Twelfth Annual Report
of
American Society of Superintendents
of
Training Schools for Nurses
1906
HEADQUARTERS

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

HEADQUARTERS

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

L. J. Gross.

Buffalo General Hospital

September 1906.

Property of the Society
PROCEEDINGS

OF THE

TWELFTH ANNUAL CONVENTION

OF

The American Society of Superintendents of
Training Schools for Nurses

HELD AT

NEW YORK

April 25, 26, and 27, 1906

Baltimore
J. H. Furst Company
1906
OFFICERS OF SOCIETY.

President.—MISS MAUD BANFIELD,
Polyclinic Hospital, Philadelphia, Pa.

First Vice-President.—MISS ANNIE W. GOODRICH,
New York Hospital, New York.

Second Vice-President.—MISS C. Q. MILNE,
Presbyterian Hospital, Philadelphia, Pa.

Secretary.—MISS G. M. NEVINS,
Garfield Memorial Hospital, Washington, D. C.

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Teachers' College, New York.

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Superintendent, Army Nurses,
War Department, Washington, D. C.

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Orange Memorial Hospital, Orange, N. J.

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MISS LUCY WALKER,
Pennsylvania Hospital, Philadelphia, Pa.

First Year.—MISS LENA LIGHTBOURNE,
Hospital of the Good Shepherd,
Syracuse, N. Y.

MISS EUGENIA D. AYERS,
Worcester City Hospital, Worcester, Mass.
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STANDING COMMITTEE ON PUBLICATION.

Miss Annie W. Goodrich,
Miss M. A. Nutting.
Miss Anna L. Alline.

COMMITTEE ON EDUCATION.

Miss M. A. Nutting, Chairman.

Miss Annie W. Goodrich,
Miss Anna L. Alline.
Miss Mary M. Riddle,
Miss Clara D. Noyes.
Miss Mary S. Gilmour,
Mrs. E. M. Simpson.

COMMITTEE ON LEGISLATION.

Miss Sophia F. Palmer, Chairman.

To be appointed.

COMMITTEE ON HOSPITAL ECONOMICS.

Miss Annie W. Goodrich, Chairman.

Mrs. Hunter Robb,
Miss Anna C. Maxwell.
Miss Maud Banfield,
Miss Isabel McIsaac.
Miss Mary M. Riddle,
Miss M. A. Nutting.

COMMITTEE ON INCORPORATION.

Miss Mary A. Samuel, Chairman.

Miss M. W. McKechnie,
Miss Mary S. Gilmour.
Miss Annie W. Goodrich,
Miss Anna C. Maxwell.

COMMITTEE ON RED CROSS AFFAIRS.

Miss M. A. Nutting, Chairman.

Miss Isabel McIsaac,
Miss Georgia M. Nevins.
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TWELFTH ANNUAL CONVENTION

—OF—

The American Society of Superintendents of Training Schools for Nurses.

The Twelfth Annual Convention of this Society was held in Du Bois Hall, The Academy of Medicine, New York, April 25th, 26th and 27th, 1906.

The meeting was called to order by the President, Miss Annie W. Goodrich at 11 a. m. on Wednesday, April 25th.

The opening prayer was made by Reverend Henry Sloane Coffin, pastor of the Madison Avenue Presbyterian Church.

The Hon. Seth Low, former mayor of New York, and ex-President of Columbia University, delivered the following

ADDRESS OF WELCOME.

"Miss Goodrich and Ladies:

I look upon it as a very great privilege and honor to be permitted to come here this morning to extend to you the welcome of the people of the City of New York. I wish that you could gather from the tones of my voice some echo of the gratitude of the many sick and injured in the city, in whose interest and on whose behalf you are here. I wish that some note of appreciation on the part of the multitudes of friends of those who are sick and injured, and have been sick and injured, would sound through my voice into your ears, and tell you how very welcome you are. The late Mr. Travers, who had the infirmity of stuttering, is reported to have been asked one day by a friend why it was that
he stuttered so much more in New York than in Baltimore, where he at one time lived. Mr. Travers replied, that he thought perhaps because it was a bigger city. That was a whimsical enough opinion to apply to such a subject, but it is because New York is so great a city that you are so very welcome. Here you really get the welcome of four millions of people; it is rather overwhelming you may think, but I do believe that the very multitude of those who greet you through me should be an inspiration to you in all your work.

Everyone who knows anything about such matters, appreciates that the trained nurse is the product of the Training-School for Nurses, and everyone who knows anything about the conditions of administration in such an institution, understands the perfectly vital relation of the superintendent to the success of the training-school. I often think, and sometimes say, that the whole secret of making anything successful is to get the right person at the head, and precisely as an army needs to be well led to accomplish its best result, so with any other work, whether it is of a university, whether of a hospital, or whether of a training-school, for success there must be at the head a Christian, a competent person, and a person with business ability. These complements in the work you are doing are the requisites of success. There is a great deal besides, naturally, which ministers to success in any enterprise. Of course, it is perfectly apparent that the trained nurse could not exist without the training-school. The question I want to develop is the question of training. There has been a belief I think, in every walk of life, that the way to learn how to manage, how to excel in that occupation, is through practice. I remember perfectly well when it was believed that the only way to learn law was to study in a law office. When law schools were first proposed, they were scoffed at. I remember that when the School of Mines at Columbia was established in 1864, many ridiculed it and said that the only way to be a mining engineer was to work in the mines, and yet it is the mining engineer, trained in the schools of the country, who has revolutionized mining in all its branches. What is true of the law, of mining, and of medicine, is just as true of the art of nursing. I think that is now past discussion, and it
is just as true for those who are to have the special duties of superintendent of training-schools, as it is possible to learn by a course of study, many of the principles of which have to be applied by practice. Now I am not proposing that there should be such classes in the training-schools for superintendents. I have no doubt in the training-schools themselves they learn a very large part of what it is necessary they should know, but it was my good fortune to be the President of Columbia University when this Association arranged for the course for superintendents of training-schools which has since been maintained in the Teachers' College of that University. The idea commended itself to me very heartily at the time, and I did everything I could to secure the establishing of the course. Because I refer to it now I am not in any way speaking for that course in particular. That is only the type of what ought to be done in all the universities that are sufficiently well equipped to undertake such work, but I do think there are things to be learned by superintendents in the course of a year or two of study that it may be found very difficult to learn at all in the practical administration of a superintendent's work, or which could be learned in that field without the expenditure of time and labor, and perhaps at the expense of others. Every practitioner gets his wisdom through experience, and that experience is often contributed to by those upon whom they practise. But I do think that there is something to be learned about the art of teaching by anyone who has to teach. It is not many years ago that there was very little attention paid in colleges to the art of teaching the best methods of instruction for children of a given age, or adults, and yet that idea has, in the last ten years, obtained a very strong foothold in the world of higher education. Almost every large university has its training-school for teachers; of course you have a training-school for nurses. The point I want to bring out is my own belief, partial or incomplete as it may be, that there is something of benefit to those who are to superintend such schools to be had out of such courses, and I hope that this Association will not only continue to support that course, but that it will throw its great influence in favor of the provision for such courses in all parts of the country, where they are at all possible or desirable.
I speak of it without knowing what may be the views of those present, though I suppose you will be in harmony with what I have been trying to say. I know so well what the atmosphere is outside among people who have not been brought closely in contact with the subject. The precise thing is that such a course would be invaluable to the superintendent, and I am perfectly sure that the more perfectly the superintendent understands the fields of the questions that are involved in good teaching, the much more competent she will be to administer a training-school along the wisest lines.

In speaking as I have, I feel sure that my words will assure you, in some small measure at least, how profoundly I sympathize with every feature of your occupation. The trained nurses and superintendents of training-schools seem to me almost the finished product of the nineteenth century, and we, who are charged with the duty of transmitting that gift through the centuries to come, are also charged with the duties of improving it.

Miss McMillan responded in behalf of the Society.
The President’s address followed:

As we realize that from the little band of eighteen women who, twelve years ago, founded this Society, we have to-day become a body with a membership roll rapidly approaching three hundred, representing schools of nursing and hospitals all over these United States and Canada, who are sending out yearly, to the many and varied fields of labor that now await the professional nurse, thousands of graduates, we must realize that we have indeed become a part of a vast complex system, and a part whose responsibility to the community at large is very great.

We have a threefold responsibility. A responsibility to the institutions in which we are privileged to serve, and, just in so much as we realize this responsibility, shall we give conscientious and untiring attention to every question, great or small, that we may assist them to more efficiently serve their double purpose of caring for the sick and educating the medical student and the nurse.

We have a responsibility to that great body of public benefac-
tors, the medical profession, and just in as much as we appreciate the magnificent work they are doing in this suffering world of ours, shall we account no work and study too great that will enable us to more perfectly in every detail carry out that ever-increasing part of their work that they have placed in our hands.

But I believe that we have a third and greater responsibility than these—our responsibility to the future members of our profession. They come to us from all classes—the college girl, so full of theories that we find it hard to make her practical; the girl whose early limitations have been such that we question her ability to acquire sufficient theory to make her practice intelligent; the society girl, and the religious girl: and in each one the germ of a desire to be of service to her fellow-man.

They come to us in the formative and, therefore, the most impressionable period of their professional life, to be moulded, developed, disciplined and instructed. They place themselves unconditionally in our hands. And what have we to offer? I think to-day we have a great deal. To be allowed to prepare themselves for their profession in these institutions, so splendidly equipped for the care of the sick and for scientific work, which a generous American public are continually building, and to which they have added comfortable and in some cases most attractive homes which afford the protection and restraint which are so beneficial, even so necessary, in the earlier years of a self-supporting woman's life; to come in constant daily contact with the great minds connected with these institutions, is in itself an inestimable privilege.

But that we as their instructors and their guides, and that we as a profession, have so much to offer them, we owe, I think, in the main, to that band of eighteen women whose almost prophetic vision enabled them to lay so splendid a foundation for the profession. To enumerate all that we owe them would be to give the history of our past twelve years. It seems to me, as we look over the interesting records of our societies, that from the beginning, there was not one problem with which we have contended or are contending that they did not foresee and persistently and patiently strive to solve. We marvel that in these few years so much of their future has become our present.
They organized this Society because they realized that through such organization only could we hope to obtain uniform standards of education and a code of ethics; in short, all we require to be recognized as a profession. They organized the larger society because they realized that to maintain our standards of education we must have legislation, and through organization could we not only best obtain legislation, but best render to the community any public service they might require.

Because they realized that the best administrators in our hospitals and the best teachers in our schools of nursing would be women whose preliminary instruction had been that of the nurse, and because they also realized that teaching methods could not be obtained at the bedside of the sick, and that to efficiently and economically carry on the administration of the modern hospital, it required something more than could be obtained in a few months in charge of a single ward, they sought for some institution of learning broad enough to open its doors, and found a place for us in Columbia University, at the Teachers' College. They established preliminary courses and the practical demonstrations that have done so much to perfect nursing technique; they outlined curricula, and from their text-books we have taught much and learned more.

Many of them are still with us, but year by year they are withdrawing and asking that we should assume the burden; and although we know that, despite all that has been done, it will require years of unceasing effort for and with our pupils, to prepare them for what they could be to the public, with the inspiration of the service these women have rendered we should push on and never know discouragement.

I think our pupils often do not know themselves how much they need the knowledge we would give them; I think it would be strange if they did. In the great school of life, has it been from our elective or our compulsory courses that we have learned our most valuable lessons? They come to be instructed in the care of the sick, and, in so much as we directly fail or serve them in this, will they pronounce their verdict of our failure or success. Not one of them would deny that nurses need to acquire many
soldierly qualities, if they are to go out properly equipped for their many opportunities of splendid unselfish service to the people. Yet perhaps few of them appreciate that our insistence on the three years' course is in no wise to benefit the hospital service, but because we realize, as Washington so tersely puts it, "the firmness requisite for the real business of fighting is only to be attained by a constant course of discipline and service." Our experience should serve us as vision, and our memories should not fail us where their welfare is concerned.

Our realization to-day that our mistakes and our anxieties were trebled by our ignorance while pupils in the training-school, or in positions of responsibility for which we were in no wise fitted, should be something more to us than a regret. What Thomas Fuller says History does for the young man, should not our history do for our pupils? "History maketh a young man to be old without either wrinkles or gray hairs, privileging him with the experience of age without either the infirmities or inconveniences thereof."

It is our duty to persistently strive to remedy the too-numerous defects of our systems. Our hours are still much too long, and the number of classes held in the evening is to be deplored. Not only are we greatly failing in our duty to the sick when we refuse to affiliate with contagious hospitals or with hospitals for the insane, but we are failing to provide our pupils with most valuable experience. Not one of us who has established any form of a preliminary course would fail to testify to its value or revert to a former condition; but the great difficulties attendant upon it, when carried on in connection with the regular work,—difficulties not necessary for us to discuss, so conversant are we all with them—force us more and more to the conclusion that to combine theoretical instruction with an active hospital service is an injustice to our pupils; and more and more we find our thought reverting to the proposed central school as the solution of the problem. How it will come we do not know. Personally, we would deviate somewhat from the plans already presented, but of this much we are convinced: that it should come, that it will come, and come
in whatever way it commends itself to the majority of those through whom it comes.

If all the women in charge of schools of nursing in the country were in this hall to-day, as we only wish they were, we should represent the instruction of 21,000 of our citizens, not one of whom, if we do our part, will close the door of her Alma Mater behind her without regret at leaving, and a deep conviction that she is a better, nobler, broader, wiser woman for that three years. We have an opportunity to-day, in the revision of our Constitution, to open wide the doors of our Society. I think we cannot open them too wide; we need the head of every department of nursing education to consult with us and to help us to better prepare our pupils to carry on their work.

And if the great number needed for our institutions makes us tremble for our standards of admission, cannot we discern at least a further opportunity that is forced upon us? I am sure that it would be the concensus of opinion of those who have established a preliminary course that it has decreased rather than increased the number of pupils sent away, inasmuch as careful supervision and personal instruction have wonderfully developed material which at first seemed impossible. Never should a pupil be with us, even for a few weeks’ testing, without a higher and broader appreciation of what the profession means. Never does one present herself at the door of our office, in angry defiance of our judgment, or in humble appreciation of her deficiencies, when it is our decision that she cannot find a part in our school, and states, as they invariably do, that though she has failed to qualify for us it is more than ever her intention to carry on the work, that we are not grateful that she has found with us a still further inspiration.

We are not alone in this struggle. Assisting us more than we know are philanthropic bodies striving for social betterment; Boards of Health demanding tenement inspection, food inspection, and fuller knowledge of the laws of life for the community at large, that the children may have more healthful bodies to propel their souls along their way; and Boards of Education demanding higher standards of their teachers. We cannot look over the magnificent reports of the Bureau of Education in Washington and not only
not realize what they are doing for us, but, we are glad to add, what we can do for them. In their effort to deal with the temperance question, they have made mandatory in the schools in every State instruction in the very subjects whose advisability as a part of our curriculum has been questioned; and it would seem to us that the power of our nurses, with their knowledge of the harmfulness of nearly every drug when taken without medical advice, and with their intimate association in the household, to overcome that ever-increasing tendency of the public to their indiscriminate usage, would indeed be great. Much of the instruction we are obliged to provide for our pupils to-day will, I am convinced, be made unnecessary by the introduction (which will soon be universal) of the manual training school, “that most colossal improvement,” says Prof. James, “which recent years have seen in secondary education,” “not because,” he adds, “they will give us a people more handy and practical for domestic life and better skilled in the trades, but because they will give us citizens with an entirely different intellectual fibre.”

We have undoubtedly much work, criticisms just and unjust, and moments of deepest discouragement before us, and problems not less difficult of solution than those of the pioneer days; but herein lies our great incentive, the whole question is throbbing with life. When we say that all struggle is over, we shall say it has ceased to live.

We welcome you with all our hearts to New York. Your presence is to us an inspiration, and we most earnestly trust that from these meetings we may each gather some new knowledge, some fresh strength and energy, and much-needed encouragement to help us to better carry on this splendid work of ours.

Before reading the report of the Council, the acting secretary, Miss Nevins, expressed very great regret at the absence of the secretary, Miss Nutting, who was convalescing from a serious illness. Having been a leading spirit in these conventions for so long, she would be constantly missed at this one, and her place could be filled in no respect.

The Council reported three meetings during the year, when the programme for this Convention was arranged, papers assigned,
and candidates for membership considered. Fifty applications for membership would be presented for election. A letter of resignation was read and accepted from Miss J. J. Cunningham. Nine members had forfeited privilege of membership for non-payment of dues.

On motion, the report was approved.

The Treasurer made the following report:

**REPORT OF THE TREASURER.**

*The American Society of Superintendents of Training Schools for Nurses in account with Anna L. Alline, Treasurer.*

From September 1st, 1904 to September 1st, 1905:

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<td>By initiation fee, 62 members</td>
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<td>40 25</td>
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<td>To Annual dues American Federation of Nurses</td>
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<td>447 74</td>
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From September 1st, 1905, to date (April 25th, 1906):

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<th>Dr.</th>
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<td>By annual dues, 103 members,</td>
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*Teachers*’ *College Course,*

_in account with Anna L. Alline, Treasurer.*

From June 1st, 1904 to June 1st, 1905:

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<th>Dr.</th>
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Cash on hand for Endowment Fund, June 1, 1905, $346 50.

Audited and found correct,

_Dita H. Kinney._
The Committee on Education had no report to present this year. On behalf of Miss Nutting, the chairman, it was stated that the Committee had much work before it, and if agreeable to the Society, she would suggest that the committee be reappointed.

The Chairman of the Committee on Legislation, Miss Palmer, reported as follows:—

The Committee on Legislation, of which I am Chairman, was appointed three years ago, to outline a curriculum of education which this Society should recommend to all of the States as fast as they secured legislation, to adopt as the standard upon which their registration should be based. The first year, I failed to get the Committee together, and last year and this year I have not been able to do any definite work. In the meantime, the Board of Examiners of New York State were called upon to outline such a curriculum for the Regents to recommend to the schools for registration under the New York Statute, and I have been obliged to give all the time that I had to that curriculum rather than to the broader one which was recommended by this Society. The Board of Examiners requested the New York State Nurses' Association to authorize them to appoint a special committee on education, to co-operate with them in outlining this Committee, feeling that women actively engaged in teaching work were necessary in order to make such a curriculum valuable.

I wish to speak particularly of the work done by this Committee, of which Miss Gilmour was Chairman. We selected women who represented different types of schools:

Miss Mary S. Gilmour, New York, Chairman.
Miss Anna M. Rykert, New York.
Miss Lina Lighthorne, Syracuse.
Miss Frances Black, Buffalo.
Miss Charlotte M. Perry, Utica.
Miss Mary A. Samuel, New York.

In this group of women we have large institutions represented, the more conservative perhaps of the private institutions of the cities represented, smaller general hospitals of the smaller cities,
the small schools through Miss Perry and Miss Black, and the hospital schools through Miss Black. We thought we covered the field very thoroughly.

I want to say first of all, that we are tremendously indebted to Miss Gilmour for a great deal of her work on this curriculum. When you look it over, you will appreciate the fact that a great deal of work was done. In the first place, the Committee was asked to meet in New York; a number were able to respond, and a general plan and outline of the work was discussed and agreed upon, one having one subject and one another to work upon. Then after each one had turned in her paper, giving her ideas of what should be taught and how it should be taught, and the length of time, Miss Gilmour took all of this material and put it on a uniform basis and worked out the hours and time and did all the detail hard work of getting this work into shape. I will read the introduction and it will give you an idea of what the curriculum is for and what it is to be:

"INTRODUCTION.

"This course of study and syllabus is intended for the guidance of nurse training schools in preparing their students for examinations as provided in the nurse practice act of 1903.

"It has been prepared at the request of many nurse training schools desiring assistance in developing their courses of instruction and in improving their methods of training.

