her ward service until the procedure becomes a thoroughly familiar one. Another help is the keeping by each student of a record of the cases she has cared for, and the filing of these records monthly. These cases may also form the basis of class discussion and required reading, together with bedside clinics conducted by the physician and nurse instructor.

The arrangement for class instruction in special subjects, and service in the departments, ought to be given in conjunction. For example the instruction in pediatrics and infant feeding should be given when the student is serving in the children's department. As far as possible the instructor should make use of the material in the department. The student at work in the milk room should have opportunity to watch the progress of the babies for whom she is putting up feedings.

In the same manner the obstetrical class work should be accompanied by service in the maternity department; classes in contagious nursing should accompany the service in the contagious department. Nursing in mental and nervous diseases should accompany the psychiatric experience.

When these special services are provided by affiliation this is usually done. When this does happen the practical experience is teeming with educational value, especially if it is directed by the nurse instructors. Her work in the classroom is then so closely related to the ward that the students invariably make the connections. They are stimulated, interested and alive to the possibilities which the different services hold for them and intensely interested in the results of their efforts.

At the completion of the preliminary course in one of the units of the Army School of Nursing last winter a demonstration was held as an examination in practical nursing. It extended over three days, two hours each evening, and it represented the first three days of nursing care of a patient following an abdominal operation. The demonstration room was arranged to represent a small ward. The head nurse's desk was at one end of the room and on it was the nurses' report book, the physician's order book, material for charting, etc., and a clock. I was puzzled at first by the clock, until I discovered that it began by being 7 a.m. and that as the treatments proceeded the clock proclaimed the pass-
ing hours of the day until 7 p.m. was reached. There were two beds in the ward. In one there slept peacefully a rosy cheeked "Mrs. Chase," as that well known dummy was called, in the other was a graduate nurse who was a martyr to the cause of the Army School, and who for three evenings played the part of a very sick and helpless post operative patient. One student was the head nurse. She read the night report to the group of nurses who arrived promptly at 7 a.m. Then things began to happen, the kind of things which would naturally happen to a post operative patient: bed making; filling of hot water bottle; the morning bath; care of the mouth and teeth; brushing the hair; the temperature, pulse and respiration; fluid diet; a Murphy drip; the measuring of urine. Various symptoms occurred for which an imaginary doctor prescribed, and temperature stupes, a flaxseed poultice and stimulating enema were called for. Finally the patient had a hemorrhage which called for the elevation of the bed. As the day passed the patient got some sleep, according to the clock, and finally was made comfortable for the night, grateful to the day nurses and happy to see the night nurse who reported at 7 p.m. The student representing the head nurse was encouraged to question the different members to the extent of her ability, she also assisted with the patient when two were needed and she kept the chart. The questioning and the realistic acting on the part of the patient made the demonstration full of interest to both the students and those looking on.

As an examination in nursing procedures it was probably not as valuable as the usual method of holding practical examination, but it at once, at the very beginning of the nursing course made the connection between the practical procedures and such patients. And it began early in the students' career to bring into the practical experience something of definite educational value.

Miss Parsons: I am now going to take up Miss McMillan's paper in the way of discussion for those in the audience who are thinking of the difficulties in the way of building up a perfect course in nursing to express themselves. And I do not want you to forget in the meantime what those difficulties are that you are thinking perhaps may be insuperable. Miss McMillan has a subject that is quite new, an experience in non-resident students. So we are going to listen to that with a great deal of interest.
NON-RESIDENT STUDENTS IN TRAINING SCHOOLS

By M. HELENA McMILLAN

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The Committee on Nursing of the Council of National Defense, during the year 1917, in one of its Bulletins addressed to the nursing schools of the country for the purpose of increasing student nurse enrollment, recommended the acceptance into the schools of the non-resident or day student.

At the time the recommendation was received it did not seem applicable to a hospital situated in an unattractive locality of a large city. In the fall of 1917, however, after every available bed, including the additional ones provided by the institution as a war measure, had been promised to accepted candidates and still applications from desirable women were arriving, six Chicago women were offered, and accepted, the opportunity of entering as day students. Of these two lived in Evanston, over fourteen miles from the Hospital, three on the north side, from six to ten miles distance, and the sixth in Oak Park, seven miles away. One of these six, an Evanston woman, continued as a non-resident student for eleven months, at which time she withdrew from the school to enter the Army School of Nursing or "to give her services some place where the need was greater;" a second entered into residence at the end of ten months; a third was given a bed in the Nurses' Home at the end of three months, and the remaining three gladly accepted vacancies occurring in the Home within two months after starting their training.

With the April, 1918, class four non-resident students entered. Two lived at their own homes, both staying as non-residents until after the signing of the Armistice, when one who was highly trained musically dropped out after six months training to return to her musical life; and the second, at the end of one year's work, withdrew to marry a man just returned from overseas. The other two rented rooms in the neighborhood of the hospital, one entering into residence at the end of five months. The other, whose home is in a suburb of Chicago, at the end of fifteen months still occupies a room in the neighborhood of the hospital from Monday to Friday on account of the "added quiet rest and relief
from a nursing atmosphere when off duty." She does not attempt the daily trip home but spends each weekend there.

With the October, 1918, class thirty students entered as non-residents, nine coming daily from their own homes, and twenty renting bedrooms, most of them in the locality of the institution. The mother of one of these came to the city with her daughter and engaged an apartment on the south side, from which it takes the student one hour on the street cars both night and morning. All but eight of the thirty group were taken into residence at the end of six months or earlier as vacancies occurred in the Home. Only one non-resident student entered with the April, 1919, class, a Chicago woman living at her home on the north side, and in May a member of the Army School of Nursing who wished to enter without delay for the purpose of completing her training was allowed to do so, living, until able to secure a vacancy in the Home, with a relative in the city.

There have been added to the non-resident list, from time to time, for short periods, students who dropped from their classes on account of illness or other causes, and still eligible for re-entrance and who when able to continue training accept the option of renting their own bedrooms rather than delay their return for an indefinite period.

At the present date, June, 1919, the school is carrying twelve day students, nine of the twelve preferring non-residence. The largest number carried at any one time was thirty-three for several months during the fall and winter of 1918.

The arrangement of hours during the six months preliminary period for the non-resident permits her to take the practical work between 9 a.m. and 1 p.m. and class instruction from 2 to 5 and occasionally until 6 p.m. for five days a week. It being the custom not to hold classes for the preliminary division on Saturday, non-residents are excused from attendance on Saturday and Sunday. Students living in rented rooms near the institution frequently request to be allowed to be on duty Saturday morning, but those taking long street-car rides twice daily feel the necessity of the two days rest.

The expense of the bedroom, costing from ten to sixteen dollars monthly, is carried by the student, as also carfare, while laundry and meals are taken care of by the school. All students take
their luncheons regularly at the Home, and those in rented rooms breakfast and dinner, in addition frequently including Saturday and Sunday meals. Students living in their own homes rarely come to the Home for breakfast and ordinarily stay for dinner only when classes are late. An individual locker is provided to each where street clothes may be locked during the day and uniform and other belongings when not in use.

At the end of six months non-resident students do eight hour duty between 9 a.m. and 6 p.m., have one afternoon a week and are off duty Saturday and Sunday. Class hours are made up between 8 and 9 a.m., 5 and 6 p.m., during the weekly half day or on Saturday, as the student wishes.

When accepted, students are told that in order to obtain proper training in the operating room and maternity services and on night duty, the third year must be spent in residence. Only those are selected as special students who show more than average personal and other qualifications; unless they live in their own homes or are provided with suitable chaperonage they must be at least twenty-two years of age; they must show parents' approval of homes in which they live or select rooms in houses recommended by the school.

Non-residence is not popular with the student body. A few whose parents will not allow absence from home or who, from physical reasons, feel that the weekly break helps them to carry the training, select it, but the remaining number consider it a temporary and undesirable arrangement preferable only to non-entrace.

The reasons given by them are: The expense of bedrooms and carfare; the unattractiveness of the rooms to be found in the hospital neighborhood; the loss of close association with the student body and a proportionate loss of the school spirit. Those spending two or more hours on the street car daily speak of waste of time and resulting weariness. One student whose daily trips use up two hours and twenty minutes has just reported at the end of three months eight hour duty a loss of eight pounds in weight and requests that she be taken into residence. A few state that they lose some advantages in training which the resident has and that they fall behind their classmates.
The average parent is unwilling to have his daughter live outside the school in a large city, while those whose daughters come daily from their homes worry about their tired condition at night. A father of one young woman is considering purchasing a small car for his daughter in order that she may avoid the crowded street-cars. As she still has to be taught to drive the car, it is quite conceivable that this non-resident may drop out or may shortly be taken into the Nurses' Home if a vacancy can be found. Vacant beds in the Home are eagerly watched for, most of the students being willing to accept crowded accommodations in preference to residence outside. During the winter 1918, when thirty of the same class were waiting for beds, the question of selection was so difficult that the decision was reached by interested students drawing lots, a ceremony which was performed with earnestness and anxiety.