"It provides for theoretical instruction, teaching by demonstration and service in the hospital wards. While it is not intended that the course as outlined shall interfere with flexibility in the arrangement of subjects, methods of teaching or division of time, it is to be accepted as covering the minimum requirements of the Department and the subjects and methods which it embodies will be the basis of the State examinations.

"The full examination will include both a practical demonstration and a written test which includes questions on (1) elementary bacteriology, (2) elementary materia medica, (3) elementary anatomy and physiology, (4) diet cooking, (5) medical nursing includ-
ing contagious diseases, (6) surgical nursing including gynecology, (7) obstetrical nursing, (8) nursing in children's diseases, (9) genito-urinal (for men). It is to be understood that these subjects are to be taught in their relations to nursing and not to medical practice.

"Beginning January 1, 1906, the entrance requirement to nurse training schools is one year at least of registered secondary work or the equivalent, 15 counts in Regents' examinations.

"The preliminary training as outlined is to be included in the probationary period as part of the regular work in the hospital and the minimum recommendation is for two weeks only, but the time should be lengthened and the instruction broadened according to the facilities of the school, from one to six months. Teaching the new student the simple principles of nursing by demonstration before she is placed in the hospital ward to care for sick patients is a very important and progressive feature of the curriculum which all nurse schools are urged to adopt.

"This course of study and syllabus was outlined for the State Board of Examiners by a committee on education of the New York State Nurses' Association appointed June 9, 1905, a committee composed of women actively engaged in nurse teaching and representing different portions of the State and large, medium and small nurse training schools. It has been carefully revised by a committee representing the Education Department, the training schools of hospitals for the insane, homeopathic schools, the State Association and the Board of Nurse Examiners. It is issued as proof under revision to secure criticisms and suggestions that will insure its practicability, correct its defects and increase its field of usefulness."

I present this curriculum in place of the report for the Committee of this Society, because it is exactly along the lines of the work which this Committee was to have done for this Association, instead of for the State, and I venture to say that it is, even in its first crude form, the foundation from which not only the schools will build, but further, which the States will build from and from which other countries will build. We have never before in the
history of nursing had a working scheme of this kind put on paper covering the time from the very first day the pupil enters the school as a probationer until she graduates in three years,—every day’s work outlined, and the methods of instruction to a great degree provided for.

I wish to say one word further in reference to something Miss Goodrich mentioned in her address,—the need of a central school. I was talking one day in Albany with some men there,—educators—they are very much interested in this curriculum; they think it a very great thing to have been put in shape, and they asked me what the outcome was going to be, what our plan was in the future for teaching more of the theory, and of providing a means by which the small schools should have the same privilege of theoretical training as the large ones. I said that eventually we hope to have central schools, and the nurses could then go out into the different hospitals for their experience; and I asked if it would be in any way probable that the Educational Department would assist any such school, and the Doctor replied that it was so. I have hopes that we may be able to prevail upon the Educational Department to help us out with regard to a central school for pupil nurses. I beg now to hand you the curriculum.

The President. We are exceedingly grateful to Miss Palmer for this paper in regard to registration. It will help us so very much. What shall we do with regard to this report?

On motion, the report was accepted.

There were no reports from the Publication Committee, from the Committee on Incorporation, or from the Committee on Red Cross Affairs.

On Miss Samuel’s motion the meeting adjourned.
The afternoon session opened at 2 P. M., the President in the chair.

The President. The papers under discussion for this afternoon are deeply concerned with subjects of hospital economy. The first paper to be heard is one by Dr. John Brannan, President of the Board of Trustees of Bellevue and Allied Hospitals, who has given very much attention to this subject recently, and I presume through whose efforts the society of the officers of the different hospitals has been formed, so that they might devise some general plan for more economical management. He has very kindly volunteered to speak on this subject.

HOSPITAL ECONOMY.

Dr. John Brannan,

President of Board of Trustees of Bellevue and Allied Hospitals.

Madam President and Ladies:

When your President very kindly asked me—I am not sure that I volunteered—to speak to-day on economy in the hospital, I did not know that you had thoroughly discussed the subject last year, and that there were to be two papers presented to-morrow; otherwise I should not be present to-day.

I cannot tell you anything that your experience has not made you acquainted with, but perhaps, you may be pleased to hear of my observations and experience in that direction.

I shall limit myself to the question of surgical supplies which I suppose interests most of you in your work. It is nearly two years ago that my attention was first directed to the large amount of surgical supplies used by the surgeons in our hospitals. About that time we instituted a series of weekly reports in Bellevue from the four surgical divisions, and we were at once struck with the large amount of supplies used on one division as compared with the other, and the amount used on all, but in some more excessive than in others. On speaking to the house surgeons I could get no adequate reason for this. On extending this question to the other hospitals we found again the same thing. Again the surgeons
professed ignorance of the reason for it, but they all admitted freely that they used much more in the hospital than outside. I have talked with surgeons in private hospitals and find it is the same with them; in fact, they say they use twice as much in the hospital as outside. At the same time, they were perfectly willing, and indeed eager, to find some measure that could be found and enforced for stopping the waste of these supplies in the hospitals. We attacked the problem in two ways, first, through the surgeons and secondly through the superintendents of the training schools. We selected one surgeon of an economic mind—there are such, although you may not have seen them—we found one in each of the hospitals and they met at my house and at each other’s houses and finally we prepared a set of rules, which were afterwards submitted to the Medical Boards of the different hospitals, and approved by them, and are now in force in all the public and in some of the private hospitals. We had Dr. Wyeth work with us. He is the head of one of the hospitals which have to make their ends meet. These rules are still in the crude shape, and we have not by any means arrived at any completed problem of the form. As I have shown them to a number of surgeons they find one thing and another to criticize, but, as a whole and as a result of them, we have made a very considerable saving in all the hospitals. I think though we accomplished a good deal more through the superintendents of training schools.

About a year ago Miss Delano suggested that she should be put in charge of the distribution of the supply of the wards; this was quite a contract. Before that time the supplies were sent to the wards from the drug department on requisition of the house surgeon, I think, and they had been cutting off two-yard pieces of dressings, gauze, etc., whereas Miss Delano had them cut from the bolt and the dressings are made up at the time of the operation. For instance, Miss B. showed me a few days ago the pad of one surgeon, Dr. Pollock, which varied by about two inches from the pad used by Dr. C. These pads vary. As a result of Miss Delano’s work, the latter half of 1905, as compared with 1904, showed a saving of many yards of cloth. There was approximately the same saving in other directions, although the service was the same as
before, and the surgeons did not notice the difference. I asked them repeatedly and they said that they got everything they needed. We were able to do something at other hospitals than Bellevue.

The operating nurse at a small private hospital on 23rd Street—it is not exactly a hospital at which they must meet their expenses year by year and month by month—spent some hours in studying and becoming thoroughly familiar with the methods and she instituted some changes, and although Miss Towers is not a wasteful woman, I should say we saved as much there as at Bellevue. At another hospital—Harlem—we had an exceedingly economical supervising nurse. She represents the superintendent, there being no man in charge of the hospital; in fact, the surgeons were inclined to complain of her parsimony, so it would seem that there was not much room for saving. Dr. Luckett became interested; he was one of the four who revised the rules; he has done so much for us. He took hold of it and, in order to see what the ideas were of those who were assisting him, and who were responsible for this waste, he had his house surgeon and the house nurse each make an estimate of the amount of sponges, large and small, dressings of one kind and another, pads, strips of gauze, etc., that each one considered necessary for use in pus laparotomy, clean laparotomy, pus appendicitis, clean appendicitis, amputation of leg and fractured skull. Then he sent me the figures. The house surgeon, strangely enough, a man who is to go out into practice in two or three years, made the largest estimate. The average quantity required for any one of these five or six operations varied from 42 small sponges, 22 large sponges and 14 towels on an average, down to 32 small sponges, 17 large sponges and 13 towels, was the opinion of the senior surgeon, the estimate of the nurse being a little less. Two months later, Dr. Luckett sent me another report after he had been working at this matter for two months, in which he gave the amounts of dressings actually used in similar operations—in three laparotomy cases and amputation of the leg, from which it appeared that no small sponges at all were used. Remember there were 42 and 32 used in the previous operation besides the large sponges used. Another
report which I have seen this morning says that the same moderate consumption of supplies continues.

I have gone slightly into detail in this matter, partly to show that there is more than one way of obtaining the same end, but in any case, there was good-will and eager co-operation on the part of the superintendent of the hospital. He has to be recognized in this work. Without that co-operation I do not think any method can be fully and completely effected. I have said nothing about the house staff, and yet I suppose you will all admit that it is they who are largely responsible for the waste. They surround the surgeon when he is intent upon his work, thinking of nothing else, and they hand out to him from the abundance, absorbent cotton, gauze, dressings of all kinds, and he takes it and uses it. But you are familiar with this. Now, what are we going to do about it? The nurses are in their pupil state and they are the tools with which we shall have to do our work of economy. It seems therefore that we shall have to frame rules for this. I have here a little blank that was prepared for another purpose originally. I want to find out who is doing the operating in our hospitals, so I had the blank filled in by the surgeon, stating who did the operation. We wanted to stop the excessive consumption on the part of the house doctor of supplies, so that this blank was originally devised for them. Dr. Armstrong, our superintendent, in improving the blank, thought it would be well to find out what was used in these operations. This puts more work on the house surgeon, but we hope in time to get an idea of what is used and how much should be used in these operations. I also have here a number of tables. These figures that I have shown, although rather confused in the way they are presented, it seems to me are pretty full. What has been done in one hospital can be done in all. I say that these figures have not been presented in a very orderly way, because we are still in the midst of the work.

I believe personally that you, the superintendents of the training schools, can accomplish more than any one agent in the hospital, and I think the responsibility comes back to you, and I think you will see that I am confirmed in what I have said about the surgeons, for after all, you have the control of the sources of
supply, and you have the training of the different nurses through whose hands the supplies pass before reaching the surgeon; and I also believe that the surgeons will support your efforts, if you will furnish them what they need, and no more, and do that in such a way as not to hamper them.

I find in talking with Trustees of hospitals, that they are very much afraid of the surgeons and they do not dare to suggest cutting down or limiting them in any way, but when I come to talk to the surgeons individually, I find them all ready to do it, but they do not want it forced upon them.

Dr. Wyeth thought it would be unfortunate if I gave out these figures, which show the saving of $10,000 in Bellevue, because then it would show that there had been a waste of $10,000 at Bellevue, and it would not do to awaken any further discussion in the way they use money.

Now again, as to economy in gauze. We suggest re-sterilization of gauze. Some won't hear of it. It has been done in Boston, and they claim to have effected a great saving. They have a large number of employees, whose time is only partly occupied, and they spend a great deal of time helping to get it into shape for sterilization, and it does not cost them so much. Dr. Luckett says that their gauze has been sterilized for six months, and used over and over again. The installation of the sterilization plant at Bellevue would mean the expense of a good deal of money, and we have no place, but as far as I can see, there is almost no limit to the amount of saving that we can effect in this part of the hospital administration when we once set about it.

A very important point is, in bringing about this economy through your nurses you are giving them something that they have not yet gotten from the Hospital, that is, training in economy. You all hear persons say that they fear to have nurses come to the house, not because of the $25 per week, but because of the equal amounts spent in other ways. I think I have pretty well covered what I intended to say, and hope the few points I have mentioned will be of benefit.

The President. If there are any questions to be asked, I am quite sure that he will be ready to answer them.
Dr. Brannan. I forgot to say that I have a third exhibit, the duplicate that Dr. Luckett prepared. It gives these different kinds of operations and the headings given combine sponges, dressings, sterilized towels, also the amounts specified by the house surgeon as necessary.

I asked the house surgeon how it was that they specified so much larger amounts. He said that he asked the staff and when he suggested this to them, they thought at once that they were going to be limited in the amount of their supplies, so they were on guard. They put down large amounts; for instance, 48 small sponges and afterwards proved that they did not need them, and twice as many towels. I have also received this afternoon a statement from the Fordham Hospital, and I see here that their figures now compare very favorably with those of Dr. Luckett's.

The President. If there is not to be any discussion of this matter, I think we will ask, as Miss Wheeler is unable to be present with us, that Miss Nevins kindly read the paper on Furnishing and Equipment of Hospitals for Children.

THE ECONOMICAL FURNISHING AND EQUIPMENT OF CHILDREN'S HOSPITALS OR WARDS.

By Miss Marienne Wheeler,
Late Superintendent, Babies' Hospital, New York.

In the furnishing of an infants' hospital or ward, do not make the mistake of thinking that an elaborate or extensive equipment is necessary. The simpler the furnishings the better. My advice would be to furnish only the absolute necessaries at first; then add from time to time such accessories as the needs of the ward demand. I believe you will find them to be very few.

Children are much more susceptible to contagion than adults. They also seem to possess an uncommon attraction for pus germs, as well as those of dysentery and kindred intestinal troubles. Therefore the furnishings should be very plain, and there should be but few pieces of furniture in the ward. I know the temptation is great, not only for those in charge, but for the lady managers, to try to make the ward attractive by decorating the walls with appropriate pictures and bas-reliefs of fat little cherubs, and to
try to shield the cribs from draughts with art screens made of Swiss muslin and ribbon bows. The former are only dust catchers and the latter, while they look pretty, afford the patient no protection from draughts.

The wards in which children are kept should be large, with good ventilation. Adjoining each ward should be a small room for bathing, dressing and changing the children. It is only in this way the air in a ward full of babies can be kept fresh and free from odor. It should also be so planned that, at least once a day, the windows in the ward can be opened wide, top and bottom, letting in a free current of fresh air. At such times the bedding and linen should be spread out over the cribs and chairs, letting the air sift them thoroughly. The proper time to do this is preferably in the morning, while the children are having their baths.

The ward floors should be tiled if possible. The walls should be of hard finish with rounded corners. Up to a height of eight or ten feet the walls should be made of one of those hard plasters which will neither dent nor break when an ordinarily hard substance comes in contact with them.

Many infants who find their way into the free hospitals suffer more or less from weak eyes, or from some mild disease of the eyes. This makes it advisable to have the walls painted a dark color so as to soften the glare of the most desirable sunshine. In our wards we found a dark green paint (not a bluish green, but one with some yellow in it) very satisfactory. We also arranged the beds so that the children faced the walls instead of the glaring windows. For the same reason, chandeliers or ceiling lights are undesirable. If there are electric lights it is so convenient for the busy night nurse to press a button and forget to push it back again, leaving the light on for hours and frequently all night. If gas is used the chandelier is usually too high to be easily reached and the nurse cannot find time to turn it out and relight it half a dozen times each night. Relighting requires the use of a match, the finding of which in a hospital ward is like the proverbial "finding a needle in a hay-stack." All this, however, is as nothing compared to the unpleasant, not to say injurious, effects
of high lights upon infants' eyes. Chandelier lights, on account of their being used carelessly, are a source of needless expense and single side lights are much to be preferred.

Beds.—With regard to the furniture in a ward: We will begin first with the beds. Brass beds are impracticable, as they are costly and consume too much of the time of nurses or attendants to keep them bright and in order. This time can be spent much more effectually at more important duties. The fact is that brass or copper trimmings, furnishings, pus basins, or other ward utensils which require the use of metal polish to keep bright, are not sanitary, and as I have before intimated, the time absorbed in such work can be more profitably spent elsewhere, either in caring for the patients (for I have yet to find the hospital patient who has suffered from an overdose of good care) or in seeking more carefully for dust and germs on walls, paint, furniture and floors.

To return to the subject of brass beds: They are an inexcusable expense in furnishing a ward, and an expense which does not cease with their purchase, for the lacquer, covering the brass, is perishable, especially when subjected to the constant wear and tear of a children's ward. When this lacquer is destroyed, the bed must either be refinished, which is very expensive, or the polishing business commences. The polish, which is a dirty conglomeration of powder, grease, acids, oils and coloring matter, is dropped around on the floor and bedding, collects in cracks and corners of the crib, which becomes caked with this greasy, sticky substance that catches and holds dust, and microbes.

Plain iron beds, white enameled, without brass ornamentation of any kind, are the most practicable and lasting. Enamel paint is cheap and beds of this kind can always be kept white, clean and sanitary by occasional fresh coats of paint.

We found a woven-wire mattress to be the most comfortable and most sanitary. I can assure you that they are comfortable, for I have tried them for several successive nights. While at the Children's Hospital in Berlin, of which Dr. Baginsky is the chief, I saw a crib so arranged that the mattress could be raised to any desired height by means of hooks attached to the frame on which the mattress rested. When this frame was raised the hooks caught
on the cross pieces at the head and foot of the crib. Since it is not always wise to remove sick children from their cribs to make physical examinations, do dressings, etc., the design of the beds seemed to be a fine one; but these beds were made of wood, which was not practicable for hospital use. Consequently,1 with the aid of a manufacturer, a crib was designed with a wire mattress which can be raised to three different heights. The sides of the beds are stationary and high enough to prevent a restless or frisky child from falling out, when the mattress is in its low, natural position. But when a child is acutely ill the mattress can be raised to a higher point and the nurse can attend to all necessary duties connected with the patient with ease and without tiring her back. For physical examinations, surgical dressings, sponge baths, etc., there is a still higher point to which the mattress can be raised.

These beds have been in use in the Babies' Hospital for nearly four years, and have proved an ideal hospital crib.

Stuffed mattresses are not used. Instead, we use a heavy blanket folded four times. This is covered with a good-sized piece of light-weight rubber sheeting. Then comes a sheet and a large quilted pad on which the patient lies. The covering consists of a regulation sheet, blanket and counterpane.

The advantage of using a blanket in an infants' hospital instead of a mattress is too obvious to need comment. I will only add that while sun, air and sterilizing may kill bacteria, and unpleasant disinfecting powders and fluids outrank equally unpleasant odors of mattresses long in use, they cannot make them clean. The filling necessarily becomes filthy from constant use, especially when the beds are continuously occupied by very young infants or children who have not been trained to cleanly habits. It is true the beds may be renovated and the filling frequently renewed; but this is costly. Blankets can be sunned, fumigated and washed as often as necessary. They can be kept clean as well as sterile. They cannot, however, be placed in a sterilizing apparatus without ruining them; but this would seem unnecessary if there is any virtue in fumigation. If the blanket is carefully protected with

1 By Miss Wheeler.
the rubber sheeting (and it seems to cling and lie smoother on a blanket than on a mattress) frequent sunning and airing makes continual or even monthly washing unnecessary. Thus these blankets may be kept in good condition for years, and from an economical point of view it also makes an ideal mattress in the wards of a children's hospital.

Chairs.—For the use of nurses in the wards I would advise a plain white enamelled chair. They should be quite low, as the nurse can then hold children much more comfortably in her lap. Since modern methods forbid the rocking of children I would not advise the use of rockers,—not only for the reason just mentioned, but because they are so destructive, marring the paint and walls; and by no means the least objection to them is that the little runabouts are continually tripping over the rockers, with results more or less unpleasant, not to say painful. Three of these low chairs for the nurses' use, one a little higher for table or desk, are sufficient for a ward of ordinary size. There should also be some small chairs for the children,—in a ward of twelve or fifteen patients I should say about three small rockers. Convalescent children too young to walk take the greatest delight in rocking all day in these little chairs; but they must be tied in and the chairs so placed at the head or the foot of the crib that the rockers go under the crib. In this way the runabouts are safe from accident.

If there is no sun parlor where the older convalescents can be taken for a change of air, then the wards should be provided with several small steamer or Morris chairs. It is better, however, not to have these chairs in the wards if it can be otherwise arranged.

All chairs should be plain in design, made of wood and finished with white enamel paint. Wicker, rattan or fancy chairs of any kind are not satisfactory.

Tables.—Two tables are necessary for ward dressings, as with infants and children slight affections of the eyes and ears are common and need constant attention, and the tables are quite essential for holding cotton, solutions, syringes, and other accessories to be used in caring for such. These tables should be fairly small so that they may be easily moved from crib to crib and take up only a little room. They should be of steel, white enamelled, with
glass top, one about 20 by 16 inches; the other about 16 by 14 inches. Another table about four or five inches larger than the largest one mentioned, of same material but containing a drawer, may be used as a writing table, the drawer to contain the bedside notes, charts and other necessary ward stationery.

*Medicine closets,* such as are used in ordinary hospital wards, are awkward as well as totally unnecessary. The smaller ones are not usually made by the manufacturers, but a good one can be devised by using a small cabinet containing two glass shelves and attached to a small square table. It is large enough for all purposes and makes a very neat and attractive medicine closet at about one-third the cost of one of the ordinary size.

*Screens.*—Sick children are very susceptible to even the slightest draughts, thus making numerous screens necessary. These are the most expensive part of the furnishings of a ward. It is impossible to find screens at any of the hospital supply stores which are suitable or practicable for hospital use. At the Babies' Hospital the screen we found most practicable and durable was one made like a clothes-horse, of strips of wood two inches wide and three-quarters of an inch thick. In height they came just above the cribs. Holes were bored through the entire width of the side pieces, top and bottom. Through these brass rods were inserted. The frames, of course, were painted with white enamel paint. The curtains were made of white cambric gathered on the brass rods top and bottom. To protect a patient from merely a door draught a two-fold screen would answer; but for ordinary use we found a three-fold screen, which protected the bed on three sides, the most useful by far. The sides of the screen should be joined with a double-action hinge. I do not know the technical name of these hinges, but they permit the screen to be swung both ways. The screen frames alone cost about twelve dollars apiece, including the brass rods. The curtains for each screen cost about a dollar and fifty cents more, and about six screens are necessary for each ward; this depends somewhat, however, upon the number of windows and doors in the ward. It will be readily seen that these are the most expensive articles in ward furniture.

*Dressing Rooms.*—One of the greatest trials of a babies' ward is
the odor. This can be obviated in a measure, if not entirely overcome, by always making use of the dressing rooms mentioned earlier in this paper. All patients, except the very sick ones, should be bathed, dressed, undressed and changed in these rooms. All toilet accessories, solutions, apparatus for irrigating, washes for eyes, ears, mouths, all ointments, and in fact everything that is not absolutely necessary in the wards, should be kept in these rooms. Closets or shelves for clothing should be provided; and, if possible, closets should have a window for ventilation. The furniture necessary for these rooms is bath tubs, which are best stationary; two small, low, square tables, of the same material as those in the wards; three or four low chairs, half a dozen agate basins, and two galvanized-steel cans for soiled clothing and diapers. This completes the furnishings of a ward ante-room.

I do not know that the means of waste are greater in an infants' ward than in an adults' ward; but I do know that the numerous small articles of clothing, such as diapers, safety pins, bedding, etc., disappear with such surprising rapidity that unless every detail is most carefully watched the leakage is very great and the inroads on the hospital exchequer are great. It therefore pays to give considerable attention to small details.

Loss of clothing through the laundry in an infants' hospital is excessive, especially small pieces, such as bootees, socks, stockings, wash cloths, bands and shirts, which go into the washers apparently never to come out again. To obviate this in some degree we found it an excellent plan to sew together a number of small pieces of the same kind, such as wash cloths, bands and shirts. The stockings were mated and sewn together; otherwise I fear the laundry would be responsible for many divorcees among these little pairs. Babies' napkins are another great means of waste. If full license is allowed they are used for almost every purpose conceivable. If a maid wishes a floor cloth she much prefers to take one of these pieces rather than to ask for the proper article. If by chance you should admire the deft manner in which the man is polishing the windows, look a little closer and you will surely find a square cotton diapering in his hand and another tucked under his arm or in his pocket. Even the all- and self-
sufficient engineer is not above sneaking into the laundry and making off with a half a dozen or more of these useful articles to rub up his oily machinery; and, as for the workers in the ward, the ingenuity with which they find uses for the babies’ diapers is as wonderful as it is voluminous. They are made to answer for dusters, bibs, wash cloths, towels and even sheets and pillow cases, should that supply fall short. In fact it is almost impossible to find a use to which these articles cannot be put by an ingenious person; and even in a small hospital they may disappear at the rate of five hundred or more a week unless a careful watch is kept.

Next in order comes the innocent and elusive little safety pin. It is one of the most remarkable mysteries of a babies’ hospital, the way in which they disappear. They melt away like snow under a summer sun, and though small in themselves can be one of the largest items of ward expenses unless carefully looked after. This may seem a small economy to mention, but unless it receives considerable petting, the waste from this source will make extraordinary inroads on the hospital exchequer.

The President. We certainly all listened with very much pleasure to the very interesting paper, and we can only deeply regret that Miss Wheeler is not here to answer the questions which you might like to present. I think that there are quite a number of points that we would like to speak of.

The laundry question is certainly a very complex one. It is, I sometimes think, the most trying part of our institutions. As to brass beds, I would like to ask some of those who are connected with babies’ hospitals as to what is their experience. We have them in only one ward. We do not polish them, unless we do so by mistake. They are certainly very attractive in appearance; I am not certain whether they are not more advisable than the white beds, which the children continually injure with handling, and which become soiled with their fingers. In the enamel beds, the white paint keeps chipping off. That brass beds could be managed so that they might be movable in the way Miss Wheeler describes is a question I cannot answer myself. I know that it is a very valuable arrangement they have in the Babies’ Hospital. We find that only a few of our
beds have to be rejapanned every year. Those we have, have been in
the wards now six or eight years and I think they have proved very
satisfactory.

Miss RYKERT. I do not think that brass beds are at all satis-
factory. In the first place, you cannot keep cleaning them all the
time, and they become unsightly.

The PRESIDENT. I think that the solution is in the kind of brass
bedstead; if you buy the best article, you save yourself hundreds of
dollars before you finish. Our beds are wearing exceedingly well, and
I do not think that they have been rejapanned. There is difficulty in
carbolizing them.

Miss PALMER. What is the effect of carbolic acid on brass?

Miss RYKERT. We disinfect the springs only. The frames are
rubbed with chamois.

The PRESIDENT. We disinfect ours with formaldehyde, the part
to be soaked carefully, and thoroughly washed off with soap and water
every day. We would like to hear from Miss Grant concerning this
subject.

Miss GRANT. Our beds are all painted blue. We have beds with
brass knobs, but are getting rid of them as fast as we can, as they have
to be polished. We have three different kinds, but I think we are
going to adopt the beds Miss Wheeler speaks of. They are to be made
by the Central Prison people.

The PRESIDENT. I think it would be very interesting for us, and
I am going to ask the Committee, if it would be possible to have at the
Roosevelt Hospital on Friday, one of those beds and one of those
screens. Is there any other question that suggests itself on this subject?

Miss PALMER. It seems to me that Miss Wheeler has not brought
out that that bed which she describes is her own invention. I think
that that statement should be embodied in the paper so that it could
be put on record. It is a valuable bed, and she has been highly
complimented about it. It has never been patented. I do not see
why it should not be made in brass as well as white iron. It is a
practicable thing.

The PRESIDENT. It certainly is a practicable thing. I supposed
she invented it or adapted it from somebody else's suggestion. It
would be interesting for you to see her bed.

Miss MAXWELL. I would like to state that the feet of the cribs
and beds, and all other iron furniture in the Presbyterian Hospital,
are made of wood, and as we have wooden floors the two go beautifully
together without marring the floors. We have had leather put on the bottom of our screens instead of castors, and we find they can be pushed about with great ease. The rubber caps used on furniture are objectionable, as they are always wearing out or falling off.

Miss McMillan. Does Miss Maxwell ever have any trouble with the wooden castors breaking?

Miss Maxwell. We have not a castor, but wooden feet which are put into the pipe inside of the cap of rubber, which is always wearing out and falling off.

The President. Every bed, both for adults and children, has to be carried both to the operating room and everywhere. We think that a bed without castors would be a very trying and unwieldy affair, and it consumes the time of the orderlies.

Miss Noyes. Have you used the bed truck? We use it entirely. It goes under the bed and by a system of levers raises the bed from the floor. Nurses can use it easily without trouble. We seldom call an orderly to take our patients out on the piazzas. I think the idea of the bed truck originated in the Johns Hopkins. In the private wards, we use a castor cup with rubber tips on the legs of the beds.

Miss Maxwell. Where can you buy castor cups deep enough to hold the castor?

Miss Noyes. We have had no trouble with the ordinary castor cup. Returning to the matter of the screen, I know the pattern Miss Wheeler refers to, as we use a similar one which works on a two-way hinge, is made of white wood painted white. We have used this screen for five years with absolute satisfaction. The screen curtain is shrunk before it goes to the wash. The rod is run through the top and bottom. Our screens cost much less than those mentioned by Miss Wheeler; about $4.00. The prices may vary, however.

Miss Maxwell. May I ask how the rods are put in, whether they are put through holes in the screens, or how?

Miss Noyes. I have simply a small slot cut in each screen, at top and bottom; the rod slips into this slot and it stays.

The President. Is there any other point that you would like to speak of?

Miss Noyes. One thing I should like to ask, what objection there is to medallions on the wall in a children’s ward? I think it adds to the appearance to have Bambinos, Madonnas, etc. They can be washed if made of a hard, glazed surface.

The President. I am very glad you have spoken of that; that is
a point to be considered, especially in a hospital where they have little children, and especially in wards where the children are likely to remain for some time. I think one cannot estimate the pleasure the children take from the pictures on the walls, and really the instruction they get from them is wonderful. We had a good lesson from that once. The children were in a ward where they had pictures, and when they were taken down, the nurses in charge found it quite difficult to remember where to put them up again, and at least three of the children were able to tell accurately where the pictures should go, and were quite offended at any change. I think they can be kept clean. I should like to ask some one’s opinion.

Miss Maxwell. I have heard of a hospital in England where the walls are made of tile and beautiful pictures are incorporated in the tile.

The President. I have heard of that hospital and of the Mother Goose verses they put in tiling. I also want to speak about toys in the hospital. Can someone discuss this question? Perhaps Miss Brent can.

Miss Brent. We have a number of toys, but they last about one day and are then thrown out, but we do allow toys, and the nurses ask for them from time to time for the children. We have no pictures except in the summer hospital and I have not noticed that they (the patients) pay very much attention; perhaps it is because they are out of doors, so I cannot tell very much about the pictures, but we have toys which are going out monthly, perhaps oftener. We have a large stock sent to us every year, but they do not last very long; in fact, the children grow tired of them and are very destructive. We try everything we can to prevent this, but it is quite a problem to teach them to be more careful.

Miss Carr. A very extensive investigation has been made by one of the doctors who was sent abroad, and concerning the subject of pictures I think that he gathered (this was not his own opinion) from the various superintendents and the nurses in charge of the different hospitals, that the pictures were not particularly enjoyed by the children. The nurses thought that the pictures really added more to the pleasure of the nurses and visitors, and had no effect on the children whatever, and it seems that the general opinion was that the fewer toys there were the better.

Miss Palmer. I think that doctor must have belonged to the same class as the young doctor who ordered the Christmas greens down the day after Christmas; he was sure they were collecting germs.
The President. Is anyone here from the Orthopedic Hospital? Is there anyone who can tell us about kindergartens?

Miss Rykert. We have kindergartens both in the Orthopedic and in one of the other wards. All the children engage in it, and it is very instructive; they learn a great deal.

The President. If there is no further discussion, Miss Shaw will present her paper on the Furnishing and Equipment of Nurses' Homes.

NURSES' HOMES: THEIR FURNISHING AND EQUIPMENT.

By Miss Flora Shaw,

Graduate Course in Hospital Economics, Teachers' College, New York.

As a preliminary step to the discussion of the furnishing and equipment of any building must come some consideration of the number and arrangement of the various rooms which it does or should contain.

Our schools or homes for nurses may be divided into two classes:

First, Those which provide for all the ordinary needs of the pupils, or, as we say, self-contained;

Second, Those which are dependent for certain things, such as laundry or kitchen service, or both, on the regular hospital departments.

Buildings of the first class must contain an engine-room, a laundry, a kitchen, servants' quarters, pantries, a dining-room, class and reception rooms, bedrooms, lavatories, storage closets, etc. Here and there we find additions to the above, such as libraries, sewing-rooms, a gymnasium, a swimming pool, etc.

Buildings of the second class differ from the first by the lack of one or more of the essential departments, a lack supplied by the hospital, as has been said. I think there can be no room for doubt that the self-contained home is the ideal, conducing as it does to greater freedom in management and approximating more nearly the environment of the school to home conditions.
But, alas, there is also no room for doubt that such a home is more costly, not merely in the initial outlay, but chiefly in the extra cost of maintenance caused by duplication or division of departments already existing in the hospital.

It is impossible here to consider fully the furnishings, etc., of all these departments. I shall pass over some briefly, and discuss others at greater length. But first of all I wish to speak of certain matters which pertain to the house as a whole, or to several departments. The marble, brass and tiling which we use so freely in our hospitals, with more or less necessity, should be used very sparingly in our school buildings. This both from reasons of economy and because the appearance and "atmosphere" of the school-home should be as different as possible from that of the hospital.

Stairs.—If cost will permit, marble staircases are, for reasons of safety from fire, desirable.

Walls.—Bare white walls are ugly and quite unnecessary. Plaster may be colored before being put on the wall. This wears well and is satisfactory and the additional cost is nominal, or a wash of water color may be applied on new plaster. Calcimining is not so desirable.

Floors.—Hard-wood floors are most satisfactory for bed-rooms, reception, or other sitting-rooms. Of these the least expensive is hard, white pine. If quarter-sawed and laid in narrow planks it is very satisfactory. A finish of good coach varnish or prepared floor varnish of a high grade, such as "liquid granite," is best with a pine floor. Hard floors of a more expensive wood may be simply oiled or waxed. For a floor that is not subject to hard use shellac may be used and may have color mixed with it.

If one can afford mosaic or terrazzo floors they are most satisfactory for corridors; if not, linoleum attached to the floor with cement, and of the best quality, is thoroughly satisfactory.

The new rubber floor coverings are recommended for their durability.

Wood-work.—White wood stained and oiled finished looks well and is easily cleaned. Paint is more expensive and wears badly.


**LAUNDRY.**—As we are to have papers on the laundry question I shall only say that for purposes of instruction the sorting-room should be quite separate from the laundry proper.

**Servants' Quarters.**—A sitting-room should be provided for the servants' use, and proper provision made in the way of backstairs and separate entrance. The housekeeper's room should command the entrance to the servants' quarters. A good arrangement is to have a wing containing the laundry, servants' rooms and kitchen.

**The Kitchen** should be preferably at the top of the house, but the essential thing is ample provision of light and air. The servants' dining-room should connect with the kitchen. It is a mistake to have a kitchen too large.

**Floor.**—For the floor ordinary terra cotta tiles are moderate in cost and wear well.

**Walls.**—The walls may be painted, or wall-canvas first applied and this finished with paint.

**Stoves.**—Gas stoves are most convenient and the saving in labor moderates their cost. Where steam is available, steam cookers of various types are a great convenience.

**Sinks.**—A galvanized-iron sink is cheap, easily kept clean, and wears well. There should be a separate hand basin with hot and cold water.

**Utensils.**—Granite ware and tin of good quality is best for utensils. Copper is too heavy for women to handle, when cooking is done for large numbers. A large zinc-covered table should be near the stove. Another table should have the coffee mill, meat chopper, and bread cutter firmly attached to it.

**Cold Storage.**—Whether there is cold storage or refrigerator, there should always be three divisions—one for meats, one for milk, one for other supplies.

**Dining, or Serving Rooms.**—Two or three smaller rooms are to be preferred to one large room; in this way regular pupils, special nurses or preliminary pupils may be separated. With a serving-room centrally situated such division makes service easier. Tables
and chairs should be made to order. They will cost more but wear better.

A point to be noted is that architects are apt to cut one short of space in the serving-room. Here, as in the kitchen, there should be a hand-basin, separate from the sink. Both are best of porcelain. Drain boards should be of wood. A steam-table, hot closet, and refrigerator are necessary, and tea and coffee urns with gas or steam attachments.

_Reception, or Sitting Rooms._—In a small school there should be at least one reception-room and one "common" room upstairs, which may do duty as reading, sewing, and sitting-room—be akin to a family living-room. In a large school there should be some such room on each floor. The custom frequently followed of having only one very large reception, or sitting-room is to be deprecated. Such a room is undoubtedly imposing and used for functions but do not let us sacrifice to appearance or occasional use the needs of every-day life. By the use of sliding-doors a series of rooms such as a library, a class-room, and a reception-room, may be transformed into one for special needs. Such an arrangement will permit of each room being furnished for its own purpose and so having a distinctive character and an attractiveness that the large, hotel-like room lacks. Furniture must be strong and well-made. The chairs thoroughly comfortable. Morris and rocking-chairs are always appreciated. Couches should be selected as comfortable to lie on, not merely good to look at. There should be a desk or writing-table in every public room, and proper reading lights. Suitably framed photographs of great pictures, even in the cheaper kinds, are a pleasure and an inspiration. I think one should consider pictures as essential to the equipment of our school-homes. Rugs, as good as one can afford, are the most satisfactory floor covering.

_Class-Rooms._—Light and ventilation must be the first consideration. The chairs should have writing-arm attachments. There should be a blackboard affixed to the wall. Unless there is a special reference library, reference books should be kept here. Connecting with the "class"-room should be the "demonstrat-
ing”-room fitted up with everything needed for instruction in practical nursing.

Sitting-Rooms Upstairs.—The “upstairs sitting-room” or floor-study should be simply furnished. Unless there is a separate sewing-room, there should be a sewing machine and a good-sized work-table. Magazines and books of fiction should be found here.

Tea-Pantry.—Connecting with this room there should be a tea-pantry having a sink with hot and cold water, a simple gas stove, a water-cooler and perhaps a small ice-chest.

Bed-rooms should be single for the most part; if double, all the furniture should be duplicated. For several reasons I think divan or cot beds most satisfactory. They are found in many college dormitories. A simple denim or washing-chintz cover should be provided (the grievance question of sitting or lying on white counterpanes is thus disposed of!). Slips of the same material to draw over the pillows are satisfactory. There should be a rug or strip of carpet, a Morris or rocking-chair, a straight chair and a table with shelf underneath. A book-case and desk combined, attached to the wall, is very satisfactory, inexpensive and saving space. A reading lamp is essential.

Closets.—Clothes closets are certainly most desirable and can be provided at an expense of about fifty dollars a room. Wardrobes built into the room cost less than separate ones, twenty-five dollars being a sufficient allowance. In either closets or wardrobes shelves for hat and shoes should be provided.

Double rooms should be supplied with a screen. I think individual arrangement of the bed-rooms should not only be allowed but encouraged, as in so many we have to suppress manifestations of individuality.

Lavatories should be situated on each floor, an allowance being made of one bath to every five or six and one wash basin to every ten or twelve nurses. Terra cotta tiles may, again, be used for the floor. For the walls canvas or buckram wainscoating, enameled white, looks and wears well. Partitions may be of plainly-finished wood, also enameled. It is well to remember that wood properly finished and enameled is quite as sanitary as marble. A small tub or sink in which stockings, etc., may be washed is desirable.
A WORD OR TWO ON MANAGEMENT.

In charge of the building should be a nurse as "House-Mother" or "Home-Sister." Her regular duties should be sufficiently light for her to have time to look after the pupils in little motherly ways and to do the many nameless things that go to make a real home. One should like her to be a good housekeeper and a good disciplinarian, but the one thing she must be is a good woman, sympathetic and tactful. I think it would be excellent experience for a third-year pupil to act as her assistant.

Rules.—As for rules, there should be as few as possible. One should try in all ways for self-government, which can be done through class organization.

IN CONCLUSION.

We may choose to call our buildings schools rather than "homes," but homes in the highest and fullest sense they must be if they are to do their part in the harmonious development of our student-nurses, who are also and fundamentally women. Let us, then, aim in furnishing and equipment and management to provide an environment that may, as far as possible, supply what is lacking and counteract what is undesirable in their life in the wards,—and may also speak to them of our Faith and Hope in and for them and our profession.