There have been no unhappy experiences with the non-resident group. As far as our knowledge goes they have been well behaved and earnest in their work, punctual in reporting for class and practical duty. Very rarely has the student failed to arrive Monday morning after the week end and in the few instances word of her absence and the reason were sent promptly to the school. During the influenza epidemic, as well as with the customary winter ailments, their response to instructions to report illness early has been noticeable and has been so well adhered to that the necessity of sending an ambulance or automobile to convey a sick nurse to the hospital has not occurred.

After an experience of one year and nine months the non-resident course seems to us a possible, if not the best way to train student nurses, and is certainly sufficiently worth while to continue the experiment. It requires considerable readjustment of routine in thought and administration and further study and experiment will be necessary before it can be decided whether the loss of constant supervision of the life of the student nurse is an essential loss; whether the feeling of interest and responsibility of the young nurse who is away from her duties two days weekly for two years may be lessened by the break; or whether on the other hand added interest and fresh energy may be brought to the task, with improved results.
The entrance of the non-resident student nurse for duty in the hospital has made itself felt. In each department where she is assigned, her absence two days out of each seven, as well as between the hours of 7 and 9 a.m. and after 6 p.m., causes inconvenience and prevents a dependence upon her for the accomplishment of the work of the department. It, however, designates her presence there as a student and tends to bring out with some emphasis the education rather than the work of the student nurse.

In closing this report it might be in order to say that in the judgment of those who have tried the experiment, it seems that the greatest handicaps to its success have been the long distances and the crowded cars of a large city, with the addition of the undesirable hospital location. Could those three objectionable features be removed, non-residence might be made a popular as well as a practicable method of securing a nurse's training.

Nothing has been said in this paper about sufficient clinical material, class and laboratory accommodation and supplies and additional instructions, all of which points require adequate provision.

After this paper was written, within the last two or three days, two more of our war group of students have withdrawn, one two days ago. She was a young woman who left her college work last fall to come in as a war measure and she said that she would like to take advantage of the special course which Lewis Institute is going to start on July 1, so that she could make up her college work this summer and continue in September, and when the college closes to complete her course. She hopes to come back and complete her nursing training later when she has finished her college work.

The second young woman came to me this morning and said that her parents are very insistent that she should go home. They allowed her to come in when her services seemed to be needed and when there was war. The war is over and the mother wants to go away for the summer and her daughter must come home.

Miss Parsons: We have, I think, about three-quarters of an hour for discussion, and I hope it may be a very profitable time. There are moments when those of us who are responsible for the
nursing schools feel that we would like to take our friends in Teachers' College and the inspectors and put them in charge of some of the hardest schools there are. But after all we realize that we must have an ideal to work towards, and who can better present that ideal and pound away on it and hold us up to it by the throat than those same people who see all the defects in our many schools and have a vision of what the perfect training could be, might be, and the service of such nurses so trained to the problems of public health and education? Because after all it is all a problem of public health and education, isn't it? And when the young women of the country realize that we have to have 50,000 of them splendidly trained in all the departments of nursing, we shall have to study our residence facilities and shall have received a good deal of help from Miss McMillan's experience, because perhaps our homes will not be adequate for the students who will besiege our doors.

In order that we may get constructive help from this session some of you, who are thinking of special problems must present them, and in that way some of the women who have overcome such problems may give us the solution, perhaps. For instance, is there anybody here who can advise those of us who have too much surgical experience in our hospitals, tell us how we can take care of the patients in the male and female surgical wards without giving the student nurse more than the necessary time that she needs in those departments?

Miss McMillan: Madam Chairman, would that not bring up the question of affiliation? Here in Illinois, at a brief meeting that the Illinois women had last evening, the need for affiliation on the part of some hospitals outside of Chicago was brought up in the League, the willingness, I might say, on the part of Chicago hospitals to give affiliation. And if some of the institutions have too much surgical work would it not be possible to give affiliation to a smaller hospital or is it the case that most hospitals have surgical work?

Miss Parsons: I think that is true, but there are a few women's hospitals that want to give their students more practice with male patients. Sometimes that is possible, through affiliation. Then I wonder if any of you agree with me that there should be men as well trained as possible, supposing we can get men with the
necessary education and character who are willing to take up training. I think the war has demonstrated that at the front well-trained men are very, very necessary. And I think that many of us feel that in private practice there are a good many cases that need male nurses.

Miss Eldredge: I can't give you the dates or the places, but I have come across two or three training schools in my visits in the United States where there are one or two men in the classes who were being trained right along with the nurses, who were doing somewhat of the work of an orderly, but who were getting the regular training and the regular class work, but took the necessary subjects for the care of male patients in place of what the nurses had. I was quite astonished to find out that they were regularly enrolled members of the school.

I find a general tendency, and perhaps more in the newer parts of the country, to affiliate for tuberculosis and mental diseases, to give more medical care, and I find that in some of the mental hospitals they are putting their training schools entirely into the sick wards, where the people are really sick. And we all know that when we cannot get a nurse to take care of a case of tuberculosis because she is afraid, that she needs training in tuberculosis when she would not be afraid.

Miss Parsons: Has any one present had any experience with the men nurses from mental hospitals, (for instance, Butler Hospital, Providence, and McLane Hospital, Wetherill, Massachusetts, and other places have a school for men) where they are short in private practice and they usually affiliate with some mental hospital to complete the experience for the men. I thought it would be interesting if we could hear whether the results are good.

Miss Claribel Wheeler: I have a little data on that. Green Gables Sanitarium has a school for male nurses and we have had two of those men come as affiliated students. They have taken the regular affiliated course and one now is a supervisor of one of the main medical wards of 150 beds and the other one is in charge of the 100 beds of the men's venereal, and they are both doing very good work.

Miss Board: I have had a few men in the men's department in our training school. Of course during the war it nearly went out of existence. But I have had a few men from the Butler
and from the McLane who have come to us for their senior year, for the third year, and they have proven very satisfactory. And I have at present a number of applications from men who have served as orderlies during the war, for places in training schools for training.

*Miss Parsons:* Well, that would be very fine, perhaps, for some of us to do a good turn and at the same time help our schools, if there are suitable men who really wish to complete their training.

*Miss McMillan:* Madam Chairman, may I ask the length of course and whether the length of training, the theoretical instruction, is similar to the other, and where such men live during the training and whether there is a diploma of your school given at the end of the course?

*Miss Board:* They are required to have the entire three years' course if they receive a diploma for nursing. They take their lecture work with the regular classes. Their practical work is given separately. A special residence is provided for them. They reside in the institution, of course, in a department by themselves.

*Miss Parsons:* I happen to know that the men at the McLane Hospital have a very excellent theoretical course and that they are often men of good education, who later intend to become physicians or dentists or pharmacists, and they enter into the study with great zest, do good work when they are in the hospital and are creditable people in the profession.

*Miss Sarah Murray:* I have had a good deal of experience with the McLane men. They are I think without exception the best trained male nurses that I have ever had any contact with. There were a great many of the graduates of the Mills Training School that were also very excellent male nurses, and I always like to speak to that question, because personally I have had quite a little experience in trying to train men, perhaps not very recently, having dropped it for fifteen years and only graduated a few, of whom only two remained in the work.

There is a need, to my mind, for the male graduate, a registered nurse, in the care of many mental cases and many of the specific cases where you cannot and will not use your graduate registered female nurse. At present in Pennsylvania we are having a little difficulty in finding a place to give the affiliation for these men.
There are a few, one school in particular that is very well prepared, but the affiliation up to the present time has not been very satisfactory, in the fact that the men themselves are dissatisfied with the amount of experience, the amount of instruction and the attitude of the hospital accepting them.

The general hospital and the hospitals that accept affiliated students and male students I do believe might change their attitude towards them or the men will absolutely refuse to take up the work. I think it is largely a matter of education. The schools that have not been accustomed to the male nurse, who is theoretically as well trained as the woman student, does not know just where to place them. They are neither an orderly nor a student, according to the idea of many of the hospitals. On the contrary they are students and must be treated as such, not as orderlies.

And that is where our greatest difficulty comes. One of our largest and best institutions in Philadelphia, and most conservative, is about to try an experiment which has been tried but it has not been successful owing to the fact that the attitude has not been what it should be, because the male students have been treated rather as orderlies than as students, and they absolutely refuse to accept it so; and I do hope that there is going to be some help.

Miss Parsons: I know that sometimes hospitals that have not suitable dormitories for the male nurses, or for the orderlies, give them extra pay and let them live outside.

Are there any other obstacles in the way of professional training that occur to you? Is the expense of the preliminary course a question sometimes, of the expense of instructors? I have heard that stated. Is there any one here who can tell us how they may solve that? In the small hospitals, for instance, I do know that instructors who go from hospital to hospital and charge five dollars an hour for their services have been helping to solve this situation. Can anybody tell how the money was raised, when it has so long been a problem? I am going to ask Miss Coonihan, of the Eye and Ear Infirmary of Boston, what is the cost of the post-graduate course, whether she finds students sufficiently useful to make their work adequate compensation for the instruction given them, and if she eliminates all the drudgery from their work.
Miss Coonihan: Yes, I find that their work is extremely valuable. Our affiliated nurses are with us only sixty days in most cases. We have them from various schools. As you can readily see it is utterly impossible to have any of our routine work done with nurses coming from different schools and being with us sixty days only. Consequently we have what we call the nurse helper or attendant. We tell her when we engage her that all we will teach her will be the things that are necessary for her work. We pay her from $25 to $40 a month. She makes the beds; she does the dusting and sweeping; she does the bathing of the patients that are not specially ill; she is taught to take convalescents’ temperature and we have a great many temperatures to take; she serves the trays, and she takes care of all patients’ clothes. If the patients are not especially ill she undresses them when they come in and she dresses the patients to go home. Consequently the routine drudgery is done by her and we ask the student to do absolutely none of it.

We start the students in to do the actual treatment and to care for the sick patients of their ward. They do all of that treatment, they do all of the operating-room work under the regular operating nurses. They do all the clinical work under head nurses or under instructors. They do very little night duty but occasionally they are put on to give special treatments. These are the treatments given say at nine o’clock and not given again until three. A nurse may be put on to do all the nine o’clock treatments, but a permanent graduate nurse is put on night duty who would give the three o’clock treatment, so the student nurses are never on after nine o’clock at night. We give about nine hours’ work a day.

The student is given ordinarily six hours’ lecture and class-work a week, sometimes a little bit more.

We do one thing that I think is a little bit different than can be done probably in any other sort of school. We have stolen twenty minutes every morning for five mornings of the week, and the way we did it was this. We said we would not worry if the ward work was not done until half-past nine instead of nine o’clock; we would not worry if the house officer made some visits alone; we would plan the work, plan the treatments at a certain time, plan the care of the patients that the student nurse was
given at a certain time, that we would leave the wards to the ordinary graduate nurse and she would come in for twenty minutes to the classroom. We correlated the theoretical teaching to the practice teaching in this way. The student nurse was told that she would pick out a certain type of case. She was given the treatment of John Jones, who, let us say, was one type. She would observe John Jones, then she would read the record that had been written on John Jones. She would go into the classroom and tell what she had seen, the instructor would instruct her what certain symptoms mean. In the afternoon the class would go to the bedside and see John Jones, and what the student had observed or the instructor had told her and what the demonstrator was going to tell would be correlated at the patient's bedside in that way.

The student nurse has been very useful. She does practically all the treatments of eye, ear, nose and throat. She does not do all of the general care of the patients.

Is that what you want?

Miss Parsons: Yes, thank you.

Miss Nevins: I would like to ask, are those three years students that come to you as a rule?

Miss Coonihan: They will be received at the end of the second year. However, a good many of them are second year students. We do not care whether they are third year students or not. We would just as leave have them at the end of the second year. We do like them to have had at least teaching on asepsis, because we have to put them in the operating rooms and it is almost impossible to start in and teach them practically to be aseptic.

Miss Nevins: How many students do you require?

Miss Coonihan: We have fifteen affiliated students.

Miss Nevins: From how many schools?

Miss Coonihan: From five schools.

Miss Nevins: I am very much interested in this, because Washington has exactly the same thing. That is why I am asking these questions. Our City Hospital is suffering for nursing and I have always pleaded for the student affiliation for that work from all the other schools, but they appear to be unwilling to come.
Miss Coonihan: We find it somewhat difficult sometimes to handle the nurses from so many schools because their teaching is not all the same. The nurse, too, that comes in the third year and the nurse that comes in the second year has not the same background.

Miss Allen: Are different students entered at the same time or are they entering at different periods?

Miss Coonihan: We have them coming in on the 1st and 12th day of each month, so there is a grouping of about three weeks between the different members of the classes, and we will handle that in this way:

Miss Parsons: I think you would all be interested if Miss Vannier would tell you something about the course which she gave some corps men and particularly the results. Will Miss Vannier kindly come to the platform?

Miss Vannier: At the request of the government the University of Minnesota offered to give a four months’ course to the Naval Hospital Corps men to prepare them for work on the battleships and freighters and other military craft where there were no medical officers and no women nurses. These men came in a hundred at a time. They asked us to take many more after we had trained the first hundred, because they did such good work; but we felt that it would not be wise to take more than we could handle with credit.

They took all of the preliminary work that our nurses take in the university; that is, they went to the chemistry building for chemistry, taught by a chemistry teacher; they went to the anatomy building for their anatomy and were taught by a man who taught nothing but anatomy. They had the best teachers that we had in the university in those subjects. The Dean of the Medical School gave them their physiology.

After they had had one month of special preparation they came over to the hospital and were turned over to me for practical nursing. I took them in the operating room, because that was the only room large enough to accommodate a hundred boys. They took the stands as we do for a clinic and I had beds brought up with patients and demonstrated and lectured to them for two hours on Monday. Then they came back in small numbers of twenty every afternoon until each group had been there and
practiced in the military wards what they had seen demonstrated. Every man in the group, for instance, worked out a problem in fractional doses of drugs for hypodermic. They actually prepared a hypodermic as we teach our nurses to, by sterilizing the needle, and they actually worked out on the blackboard for themselves problems where they were asked to give one-twentieth of morphine and they had one-eighth. They actually gave it to the dummy, inserted the needle and prepared the skin and so on, until Judy, as we call her, had had any number of hypodermics of all sorts of drugs, and they had the hypodermic tables which they used to give them.

They considered this training extremely valuable because they had not had anything of that kind before, and they have done us much credit. We hear from them and of them from all parts of the world. They went overseas, many of them, and a great many of them went on independent duty. I have had letters from boys telling me that they had to deal with all kinds of cases aboard ship where there was no medical officer at all, and they had met the situation very well. And they described some very serious conditions that they had dealt with and gotten along very satisfactorily. We felt very proud of them.

Miss Parsons: There was a point that was brought up in one of our papers as to the correlation of practice and theory, and I thought of Miss Logan when that came up. I do not know personally of any school which gives so much strictly academic work as the School of Nursing and Health, of the University of Cincinnati. Miss Logan said something to me recently regarding any separation of theory from practice, and I think perhaps it would be illuminating for us to hear particularly what her conclusions are about that.

Miss Logan: It has been one of the most valuable things in our nursing education that we have had theory so thoroughly connected with actual laboratory nursing practice. Any tendency on the part of instructors and directors of schools today which will tend to separate these is to be greatly deplored. The theory should be closely and continuously applied to practice.

Some one said yesterday and it has been said from time to time, that nursing is our major subject. We must never forget that. For this reason it is my conviction that the student should be
introduced to her major subject, nursing, as a probationer and given every opportunity to understand its practice and her fitness therefore, before the more full and formal courses in classroom work are required.

Our probationers are on the wards six hours a day beginning at once with simple nursing procedures and gradually taking over other procedures under instruction, and the classroom work during these first four months includes only, elementary principles of nursing, history and ethics of nursing, personal and hospital hygiene, introductory lectures in anatomy and physiology, and cookery.

In this way the student is introduced to her major subject itself before any considerable time is expended, and perhaps wasted, in expensive basic courses in the classroom. As the student is brought to comprehend the nursing problem, well-rounded academic courses in anatomy, physiology, chemistry, bacteriology and hygiene, social science, psychology, etc., follow and are more clearly motivated. Such courses cannot adequately be given to, or university standards be adequately met by, students who are carrying heavy ward work coördinately. Accordingly we planned to take the student off the wards entirely for one semester in the first and one semester in the second year for such class work. War conditions made it necessary to keep the student on the wards from two to three hours a day during these study periods for a time last year, and this necessity has not proven without advantages. The students themselves in many instances felt this kept them more closely in touch with the nursing problems. We may decide to keep the students on the wards during the study periods but not for more than two hours on alternating days and a half day on Saturday and Sunday.

Perhaps the point Miss Parsons wished me to make concerned our method of teaching medical and surgical nursing. The supervisor of the medical ward teaches the classroom work in medical nursing (45 hours), the supervisor of the surgical ward teaches the classes in surgical nursing (45 hours). They are responsible also for instructing the students in the actual practice of these branches on the corresponding services. If in our schools in like manner the supervisors of the various services can teach the class work in contagious diseases, pediatrics, etc., I believe no better system
can be arranged. Our head nurses are called to frequent Staff meetings and are coming to be a real teaching force in the School.

The whole tendency in education today is to apply courses, even scientific courses, more particularly to the subject in hand. In the Engineering College, for instance, in the university with which I am connected, the course in chemistry, physics, etc. are closely, and very specially, related to the scheme in hand. And so, with nursing as our major subject too much emphasis cannot be placed on so arranging the work that the student cannot fail to connect the theory with her practice from first to last.

Miss Parsons: It is nearly half-past twelve, I think, the time when we are supposed to close our program. We have certainly received real help from the papers and from the speakers this morning so that we can go back and do a little more towards solving the problem and perfecting our school.

I think that in summing up we should first think of the viewpoint. One of the principal difficulties that we all meet is the expense of maintaining all these affiliations and of educating the probationers. We must have large schools and under present conditions we must depend upon affiliation, as most of us do, for the rounding out of the course. If we can lead our boards to provide the necessary accommodations for students and adequate instructors and a good curriculum, then we can probably attract the necessary students. So the first duty seems to be to convince the board of these needs.