The President. I am sure we are much indebted to Miss Shaw for this admirable and comprehensive paper, and there must be some points you would like to discuss. Is there any question that presents itself?

Miss Pinchell. I would like to know if a gymnasium in a Nurses' Home is considered advisable; if any nurses are already provided with one, and if so, what the experience has been; is it a luxury or is it a necessity?

The President. I myself know only of one school where there is a gymnasium; perhaps there are others connected with the Homes of the Nurses' Schools. Miss Maxwell, won't you tell us something about your gymnasium?
Miss Maxwell. We have a well equipped gymnasium in connection with our school, with regular classes for our Probationers and Juniors—the Seniors being excused from this training the latter part of their course. The object of this training is to teach a nurse how to accomplish her work with the least expenditure of force. An examination of the feet of each Probationer is made by an orthopedist and, in consultation with the teacher, corrective treatment, when necessary, is given. We consider the training received in our gymnasium most valuable and speak most warmly for its privileges for the Nurses' Home.

Miss McKechnie. I would like to ask about attaching the linoleum to the floor with plaster or cement, and why it is more desirable than using the brass binding, you see so often used.

Miss Shaw. My information was given me by a man who has studied the question and who explained to me all about it. You know how often linoleum crumples up; it contracts differently from the wood, and it is always sure to do that, to track or to bulge or to need re-fitting, and by putting it on the way they are doing it now, with a layer of cement—some composite cement or plaster—which is made up of an equal number of different materials, the floor and the linoleum become one mass and that cracking and warping and bulging is entirely done away with; also it is impossible for any dust or water or anything to get underneath, and if the best quality is bought—that linoleum which is the same all the way through—I believe those floors are most satisfactory. They can either be finished with an oil and varnish finish or they may be left plain and scrubbed with the brush.

Miss Ayres. I want to ask a question which is not pertinent to Nurses' Homes, but to nurses' home life. I want to know about a social evening, an evening with cards or a musical evening, reading aloud, or a domestic evening. We have our Nurses' Club which meets once a month for improving and social purposes. My own experience has been that it dragged; I wonder what other superintendents' experience has been?

Miss Ehrlicher. I find that by having dancing evenings, the nurses take more interest in that, and get more recreation. Music does not attract them as much as dances, but the most tired nurse is delighted with dancing. I knew that it was impossible to get the directors to get a teacher, so the nurses contributed ten cents each and got a teacher, and all contributed to refreshments. They all enjoyed it very much and they took turns to play. We only dance once a week.

Miss Maxwell. If you want to make the nurses' social gatherings interesting, invite the Hospital staff. We have four entertainments
during the year at which this is done. The Senior class gives a Hallow-e'en party, the Juniors entertain the Seniors, usually the evening of St. Patrick’s Day, and we have a Christmas dance in addition to the dance on Commencement night. The Fourth of July party is given on the Hospital roof. It is intended largely for the entertainment of the patients, but every one in the Hospital is invited.

The President. We had recently rather an interesting demonstration, at which some of the superintendents were present, of exercises which were a combination of calisthenics and dancing, and which incidentally taught the nurses how to carry themselves, to seat and to stand in a graceful attitude, and which did not suggest excessive weariness, and it seemed to us that it would be exceedingly useful. But these things cost money and we have not been able to persuade the authorities that it is a necessary expense. This same instructor has been paid by large department stores in this city to give such instructions to their employees, and instead of the fatigue you would expect them to express, they have enjoyed them. They are given on the roofs of the buildings. It is very much to their physical advantage in every way. Is there any further discussion?

Miss Maxwell. Might I just say for the benefit of those interested that our first class gave the gymnasium suits which we pass down from one class to another, although some of the nurses prefer to buy their own.

The President. I was thinking of the great trouble it was to change your uniform and put on your gymnasium suit. That is the drawback in a way.

Miss Noyes. Madam President, Miss Shaw mentioned a place for the nurses to wash out their stockings; how did they dry their stockings?

Miss Shaw. I do not think the custom of washing them will cease. I think it is right that they should have some place to wash them; as for drying them, if there is a laundry, of course it is easily solved by allowing them to put them in the laundry over night, but I know of some schools where they are dried without making any disturbance; they are sometimes put near the pipes.

Miss Lawson. We have a small inexpensive dormitory for a small training school, of about thirteen nurses, and the ladies who built the dormitory provided a bathroom for each of the two floors, and also a drying room; it is a great convenience for nurses and also a saving on the laundry.

Miss ———. We have just provided a small laundry room completely equipped for the nurses to use in this way, and there is not
even a handkerchief washed in the rooms; it has the generally necessary articles.

Miss NOYES. We are just building a residence now, and we are to have a laundry in the basement.

Miss PALMER. I cannot remember where it was, but one place had facilities to provide for the washing and drying of the small articles.

Miss GLADWIN. Madam President, one does not have to go to the Pacific Coast to find that sort of a laundry, because in Boston they have one. We are very fortunate in having plenty of space on the basement floor, and Dr. Rowe has planned a great many things for the nurses' use; for example, we have a little tea-room, and we have a room in which packages may be left, and we have a laundry with a place for drying, and two gas stoves, which our nurses are privileged to use at any time.

The PRESIDENT. It would certainly make it ideal if we could have a nurse in charge of these homes. I believe if we could have some such arrangement as a House Mother, we could perhaps teach the pupils more about the care of the homes.

Mrs. KINNEY. I would like to say, Madam President, that we have a nurse in charge of the nurses' quarters, who attends to all the details of the housekeeping. Her most important duty is the sale and exchange of the "ration." Under the existing law each nurse is entitled to one ration daily. There are in this some articles which they can not use at all, and a large surplus of such things as bacon, beans, etc. Dealers take our surplus at its market valuation and allow us either money or commodities which we want. We have found that no one looks out for an economical administration like the one who has to pay the bills. As nurses have to make up in money the amount that their mess has cost over and above what the ration and its sale might bring, no one can make so careful and efficient a housekeeper for the army house as an army nurse. Our housekeeper also takes the place of the Chief Nurse, when the latter is off duty, and does some relief work in the afternoons, as her own work will permit. This arrangement occupies her time fully, and does not exclude her entirely from the work as a nurse.

Miss VAN KIRK. Madam President, I wish to speak about the sick nurses. The heads of the schools are usually tired, and there are really no rounds made, so that very often their comfort is not considered. We have been able to have a nurse—one of the graduates of the training schools who does not care for active service any more—who comes on at 1 o'clock and stays till 1 A. M. She looks after
sick nurses and those who are allowed to stay out a little later than
10 o'clock if they have a late pass, and she sees everything is attended
to, that the house is properly closed; it has been a great comfort.

Miss CRANDALL. There is just one thing more in our Home. I
find it a great convenience, as well as a comfort to the nurses, and
that is a lavatory. We have a little waiting room for packages, etc.,
and directly next to that and toward the dining room, is a lavatory
large enough to accommodate small cupboards and pigeonholes, giving
the nurse room for fresh aprons and sleeves for the tables other than
those in the wards, if she has not time to go to her room, and even
some of them I find having toothbrushes there, especially if the time
is so short, and they find this a great convenience.

Miss MAXWELL. Allow me to say one word in favor of a proper
midnight supper for the night nurses. We know that the meal is
greatly enjoyed and we find an improved condition in the health of
our nurses. The Probationers, who are taking the preliminary course
in Domestic Science, take their turn in the preparation of this meal.

Miss CARR. I would like to add the testimony of our school to
Miss Maxwell's, that it has made a great difference to the nurses, not
only to the regular, but to the special nurses, the preparation of the
proper meals for the night nurses. At the Johns Hopkins, that is
attended to by the nurse who has charge of the Home; they have a
graduate nurse in charge and it is one of her duties to see that the
meals for the night nurses are properly prepared and put up, and they
are done very daintily, and I believe at very much less cost to the
Hospital than was the case formerly, when they were prepared through
the general kitchen. The nurse in charge also has the entire care of
the sick nurses—those who stay in the Home and before they are sent
to the wards, and is also responsible for the nurses' uniforms.

Miss LAWSON. We have a dietician put up the lunches, the junior
nurse makes hot coffee and we usually have meat and potatoes cooked
by her in the serving room.

Miss PALMER. Madam President, I would like to ask some of the
representatives of large hospitals how they take care of the napkins in
the dining room. How they are kept, what provisions are made for
them?

Miss MAXWELL. We have them with the name of the nurse on a
piece of ribbon, which is tied around the napkin. We have just had
a napkin ring made, which is numbered, and I think we can have the
name on a piece of pasteboard, so that each nurse can keep her own
napkin.
Miss Carr. I think the method at the Johns Hopkins is that each nurse has her own compartment and she takes her own napkin out of its compartment, and replaces it as she goes out of the dining room.

The President. We have stolen that system from the Johns Hopkins and find it very convenient indeed, as we are not able in our dining room to give a separate place for each nurse.

Miss Carr. I might add that when a nurse is given a tonic, each one can keep her medicine in her own compartment.

The President. There is one question I would like to ask, and that is concerning the fitting of a dining room in a very large school with a sufficient number of tables to seat all the nurses at one time, and I would like somebody who has had experience to state whether that is necessary, or whether it would not make too large a room. Miss Maxwell, what would you say?

Miss Maxwell. In regard to our dining-room service, we have been able to introduce some home-like features. Each nurse has her own place at the table, which, while it is not a necessity, we consider a privilege, and will be sorry when the school has grown to the extent that will compel us to give it up. I don’t think it is a necessity; it is only a luxury. If time enough is given for two relays of nurses, I should not think it an economy to have a separate seat for each. Our hall was given to us; we should never have been able to build it.

The President. I wonder if it would not be the consensus of opinion that in a large school the dining room should provide permanent seats for the graduate nurses in permanent positions and for the senior nurses. Has anybody any further information to offer?

Miss Van Kirk. I have to provide for 170 nurses at each meal and I have that number of seats, and there are also tables for the night nurses. The day nurses never sit at the night nurses’ tables. I have to provide for 30 special nurses and they have not always the same seats.

Miss Palmer. How often are the tablecloths changed?

Miss Van Kirk. Three times a week.

The President. The time for adjournment having arrived I would like to announce to you the Nominating Committee, which is as follows:

Miss Maxwell, Miss McMillan, Miss Noyes.

The meeting adjourned.
SECOND SESSION.

On the second day of the Convention, Thursday, April 26th, the meeting was called to order by the President at 10 a.m.

The President. The election of new members will be considered this morning. I should like to read, before we go into the regular work, a telegram from Miss Nutting. She sends her best wishes for the success of the meeting and signs herself "Sorrowful Secretary."

Will the Secretary read the names of the applicants for membership to the Society.

Miss Nevins read as follows:—

BARKER, MISS JANE MERWIN........... Flower Hospital, New York, N. Y.
BATH, MRS. CARRIE ELIZABETH........ St. Luke's Hospital, New York, N. Y.
BEECHER, MISS LAURA A................ Minnequa Hospital, Pueblo, Col.
BENTON, MISS NELLIE J................ Hahnemann Hospital, New York, N. Y.
BESLEY, MISS FLORENCE................. University of Virginia Hospital, Charlottesville, Va.
BROWN, MISS ELEANOR B................ Post-Graduate Hospital, New York, N. Y.
BRINK, MISS CARRIE J................... Bellevue Hospital, New York, N. Y.
BUSHEXEL, MISS LOTTIE............... New York Hospital, New York, N. Y.
CAMERON, MISS MARY BANCROFT........ McKeersport Hospital, McKeersport, Pa.
CASEY, MISS ELIZABETH.................. Trinity Hospital, Milwaukee, Wis.
CLARK, MISS IDA B....................... German Hospital, Brooklyn, N. Y.
COPELAND, MISS M. L.................... McKeesport Hospital, McKeesport, Pa.
CURTICE, MRS. M. E..................... Hahnemann Hospital, Rochester, N. Y.
DANIELS, MISS MARIA L................ New York Infirmary for Women and Children, New York, N. Y.
FLASH, MRS. ALICE H.................... Massachusetts Homeopathic Hospital, Boston, Mass.
FLAWS, MISS ELIZABETH G.............. Butterworth Hospital, Grand Rapids, Mich.
FLETCHER, MRS. ANNE I................. Lynn Hospital, Lynn, Mass.
FILGG, MISS ETTA...................... St. Luke's Hospital, St. Louis, Mo.
FOY, MISS MARY S...................... Battle Creek Sanitarium, Grand Rapids, Mich.
GALLAGHER, MISS M. KATHLEEN........ General Protestant Hospital, Ottawa, Can.
GARRETT, MISS ANNA C.................. Frankford Hospital, Frankford, Pa.
GIFFORD, MISS ALICE M............... Memorial Hospital, New London, Conn.
HOOPER, MISS EDITH A.................. Christ Hospital, Jersey City, N. J.
TWELFTH ANNUAL CONVENTION.

HUNTER, Miss Sabra Isabel .......... Metropolitan Hospital, Blackwell’s Island, N. Y.
HUTCHINSON, Miss Mary E .......... Sloane Maternity Hospital, New York, N. Y.
JONES, Miss Emily Lawson .......... Englewood Hospital, Englewood, N. J.
JONES, Miss Leila Vincent .......... Harrisburg Hospital, Harrisburg, Pa.
LAWSON, Miss Marie Anna .......... City Hospital of Akron, Akron, Ohio.
LURKINS, Miss Francis L .......... Laura Franklin Free Hospital for Children, New York, N. Y.
MACMAHON, Miss Amy E .......... Johns Hopkins Hospital, Baltimore, Md.
MADHENA, Miss Edith .......... Howard Hospital, Philadelphia, Pa.
MEWHOURT, Miss Jessie W .......... Manhattan Maternity Hospital, New York, N. Y.
MOIR, Miss Margaret F. Marie .......... Hospital of French Benevolent Society, New York, N. Y.
MORAND, Miss J. Harriet .......... Homeopathic Hospital, Newark, N. J.
PARKER, Miss Anne Chandler .......... Hale Hospital, Haverhill, Mass.
REID, Miss Elizabeth B .......... Western Pennsylvania Hospital, Pittsburgh, Pa.
RISING, Miss Grace Barber .......... Good Samaritan Hospital, Lexington, Ky.
SCHMOKER, Miss Carolyn .......... Newark City Hospital, Newark, N. J.
SHACKFORD, Miss Clara .......... Harrington, Me.
SMITH, Miss M. K .......... 743 Dundas Street, London, Ont.
SOUTHWORTH, Miss Harriet .......... Little Falls City Hospital, Little Falls, N. Y.
STAHL, Miss Marie Elsebeth .......... Kings County Hospital, Brooklyn, N. Y.
STOTZ, Miss Marie M .......... Finley Hospital, Dubuque, Iowa.
TULLY, Miss Kate L. B .......... Flower Hospital, New York, N. Y.
TUTTLE, Miss Jennie L .......... Grant Hospital, Columbus, Ohio.
WILDEY, Miss Harriette E .......... Muhlenburg Hospital, Plainfield, N. J.
WEBSTER, Miss Jennie .......... Montreal General Hospital, Montreal, Can.
WILLIAMSON, Miss Annie S .......... Oswego Hospital, Oswego, N. Y.
WILSON, Miss Frederica .......... Winnipeg General Hospital, Winnipeg, Man.

YOUNG, Miss Zaidee E .......... Montreal General Hospital, Montreal, Can.

The President. What is your pleasure concerning these applications?

Miss Samuel. I move that these applicants be admitted into the Society. Seconded by Miss McKechnie; motion carried.

The President. We must discuss this morning, so that the Nominating Committee shall have a little assistance, the question of where we are to meet next year. We have not received any invitation; I believe, we were invited last year to Boston and Cincinnati. Is there any suggestion?
Miss Paine. I move that the Society be invited to meet in Philadelphia.

The President. Are there any other invitations? We are invited by Miss Paine to Philadelphia.

Miss Paine. May I say that I speak in the name of the Superintendents of Training Schools in Philadelphia; this is a formal invitation. They are present at the meeting. They represent the Presbyterian Hospital, the Episcopal Hospital, the Pennsylvania Hospital, and the Visiting Nurses’ Society.

The President. I think we should first act upon the invitation from Philadelphia, as it is a strong one and the first to be presented. Will someone move as to what we shall do?

Miss Parsons. I move that we accept the invitation from Philadelphia.

Seconded by Miss Carr, and motion carried.

The President. There is now a very important matter to come before us. We are meeting at a time when there is a great catastrophe in one of our cities and I am sure you will all feel that we should not have done our part if we had not tendered in some way our sympathy and assistance to our fellow nurses in San Francisco. Has anyone a suggestion to make?

Miss Carr. Madam President, I move that the Chair appoint a Committee to take some immediate action to express the sympathy of our Society for the sufferers at San Francisco, and that this Committee shall arrange for some practical form in which the sympathy shall be extended to the members.

Seconded by Miss McKechnie, and carried.

Miss Palmer. Madam President, I would just like to say that California has a splendidly organized state association, as you all know—Miss Cook, who is one of the prominent leaders there, and the editor of the Pacific Coast Nursing Journal I know was burned out, and I think we have had word that there are a great many nurses who have lost everything. Now it seems to me that we might send some definite aid to those women who have literally lost everything they have in the world in San Francisco. I have three pupils there and I am sure that all of us must have someone there in whom we are personally interested.

Miss Carr. May I just say that the resolution was intended to embody what Miss Palmer said that practical sympathy should be
arranged for as soon as possible by the Committee by subscriptions from the members, or from the Society.

The President. I would like to call attention to the fact that four members of the Society are San Francisco nurses. It is now, I think, necessary to appoint this Committee.

Mrs. Kinney. I would like to place the chief nurse at the 'Presidio' at the disposition of the Society, if someone is wanted, in San Francisco with whom to communicate. She will do everything I am sure. She is a graduate of the New York City Training School.

The President. I think at this moment it will be very proper to read a letter, if Mrs. Kinney will allow me. It was sent from the Secretary of War at Washington and is very interesting, as evidencing the estimation in which our Society is held:

War Department,
Office of the Surgeon General,
Washington.

(copy.)

Mrs. Dita H. Kinney,
Superintendent Army Nurse Corps.

Madam:

With the approval of the Secretary of War you are hereby detailed to represent the Army Nurse Corps at the 12th Annual Convention of the American Society of Superintendents of Training Schools for Nurses to be held in New York City April 25 to 27 inclusive. You will proceed from this city to New York in time to attend this meeting and upon its adjournment return to this city.

By order of the Surgeon General.

(signed) M. W. Ireland,
Major, Surgeon, U. S. Army.

The President. The most important matter before us this morning—and I think we all agree as to this—is the proposed amendment or revision of the Constitution, and as it will take some time we had better turn to it at once. I will ask the Secretary to read the first article, No. 1, the name in the old Constitution.

[Secretary reads.]
The President. We have before us the changing of the name of this Society. It is the first Society that was formed; it was the name that was first given us, and as the establishment of traditions is a very important matter, we must consider carefully whether we want to change the name; on the other hand, it is very confusing as there is a society which has been organized since ours, called, I think, "The Superintendents of Hospitals." We should also consider whether we should change the title, because we want to widen the interests and open our doors to other departments of work.

Mrs. Kinney. Madam President, there was some discussion last year affecting the act of incorporation; is there anything to be said on that point?

Miss Nevins. At our last annual meeting the idea was that the Society should be incorporated at once, but it was deferred until we revised the constitution this year. It has never been incorporated.

Miss McKeechne. Madam President, last year when the idea was first presented, the name suggested in the report was perhaps objected to on account of a name very similar to it in New England. I do not know how the other members of the Society feel, or whether they thought about it very much, but, as a member of the Committee, and being naturally interested in it, I have tried to think of some other name that might take the place of this one, and have spoken to others also, and talked about it, and no other name seems to have come up or been suggested as far as I know. It is a society for education, that is, to consider all matters of education, and takes in a group of workers outside of the training schools; Educational Association seems to cover every sort of line of nursing work, whether teaching is done or not.