It seemed to me last night we should have copies of Dr. Pierce’s paper, for if we could bring evidence from men like him to our boards to show what the demand is for the nurse and what an obligation rests on the nursing schools to provide proper training for our students, we might perhaps get many of the homes and perhaps the extra maids, if there are ever to be any more maids anywhere, to do the necessary routine work in our hospitals. And if we can help out the male hospitals with their problem of training their male nurses by giving them some of the supervision and surgical experience on our wards, that might help in another direction. If we can get the money, a special fund if necessary, for permanent instructors rather than temporary instructors. Personally, I feel that the well-qualified nurse instructor is often very much more satisfactory and produces better results as an instructor of
our nurses than does the average University or Medical School instruction. Just because he is a doctor does not necessarily make him an ideal instructor. And sometimes we can get a permanent nurse instructor who will devote her time to the preparation for her work and be there at the proper time to present the subject to her students. I have heard that in a certain state the State Association has appointed a regular state secretary to go about and give help and advice to the schools in the state. Now in states where we have not been able to get the State Inspector under the State Board, why could not our State Association support a nurse who would go wherever the superintendents of hospitals are willing to help solve the problems of the schools? Because so many times we have learned that such a person can suggest affiliations that would not occur, perhaps, to the busy superintendent in her own school.

Then if we could send some of our promising students to Teachers' College or some other university for special preparation, or if we could make all our graduates' positions in the school a sort of an education for more advanced work, we would be turning out women who would be helpful in nursing education at large. For instance, I think sometimes we want to keep our valuable nurses, and of course we do need them. We need valuable nurses very much. But we want perhaps to keep them too long in our home hospitals, when maybe if we would say to a very promising student nurse, "If you will stay and do good work for a year in charge of the ward and help teach we will try to give you the experience that will make you a good supervisor." Thus as we can give a supervising experience that will make a good superintendent of nurses and send her out, we may help in that way to procure the instruction of more nurses for advanced positions. Under such conditions the extra salaries to such head nurses, that she may teach bandaging, perhaps, or teach the surgical technique in the wards or the preparation of patients for operations, etc., is a stimulus and not a great financial strain.

More than all I think we need for the better education of our student nurses the Red Cross standards. I think that in the past few years we owe more to the fact that the Red Cross stoutly held out that they would only accept graduates from certain schools than to any other one thing, in its effect upon the small
school. In Massachusetts alone I can’t tell you the number of small schools that have finally met the Red Cross standards after years of strenuous effort, and now are triumphantly graduating nurses into the Red Cross. And can we not have the higher standard from the Red Cross to which we must live up? Should not the Red Cross require that the nurse who goes in such service shall have had more high school education than has been previously required, and in that way let us be able to say that our students must have this certain preliminary education, the school stands for it because the Red Cross will require it? And would not that stimulate the high schools and other institutions of learning to keep their students in the school if they knew that if they do not they will be turned down in professional schools because they have not the required preparation?

I wish Miss Noyes would say just a word about that, what she thinks of it.

Miss Noyes: I am afraid it is rather late. The Red Cross has never concerned itself particularly with preliminary requirements for entrance to training schools. That is going pretty far back of the plan as it now exists, in fact. And I will say this to you, as perhaps I should not; that the Red Cross has been somewhat criticised for establishing the requirement, we will say, of affiliation in the National Organization for entrance to the Red Cross Nursing service. They have felt, those who have not looked at it with our eyes, that we are using the Red Cross to build up standards in private organizations and institutions and other lines of work. I know that it was with some difficulty that we succeeded in returning to our original requirements of affiliation with the National Organization for admission to the Red Cross nursing service. We finally succeeded in reaffirming that which we had temporarily set aside as a war measure.

But I think if you would think of that you would see that it is quite logical from the point of view of other people who are not nurses, for instance, business men who are acting as members of the Executive Committee in the National Red Cross, that we are using the Red Cross as an instrument to raise the standard of schools all over the country over which we have absolutely no control.

Now I agree with Miss Parsons that the Red Cross has prob-
ably done more for nursing education than any other given agency, there is no question about that. There is something about the magic of the word and the sentiment that is attached to the name that makes a woman desire above everything else to be eligible for enrollment in the Red Cross nursing service. Therefore when you turn down an application for enrollment it is perhaps the greatest tragedy that can occur in her life. She immediately wants to become enrolled in the Red Cross nursing service. “Why is it?” “Well, your school does not meet our requirements.” Thereupon she goes back to her school and says, “I am not wanted in the Red Cross nursing service because we have not a daily average of fifty patients and I did not have general training, and do not meet their requirements.” So then the schools begin to raise their standards and gradually, little by little, that has gained a large influence over the schools in this country.

This requirement that all members shall be registered has backed up and supported registration alone as nothing else possibly could.

As a war measure registration was set aside and affiliation with the American Nurses Association was set aside. But these requirements have been restored so that for admission under the enrolled Red Cross nursing service the applicant must be an accredited graduate of a school giving a general training or she must have had an equivalent by post-graduate work connected with a hospital with a daily average of fifty patients, not fifty beds, but a daily average of fifty patients. She must be registered, the preference, of course, given to those who are members of the American Nurses Association.

Whether it would be possible for the Red Cross to go further back than that and say we must also insist that general graduates, in order to be eligible for enrollment in the Red Cross nursing service, must be high school graduates, I do not know. I think it would be a pretty difficult requirement. Of course we do think that ought to be. I have thought a great deal about that one provision, but I do not believe that is a definite Red Cross responsibility. I think we have gone just about as far as we can when we insist that the applicant must meet certain definite requirements.

It is astonishing, I sometimes am surprised myself, at the effect
of the work that has been accomplished in that direction. I have known again and again and again of schools making a desperate effort towards affiliation and accomplishing it in order that their graduates might come in and be enrolled in the Red Cross nursing service. So I think we owe all of us a very deep debt of gratitude to the National Committee on Red Cross Nursing Service for the maintenance of those real requirements and the standards they have pressed on for through these years. And the countries of the world at the present time, and this is something quite new, are turning to the Red Cross for instruction as to how to organize reserve nurse corps.

You will recall, perhaps, that I spoke of a League of Red Cross Societies the other night, one clause that has been written into the League of Nations which binds the countries together in a closer cooperation. Already Switzerland and several countries of South America have written to the National Headquarters to ask “How do you get your enrolled Red Cross Nursing Service together?” So already the nations of the League, the nations of the League of Red Cross Societies, are turning to this country for information upon these points.

We cannot do anything with countries that have never had any standards of nursing or any training schools. But you can see how the Red Cross in this country ought to be an influence that will go, we feel, into the countries all over the world. And the Red Cross Nursing Service is what it is today because the nurses made it so, because the American Nurses Association had a standard and the membership stood together uniformly for that through its state and local committees, led by its National Committee.

If we can do for some of the other countries all we have done for our own we will have accomplished a great deal. But I do not believe that the Red Cross yet is ready to say what the general education of the nurse should be for admission to the training school. You see that is going back to the training school, over which we have not control. It is well worth thinking about, but I do not think we are quite prepared for that.

Miss Parsons: I want to tell you that the last words that Miss Delano said to me in Paris. I had the great privilege of a visit with her before she went to Cannes, and we had quite a long
talk about the Red Cross and her connection with it and her feeling about it and about the nurses and she was so fervent about it and she was so generous and she was so tired. She said,

I am so anxious for all the nurses belonging to the Red Cross to remember that wars come and wars go, but the Red Cross is going on forever. It is something bigger and finer than anything else, and I want the nurses to love it, to be loyal to it and to bring it to the highest standard that they can set, so that the Red Cross Nurse shall stand for the finest thing in the way of service to the public good that can possibly exist.

The hour is late; the meeting is adjourned.

Friday Evening Session

The meeting was called to order at 7.30 p.m. by the President, S. Lillian Clayton.

Miss Clayton: Have we any reports of round tables that have been held during these meetings? Miss Mary C. Wheeler, can you give us a brief report of the meetings?

Miss Wheeler: In attempting to answer the question "How to provide better teaching in our Training Schools," the following topics were discussed. (1) How can teachers be developed and where. (2) How should teachers be selected. (3) What responsibilities should they have. (4) How many hours should be assigned to a teacher. (5) How can we improve the teaching in the Training School.

The discussion pointed toward the following conclusions:

1. That instructors may be developed by arranging for elective courses and for experience in instruction in the third year of training and also by arousing the students interest in the possibilities of this branch of nursing work for their future careers.

2. That special preparation in teaching methods is very desirable and that personality is a most important factor to be considered in selecting instructors; that the salary for these positions should range from $1200 to $1800 per year with maintenance.

3. That to instructors might be assigned many of the details of the school work, under the direction of the principal of the training school, that "the standards of the school belong to every one connected with it." That definite standard equipment was essential.
4. That the number of hours an instructor should be expected to teach daily should not be more than four if three different subjects were being handled and never more than three hours daily if the instructor carried more than four subjects. That the teaching of practical nursing with the accompanying ward supervision required the full time of one instructor.

5. That an eight-hour day and time allotted for study, free from ward work will do much to remove the criticism that the nursing school curriculum is overcrowded. That all possible efforts should be made to connect theory with practice, and that the instructors should be thoroughly familiar with the practical side of nursing and constantly aim to relate the sciences taught to the practice of nursing.