Miss Palmer. Cannot we compromise in the name; instead of having it as it stands now, "The American Society of Superintendents of Training Schools for Nurses," which is bulky, simply call it "The American Society of Training Schools Superintendents," and then make our By-Laws, under "Membership," giving the conditions of membership so broad that it shall include all of these educational bodies that we want to include in our Society. I am a little conservative myself about breaking away from the old name. I think it is going to confuse not only ourselves, but a great many other people. We have, in working with the Department at Albany, been obliged to decide on a name for the training schools that the Department has recommended, and the Board has approved of speaking of them not
as "Training Schools" but as "Nurses' Schools." Dr. Trevor states, "You will have to take a name and give it dignity by the importance of the work which it is performing." Now, we may drop 'Training Schools' out altogether, and simply say the "Society of Nurses' Schools."

Miss Maxwell. Why do we not say "Schools of Nursing"; it is accepted in a number of schools and is a reasonable name.

The President. It seems to me a very good suggestion, inasmuch as we are trying to use the term a "professional nurse" instead of "trained nurse." Has anybody else any suggestion?

Miss McKeanie. I think "Schools of Nursing" is a very admirable part of the title, and, as Miss Palmer said, we might elaborate the membership requirements, taking in all the different lines of work. "American Society of Superintendents of Schools of Nursing," how would that do? I think we want all the suggestions we can get on the subject.

The President. Would not "Society of Schools of Nursing" with the additional word of "Superintendents," etc., be the proper thing? Of course, it would mean an additional word.

Mrs. Kinney. It seems that those who wish to retain the old name wish to do so not so much for themselves as for outsiders. For instance, it would be necessary for me to explain to the Surgeon General that the Society of the new name was identical with the society which he had formerly known as the Superintendent's Society. It is not difficult to imagine circumstances when this might cause confusion and even misapprehension.

Miss McKeanie. Madam President, the title of "Principal" is used in quite a number of schools. It might be possible to use it in place of "Superintendent."

Miss Maxwell. Does that cover the work which the Superintendent has to do? She has to be superintendent of the entire school as well as teaching.

The President. I am afraid this is going to be very perplexing. Perhaps Mrs. Quintard has some suggestion to make concerning it.

Mrs. Quintard. I don't think I have. I like the term "Superintendent," as we are so well-known by that name.

The President. "Society of Superintendents of Nurses' Schools" or "Society of Superintendents of Schools of Nursing" is a dignified title in a way. It almost seems that it would be necessary to insert two words if we change it to "Superintendents."
Miss Walker. I move that we postpone the discussion on this and pass on to the next matter.

Seconded by Miss McKechnie, and carried.

The President. I will ask the Secretary to read the former and present Article II.

[Secretary reads.]

Miss Palmer. I do not like the term "minimum standards." Why not "maximum standards"? We have the States give maximum standards.

Miss McKechnie. Is it ever wise to set a maximum standard?

Miss Palmer. We could keep going on and on till we reached the highest point.

Miss Noyes. I think it will be a little difficult to define and maintain a "maximum" standard.

Miss Alline. The old Constitution says "maintaining a universal standard of"; it does not seem possible, and I think it will perhaps be the feeling of all persons that we cannot maintain a universal standard of training; we can establish a minimum standard which all schools will be obliged to keep up to, but I do not see how any Association can establish a universal standard or even a maximum standard for all the States of the Union, though they can establish a minimum standard for admission and graduation. You know we have never been able to establish a standard, and the minimum is the best you can do.

The President. Is there any further discussion concerning this?

Moved by Miss Samuel, seconded by Miss Maxwell that the revision of the Article be accepted as it stands, and carried.

The President. The next is Article III. Members.

[Secretary reads.]

The President. You will all remember that there were originally three classes of members. It was changed at one time for some good reason. The great difficulty, and I think it wise to call attention to it, is that if we take in all who are at the head of educational departments, we may take in a large number who only hold those positions for a year or a few months. If we once take them into active membership, they remain. They may return to private nursing, and we wonder whether it is wise to accept these as active members, but on the other hand, we want in the Society everyone who is engaged in educational work at
any time; so it was suggested to revert to that second membership, the associate membership. Has anyone anything to say?

Miss McMillan. I move that this be accepted.

Seconded by Miss Noyes, and carried.

The President. The next is, Article IV. Classes of Members.

[Secretary reads former and revised article.]

The President. If it would not be out of order, I should like to call your attention to one thing, that as one of the suggested changes of the name of the Society was to "Superintendents of Schools of Nursing," I think you will see that it would be very much in keeping with this revision. It might be changed throughout "Schools of Nursing." Has anyone any suggestions to offer concerning this amendment?

Miss McKiechnie. The Committee in going over the revision find that "Assistant Superintendents" have been omitted from the second paragraph in "Associate Membership," and I would like to make a motion that "Assistant Superintendents" be inserted before the words "School Instructors" under the head of "Associate Members," to read [reads]:

Seconded by Miss Ayers. Motion carried.

The President. Now the question of the whole Article. Has anyone any suggestion to make?

Miss McMillan. Would not that signify—to accept assistant superintendents as active members not only as associate members. They would be very helpful active members of the Association.

The President. You have heard this suggestion, what will you do with it? We would also call attention to the fact that associate members are accepted as permanent members in a certain length of time, whether that has any bearing on the subject of assistants. Sometimes assistants only remain for a very short period as assistants. The question is whether in placing them as associate members, it will be wiser to admit them immediately for permanent membership, or to let them wait a time?

Miss Noyes. In the next Article it says that "Associate members having the same qualifications," so that I cannot see any reason for making the assistant superintendents active members. To begin with, I think it would be better to keep them as associate members, as they have the same privileges during the length of time which they remain as associate members.
Miss McMillan. Article II provides for that, so I withdraw my suggestion.

The President. It seems to me there is a little ground for confusion here as to applying for active or associate membership; for instance, superintendents of nursing bodies may be active members, then it says "heads of special work"—I do not see just wherein lies the difference.

Miss McKechnie. The special departments of nursing work, the Committee felt, applied perhaps to heads of school work, to settlement work, to all the outside lines of work, where was a more practical than an educational side in it, and that those who are heads of all those kinds of work may become associate members, and then at the end of three years become active members, and we could have their influence and assistance, and their help in every sort of way.

The President. Does it seem clear to every one?

Mrs. Kinney. I move that it be accepted as it stands.

Miss Samuel. I second it. Motion carried.

The President. Will the Secretary kindly read the By-Laws, Article II. Membership Qualifications.

[Miss Nevins reads paragraphs 1, 2 and 3 completely revised.]

The President. This is a somewhat long revision to consider; would it not be wise to take it by the paragraph?

Miss McKechnie. Before it is taken up for discussion, the Committee would like to suggest amending Article II, second paragraph. It may make it plainer in going over it. It is simply the transposition of the last sentence of the second paragraph, beginning "Associate members shall have the same" and placing it in the beginning of the paragraph. The last sentence to go before the first sentence. The second paragraph would read then [reads]:

Miss Gross. I move that Article II, be accepted as corrected.

Seconded by Miss McMillan, and motion carried.

Miss Walker. In this paragraph, it states that the associate members should have their application signed by three active members. It seems to me that that is making it a little troublesome for associate members. It often happens that applications are signed by those who do not know the applicant, simply to comply with the Constitution. Would it not be better to have the word "three" changed to "one"? I move that we strike out "three" and insert "one."
Miss Maxwell. Madam President, if we were joining we would have to have two. It is really very difficult for the superintendents and assistants to get the endorsers. I know by experience.

Miss Noyes. It seems to me that if the assistant member had been in good standing in the Society for three years, that one endorsement would be all that would be necessary.

Miss McKechnie. I would like to suggest that it be changed to "two" instead of "three."

The President. I think there is at present a motion before the Society to make it one. Will Miss Walker withdraw that motion?

Motion withdrawn.

The President. It is proper that we should have a motion concerning this other suggestion.

Miss Walker. I move, Madam President, that we strike out "three" and insert "two."

Seconded by Miss McMillan, and carried.

The President. We will then consider the original motion already on the floor,—the motion to accept Article II without alteration excepting the change in the paragraphs.

Moved by Miss Gross, seconded by Miss McMillan, and carried.

The President. Is there any discussion before we present it as a whole?

Miss Nevins. One little point possibly might be brought to attention. It seems to me that as a matter of convenience to all concerned it would be far better that applications for blank forms be made directly to the Secretary, who will see that they are properly filled out and then sent to the President for consideration by the Council.

Miss McKechnie. I make a motion that Article II, be amended to read: "Every candidate should make application to the Secretary for blank form, etc." Substitute the word "Secretary" for "President."

Seconded by Miss Carr, and carried.

Moved by Miss Walker, that Article II, be accepted as amended.

Seconded by Miss Parsons and carried.

The President. Article III. Fees and Assessments.

[Secretary reads.]

Miss Alline. Madam President, just a moment, concerning this. It says "regarded as having resigned her membership unless such dues
shall be remitted for good and sufficient reasons." I find that they pay no notice to bills, etc., unless they are sent twice a year after they have received their membership. It leaves them in good and regular standing. Some of them do drop it, not being able to meet the conditions for some time, and then are allowed to return again as being in good and regular standing. I do not know just how to amend it, but it seems to me that it brings up that point.

Miss McKechnie. I think an amendment would be in order after the present paragraph, according to Miss Alline's suggestion, to the effect that members may be reinstated to membership. Reinstatement of membership may be possible if all dues in default are paid.

Miss Palmer. I think that is customary that they cannot be reinstated without repayment of dues in default.

Miss McKechnie. I think it might be possible that some member might, for some reason or other, after being remiss, not to pay up their dues, but who might possibly later on want to, and still come back into the Society, and although she may resign if she has not paid her dues, she will have ceased to become a member, and then again that she may be reinstated by payment of all dues in default.

Miss Davis. I think some distinction ought to be made between a member who voluntarily resigns, and one who allows her resignation to take place by default.

The President. It is very true, I am sure; in our Alumnae Association I know members fail to pay dues without signifying whether or not they wish to withdraw. Miss Davis, can you suggest an amendment?

Miss Davis. I know of a nurses' club which allows them to resign and be reinstated if they give a good reason, but if they go by default they have to pay up all back dues before they are reinstated.

Miss McKechnie. I would like to make a motion to amend Article III, by striking out the words "be regarded as having resigned her membership," to read: "And if the dues are not paid within three months from that date, she shall have forfeited all privileges of membership, unless such dues are remitted by the Council for good and sufficient reason."

Seconded by Miss Alline, and carried.

The President. Article IV. Withdrawal.

[Read by Secretary.]
Moved by Miss Ayers, seconded by Miss Maxwell, and carried, that this article as amended be accepted.

The President. Article V. Election of Officers.

[Secretary reads old and revised article.]

Miss Carr. I want to suggest that this might be altered that the Committee shall submit one name for each office, and that any other nominations should be made either from the floor or that the selection of the Nominating Committee should be posted, and the Society have the privilege of adding other nominations.

The President. Someone has stated that this is one of the few associations that vote in our present manner; generally there is a single ticket preferred.

Miss Alline. I think that has always been said, and some of the clubs have spoken of it as unusual to put two names on the ticket.

Miss Walker. I move that we strike out the word "two" and insert "one" in the sentence: "The Committee shall select at least two names for each office."

Seconded by Miss Russell, and carried that "two" be stricken out and "one" inserted, and "names" to be changed to "name."

The President. Are there any other suggestions concerning this paragraph; should we not have to provide for appointments from the floor?

Miss Carr. I think it should be discussed whether the other nominations should be from the floor or whether it would be preferable to have the ticket posted and nominations placed by members who should give their names. I believe that is done in a good many clubs.

The President. The question is then, whether the opportunity given to the Society to select other officers shall be by nominations from the floor, or whether the names shall be presented through the Nominating Committee in some manner? Will somebody discuss this question?

Miss Palmer. I think the idea of posting it is an excellent one. It seems to me that we should have an opportunity of putting up other candidates.

Miss McMillan. If they were posted, there would be more consideration given to the matter.

Miss Carr. Well, I can make a motion if it will seem better, that the ticket shall be posted at the first session on the following day, and that members of the Society shall have an opportunity of making
separate nominations; I think perhaps some further discussion had better be made.

The President. We have one amendment to settle upon later, the name of the Society. We might leave this paragraph to be re-worded if any of you would so suggest. That would allow Miss Carr to word the amendment as a motion.

Miss Maxwell. I move that we go on and finish the Articles here, while Miss Carr is considering, and then discuss the name.

The President. I would only like to know whether the Society approves of that matter; it would be a pity to prepare a motion if the Society prefers to make the nominations from the floor.

Miss Maxwell. I will withdraw the motion.

Miss Palmer. I make that motion that the ticket shall be posted and that the members shall be given an opportunity to post additional names at least one session before the vote is taken.

Seconded by Mrs. Quintard, and carried.

[Secretary reads Article VI.]

Miss McKechnie. Madam President, the Committee would make one or two suggestions to Article VI. One is that 5 and 6 be combined as one article; in the old By-Laws, Article V is Election and Article VI is Re-election, and it does seem that they all might go under one article. They would like to amend the inserted paragraph, the striking out of the word "floor," and the words "to serve" inserted before "three and two years" to read, "Two councilors shall be elected to serve three years and one auditor to serve for two years."

The President. I think we shall consider the first proposition for a motion, it will be less confusing. Your first proposition is that we include Article VI in Article V, and call the whole Article V. I think a motion would be quite proper for that suggestion, simply including under Article V Election of Officers. Would somebody put that in the form of a motion.

Moved by Miss Carr, that this amendment to embody in Article V Article VI, be accepted; seconded by Miss Walker, and carried.

Miss McKechnie. I move that all Councilors shall be elected to serve three years and one Auditor to serve two years.

The President. Miss McKechnie has moved that the paragraph reading, "All Councilors . . . two years" shall be accepted.
Seconded by Miss Parsons, and carried.

Moved by Miss Ayers, that we accept Article VI; seconded by Mrs. Kinney, and carried.

Miss McKeechnie. Is it in order to take up Article VII, in the old By-Laws, before considering Article VIII, in the revision? It is now Article VI. I would like to make a motion that Article VII, in the old By-Laws be changed to Article VIII.

[Secretary reads Article VII.]

The President. It might be less confusing to take up Article VIII and IX, and leave VII, till after. Will Miss McKeechnie withdraw her motion?

Motion withdrawn.

The President. I think it better to go on with the proposed amendments. We will then consider Article VIII.

[Secretary reads old Article VIII.]

Miss McKeechnie. Before considering this Article, I should like to move, as a suggestion from the Committee, that Article VIII, be re-numbered VI, and that the consideration and discussion come under Article VI.

Seconded by Miss Maxwell, and carried.

The President. It is now in order to consider this amendment, which consists in striking out the last three paragraphs concerning the duties of the Council. Is there any discussion as to this matter; if not a motion is in order to make an amendment simply to leave the former first part unchanged.

Moved by Miss Walker, and seconded by Miss Curtis, and carried that Article VI be amended as altered.

Miss McKeechnie. I would like to make a motion from the Committee that the last three paragraphs concerning the duties of the Council in Article VI, be considered under Article VII, and that old Article VII be made Article VIII. It can be embodied in one motion; and that the new article, which will be of the substance of the three paragraphs in Article VI, shall be considered under the heading of Article VII instead of Article VIII.

The President. The amendment now makes the last part of Article VIII to come as Article IX. As we have changed our num-
bering it is necessary to change it to VII to bring it in proper order, and the former VII should be VIII.

Moved, seconded and carried, that Article VII shall now be Article VIII, and the proposed amendment making Article IX be called VII.

The President. We will now consider present Article VII and the proposed amended Article IX, the last three paragraphs of Article VIII in the original Constitution.

Miss Nevins. The present Article VII will read "The Council is empowered," etc.

The President. Now that we are growing so rapidly, (the work done by the Educational Committee was enormous and required quite a little expense), and there are various other matters, reports, etc., which require a certain amount of money, it seemed wise to make some provision through the Council whereby this work could be properly carried on. Has anyone any suggestion to make?

Miss Walker. I move that Article VII be accepted as amended.

Seconded by Miss Rogers, and carried.

The President. This is now Article VII with Article VIII, and Article X is former Article IX.

Miss McKechnie. Former Article IX, which is Article X in the revision, the Committee recommends that it still remain Article IX and that the old Article VII, the Quorum, become Article VIII, which comes in immediately after Article VII, which we have acted upon. So that the motion I wish to suggest from the Committee that old Article VII will be re-numbered Article VIII.

The President. That has already been embodied.

Miss McKechnie. Simply call it Article IX then, without any change.

The President. Article IX shall remain Article IX unchanged. Will some one make a motion to that effect?

Moved by Miss Ayres, seconded by Miss Walker, and carried, that Article IX shall remain unchanged.

Miss Carr. I would like to say that I think that the wording of the amendment which has been accepted by the Society might safely be left to the Chairman of this Committee. The motion has been made as to what the Society wishes to be done about the election, and it will perhaps take a little time to put it into its proper wording.

The President. I think it is quite clearly understood that the Society desires that the ticket be prepared and that members be allowed the opportunity to suggest other names which can be posted, some
sessions to elapse before this matter be voted upon; therefore, if a motion be made to the effect, that the Committee properly word this amendment, it will be in order. Will anyone make a motion to do this?

Moved by Mrs. Quintard, seconded by Miss Parsons, and carried, that the Committee word this amendment.

The President. It is 12.15. Would you prefer to consider the matter of the name, or would you settle it at once?

Miss Walker. I move that we now consider the name of the Association.

Seconded by Mrs. Quintard, and carried.

Miss Gladwin. It seems to me that the strongest objection to changing the name suggested is that in so doing we seem to have created a new Society. We shall have very great difficulty in teaching the people who are interested in us and our work, that we have not so done, and just as soon as we cast away the word "Superintendent" we shall be forgetting the tradition of the old time and in a certain way we shall be getting away from the nature of the work the women who founded this Society did. Now it is not uncommon for a Society to enlarge its work without changing its name. I move that it be changed to read "The Society of Superintendents of Schools of Nursing."

Seconded by Miss Carr.

Miss Maxwell. Are we to leave out the word "American"? I think as it shortens it, it would be advisable.

Miss Rogers. Would not that be letting down the bars for any Schools of Nursing to come in?

Miss Maxwell. It would have to be acceptable to the Society.

Miss Nevins. The By-Laws cover that.

The President. I think all the Schools of Nursing call themselves training schools.

Miss Walker. It seems to me that the word "American" is necessary.

Miss Palmer. It seems to me that that would open up a very wide discussion as to what the word "American" meant, if we vote upon it.

Miss Maxwell. It seems to me it is desirable to retain the word "American."

The President. The motion before us is that this article be amended to read "This organization shall be known as 'The American Society of Superintendents of Schools of Nursing,'" is that correct?

Miss Nevins. It is shortened by one word.
Miss Palmer. It is just as bulky as before.
Miss Nevins. Let's think of it a little longer.
Miss Parsons. Why could not you say "Nursing Schools" instead of "Schools of Nursing"?
Miss ————. I know of no reason why the name should be changed at all.
Miss Mckechnie. Though there is no real change except to change "Training Schools" to "Schools of Nursing," I think at the present day "Schools of Nursing" is more applicable than "Training Schools."
Miss Davis. I do not object to the word "Training" at all, because I think that is what it means.
The President. It is a very amusing thing; we have shortened it by one word, and I do not know what that word is. The only thing to do is to take a very careful vote. The motion now before you is that Article I be amended to read as follows: "This Organization shall be known as 'The American Society of Superintendents of Schools of Nursing.'"
Miss Maxwell. Could not we leave out the "The" and just start with "American?"
Miss Davis. I would like to know if that is a question of expense of printing, because we can drop out the "The" any time.
Miss Carr. I would like to suggest that the whole question be deferred for a year.
The President. We need to be incorporated. We cannot hold any property, little or great. All in favor of changing the name please rise. Motion lost.
Miss Palmer. I move that we be incorporated under the old name.
Miss Alline. I second that.
Miss Mckechnie. I want to say that of course all these articles that have been accepted will have to be changed, because "Schools of Nursing" comes in a great many places.
The President. I think we could leave it as it is; that has nothing to do with the title.
Miss Maxwell. We will all be classed with manual training schools and with reformatories.
Miss Davis. So long as nurses are obliged to do manual labor, they will have to be classed that partially.
The President. The motion before us is that the Society be incorporated under the old name. All in favor kindly rise.
Motion lost.

Miss Walker. I move that we defer this discussion until the first session to-morrow morning.

Seconded by Miss Palmer, and carried.

The President. A letter has been received from Miss Dock which the Secretary will read.

The Secretary. After expressing her regret at not being present Miss Dock says:

"Please give my warmest regards to all the members, and say I do so much hope that a good big delegation will come to Paris next June—for I think our international meetings are productive of great good. There is not a superintendent of nurses in any of the Paris hospitals. I wanted very much to give a share of American Journal of Nursing stock to the Society whose unworthy secretary I used to be, for the sake of old times. I think it can be done by giving it to some individual for the Society. Now would the Society name this individual?

"With best wishes for the success of the meetings, and with love to one and all,"

"Sincerely,

"L. L. Dock."

The President. We should send Miss Dock a vote of thanks for this kind thought. Will somebody move that? Also, what we can do in this matter concerning the shares?

Miss Palmer. I cannot see how we can accept it as the Society until we are incorporated, unless we ask Miss Dock to hold it until then.

Miss Davis. I think the Alumnae held stock in the Journal before it was incorporated; it was put in the name of the President. It can be transferred at any time.

Miss Maxwell. Would the President simply have to sign for it—the acting president at the time—in case we wished to use it?

Miss Davis. It is signed in the name of the presiding officer and is not changed until after the Society is incorporated and then it can be easily transferred to the name of the Society.

Miss Nevins. Is it not desirable that we be incorporated? It can be done quickly.

Miss Palmer. It only takes 24 hours to be incorporated.
The President. Would it not be better to thank Miss Dock and accept it, to be in charge of the presiding officer, or would it be best to thank Miss Dock and ask her to hold it until we are incorporated and proceed to appoint a Committee. It is in order to make a motion.

Moved by Miss Cadmus, and seconded by Miss Russell, and carried that Miss Dock be thanked, and requested to keep it until the Society is incorporated.

The President. Would not somebody make a motion appointing a committee for incorporation, or to leave it in the hands of the Council. Miss McKeechnie. I move that the Council appoint a Committee.

Seconded by Miss Maxwell, and carried.

Miss Davis. The number of the Committee might be mentioned.

Miss McKeechnie. A Committee of three.

Miss Palmer. I think that the Committee has to sign the incorporation papers, and that there should be five. I believe that all Societies have to have five.

The President. I remember in incorporating the County Society we had to have five.

Miss McKeechnie. I amend it to make it five instead of three.

Seconded by Miss Maxwell, and carried.

The President. Is the Committee on Nominations ready to report? Miss Davis. I would like to move that the report of the ballot be made the first thing at this afternoon’s session. Motion seconded and carried.

The afternoon session opened at 2 P. M.

The President. While we are waiting for the Nominating Committee to report, I would like to make a few announcements, to call to mind that there is a meeting of the Red Cross Society at the Astoria Gallery of the "Waldorf" at 5 o’clock this afternoon. There is an exhibit at the Nurses’ Settlement, 265 Henry Street, from 4 to 6, and there is a reception this evening at the Florence Nightingale Hall. I should also like to say that there is a book, which has been gotten out by the Journal I think, by Miss McIsaacs, which will be on sale at 25 cts. a copy, after the session.

I would also like to ask those members who intend to remain over Friday—out-of-town members—and who have no engagement for that
evening, and would care to go for an automobile drive to Chinatown, to speak to Miss Gilmour.

The President. The following Committee has been appointed to act on the motion to extend our sympathy to our nursing sisters in San Francisco: Miss Maxwell, Chairman, Mrs. Kinney and Miss McMillan.

Miss Samuel. I move that a telegram be sent from this Society to Miss Nutting, regretting her absence.

Seconded by Miss Ryckert, and carried.

The President. We would like to have the report from the Nominating Committee, if they are ready to present one.

Miss Maxwell, Chairman of the Nominating Committee, announced the election of the following officers:—

President, Miss Banfield.
1st Vice-President, Miss Goodrich.
2nd Vice-President, Miss Milne.
Secretary, Miss Nevins.
Treasurer, Miss Alline.
Auditor, Miss Carr.
Councilors, Miss Lightbourne and Miss Ayers.

The President. Mrs. Kinney brought very earnestly to our attention last year in Washington the very small number on the volunteer list of nurses, women from our organization, of our profession, to give their services in case of war or any other calamity; we have had a calamity, but have not yet had a call for nurses; and Mrs. Kinney now comes to us with a suggestion which I think we will hear to-day and act upon as a Society to-morrow. Will Mrs. Kinney kindly explain the matter?

Mrs. Kinney. Last year it was suggested by Miss Maxwell that it might be a good idea for the Society to offer itself as a body, to the Surgeon-General for services in time of war or national calamity. You can readily understand how strongly the idea appealed to me but it was at that time too late to bring the matter before the session. It seems as if I were hardly the one to bring the question up at this time. This Eligible Volunteer List has been so over-discussed, and has been such a source of disappointment and mortification to me that I find it
altogether an embarrassing subject. It appears to me that it would be at once a graceful act, and an example to the indifferent nurses, if something in the line of Miss Maxwell’s suggestion could be done. The volunteer list has reached the number of one hundred—34 ex-army nurses—the rest from the graduates at large. I need not say that even at this figure, the number is all too few. May I also say that as I understand it the branch State organizations of the Red Cross Society will each enroll nurses, and in time of war these lists will be handed to the Medical Department of the Army, which will then assume control of all nurses in its hospitals. I can not see how any other arrangement could be possible without divided authority, which is always fatal to discipline. Miss Boardman herself told me this was the plan, even before the reorganization of the Red Cross Society was completed.

The reason that no nurses are being sent to San Francisco is because the officer in command telegraphed that there were already so many nurses, graduates and undergraduates already on the ground, that to send more would only increase the number of those to be fed and cared for.

With the possibility of the Society acting on Miss Maxwell’s suggestion, I asked the Surgeon-General before I left Washington if such an offer were made if he would accept the Society as a body, without further formality? He replied in the affirmative, adding that when the emergency came (if it ever did), that those who could leave their positions, should communicate with his office, and they would form a body on whom reliance could be placed for the filling of executive positions in field or base hospitals. Such action on the part of the Society, binds its members in no other way.

The President. A 100-mark reached, with 20,000 women graduating yearly is not a list to be proud of. I think this is a splendid suggestion, and we will consider it to-morrow, when we will have a report from the Committee.

We have the pleasure of having with us this afternoon Miss Ross. As you know, Miss Nutting was very ill, and Miss Ross had agreed to prepare a paper which entailed much work. She was obliged to hand over a great deal of this to Miss Macdonald, who however, is not here to read the paper. Will Miss Ross kindly read it for her.
ECONOMY IN THE USE OF SURGICAL SUPPLIES.

BY MISS M. V. MACDONALD.

The Johns Hopkins Hospital, Baltimore, Md.

The subject of this brief paper is one which is giving much thought and anxiety to heads of hospitals and training-schools, inasmuch as it is a department of hospital work in which the expenses are seen to be as a rule steadily increasing, while measures of control are difficult if not impossible to apply in any usual way. The elaboration of technique in operating-rooms and in surgical work generally, has led to the use of a bewildering variety of supplies, all of a somewhat costly nature, either because of the quality of the article, as in the case of instruments, silver wire, rubber gloves, etc., or in the very large quantities consumed, as, for instance, in absorbent gauze, bandages, cotton, etc. The largest use of these materials is in the operating-room at a time and under circumstances which often make it difficult to give a thought to anything but the patient, and the need of an abundance of such materials as will enable the surgeon to perform his work with the utmost ease, rapidity, and perfection. Nothing else seems for the moment worth considering. As to the cost of the necessary surgical supplies and equipment, this is a matter concerning which those who use them most frequently know the least. An interne at the end of a year's active service in one of our large general hospitals wished to buy on leaving a sample package of every kind of dressing used, for which he came to the supply-room prepared to pay one dollar, and seemed exceedingly surprised when he found that the cost was many times that amount. As to economy in their use, it is to be remembered that economy of any sort is taught in few households at the present time, and that both men and women, the young surgeons who operate, students who make dressings, the nurses who prepare the dressings from the raw materials and assist in applying them, bring into hospitals the habits which they have formed in their own homes. A good-
naturally careless, a serene indifference, or a prodigal and incurable wastefulness, are the typical attitudes which are found among them, and will be recognized by most heads of institutions as familiar stumbling-blocks in the path of true economy and business-like methods. It should also be added that a distinct lack of conscience is frequently seen in the reckless and deliberate misuse of the property of the "institution" by both men and women who would probably be scrupulously careful in handling the property of another individual. In an effort to reach some conclusion, as to the average requirements for the same purposes of surgical materials in common use, a list of questions was sent to about fifty representative hospitals. The information received while interesting has not been in a general way such as would enable us to come to any satisfactory conclusions on this point, but a good many useful facts have been furnished, some of which are here presented.

The most important and costly of all surgical supplies is absorbent gauze. In buying gauze it is cheaper to buy direct from the manufacturer, the usual method being to obtain estimates from different firms and contract for the year's supply. The price paid per yard varies according to the market price and to the weight and mesh of gauze purchased. When possible, and there is a place to store it, a good plan is to take advantage of the markets. One alert superintendent of a hospital last spring took advantage of the low price and contracted for more than a year's supply, with the result that the gauze used in that hospital is only costing them one and five-eighths cents per yard, when the same quality is selling for two and one-tenth cents. Similar saving was effected in buying absorbent cotton. The most remarkable saving in the outlay for gauze has come from the washing and reusing of gauze dressings. Many hospitals are beginning to do this; many more have not made the attempt. Repeated bacteriological tests have proved the entire safety of using gauze that has been washed, and all hospitals that have tried it are proving its great economy. Probably the most striking figures of what can be accomplished along this line are those given by Dr. F. G. Wash-
burn, of the Massachusetts General Hospital, in his paper on "Some Methods of Utilizing Hospital Waste." This practice has been in use to a greater or less degree in the Johns Hopkins Hospital for thirteen years. At first only the large pieces were washed in the ward by the nurses, but for the past eight years it has been sent to the laundry in ever-increasing quantities until it is now estimated that a little less than half of the monthly order of 17,000 yards is reused.

In another hospital where this practice has recently been begun it is stated that they wash all of their gauze and find it perfectly satisfactory in every way, saving thereby $95.00 a month. Each of these hospitals referred to averages about 200 operations a month and uses nearly two-thirds of the amount ordered in the operating-rooms. In striking contrast to this come two other of our large hospitals, averaging only from sixty to seventy operations a month and where no gauze is washed, and where the monthly order amounts anywhere from ten thousand yards to twenty-one thousand yards per month, with only about one-third of the number of patients treated. A simple method of washing gauze that could be employed in almost any institution, however small, is as follows: The gauze is placed in the washer and soaked over night in cold water to remove the stains, then washed in warm water, rinsed and boiled one-half hour, rinsed again and the water thoroughly removed in the extractor and sent up to the supply-room, where it is more easily stretched while damp. This method takes no more employees in the laundry, and convalescent patients can always be employed in stretching and preparing it for use. Bandages are always items of great expense unless the material is bought and the bandages made in the institution. A simple contrivance of rollers will roll the gauze or muslin in desired lengths, and these can be readily cut into the widths needed by some one of the hospital employees, such as the relief orderly, or the baggage or parcel man in his spare time while on duty. Dispensary patients should be instructed to wash and bring back each time the muslin bandage taken off at their previous dressing. It is on record that one patient who came three times a week for six weeks to a certain dispensary used only four ban-
dages during the entire time. One hospital reports that they have all their bandages cut or torn by thread, and done by various people, such as orderlies, patients, etc. The bandages used in the ward dressings are never cut, but unwound, washed, pressed and rolled again, a process involving a considerable amount of time and labor. The stub ends of all gauze bandages when unrolled make an excellent absorbent layer for the delivery pads of the obstetrical service when such pads are used. The ends and fragments of gauze bandages left from dressings can be cut up into pieces for washing patients' mouths. A good many hospitals are giving up using plaster bandages, adopting instead the erinoline, which in the majority of instances proves apparently just as satisfactory, much more comfortable for the patients, and much less expensive.

During the past few years the increased demand for rubber gloves in all departments of hospital work has added a very costly item to surgical equipment. Their use varies from twelve pairs a month for 252 operations in one hospital to 300 pairs for 162 operations in another. By proper care and handling of the gloves much can be done to cut down this large expense. In one hospital it is found that boiling them for only two minutes saves the gloves greatly. In the majority of instances they do not boil them at all, but wash, dry, powder and sterilize them in packages. This of course necessitates keeping a much larger stock, as the same gloves cannot be used in succeeding operations, while they can, when simply boiled, be reused. To mend or patch the torn gloves adhesive dam and cement, or a piece of old glove and cement, are the approved methods. Patches should always be put on the inside, and the general feeling is that patched gloves last longer if not boiled. When the index-finger is torn it is possible to take a finger from another glove and put it in with cement. The general opinion gathered from the reports sent in, is that the heavy gloves are much more desirable for use, and for that reason more economical. They tear less readily and stand the heat better.

Instruments for operating-rooms are usually ordered by the attending surgeons, and sometimes, but not always, the order must be approved by the superintendent of the hospital. When this
method is in force it is often found that what is already on hand will be used rather than face the trouble of explaining and proving the need of something new. The instruments for use in the wards can perhaps be best handled through the central supply-room, which will be described later. A system of exchange of old for new keeps up the standard stock in the ward, and accounts for the use of instruments. The senior nurse in a ward should be made to count daily the instruments in frequent use, and all the ward instruments weekly. Loss or abuse of instruments can usually thus be easily traced. One superintendent says, "No one thing has such a marked influence on individual economy as the taking of regular and frequent inventories." By centralizing the care of instruments better arrangements can also be made for their repair, which is conveniently done weekly, by means of a yearly contract with a reliable firm. Discarded instruments turned in from one department of the hospital can often be put to good account in another. Scalpels with blades worn too small and thin for use can usually be rebladed at a saving of twenty-five cents each. Clamps worn or injured beyond repair may be allowed to accumulate and at intervals of a few months the whole number be sent to the shop to be re-mated. The amount saved on each clamp is usually from thirty to ninety cents, according to the size sent. Worn-out laryngeal mirrors may have the mirror taken off and the handles very easily made into applicators. Handles of old razors may be fitted with new blades or good blades fitted with new handles. Imperfect cautery-points may be sold to the makers for a considerable amount. Scraps of silver wire saved from operations, and ward dressings, will always bring full value for its weight, from the dealer who melts it down for use again. Blunt hypodermic needles can be filed down to a new point. Aspirating and infusion needles may be prevented from rusting on the inside, and so breaking when in use, by being scrubbed, and then rinsed out with ether and alcohol and put at once in a hot place to dry before being wired.

Protective tissue is often used unnecessarily in very many cases, such as the protection of large, wet dressings, and in dispensary work its place in the New York Hospital is cheaply and effectively
taken by paraffin paper. At two cents a sheet it has proved as satisfactory a covering as protective at twenty-five cents a yard. Many complaints are made of protective rotting when left in bichloride, and one hospital tries to prevent this by taking it out after forty-eight hours and laying between strips of sterile absorbent cotton. A reliable pharmacist states that the whole trouble lies in the quality of the protective purchased and not in the way it is prepared. In the hospital with which the writer is connected there has been no trouble of this nature, and the protective remains in the bichloride solution for an indefinite period. This quality of protective is obtained through the firm of George P. Thomas, Jr., of Baltimore.

Ligatures and sutures are among the very costly operating-room materials when purchased ready for use. In most large hospitals the nurses prepare the various kinds used, according to definite formulas. It is found that 180 tubes of catgut from Van Horn cost $37.50, while the same amount prepared by nurses costs $10.00. Of course the time required in preparation must be considered, for it takes a nurse the better part of two days to complete its preparation; but as the nurse must usually be on duty anyway, her time in this instance is not additional expense. One operating-room nurse writes that “by chromacizing our own catgut we save a great deal. For 500 strands it is $35.00 cheaper than Van Horn’s and equally good.” All pieces of catgut left may be put in absolute alcohol and used for accident cases. Horse-hair as a suture material is mentioned as coming into favor with some surgeons. It costs almost nothing and is very fine and strong. It is prepared for use by scrubbing with green soap, boiling well and soaking for several days in bichloride. It is used chiefly in skin wounds, but sometimes in deeper work, and takes the place of much of the silk formerly used.

Silver foil is still used in some of the large hospitals and sometimes extravagantly. In one instance it was the custom to sterilize a whole book of twenty sheets in each package, and whoever did the dressing would continue to apply it to the wound as long as the package lasted. The packages were then reduced to ten sheets to see what the result would be, but no notice was taken of the
change, the dresser apparently being satisfied if he was allowed to finish the package.