Miss Clayton: May we hear from Miss McCleery.

Miss McCleery: At our round table in teaching problems the following points were brought out:

1. That in the teaching of practical nursing the materials used in the wards should be used in the class rooms, making the demonstrations as simple and practicable as possible. The Chase doll should be used when possible or demonstrations on members of the class.

2. That quiz classes following lectures by the staff is a good practice as it gives confidence to the students and gives the instructor an opportunity to observe the interest and attitude of the students and also an opportunity to bring out points not touched upon in the original lecture.

3. That a closer cooperation between instructors and supervisors in the matter of avoiding tardiness in attendance upon class is advisable.

The amount of time to be given by instructors to the preparation of subjects, and the number of subjects which can safely be taught by a single instructor were discussed at some length. The text-books to be used were also discussed.

Miss Clayton: May we have a report of Miss Stewart's round table for instructors?

Miss Stewart: The first question discussed related to the scarcity of instructors and the necessity for more active recruiting among the promising young graduates of training schools. Some of the instructors present said that they had found it difficult to
interest senior pupil nurses in teaching, and they believed this was largely due to the long hours and the rather exacting work of the instructors in many schools. It was remarked that a number of instructors who were very much interested in their work were giving it up because they were finding the duties too heavy. Some suggestions for lightening the work of the instructor were made, most of those present agreeing that the routine examinations of note-books might be very much reduced without serious loss. Adult students and especially those in professional schools, are usually expected to take a great deal more responsibility in the keeping of notes than is put upon most student nurses. It was felt to be important that students in the preparatory classes should have some instruction in note-taking and should have their note-books examined rather carefully during the first few weeks. Until students showed that they could take good notes and organize their material, they should be required to send in note-books regularly, but otherwise, ordinary note-books could be called for only a few times during the course, and in no case should the instructor feel herself responsible for correcting every mistake. Frequent quizzes and tests were recommended instead of this detailed correction of notes. Most of the instructors agreed that laboratory note-books in chemistry, bacteriology, etc., should be carefully kept and regularly examined by the instructor.

It was suggested that another way in which the instructor's time is often taken up is in the chaperoning of doctor's lectures. This is also a custom which seems to be peculiar to nursing schools and the question is whether it ought to be necessary at all. Where there is student government or even where there is not, the matter of classroom behavior might surely be left quite safely with the students and the lecturer, as it is in colleges and other professional schools. When instructors wish to find out what the pupils are getting or when they are expected to quiz on the lecture afterwards, there is, of course, an excellent reason for attending the class.

In the matter of quizzes, it was suggested that head nurses and supervisors might very often relieve an over-worked instructor by conducting quizzes on lectures relating to their own special departments. For instance, the supervisor of the children's department should be made responsible for the quizzes and demon-
strations in children's nursing, and so on with other departments. This method is being followed with great satisfaction in several prominent schools.

Several instructors told of cooperative teaching experiments which had been carried out in Rochester, Kansas City, and in other parts of the country. This means not only economy of the instructor's time but very often better teaching, standardized courses of study in the schools represented, and decreased cost of instruction.

Though there seem to be some disadvantages in having the instructor live outside the school, it was noted that there were also many advantages to the students as well as to the teacher herself, who usually prefers to have a home of her own. The visiting instructor has rather a wider range of interests and her point of view is not so likely to become institutionalized. She brings in ideas from several different schools and often is able to bring neighboring schools closer together. Sometimes she spurs a lagging class by setting up a friendly rivalry with the students of another school. She may and usually does limit her teaching to a very few subjects which she can devote herself to, while the resident instructor is often required to teach too many subjects, and is allowed too little time for preparation. When an instructor attempts to teach often as many as eight or ten different subjects, she cannot possibly do justice either to herself or her subject, and she is very likely to become discouraged or to slip into a routine and superficial method of teaching.

An evident tendency toward greater specialization in this field was noted, the probability being that we shall soon have to train not teachers of theory and teachers of practise, as at present, but teachers of science in schools of nursing, teachers of general nursing theory and practise, and teachers of special branches such as obstetrical nursing, children's nursing, etc. The latter will serve also as supervisors or heads of departments.

The plan of introducing promising senior year pupils into the work of teaching by having them assist the practical instructor for three or four months was favorably commented on by those who had tried it out. The main difficulty is to get the accompanying courses in teaching principles which such students should have,
and to avoid the assumption on the part of the student that this brief introductory course gives her a full training as a teacher.

The clinical method of teaching medical and surgical diseases was discussed and the advantages of this kind of bedside instruction was emphasized by several instructors. The pupils get a much more vivid picture of the condition and the symptoms under discussion, they receive excellent training in the observation of symptoms, and they show a much keener interest in their ward cases. The disadvantages are that it takes longer to cover the ground, that the organization of subject matter may not be so good, that only limited sections of 20 to 25 can be taken to the wards at a time, and that the standing position is rather trying for the students. These disadvantages can be overcome to some extent by shortening the period of observation, and interspersing the clinics with lectures and quizzes. Where there is a regular lecture room in the hospital, patients can often be brought in and pupils remain seated throughout. It was urged that training schools should try to introduce this method of instruction wherever possible, both in nursing and medical classes.

Several other questions came up for brief comment or discussion. In spite of the large group present, the discussion was free and informal and instructors and superintendents both seemed to feel that they would like more time to exchange ideas and plans and to get acquainted.

*Miss Clayton:* Have we a report on this afternoon's round-table on *Problems of Instructors* Miss McMillan's?

*Miss McMillan:* Miss Bartlett took the minutes of the round-table and I think she has gone for them. We took up the idea of a cafeteria in nurses' homes, and I believe the general opinion was that a cafeteria in nurses' homes should not be resorted to without it be absolutely necessary. Then we talked of student government, the advisability of interesting the students of the school who desired student government, believing it was helpful to them. One member there said that the way she introduced it was to have representative college women from some of the neighboring colleges come and talk to the student body and tell them just how the student government was being carried on in the colleges, and as a result of that talk it was very interesting.
It seemed on the whole with those who had experimented with it that it was a satisfactory thing and should be encouraged.

Another discussion was the advisability of withdrawing some of the rigid rules in regard to student nurses and the members of the resident staff, whether or not it was more dignified for our student nurses to be allowed to receive as guests the members of the house staff, the internes and house members, and whether it is not much better to allow our students to go out with them with our knowledge and have those young men call for them at the nurses' homes and take them out with the knowledge of the head of the school, rather than having them meet downtown or any place they could and go without our knowledge.

A member: What decision did you reach?

Miss McMillan: We thought it was better to withdraw those rigid rules. The most of the women who spoke said that in former times they felt that the student nurses did go out with the internes and they were supposed not to know and tried not to know. They said they felt it was very much more dignified. We had a very interesting discussion and we were very grateful to Miss Parsons and Miss Clayton and Miss Lawler and all the other members who joined and made it very beneficial and very interesting.

Miss Clayton: If there is no further discussion we will take up some of the subjects we did not finish the other day. First the revision of the constitution and by-laws. You remember that the first suggestion that the constitution and by-laws be revised so that the League shall revert to its former custom of holding annual meetings, was voted upon and carried. The question of dues was postponed until tonight. The Board of Directors, after a careful study of the Budget made out by the Finance Committee, made the following recommendation: that the dues be raised to $5.00 and that with the increase of these dues we employ a full time Secretary for the League's business, to allow a larger fund to be spent for education by the Educational Committee, and that we pay our share towards the further employment of the Interstate Secretary.

We would like to have you discuss these points, first of all that the dues be raised to $5. That is the recommendation of the Revision Committee and of the Board.
Miss Clayton: It is moved by Miss Parsons, seconded by Miss Lawson, that the dues be raised to $5. Is there any discussion? All those in favor please signify by saying aye; opposed. It is a vote.

If there are any states present here tonight we should like to have their expression of the value of the Interstate Secretary through the country. We believe the League should endeavor to continue the services of such a representative. May we have some expressions of opinion?

Mrs. Clarke: Madam President, I feel that the services of the Interstate Secretary are more valuable than a great many of us realized even at the time that Miss Eldredge was with us. She was able to help us in forming constructive policies and gave real momentum to the organizations in the states. Needless to say those of us who are in the midst of things in the state may reiterate and reiterate, and it has not anything like the weight that it has when it comes from an outsider, a woman whom we all know is a representative of the National Organization. It carries weight and I feel that any effort we can make to continue Miss Eldredge services cannot be too great.

Miss Murray: I agree with Mrs. Clarke. It seems to me that the services of the Interstate Secretary are most valuable. The fact that she goes about the country and knows the conditions of various states makes her far more valuable than any one in our own state can possibly be. We are all doing a great deal of publicity work, we are all doing a great deal of educational work, in our associations and through our nurses throughout our own state, and it does help greatly to have some one else come from the National Organization with ideas and conversant with the conditions of the entire country.

Miss Forrester: Coming, as I do, from the west, I feel that I want to add my testimony that Miss Eldredge has done a very great deal of good for us.

A Member of the Audience: I feel that the work should be continued by our Interstate Secretary.