Ether, as an anaesthetic, is an extremely costly item in the surgical expenditure of any hospital. In one operating-room, where the drug bill for the year was $2,100.00, the ether alone cost $1,025.00. The same hospital found it much cheaper to begin anaesthesia with nitrous-oxide gas, changing to ether when the patient became unconscious. The drop method of administering ether is said to reduce the amount used very materially, but three months' observation of its use in one place showed that the amount ordered remained the same. One superintendent writes that by the discontinuance of ether in skin preparations (with equally good results), it is estimated that $400.00 yearly will be saved in that hospital. An inexpensive and satisfactory ether-cone can be made of a straw cuff, such as butchers wear, turned in, and covered with a towel pinned on. The towel comes off and the cuff is easily washed. A careful, conscientious, competent nurse can very decidedly influence the use of almost all materials in her department. For instance, in one hospital in the matter of catgut alone one nurse was able to effect a saving of many dollars every month as compared with her predecessor, by her careful management of the ligatures and sutures. This was accomplished by cutting the sutures the required length in their preparation, and not having the tubes opened until the operator was ready to use them, and saving all ends for dispensary use. A considerable saving in the amount of solutions and alcohol used was also effected by this same nurse, the measures used not being stated. In one hospital a good method was introduced by the head nurse of a large surgical ward of having a basket filled with simply enough supplies and dressings, and no more, for the students' need each day. They had been accustomed before this to help themselves freely from the dressing carriage, and when the staff doctor arrived to make rounds she usually found her carriage depleted of almost everything needed. The recent introduction in several of the large hospitals of a central supply-room for surgical materials is conceded by those who have tried it to be a source of considerable economy. Here under the expert supervision of one good compe-
tent assistant, all the materials used are kept. Here the weekly orders from all departments in the hospital for the necessary surgical supplies required for use are filled from orders that have been carefully gone over by the superintendent of nurses and signed. The monthly requisitions for all stock materials, including instruments, rubber gloves, needles, splints, etc., are, after being carefully examined by the superintendent of nurses, prepared on special order sheets, for the final approval of the superintendent of the hospital before ordered. Here also the record books of materials ordered, prices paid, and the amounts used by different departments are kept, so that at a glance each month it is possible to tell exactly how much the different departments in the hospital have spent for surgical supplies. A simple printed stock card is kept and sent to the superintendent of nurses' office daily, so that she can see what is used, how much material is on hand, and how soon it will be necessary to order more. Under this method of supervision it is almost impossible for any department to increase its demands for supplies without its being quickly detected and properly investigated. As the activity of the various wards fluctuates it is possible through a central supply-room to furnish each ward, daily, exactly what it needs, and it is no longer necessary to keep any ward overstocked to meet an occasional increased demand. Dressings, too, are cut to much better advantage in large quantities, and measurements of special pads can be adjusted in cutting from the full bolt of gauze so as to have absolutely no waste. In one hospital it was found that enough gauze for the sponges for ward dressings could be provided by reducing slightly in size the fluffs or handkerchiefs, a process which did not interfere in any way with their original value as a dressing. Thus the sponges were provided, and 500 yards of gauze saved a month. In all cases where it was necessary to trim the gauze, these clippings were saved and used as an absorbent layer for the top of pads in place of absorbent cotton. The use of cotton pads in surgical work is steadily on the increase, and replacing the much more expensive gauze pads, which usually cost about sixteen cents each and have to be much more frequently changed than the cotton ones. These cotton pads
when made in bulk, using a good grade of absorbent cotton that will separate evenly four or five times, as a light absorbent upper covering, are a very economical dressing. It is estimated that large-size pads made this way cost about three cents each, and the smaller perineal pads two and a half cents each. A good grade of cotton waste, at seven or eight cents a pound, such as is used by engineers for cleaning purposes, can be made absorbent by boiling in a soda solution, and makes an excellent foundation for obstetrical delivery pads. In this central supply-room the medicated gauze for the entire hospital can be readily made. Iodoform gauze for drains is an expensive item, the bill in one hospital last year for the powder used in the general surgical operating-room alone amounting to $360.00. This did not include gauze used, or time necessary for its preparation. Very few rolls should be put in the packages; even then odd rolls may be left over from operating-room use. These can be returned to the supply-room, resterilized and used in ward and dispensary dressings. Only small quantities of bismuth gauze should be made up at one time, as it seems that ten days is the longest time it can be kept without rotting. Dressings are conveniently, and economically sterilized in packages. Glass jars will break, wire crates and metal boxes need much cleaning and often rust, but a soft package is a safe, fresh, light method to employ. (Mention is made of a new kind of metal case for sterilized dressings which is described as most economical, well arranged and time saving; but as yet this appears to be used in only a few hospitals.) These dressings, properly prepared, sterilized and ready for use, are arranged in good order in the supply-room, on shelves with divisions clearly marked for each kind of article used. Requisitions for surgical supplies for the next twenty-four hours are sent in to the superintendent of nurses from each ward in the evening, approved by her and distributed in the morning by the nurse in charge of the supply-room. It is well to arrange that in each of the wards a shelf is set aside somewhere, where all opened packages of dressings and empty dressing covers are placed after the daily rounds are over. These can be gathered up systematically twice each day and much gauze is thus returned for legitimate use, which would otherwise be used
up in various unsuitable ways in the wards. The wrappers or dressing covers are best made of two thicknesses of unbleached cotton, and should have the name of the contents stencilled on one corner, which is so folded as to come on the outside and be clearly seen. Cotton is more durable than linen under the adverse conditions of high pressure and steam, and is much cheaper to replace. One hospital reports that it was a year and a half after introducing the cotton wrappers that any were worn enough to exchange. Previous to this the linen covers used only lasted six or eight months at the longest. The matron of this hospital stated that this change meant an annual saving of about $200.00. The proper adjustment of dressing towels in this same institution has for many years been a great problem, although each ward was supplied with a large and ample standard; still, there never seemed enough to meet the demand. The towels were finally taken out of the wards by the superintendent of nurses one year ago, placed in a central supply-room, and ordered daily on the supply slips as surgical dressings. Since this method went into effect there has never been any complaint in the wards of not having a sufficient number for use, and there is always a reserve stock on the shelf for emergencies. The amount of linen used in operating rooms is a serious question. There is apparently no limit to its extravagant use in some places, while in others, equally successful work is done with a very much smaller supply. In one hospital 80 towels is the average number used for an operation, while in another with apparently equally good results 16 is found sufficient for the same purpose. It is well to say here, that while this matter is to a large extent governed by the wishes of the surgeon, the head nurse must not feel that she has no responsibility in the matter, for with proper and judicious management and tact, she can by a word or look restrain her assistant nurses in the too hasty opening of fresh packages of towels before they are needed, and teach economy in the linen that is crushed, but not soiled, by taking these towels for minor dressings and hand use after the operations are over. One large hospital has very recently adopted the plan of having the linen ordered daily by the head nurses directly from the laundry. A requisition is sent in every day, all surplus linen going to a
central supply-room, whence it may be procured in emergencies. This system means placing a value on the clean-linen supply, and at once, it is said, reduced the amount sent to the laundry by one-quarter. This perhaps would not have so much influence on the use of linen in operating-rooms, for there it will probably remain to a large extent a matter under the control of the visiting surgeons in common with other surgical supplies.

It is of course a poor economy which fails to provide enough good suitable material and appliances for whatever work is necessary, but the tendency at this moment is not in that direction. It is rather toward the restriction of the usefulness of the entire institution, by lack of proper control of one of its most costly departments, and constant vigilance in the handling of its smallest detail. Measures which are necessary in the successful conducting of any ordinary business cannot be ignored in the great business of carrying on the work of large charitable institutions.

The President. We are filled with regret that Dr. Brannan could not have heard this splendidly presented and comprehensive paper. We also regret that we shall not have very long to discuss it. We must, however, have a few moments. Is there any question that anyone would like to ask?

Miss Ayers. I have been told that in New York City, they are substituting towels for wet dressings.

Miss Wilson. We have in St. Luke's a liking for dressing towels. In all cases prepared for operation the sterilized towels are used instead of gauze.

Miss Van Kirk. At Mt. Sinai they also do that. We use them.

The President. The question is asked as to the use in New York of what material?

Miss ———. Crash or huckaback?

Miss Wilson. Our dressing towels are unbleached muslin.

Miss Van Kirk. Ours are huckaback.

Miss Cadmus. We substitute crash for gauze.

Miss ———. What about the cost of the dressing towels against the gauze?

The President. Miss Ross, has anyone sent you any information?

Miss Ross. No. There was no information of that kind. We
have the gauze made into small squares which go to the laundry and are washed and used just as the towels would be. We do not prepare patients for operations in the wards.

Miss Noyes. I should like to ask what they mean by putting a soap poultice on with a dressing towel?

The President. Will Miss Van Kirk or Miss Wilson explain applying a soap poultice?

Miss Wilson. One proportion of green soap and two portions of white castile, and the dressing towel is wet with this solution and wrung out and applied to the skin.

The President. That is the idea, and I think a number have adopted that same method of wringing it out in strong soap suds. Has anyone else anything to offer?

Miss Parker. I would like to know how that poultice or wet towel is protected.

Miss Wilson. In our institution we use paraffine paper to protect our dressings.

Miss Maxwell. In the Presbyterian Hospital we use rubber tissue which has been used over and over again. It is disinfected.

Miss Ayers. A newspaper can also be substituted.

The President. We are much interested just at present in methods of putting up material to be sterilized, cotton, etc. We are especially interested, because we tried a method that they had adopted at St. Luke's of putting up enough dressings in one can to be used for the entire day, and I do not know whether at St. Luke's they estimated the cost of the saving which was the result of this method, but we did. At the New York, we tried it in one ward and we found that we saved in one ward 50 yards daily. In one ward they used 88 yards of gauze, using our former method of putting up pads, etc., in bundles and sterilizing them, and in the other ward we used only 30 yards a day, with the can, and we estimated we could cover the cost in about a month, which meant 24 cans at $12 each, by the amount of money we saved in the gauze in that time, which we thought was a remarkable saving. That did not take into account the amount of material used to wrap these packages up in. We will ask if Miss Wilson has one of those cans from St. Luke's to show on Friday?

Miss Ayers. I would like to know if they did not take more than necessary from the can?

The President. The surgeons took just what they needed, and the nurses did not take the balance for dust cloths.
Miss Ayers. Is it a good system?

The President. I really should not speak for this system; it was adopted at St. Luke's. We gave it simply a superficial trial.

Miss Wilson. We found that our surgeons co-operated with us very much in amount of gauze used, and in the operating room.

The President. There is a general movement toward economy in hospital supplies throughout the city.

Miss Maxwell. May I ask if any of the ladies here have had experience in using Harrington’s Solution for the preparation of the field of operation? We have had great destruction of linen in the operating room since its introduction.

Miss Wilson. The surgeons have used it for their hands, but I think they still have their hands.

Miss Ayers. We have the same trouble at Rhode Island with Harrington’s Solution.

Miss Maxwell. Last week it was thought that the saline solution was too strong and I suggested that it might have been Harrington’s Solution.

Miss Kurtz. We use at the German Hospital Harrington’s Solution exclusively; for the past eight months I have not noticed any change in the linen. We use it on the walls and in the operating room.

The President. I think we should like to spend the whole afternoon in this exceedingly interesting discussion, but our time is going so fast that I must ask that Miss Jammé’s paper be read, a paper on Economy in Operating Room Technique.

The Secretary, on behalf of Miss Jammé, reads paper.

ECONOMY IN SURGICAL TECHNIQUE.

BY MISS ANNA JAMMÉ,

St. Mary’s Hospital, Rochester, Minn.

Economy in the use of materials, as also of labor and time in surgical work, is to so great an extent dependent on the technique employed that we cannot consider one without the other. It is an important subject to us as administrators of hospital funds and instructors of nurses, to take into consideration this ever-increasing elaboration of detail in surgical technique, involving greater
expenditure of material and possibility of waste, and by our combined efforts with the knowledge we can derive from our many hospitals, evolve a scheme of work that shall combine principle of good technique with simplicity of method.

We might ask ourselves the following questions:
1. What is the purpose and necessity of surgical technique?
2. What are the minimum requirements for aseptic technique?
3. Are the results as good with a simple method as with an elaborate and complicated system?
4. Is economy in the use of surgical supplies compatible with good technique?

The purpose of every surgical operation is, primarily, to save and prolong life comfortably. Secondly, to secure good results by an effective system of aseptic technique. Do the requirements of this system mean something elaborate and complicated, involving many assistants, large and expensively furnished operating-rooms, a lavish abundance of linen, sterilized supplies, instruments, solutions, and the many, many details which we all know so well, making possible great expenditure in money, time, energy, and waste?

It is difficult to define the exact requirements of good technique. What to one surgeon would be all-sufficient to render the proceeding aseptic, to another would be quite inadequate. The surgeon who requires twenty-four towels in performing a minor operation, would probably scorn the technique of the one who requires but six in an abdominal section. In one operating-room we find the field of operation has been scrubbed, poulCanceled and soaked with solutions for many hours before reaching the operating table; in another the skin is not touched until the anaesthetic is started, consequently the minimum requirements of good technique may mean in one case a system calling for an abundant use of material, and in another a simple method of work with small requirements. The results alone will answer for the system.

Has it been demonstrated that good results are compatible with economical technique? It has. In an important operating-room, when the chief efforts in the matter of technique are directed toward simplifying the methods, and at the same time secure good
results, 3,836 operations were performed last year; of these, 2,157 were intraperitoneal, of which the total death rate was 2.1 per cent. Primary healing was generally obtained.

In this operating-room the chances for infection are reduced by minimum requirements in the number of assistants at an operation, in the handling of instruments and dressings, in the amount of space through which instruments, dressings, basins, etc., are carried. There is no preparation of the skin until the anaesthetic is started on the operating-table, with the exception of shaving, which is done in the ward. The field of operation is thoroughly cleaned with soap and sterile water, using a piece of sterile gauze rinsed well with sterile water, after which follows a light sponging with Harrington's Solution. Four sterile towels are then placed in position surrounding the area of operation. This preparation takes about five minutes, and is done while anaesthesia is progressing, and the surgeon changing his sleeves and gloves. The dressing covering the wound in abdominal cases consists of a strip of gauze, a square of absorbent cotton, and one of common cotton, held in place with strips of adhesive plaster. Over this is adjusted a bandage made of gauze five yards long, folded the lengthwise of the gauze, four thicknesses. This is put on as a double spica of the groin and makes a most effective and comfortable bandage. When removed in the ward it is sent to the laundry and returned to the ward for further use. The number of towels used in each abdominal operation is from six to eight on the patient. The operator and his two assistants each wear one pinned to the apron in front, the surgeons' and nurses' gowns are as a rule not changed, during the morning's work, unless when badly soiled; fresh sterile sleeves and gloves are put on for each operation, also a fresh towel in front of the apron. Take for example the average morning's work, which consists of: 4 appendectomies, 1 abdominal hysterectomy for fibroids, 2 exophthalmic goitre, 1 amputation of breast for carcinoma, 1 gall-bladder cholecystectomy, 1 resection of stomach, and 4 minor operations.

The linen was counted when it reached the laundry. There were 144 towels, 8 aprons, 24 pairs of sleeves, 3 sheets, 41 square sponges. There were used for the morning's work nine
pairs of gloves. The square sponges enumerated are used for sponging and packing in the abdominal cavity, and are made six inches square and of eight thicknesses, stitched securely; a piece of tape eight inches is stitched to the corner. These are sent to the laundry each day, soaked and boiled in a soda solution, then returned to the operating-room for resterilization, and used in the same capacity over and over again, until worn out. The small gauze sponges are also washed, resterilized, and sent to the wards for use there. Gloves are mended after each day's work. The adoption of a central supply-room in the hospital, which issues by daily requisition from the wards all the sterilized and unsterilized supplies, gauze, cotton, gutta-percha tissue, medicated gauze, etc., is a most effective check on extravagance in the use of surgical supplies. In one hospital 50 per cent. was saved after this method was started. Here the young pupil may be taught the principles and practices of economy in making the required dressings, also the cost of materials employed. She may also acquire a knowledge of the necessary amount to be sent, as the unused supplies can be returned each day to the supply-room for resterilization. The washed gauze from the laundry is also sent here and made up into dressings. Economy of technique may also be carried out in the method of surgical dressings. I have seen the paraphernalia of a surgical dressing consist of a tray, having two sterile enamel cups, one containing carbolic acid, 5 per cent.; the other alcohol 95 per cent.; a package of sterile dressings consisting of two towels, two pieces of newspaper, a square of common cotton, and one of absorbent cotton, and two strips of gauze folded six by two inches; the instruments, two pairs of forceps, one pair of scissors, are boiled and put in the cup containing the carbolic acid. One piece of paper is used to receive the soiled dressing to be burned, the other for the bandage to be sent to the laundry. Both are rolled up snugly before leaving the bedside and then put in their respective baskets in the lavatory. All the dressings are handled with sterile forceps, the dresser previously washing his hands thoroughly in running water. Yet the results of this Spartan simplicity are the best and well known in the surgical world. To what extent we should exceed these bare necessities, which combine
economy and good technique, also to what extent the anaesthetic

element should enter into our work, is for us to decide and deter-
mine. The practical details must be worked out in each hospital.

When all is summed up, we still have the personal equation to
deal with,—the demands of the surgeon and his assistants when
the nurse is utterly powerless to act, the tendency to extravagance
so often shown by our nurses and fostered by their surroundings
of costly equipment, unlimited supply of linen, and material for
surgical work. Surely the nurse more often falls into the habit of
extravagant use and abuse of material, not wilfully, but unintelli-
gently, so great is the power of example.

Could we consider simplicity of method with good technique it
would go far to solve this problem of extravagance and help to
institute a régime of economy amongst our physicians and nurses.

I think a great many agreed with Miss Davis last year at the
superintendents’ meeting when she said the nurse should not bear
all the burden for extravagance. It is the established system which
she finds in use when she enters the hospital, and takes it as a
matter of course.

In a paper by Dr. A. J. Ochsner, of Chicago, read before the
American Surgical Association in 1904, he says, “Surgery is more
and more coming to be a very reasonable, logical profession, and
in developing a system of aseptic practice, one can count with much
greater certainty upon the probability that everyone concerned will
carry out the details, if he is expected to do things which would
appeal to a sensible person, than if he is expected to go through
an unreasonable routine performance.”

The President. That is another very interesting paper too, but I
am afraid we have very little time in which to discuss it. We will
take a few minutes, though the discussion will have to be of a very
short duration.

Miss Palmer. This hospital which Miss Jammé refers to is a pri-
vate hospital, carried on by the Mayo Brothers; it is not a public
institution. There is just that difference between the public and pri-
vate institutions. The Mayo Hospital is run by the Sisters and not by
the Mayos. The two doctors do all the operating. It is through them
that the Hospital has a school. It is a Catholic institution, and I do
not know whether it is open to other doctors or not. But the doctors have nothing to do with the financial part of it.

Miss Carr. There is a very interesting report of the Hospital in the last number of the New York Hospital Record.

Miss Ross. The amount of gauze ordered there a month is only 25 bolts, that is, 2500 yards of gauze, and they do an average of 310 operations in the month.

The President. Of course we have to take into consideration the number of assistants. Our large institutions are schools both for medical men and for nurses and these students are being taught there, and therefore they are in the operating rooms. There are three or four present at the operation besides a staff of assistants numbering four and nurses. This large number we allow to go there, because we want them to become familiar with that work.

Miss Maxwell. May I say that in the Massachusetts General Hospital the House Officers, or internes, are still required to mend the gloves and clean the instruments, so that they may learn to understand the use and abuse of valuable surgical appliances. The Medical Board of the Presbyterian Hospital has recently voted that the superintendent of the Hospital and the superintendent of the training school shall be requested to send in any personal request they may have to make regarding the practice work of the House Staff.

Miss Ayers. I think of one point in connection with the Mayo Hospital, that we lose sight of in the General. In those hospitals and institutions which are conducted by the Sisters, everyone has a personal interest in the economy of the Hospital. All the practical work is done by the Sisters, and each one has the institution at heart.

Miss Maxwell. From the day she enters the school a nurse should be inspired to feel her responsibility in these matters. She should have the same feeling of interest and devotion that the Sisters have.

Miss Mewsart. In institutions where the Sisters put all their interests and give up their lives to it, they are taken care of just the same when they are old as when they are young, but when nurses are old, people have no use for them.

The President. We have a suggestion from Miss Walker which we cannot accept as we find that we really have not the time. She suggests that as her paper is simply a tabulated report, it be read in title. It must have required an enormous amount of work, is most valuable and will be printed in the Annual Report.

[Miss Walker's paper follows.]
# PLAN OF LAUNDRY.

<table>
<thead>
<tr>
<th>No.</th>
<th>Situation</th>
<th>Power</th>
<th>Heating of Irons.</th>
<th>No. of Rooms</th>
<th>Division of Rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Separate Building, S. E. side of Hosp. Grounds.</td>
<td>Steam.</td>
<td>Gas.</td>
<td>25</td>
<td>Four Floors—1st, 3 Rooms—Engine, Washing and Store Rooms. 2d, 4 Rooms—Mangle, Distributing, Drying, Airing. 3d, 6 Rooms—Ironing and accessories. 4th, 12 Rooms—11 Sleeping, 1 Toilet and Bath Room.</td>
</tr>
<tr>
<td>3</td>
<td>Separate Building, in Hospital Grounds.</td>
<td>Steam.</td>
<td>Coal Fire.</td>
<td>2</td>
<td>Upper and Lower.</td>
</tr>
<tr>
<td>4</td>
<td>Separate Building, S. E. Cor. 400 ft. from nearest building.</td>
<td>Steam.</td>
<td>Gas.</td>
<td>8 and Hall.</td>
<td>Two Washing Rooms. Two Ironing Rooms. Two Assorting Rooms. Two Drying Rooms.</td>
</tr>
<tr>
<td>5</td>
<td>Separate Building, in Hospital Grounds.</td>
<td>Electricity.</td>
<td>Gas, and Electricity.</td>
<td>2</td>
<td>One for unwashed Linen. One for all Laundry Work.</td>
</tr>
<tr>
<td>6</td>
<td>Separate Building.</td>
<td>Steam.</td>
<td>Electricity.</td>
<td>9</td>
<td>Upper and Lower Floors.</td>
</tr>
<tr>
<td>12</td>
<td>Separate Building, in Hospital Grounds.</td>
<td>Steam.</td>
<td>Coal Stove.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>In Basement.</td>
<td>Steam.</td>
<td>Gas.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>In Basement.</td>
<td>Steam.</td>
<td>Gas.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Separate Building.</td>
<td>Steam.</td>
<td>Gas.</td>
<td>2</td>
<td>1 Downstairs, and 1 Upstairs.</td>
</tr>
</tbody>
</table>
## EQUIPMENT.