Miss Palmer: Madam President, I would like to speak for the work that the Interstate Secretary has done for the Journal. We have got in the habit now when we send out circulars of looking for a perfect trail of new subscribers that follows right on
after the Interstate Secretary. And while the reports are received from all over the country all the time, we are always sure of that trail. Sometimes it is down through the southwest and sometimes it is through New England, but wherever she goes new subscriptions follows along behind her. That is the strongest testimony I could give of what the Interstate Secretary has done for the Journal.

Miss Clayton: Judging from the letters that we have received, there has been no question as to the value of the Interstate Secretary to the League, and it is hoped that it will be possible to continue her services.

Miss Noyes: Madam Chairman, do you want a vote on that? I suggest that those who are in favor of an Interstate Secretary rise.

Miss Clayton: The vote is unanimous.

Next is the revision of the clause in our membership regulations for the admission as associate members of lay persons. Your Executive Committee voted to postpone the decision of this question, at least for the time being. We would be glad to have an expression of opinion from this body, the opinion seems to be so divided.

Miss Parsons: Madam President, if it seems wise not to consider seriously the membership of lay people in the association I would like to know whether the members would feel that it would be advisable to give one session of our available time at the next convention to the mutual interest of lay people, members of our training school committees, our nursing school committees and the like, putting some of the prominent women on the program and send out invitations urging the attendance of all such people as can come and putting it well in the center of the meeting so that they might stay to other opening meetings and thereby become better informed than they are about our interests.

Miss Clayton: Do you make that as a motion, Miss Parsons?

Miss Parsons: Yes, I would move that we so do.

Miss Clayton: You have heard Miss Parsons’s motion which has been seconded, that we provide a special meeting at our next convention and send out special invitations to the members of our boards of trustees or any other lay people we should
like to invite, and that we should have this meeting in the middle of our session.

Miss Clayton: Is there any discussion of this? All in favor please signify by saying aye; opposed. It is a vote.

Miss Eldredge: Madam President, might I suggest that not only should Miss Parsons' suggestion be adopted but the National Association go on record as recommending to the state and local leagues that they have something on their program and make a special effort to get after hospital boards and their general public as regards nurses and training schools?

This was made a motion seconded by Miss Noyes and carried.

Is there any further action to be taken concerning lay members at this time? If not will you ratify the action of the Executive Committee?

Miss Nevins: I move that the association ratify the action of the Executive Committee.

Miss Clayton: It is moved by Miss Nevins, seconded by Miss Lawson, that the association ratify the action of the Executive Committee. Any discussion? All in favor of this motion please signify it by saying aye; opposed. It is a vote.

If there is nothing further to report from the Revision Committee, we have a report on resolution from the Committee on Attendants. I will ask the Secretary to read the report

Resolved: that in the training of attendants, the factor governing the length and the type of training should be the physical condition of the patient rather than his financial resources.

Resolved: that attendants should be prepared to care for the following types of patients: Convalescent, aged and infirm, chronic, well children, and in other cases to supplement the service of the graduate nurse and when required to assume the duties of an intelligent mother.

Be it further resolved: that in preparation for these duties attendants should meet the following requirements and should be given the following instruction:

Entrance qualifications:
Age not less than 18 years;
Present evidence of good physical condition and of good character and moral standing.
Ability to read and write the English language and to keep simple bedside notes.
Types of Institutions in which training may be given:
- Homes for incurables,
- Homes for aged and infirm (infirmaries),
- Homes for crippled children,
- Hospitals for tubercular patients,
- Hospitals for mental and nervous patients,
- Hospitals for epileptic patients.

Head of School:
Should be a graduate registered nurse; have had preparation and experience in teaching.

Length of Course:
Six months in an institution during which time the theoretical and practical instruction is to be given, and six months under supervision and with salary either in an institution or in private homes.

Outline of Theoretical Work:

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<td>Household hygiene, personal hygiene, germs and their relation to disease</td>
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<td>Elementary anatomy and physiology in relation to its practical application to other subjects</td>
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Be it further resolved: that it shall not be the policy of the League to initiate such training of attendants, but that when help is asked by other organizations, the preceding outline be presented as the basis for cooperation.

Bessie A. Hassis,
Susan C. Francis,
Amy M. Hilliard, Chairman.

Miss Clayton: These resolutions are the conclusions following a year's work on this subject by a joint committee of the National League of Nursing Education and the National Organization for Public Health Nursing. Do you wish to discuss this?

Miss Bradshaw: I would like to ask if anything in obstetrics would be given to the attendant in such training. There appears to be a necessity for having trained attendants and there is a
feeling that the maternity work should be emphasized in training such attendants. I would like the League's opinion of that.

Miss Clayton: The committee has considered that question very, very carefully, covering a period of a year. We have had various suggestions brought in from various organizations, individuals, and hospitals. It has not seemed best to the committee to include obstetrics in the training, neither has it seemed best to the Executive Committee of the League to approve that.

Miss Parsons: May I ask a question? Knowing that the household nursing operates in Boston and in many other parts of Massachusetts, and is sending out trained attendants for the first three or four days in normal obstetrical cases to assist in the home in taking care of the mother, I would like to ask if the committee would not feel that they could recommend that much assistance. There they have a regular trained nurse who sees the mother beforehand and who goes to her during confinement and who sees to her carefully for two or three days and then visits her, and they think it works out very well and fills a very great need.

Miss Clayton: Mrs. Haasis will answer that question.

Mrs. Haasis: I think that is provided for in the clause which states that those attendants shall be prepared to supplement the work of the graduate nurse and when necessary give such care as would be expected of an intelligent mother. Certainly we would not want to prepare the women with the idea that they were going to take charge of maternity cases, and we do not feel that a maternity case is adequately cared for unless there is a graduate nurse at least visiting the case, whose work may be supplemented during her absence by some attendant who has been trained primarily in household duties, and who also understands cleanliness, so that she can give what care the mother may need in the first five or six days. I think that is provided for in the resolution.

Miss Helen Kelly: Would not this preparation of attendants for the after care of maternity cases help to solve the midwife problem? We all know that while it is very desirable to have a trained nurse to care for maternity cases, the fact remains that about 10 per cent, perhaps not any more than that, do receive this care, and in the meantime there are thousands of
women receiving most unintelligent care from unprepared and unsupervised midwives. And it would seem that with this attendant prepared for the after care, after the period of two or three days, that it might be possible to combine her work with that of the visiting nurse and the physician, and in that way educate these mothers who are traditionally wedded to the midwife habit away from it, and have more of them employ the nurse. I do not know that I have made myself quite clear, but it does seem as though there is a field for this attendant in the after care of maternity cases, when we consider it from the standpoint of a large number of mothers who are receiving no trained care at all or the care of an unintelligent midwife.

Miss Clayton: Mrs. Haasis, will you answer that again, as to the midwife?

Mrs. Haasis: Yes. The first resolution provides that these attendants, if they are to be prepared, are to be prepared definitely to take care of people in a certain physical condition rather than in a certain financial condition. Now the people that employ the midwife usually do so on account of their financial condition. Nevertheless the midwife is paid for by the patient. Whether those patients would be willing to accept another service paid for by somebody else which would undoubtedly cost more is a question in my mind. If they would and if there is somebody else to pay for it, this service of attendants, together with the visiting nurse and the physician or the dispensary giving outpatient service, will solve the midwife problem.

Miss Clayton: The League feels that it cannot recommend a course for attendants, to go on record as recommending a course for attendants other than this at the present time, and this will not be given great publicity. That is the idea of the committee. But as all the states are wanting some kind of course it is the idea that this course will be recommended to them if they desire to have it.

President Clayton: The report of the committee was accepted last night. Miss Lawler moves, and Miss Noyes seconds the motion that the resolution be endorsed. If there is no further discussion will all in favor signify by saying aye: opposed. It is a vote.

We next call for Miss Noyes report of the Information Bureau.
Following closely upon the signing of the armistice, the War Council authorized the Department of Nursing to extend its Public Health Nursing Service. If this were done the first step toward the development of the plan would be the enrollment of a large personnel of public health nurses. In addition to these public health nurses, a group of about thirty who had had previous experience in this line of work as well as overseas duty, would be required to present from the Chautauqua platform the Peace Program of the Department of Nursing.

It immediately became evident that an office in New York City to which the nurses might be directed should be opened. The Red Cross decided to do this and invited the three National Organizations of Nursing to cooperate with them and to place representatives from each organization in the office to advise upon all questions referring to various phases of nursing work. The Red Cross offered to pay the expenses of maintaining this office, with the salaries of a manager and one or more assistants, and such clerical aid as would be required, until such time as such an office would be no longer needed either by the Red Cross or the nurses who were returning from service. The office was opened as a Bureau of Information, at 44 East Twenty-third Street, New York City in January, and the first official appointed was Miss R. Inde Albaugh, whose special duty was to take charge of the pupil nurse assignments from the Army School of Nursing. There were about 800 students or applicants who had applied to the Army School of Nursing, many of whom had been accepted, but due to the signing of the armistice could not be placed. In addition to this, Miss Albaugh also had charge of the applications from hospitals and other institutions that were applying for personnel and also the direction of nurses toward positions of this nature. About the same time, Miss Yssabella Waters accepted the offer to go to the Bureau of Information as the dual representative of the Red Cross and the National Organization for Public Health Nursing, to direct the work in connection with the Public Health Nursing Service of both these organizations.
Miss Waters was succeeded by Miss Jane E. Hitchcock April 1. With the development of the public health program of the Red Cross, the appropriation of considerable sums of money for scholarships and loan funds and the increased interest in public health service generally, many nurses have been interviewed and many organizations have been in communication with this Division of the Bureau of Information. Miss Florence M. Johnson, Director of the Department of Nursing in the Atlantic Division, has very kindly acted as general manager until the present time. Two additional nurses have been assigned to the Public Health Bureau and an adequate clerical staff has been maintained.

Approximately five thousand nurses have returned from overseas, the majority of whom have come in through New York City and have called at the office of the Red Cross Division Director at 44 East 23rd Street. Many questions need to be adjusted, such as the return of equipment and such other matters as might rightly come to her attention. The nurses are then directed to the Bureau of Information, after which they are interviewed by the representatives in that office.

The American Nurses Association and the National League of Nursing Education decided to appoint a dual representative, but we regret that so far this has not been done. It has seemed difficult, with all the other demands that are being made upon the profession at the present time, to find the right person for the place. It is hoped that after the nurses are demobilized from overseas duty and the Red Cross no longer needs to maintain such an office that the three National Organizations will see their way clear to assume full responsibility over it and continue it under their auspices. It has been found of tremendous value already to organization work. Teachers College is referring the applications from institutions for instructors and superintendents to this bureau, and cooperation is being established between the American Nurses Association in its revision of accredited training schools while the sub-division of student nurse assignment in the bureau is the center for the distribution of circulars and information pertaining to all nursing questions.

I will read Miss Albaugh’s report on the work of the Division of Assignment, and also in the department Students Assignments.
Since our last report, April 26, the Division of Assignment, of the Bureau of Information, has been very active, which will be shown in detail in the statistical report.

The nurses who have filed status cards with this Division, as they passed through New York, are re-acting well to the sensation of "reaching home" and friends and after a brief period of rest in many instances, and more extended periods required in other cases, letters are coming to us daily telling of their return to former positions, or the resumption of private duty; or conveying to us the desire to be immediately connected with work.

Many who were emphatic in their desire to go North, East, South or West, or to any point remote from normal surroundings are writing us of their willingness to go "anywhere." Many nurses formerly holding positions of responsibility feel a decided need of "brushing up" on their special line, or of assuming less responsibility, for a time at least, than formerly carried. This attitude we believe is a natural result of their war experience and exchange of normal conditions for the great generalities in procedure with which they found themselves during their army service.

The opportunity to quickly "catch up" on lines of efficiency appeals greatly to them. The six weeks course for nurses in executive positions, as outlined by Miss Mary C. Wheeler, to be given by the Illinois Training School, July 7 to August 18, meets very definitely and decidedly the need felt by so many returning hospital women. The apparent obstacle in the way of many nurses availing themselves of this course is based upon a lack of finances or time in which to go home for a brief rest and prepare for it.

Each day brings letters of appreciation from nurses all over the country for the provisions the Bureau of Information has made for their immediate and future welfare.

A few have sought the assistance provided by the Loan Fund for special, and post-graduate courses, and a considerable number are planning to avail themselves of this help for similar work in the Fall.

This Division of the Bureau has felt very keenly the need of being in a position to offer the more definite assistance that the recent Fund provided for scholarships for Instructors, by the Red Cross, will provide. We believe many qualified women will take advantage of this opportunity to prepare for teaching in the future.

The following statistical report shows the condition of our files:
Total number of nurses applying for assignment to positions—1,174

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<tr>
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</thead>
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<td>Superintendents of hospitals</td>
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<tr>
<td>Assistant superintendents of hospitals</td>
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<tr>
<td>Superintendent of training school</td>
<td>36</td>
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<tr>
<td>Assistant superintendent of training school</td>
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<tr>
<td>Night supervisors</td>
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<tr>
<td>Assistant supervisors operating room</td>
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<td>Supervisors of wards</td>
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<td>25</td>
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<tr>
<td>Floor nurses</td>
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<tr>
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<td>Laboratory technicians</td>
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<td>X-ray hospital technicians</td>
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Total number of applications to fill vacancies in hospitals—1,360

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<td>Superintendents of training schools</td>
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<td>X-ray technicians</td>
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<tr>
<td>Dispensary work</td>
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<td>1</td>
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<tr>
<td>Resident nurses</td>
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</table>

R. INDE ALBAUGH,
Chief, Division of Assignment
Bureau of Information.
Report on Department of Student Assignment

Applications continue to come to us daily for qualified students. These applications are by no means confined to the small hospital training school. Some of the largest and best known schools in the country are in doubt as to the resources for their Fall classes.

Since the accepted applicants for the Army School of Nursing that were referred to this Bureau early in this year have been connected with training schools, we have but little material available and at the present time, few letters of inquiry from prospective students are reaching us.

Between January 1 and June 15 of this year 197 training schools have applied for a total of 1446 pupils: 432 applications and letters of inquiry from young women interested in courses of training; 92 students have been definitely placed in training, 97 have withdrawn; 261 are awaiting calls from the schools to which they have been referred.

R. Inde Albaugh,  
Chief, Division of Assignment,  
Bureau of Information.

I will next read Miss Hitchcock's report on the Public Health Nursing Division.

Report of the Public Health Division of the Bureau of Information  
From Its Opening to June 15, 1919

Qualifications

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<tr>
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<td>148</td>
<td>126</td>
<td>99</td>
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Nurses were referred to the following organizations

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<th>April</th>
<th>May</th>
<th>June</th>
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<td>Referred to General Public Health Nursing</td>
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<td>35</td>
<td>41</td>
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<td>27</td>
<td>10</td>
<td>18</td>
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<td>19</td>
<td>7</td>
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<td>7</td>
<td>9</td>
<td>11</td>
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<td>10</td>
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<td>9</td>
<td>15</td>
<td>11</td>
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<td>Venereal</td>
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<td>1186</td>
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Organizations applying for nurses

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<th>May</th>
<th>June</th>
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<td>Tuberculosis</td>
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<td>57</td>
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Report of Division of Public Health Nursing, from April 26, 1919, to June 15, 1919

The work of the Public Health Division of the Bureau of Information since its last report on April 26, 1919, has brought out three important points:

I. It has demonstrated that we have a large number of nurses desiring to get into the public health field who have had no experience in this branch of work. At the same time, most of the associations or organizations who have communicated with us are realizing the advantages of an experienced worker. On one hand there is the association asking for experienced public health nurses, and on the other hand a large number of inexperienced nurses who wish to get into the field, and are asking for the opportunity to get experience. This has embarrassed us. We have sent out a letter to seventy-five organizations employing a dozen or more public health nurses under supervision, asking them as a patriotic service to set aside one or two districts for the use and instruction of inexperienced nurses in order that they may get the nursing training under supervision. Answers to these letters have not all been received, but those that have reached us have indicated a general willingness on the part of the employers to bear a share in this responsibility for equipping nurses that they may respond to the many calls that are coming in to this office.

II. The nurses who have returned from overseas are, unfortunately, imbued with the idea that salaries have increased and we frequently have much difficulty in persuading certain of them that work with a Visiting Nursing Association paying $85 a month is an experience worth their undertaking, for the sake of what it may bring to them in the future. They are prone to feel that the public health nurses should receive a much larger salary, and they also erroneously consider that their work in the army has been an adequate preparation for public health work. It sometimes requires considerable patience and much time to make the nurses understand that in public health work the question of salary depends upon the experience and efficiency of the worker, and that she does not begin at the maximum as does the private duty nurse.

III. There is a pressing call for public health nurses in the southeast and the middle-south. The communities are alive to the need, but there is a great scarcity of well trained nurses. Virginia, North Carolina, South Carolina, Oklahoma, and now, New Mexico, have called loudly for the public health nurse. Our Directors in the south tell us that they have not enough qualified nurses to fill these positions, and neither have we the right women to send them. Representatives from Oklahoma and New Mexico have called at this Bureau in person to present their needs. New Mexico has just formed its first private organizations under the title of the Mexico Public Health Association. They have, at present, no nurses connected with it, but are anxious to establish good nursing service under adequate supervision. They appear to be ready to pay any salary that
will attract the right women. The position of supervisor promises an unusually free hand in developing the work of the new country, and we hope that we may find just the right nurses to undertake the work.

Respectfully submitted,

JANE ELIZABETH HITCHCOCK,
Chief, Public Health Division,
Bureau of Information.

Miss McMillan: I would like to ask Miss Noyes, if this is going to be something permanent?

Miss Noyes: Our only idea in opening a Bureau of Information was to take care of the nurses during the demobilization period. After the demobilization period we don’t know just how long it will last. Those demobilized are practically a little more than half of the nurses that were in various services; 10,000 overseas and 6000 demobilized; so that there are 4000 nurses still overseas. They are coming in rapidly. We did not confine ourselves, however, to the overseas nurse. We sent letters to all the cantonment hospitals asking the nurses in those institutions as they were demobilized to turn to the Bureau for assistance and advice as they needed it. Our intention was to use that Bureau as long as that process was going on. We needed public health nurses for our own public health program and they were greatly needed for the general field.

We hope, however, that when we have finished with that Bureau and the nurses who are in military service no longer need it, that the three national organizations will feel that they can assume the responsibility for it and take over, that which we have started there. But it is a most interesting place. I think you might be interested in the number of people that we are using there. We have Miss Hitchcock in charge of the Public Health, Miss Albaugh in charge of the Division of Assignment of Institution Requests. We have three nurse assistants, two for the Public Health and one assisting Miss Albaugh, and quite a large clerical staff. The Red Cross has had to pay the salary of all those individuals except half the salary of the public health nurse, and has, of course, furnished all fees and postage, stationery and printing that we need to have at the present time. We are establishing the basis of work that we hope will be perpetuated by the three national organizations.
We had very much hoped that the League and also the American Nurses Association would put their representatives there, so that they might assist in advising on the particular questions that relate to both of those organizations. It is a question largely of salaries and the ability of the national organizations in assuming the responsibility of those salaries.

Miss Clayton: In considering the coming year we have taken up the subjects that have previously been presented to you as being of great importance for training schools and to the profession. First of all we believe, as we have already said tonight, that the states need an Interstate Secretary; therefore the League is making every effort to provide for her reappointment. Second, we believe that we must have more work done by the Educational Committee, and this can only be done if we have funds. Therefore we have definitely asked to have the dues of our association increased in order that more information may be given out to influence the whole profession.

The question of attendants is one that has been with us for a long time, and after a year's careful study we find that we cannot definitely settle it, but we have a resolution that has been presented to you tonight, which will form a basis of information which the League can give out to states or organizations or individuals.

We will take as one of our policies this year the education of our head nurses, broader education of our superintendents of training schools, and through them our lay people.

One of the great things that we must do if we are to help our work is to increase the membership. This is something that can be done partly by the National Organization, but it should be your responsibility as members of state leagues and local leagues. There is no need to say anything concerning rank for nurses, except that you must work for it. The state associations have been working through the year perhaps more than the state leagues. The state leagues should join their forces with the state associations and work definitely along the lines outlined.

We know there will be a publicity campaign organized to secure more student nurses. Just what that campaign will consist of has not been decided. But when it is organized and when you
do receive information every state league should work for it in every possible way.

Taking up the subjects as they have been presented to you in a letter from the chairman of the Program Committee, we might first of all take the hours of work. We have not discussed this at the convention. There has been no time for a roundtable, but we have given to you the pamphlets published by our Educational Committee, we have asked you to purchase it and to distribute it among your board members and freely in your communities. We believe that will provide the education necessary to a lot of people if we are to have their support in this movement.

We have resolutions that have been prepared by Miss Lawler which we would like to bring before you tonight and like to have you act upon them, covering these different points that have been taken up in this letter that you previously received. Miss Lawler, will you read those resolutions, please?

RESOLUTIONS

The Committee on Resolutions submits the following:

Whereas, The members present fully appreciating the benefits derived from this convention so admirably planned, where papers and discussions have brought home to them problems which are universal,

Therefore Be It Resolved, that the following points be emphasized for special consideration during the coming year:

1. That State Leagues be urged to cooperate in every way possible in a definite publicity campaign to the end that desirable young women may be attracted to schools of nursing.
2. That shorter hours for student nurses be attained.
3. That schools for nurses be urged to include in their course of training theoretical and practical instruction in mental diseases, communicable diseases, care of children, and public health work.
4. That State Leagues endeavor to secure inspection of schools of nursing in those states where this is not already provided.

Resolved, That cordial expressions of appreciation be extended to Miss Henderson and her associates on the Committee of Arrangements: To Miss Taylor and the other members of the Program Committee: To the management of the Congress Hotel and to all others who contributed to the success of the Convention.

Resolved, That this organization which has already unreservedly endorsed the movement to obtain rank for nurses, implores the State Leagues to make every effort to further this cause and that an expression of appreciation be extended to Mrs. Helen Hoy Greeley for her work.
Resolved, That while no words can express the depth of our sorrow for the loss of Jane A. Delano who for so long was one of the leaders in our profession and whose contribution toward the elevation of nursing standards has been inestimable our sincerest tribute to her memory will be in carrying on her work which ended only with life itself.

That this organization go on record as expressing our pride in the services rendered during the period of the war by nurses, graduates and undergraduates in both civil and military hospitals, remembering with special gratitude and sorrow those who gave up their lives in the line of duty.

(Signed) Adda Eldridge,
Susan C. Francis,
E. M. Lawler, Chairman.

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

Upon the suggestion of Mrs. Greeley it was moved and carried that an appropriate resolution calling on Congress for speedy action on our bill for rank for nurses be framed and dispatched.

It was moved and carried that a similar resolution be sent to the War Department.

Miss Isabel Stewart: We had expected to have a number of bulletins here for sale, but although they were sent last week the express company somehow or other has not delivered them. We had hoped that they would take the place of any prolonged discussion or paper on the subject of hours. Now those pamphlets have gone out to you and when you get home you will find them there, I think. This blue bulletin is the one which was intended for general distribution. We are sending this to the presidents of the boards of trustees of hospitals, and those bulletins may be secured in large numbers for distribution if you want them.

The question asked by one here a moment ago who whether the shorter hours are going to be applied to private nurses. We had not thought of taking up at the present time the question of shorter hours for private nurses. I do think that private nurses need shorter hours but at the present time it is the pupil nurse in the hospital who needs shorter hours most. After all this is primarily an educational question. We know that we will not get any further with the education of the nurse until we can reduce those hours. We know that we are not going to
be able to get in the numbers of people we need for the training schools until we can make conditions a little bit better for them, and the one thing that most of them object to is the long hours. I think if we once get that reform put through, a great many other reforms would just naturally follow, and the conditions would be much more attractive and I am sure we should find that the number of applications coming in to the schools would be increased.

We are hoping that it will have a very marked effect in that we can attract not only more but a better class of students into the training schools.

We have in our office a whole file of letters from private school principals, high school principals and college instructors who say, “We have received your letter asking us to encourage young women to go into schools of nursing. We believe that nursing is a very splendid profession, etc. But we will not advise any of our students to go into nursing schools until you make conditions better.” Whenever you go to the high school to talk to those young women about nursing you will usually find that the student sometimes asks you questions about hours, and the teachers always do. Almost invariable some one will say, “Well, you know some of our students did go into nursing schools and they found the working conditions impossible and couldn’t stand it.” That spreads through the whole school and you can’t get them to advise students to go into training schools while that sentiment prevails.

Now we have got to change the prejudice. What we say is, “Yes, we do admit those conditions exist in some schools but there are many schools where they do not exist,” We say that conditions have not been always good in the past but they are improving, and we are hopeful in a short time conditions will be very much better, therefore there is no reason for not advising your students to enter a good training school? But the fact remains that until we do change this situation we cannot get young women to consider, coming into the training schools in sufficient numbers.

The other pamphlet is intended for superintendents only. It shows the method which has been used in putting in the eight hour day, how it has been started and how hours are arranged
and it gives the schedules of hours from a number of different hospitals. I think the superintendents will find that of some practical value in starting the system in their own schools.

I did want to say when Miss McMillan was speaking of the nonresident student today, that whether we think this is the very best method or not, it certainly does seem to be one possible method of increasing the nursing staff without any undue strain or undue expense to the hospital. If we are going to put in an eight hour day we have got to have a somewhat larger group of students. Now many nurses' homes will not accommodate more students. A great many people feel that this just simply means that they cannot put in the eight hour day. But if you can take in a few nonresident students to make up the number needed for operating the eight hour day it will mean a tremendous advantage to all the students in the school, even though it might be a slight disadvantage to the students who live outside.

There are a number of others, but one of the methods is by the use of ward helpers.

I did not intend to speak at this length about the eight hour day, but I think we want to thoroughly convince ourselves that this thing is necessary, otherwise I do not believe that we will be able to convince boards of trustees and others whose cooperation we need. Our arguments are strong and the only thing is for us all to stand together and push the thing through.

If the hospitals will not listen to us, we will have to take other measures. We may have to put it to legislation. A number of friends who have advised with us in this matter say that legislation is about the only way to bring this about. We do not like to resort to legislation, but if we cannot do it in any other way, if it is going to take years and years of moral suasion to bring such a reform about, I think we will be very unwise to delay a measure which is so very necessary.

I am sure that some of the superintendents present who have had experience with the eight hour system would be glad to answer any questions on the actual operation of the eight hour day. I know there are a number of them here.

The cost of the larger pamphlet is twenty cents and the other one ten cents, and they can be secured at Teachers' College. If you want them in larger quantities for distribution we shall
be glad to supply them at about the cost of the pamphlet, which would be somewhat less than that.

Miss Clayton: As the resolution on rank is not ready, it will be submitted to the Executive Committee in the morning. You have already voted that it be sent. Are there any questions or any subjects for discussion you want to bring up? If not there is nothing more we have to bring up, except to tell you that our next annual meeting will be held in Atlanta, Georgia, as announced last year. The date we do not know as yet. We hope you will all be there.

Upon motion the meeting adjourned.