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>3</td>
<td>2 of 8 ft. 4 in.</td>
<td>24-8 ft. deep, 7 bars on each.</td>
<td>1 Collar and Cuff, 2 Coat Ironers.</td>
<td>6 Stationery Tubs, 1 Starcher.</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>7</td>
<td>6 Roll Hagen, No. 2.</td>
<td>2 Drying Rooms, 9 Rolls each.</td>
<td>2 Large Body Ironers, 2 Yoke, 1 Cuff, 1 large Cuff and Collar, 1 Puff.</td>
<td>1 Collar Dampener, 1 Collar Shaper, 3 Tyler Machines, 1 Hydraulic Clothes Press, 2 Faucet Sprinklers, 5 Hagen Ironing Boards.</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>1</td>
<td>1 8 ft. long, 30 ft. diam.</td>
<td>9 horses each, 12 in. wide, 6 ft. 6 in. high.</td>
<td>1 Dress, 1 Collar and Cuff.</td>
<td>None.</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>3</td>
<td>1 Largest Made.</td>
<td>2 sets—34 in all.</td>
<td>None.</td>
<td>None.</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>2</td>
<td>Two 1.96 in. 2.72 in.</td>
<td>14 Dryers, 7 bars each.</td>
<td>2 Body, 1 Collar and Cuff, 1 Bosom.</td>
<td>Body and Skirt, Skirt.</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
<td>4</td>
<td>1 106 in.</td>
<td>1</td>
<td>None.</td>
<td>Tumbler, Soap-Maker, Motor blower, Starcher Press.</td>
</tr>
<tr>
<td>7</td>
<td>5</td>
<td>2</td>
<td>1 100 in.</td>
<td>2—18 ft. and 10 ft.</td>
<td>Body and Skirt, Skirt.</td>
<td>Tumbler, Shaper.</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>3</td>
<td>1 5 Rollers, 102 in.</td>
<td>7 Sections.</td>
<td>Body, Collar and Cuff, Bosom.</td>
<td>Body, Collar, Steam Cooker.</td>
</tr>
<tr>
<td>10</td>
<td>3</td>
<td>2</td>
<td>1 100 in.</td>
<td>1</td>
<td>Collar and Cuff.</td>
<td>Body.</td>
</tr>
<tr>
<td>11</td>
<td>3</td>
<td>1</td>
<td>1 100 in.</td>
<td>18 ft. x 6 ft. 6 in.</td>
<td>Body.</td>
<td>Starcher, Tank for Making Soap, etc.</td>
</tr>
<tr>
<td>12</td>
<td>5</td>
<td>—</td>
<td>2 (small)</td>
<td>12 ft. x 10 ft.</td>
<td>Skirt.</td>
<td>Starcher, Steam Cooker.</td>
</tr>
<tr>
<td>13</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>8 x 11 x 8 ft.</td>
<td>Skirt.</td>
<td>Starch Cooker, Starch Dip or Wheel.</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
<td>1</td>
<td>Cylinder 8 x 2½.</td>
<td>8 x 11 x 8 ft.</td>
<td>Body.</td>
<td>Starch Cooker, Starch Dip or Wheel.</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>16 Bars of 7 bars each, 8 ft. long.</td>
<td>None.</td>
<td>None.</td>
</tr>
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<td>--------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>26</td>
<td>31</td>
<td>Matron for Supt. of Hospital.</td>
<td>Supt. of Hospital.</td>
<td>1 at $30. 1 at $20. 29 at $12.</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>30</td>
<td>36</td>
<td>Supt. of Hospital.</td>
<td>Supt. of Hospital.</td>
<td>Men, $20 to $40. Women, $14 to $40.</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>14</td>
<td>16</td>
<td>Housekeeper for Chief Nurse.</td>
<td>Housekeeper acting for Chief Nurse.</td>
<td>1 at $36. 1 at $20. 1 at $18. 2 at $16. 1 at $15. 1 at $14. 5 at $12.</td>
</tr>
<tr>
<td>5</td>
<td>1 full time. 1 half time.</td>
<td>16</td>
<td>17½</td>
<td>Matron and Supt. of Nurses.</td>
<td>Men by Supt. of Hospital acting for Matron.</td>
<td>1 at $35. 1 at $25. 1 at $20. 1 at $18. 2 at $17. 11 at $16. Half of man's time at $20.</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>11 Women 1 girl. 3 days.</td>
<td>12½</td>
<td>Matron of Hospital.</td>
<td>Matron of Hospital.</td>
<td>$12 to $18.</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>11</td>
<td>13</td>
<td>Head Laundress.</td>
<td>Head Laundress.</td>
<td>1 at $40. 2 at $18 or $20. 1 at $15. 1 at $25. 4 at $16. 11 at $14.</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>17</td>
<td>20</td>
<td>Head Laundress.</td>
<td>Matron of Hospital.</td>
<td>1 at $20. 2 at $16. 2 at $18. 14 at $14.</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>17</td>
<td>19</td>
<td>Man in charge.</td>
<td>Housekeeper.</td>
<td>Men average $45 per month. Women $1 per day.</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td>Matron of Hospital.</td>
<td>Matron of Hospital.</td>
<td>One at $22. Others $14 for first year. $16 after first year.</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>15</td>
<td>16</td>
<td>Housekeeper.</td>
<td>Housekeeper.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>0</td>
<td>—</td>
<td>—</td>
<td>Matron.</td>
<td>Matron.</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td>Head Laundress.</td>
<td>Head Laundress.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>5</td>
<td>6</td>
<td>Head Laundress.</td>
<td>Head Laundress.</td>
<td></td>
</tr>
</tbody>
</table>
### Average Number of Inmates, and Weekly Average of Pieces

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>800 + 0 = 800</td>
<td>24 + 150 + 240 + 12 = 426</td>
<td>1226</td>
<td>3-4</td>
<td>35,000 + 5,000 = 40,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>429 + 0 = 429</td>
<td>30 + 100 + 229 + 12 = 371</td>
<td>800</td>
<td>15-20</td>
<td>100,000 + 25,000 = 125,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>279 + 24 = 303</td>
<td>9 + 78 + 92 + 2 = 181</td>
<td>484</td>
<td>2-3</td>
<td>15,000 + 12,000 = 27,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>250 + 70 = 320</td>
<td>40 + 150 + 60 + 10 = 260</td>
<td>580</td>
<td>10</td>
<td>28,000 + 5,848 = 33,848</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>252 + 8 = 260</td>
<td>12 + 70 + 108 + 8 = 198</td>
<td>458</td>
<td>10</td>
<td>12,184 + 3,391 = 15,575</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>193 + 0 = 193</td>
<td>7 + 75 + 68 + 10 = 160</td>
<td>353</td>
<td>10</td>
<td>13,000 + 3,653 = 16,653</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>174 + 29 = 203</td>
<td>15 + 78 + 192 + 10 = 295</td>
<td>498</td>
<td>10</td>
<td>24,000 + 2,000 = 26,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>171 + 27 = 198</td>
<td>16 + 80 + 145 + 3 = 244</td>
<td>442</td>
<td>5</td>
<td>21,777 + 3,703 = 25,480</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>155 + 21 = 176</td>
<td>14 + 94 + 69 + 5 = 182</td>
<td>358</td>
<td>7</td>
<td>45,000 + 1,500 = 46,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>155 + 40 = 175</td>
<td>17 + 100 + 80 + 2 = 199</td>
<td>374</td>
<td>44</td>
<td>21,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>132 + 38 = 170</td>
<td>8 + 70 + 60 + 4 = 142</td>
<td>312</td>
<td>5</td>
<td>1,000 + 3,340 = 4,340</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>129 + 38 = 167</td>
<td>6 + 65 + 91 + 3 = 195</td>
<td>332</td>
<td>1</td>
<td>4,000 + 700 = 4,700</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>110 + 0 = 110</td>
<td>6 + 30 + 33 + 3 = 72</td>
<td>182</td>
<td>3</td>
<td>11,486</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>73 + 51 = 124</td>
<td>8 + 46 + 58 + 1 = 113</td>
<td>227</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>55 + 45 = 100</td>
<td>4 + 55 + 33 + 8 = 100</td>
<td>200</td>
<td>3</td>
<td>4,500 + 1,500 = 6,000</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Equipment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Brown, 3½ cts. per lb. $960 per yr. 12,000 lbs. Chips, 5 cts. per lb. $540 per yr. 36 bbls.</td>
<td>Satin gloss, at 4 cts. per lb. $172.80 per year for 4320 lbs.</td>
<td>Fischer's Ball, 7 cts. per lb. $16.80 per year for 240 lbs.</td>
<td>$55 for two aprons yearly.</td>
<td>$10. monthly.</td>
<td>$15,000.00</td>
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<td>2</td>
<td>4 X Tallow Chips, 5½ cts. 2 bbls. per week. Green Olive Oil, 4½ cts. 1 bbl. per month.</td>
<td>Wheat at 7 cts. 1 bbl. per week. Corn at 3½ cts. 1 bbl. per week.</td>
<td>Ocean Blue, $3.50 per lb. 1 lb. used every two months.</td>
<td>$66 for two aprons yearly. Felting. $50-$90. Two to four yearly.</td>
<td>$28. monthly.</td>
<td>15,000.00 800.00 8,424.00</td>
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<tr>
<td>3</td>
<td>Chipped Borax, 5 cts. $704.25 per yr.</td>
<td>Tiger Brand, 3½ cts. $82.45 per year.</td>
<td>Schumacher's.</td>
<td>Not used.</td>
<td>12,000.00 954.21 1,884.00</td>
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<tr>
<td>4</td>
<td>102 lbs. Soap chips make 6 bbls. soft soap. 81 lbs. grease, 36 cans lye make 96 lbs. soft soap, amt. used per week.</td>
<td>2 Boxes weekly.</td>
<td>2½ lbs. blue, weekly.</td>
<td>$50 yearly.</td>
<td>$20. monthly.</td>
<td>10,000.00 650.00 7,000.00</td>
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<tr>
<td>5</td>
<td>Borax Chips, 46 bbls. $510.</td>
<td>Corn Starch, 3,000 lbs. $92.00</td>
<td>Revolution.</td>
<td>$10.2. monthly.</td>
<td>5,000.00 1,139.00 4,128.00</td>
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<tr>
<td>6</td>
<td>Make their own soap.</td>
<td>Wheat, Corn Starch. 35 lbs. at 4½ cents, weekly.</td>
<td>$35.</td>
<td>$35. monthly.</td>
<td>858.57 2,500.00</td>
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<tr>
<td>7</td>
<td>Chipped, at 5½ cents. 140 lbs. weekly.</td>
<td>Wheat, 4½ cts. 24 cts. 30 lbs. weekly.</td>
<td>$16 each, $32 for blankets.</td>
<td>$22. monthly.</td>
<td>4,128.00</td>
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<tr>
<td>9</td>
<td>Chips, at 4½ cents. 40 lbs. daily.</td>
<td>Victor starch, 1 lb. monthly.</td>
<td>Ultra Marine, 12 cts. 7 lbs. per month.</td>
<td>$17. No meter.</td>
<td>5,000.00 911.48 6,725.47</td>
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<tr>
<td>10</td>
<td>Made at Hosp, 50 cts. bbl.</td>
<td>Blue, 4½ lb. a month.</td>
<td>No meter.</td>
<td>940.00 1,750.00 2,940.00</td>
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<tr>
<td>11</td>
<td>Chips, at 4 cts. per lb.</td>
<td>Lump blue.</td>
<td>No meter.</td>
<td>940.00 1,750.00 2,940.00</td>
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</tr>
<tr>
<td>12</td>
<td>Soap for gen'l use made in laundry. Oleine 16 bars a week, 5 cts. per bar.</td>
<td>Eikenerberger's lump and electric.</td>
<td>Dry, Anti-Sauer.</td>
<td>$43.50. monthly.</td>
<td>754.85 1,108.00</td>
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</tr>
<tr>
<td>13</td>
<td>Borax Chips, 5½ cts. lb.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14</td>
<td>Chips, at 4½ cts. per lb.</td>
<td>Wheat, Corn Starch. Troy Laundry Co.</td>
<td>Aniline blue, $4 lb.</td>
<td>$30. No meter.</td>
<td>1,800.00</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>15</td>
<td>Hard Curd, made into soft soap in Laundry.</td>
<td></td>
<td>Aniline blue, Kohlstanner &amp; Co. $1.05.</td>
<td>$14.</td>
<td>2,000.00 600.00 2,250.00</td>
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</table>
## AVERAGE NUMBER OF INMATES, AND WEEKLY AVERAGE OF PIECES

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>800 + 0 = 800</td>
<td>24 + 150 + 240 + 12 = 426</td>
<td></td>
<td></td>
<td></td>
<td>1226</td>
<td>3-4</td>
<td>35,000 + 5,000 = 40,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>429 + 0 = 429</td>
<td>30 + 100 + 229 + 12 = 371</td>
<td></td>
<td></td>
<td></td>
<td>800</td>
<td>15-20</td>
<td>100,000 + 25,000 = 125,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>279 + 24 = 303</td>
<td>9 + 78 + 92 + 2 = 181</td>
<td></td>
<td></td>
<td></td>
<td>484</td>
<td>2-3</td>
<td>15,000 + 12,000 = 27,000</td>
<td></td>
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<tr>
<td>4</td>
<td>250 + 70 = 320</td>
<td>40 + 150 + 60 + 10 = 260</td>
<td></td>
<td></td>
<td></td>
<td>580</td>
<td>10</td>
<td>23,000 + 5,848 = 33,848</td>
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<tr>
<td>5</td>
<td>252 + 8 = 260</td>
<td>12 + 70 + 108 + 8 = 198</td>
<td></td>
<td></td>
<td></td>
<td>458</td>
<td>10</td>
<td>12,184 + 3,391 = 15,575</td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>193 + 0 = 193</td>
<td>7 + 75 + 68 + 10 = 160</td>
<td></td>
<td></td>
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<td>353</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>174 + 29 = 203</td>
<td>15 + 78 + 192 + 10 = 295</td>
<td></td>
<td></td>
<td></td>
<td>498</td>
<td>10</td>
<td>13,000 + 3,653 = 16,653</td>
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<tr>
<td>8</td>
<td>171 + 27 = 198</td>
<td>16 + 80 + 145 + 3 = 244</td>
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<td>442</td>
<td>?</td>
<td>24,000 + 2,000 = 26,000</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>155 + 21 = 176</td>
<td>14 + 94 + 69 + 5 = 182</td>
<td></td>
<td></td>
<td></td>
<td>358</td>
<td>5</td>
<td>21,777 + 3,703 = 25,480</td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>135 + 40 = 175</td>
<td>17 + 100 + 80 + 2 = 199</td>
<td></td>
<td></td>
<td></td>
<td>374</td>
<td>7</td>
<td>45,000 + 1,500 = 46,500</td>
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</tr>
<tr>
<td>11</td>
<td>132 + 38 = 170</td>
<td>8 + 70 + 60 + 4 = 142</td>
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<td></td>
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<td>312</td>
<td>4</td>
<td></td>
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<tr>
<td>12</td>
<td>129 + 38 = 167</td>
<td>6 + 65 + 91 + 3 = 165</td>
<td></td>
<td></td>
<td></td>
<td>332</td>
<td>5</td>
<td>1,000 + 3,340 = 4,340</td>
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<tr>
<td>13</td>
<td>110 + - = 110</td>
<td>6 + 30 + 33 + 3 = 72</td>
<td></td>
<td></td>
<td></td>
<td>182</td>
<td>1</td>
<td>4,000 + 700 = 4,700</td>
<td></td>
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<tr>
<td>14</td>
<td>73 + 51 = 124</td>
<td>8 + 46 + 58 + 1 = 113</td>
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<td></td>
<td></td>
<td>237</td>
<td>3</td>
<td></td>
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<tr>
<td>15</td>
<td>55 + 45 = 100</td>
<td>4 + 55 + 33 + 8 = 100</td>
<td></td>
<td></td>
<td></td>
<td>200</td>
<td>3</td>
<td>4,500 + 1,500 = 6,000</td>
<td></td>
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</tr>
<tr>
<td>No.</td>
<td>From Wards.</td>
<td>From Nursing Staff.</td>
<td>From Employees.</td>
<td>From Officials, Etc.</td>
<td>From Housekeeper.</td>
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<tr>
<td>1</td>
<td>8 a.m. and 1 p.m. daily. 8 a.m. Sun. Gathered in bags from chutes, taken in carts to Laundry.</td>
<td>Once weekly, counted and checked by Matron at Nurses' Home.</td>
<td>Once weekly, counted and checked by Head-Laundress at Laundry.</td>
<td>Once weekly, counted and checked by Head-Laundress at Laundry.</td>
<td>Daily, Bed and Table Linen.</td>
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<tr>
<td>3</td>
<td>Chutes emptied by Orderlies, and clothes sorted by laundry women Mondays and Thurs., carried to Laun by Laun man.</td>
<td>Carried to Laund by Orderly Mon. 6 a.m. Collected Sat. 3 p.m., Mon. 6 a.m., counted by maid and nurses.</td>
<td>Carried to Laundry by Kitchenman, counted by Housekeeper's Ass't, receive men's, Mon. 6 a.m. women's, Thurs. 8 a.m.</td>
<td>Collected by maid, carried to Laundry by Laundryman, 6 a.m.</td>
<td>Monday mornings.</td>
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<tr>
<td>5</td>
<td>Orderlies take to Laundry every morning, and often otherwise as necessary. Counted in Wards.</td>
<td>Porter takes to Laund. on Sat. a.m., rec'd by officers of Laund. Sat. eve., from nurses' individually.</td>
<td>Porter carries bag to Laund. on Mon. mornings. Checked by Laundresses.</td>
<td>Porter carries to Laundry, counted by Chambermaid.</td>
<td>Monday morning.</td>
<td></td>
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<tr>
<td>13</td>
<td>Ev. day, counted in Wards by nurses.</td>
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<tr>
<td>14</td>
<td>Ev. morning, 9 a.m.</td>
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<tr>
<td>15</td>
<td>Two or three times daily.</td>
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</table>
DIVISION OF LABOR.

1  5 Men charge of Machinery.  1 Head Laundress; 1 Assistant.  23 Ironers (hand and machine work).  1 Hand-washer.
2  Washers, Manglers, Body Ironers, Hand Ironers.
3  Laundrymen wash, wring, and carry baskets upstairs.  Forewoman sorts and packs clean clothes, and sometimes assists with fine ironing.  1 Shirt Ironer.  2 Fine Ironers.  5 Plain Ironers.  1 Mangler.  2 Sorters.  2 Folders and Shakers.
4  2 Men to collect and distribute. 2 Women and 1 Man, Machine washers.  3 Women, Hand washers.  3 Women at Dryers.  13 Ironers, (14 girls, mangling, folding, assorting).
5  Men wash and distribute. 1 Woman irons Shirts and Collars.  2 Women, Doctors' and Orderlies' suits, etc.  1 Officer's Laundress (fine ironing).  2 Manglers.  Others do hand washing and ironing, etc.  1 Shaker.  Head-Laundress checks off Nurses' clothes, etc.  Assistant Head-Laundress folds towels, table napkins, etc., and packs baskets for Wards, etc.
6  Man does all machine washing.
7  Men wash Patients' clothes.  Women wash Staff clothes.  3 Manglers.  5 Ironers.  1 Sorter.
9  Man in charge.  Porter.  9 Ironers.  4 Manglers.  2 Folders.  2 Sorters.
11  Man does washing.
12  1½ Washer (machine).  1 for Stained clothes.  2 Manglers.  2 for Medical Staff and Officers.  8 Ironers.
14  1 Washer.  3 Manglers.  4 Ironers.
15  1 Woman, assisted by 1 man does the washing.  1 Woman works the body clothes Ironer.  Other work divided among other women.
ARRANGEMENT OF WORK.

1. Private Laundry. On Monday and Tuesday the greater part of private laundry is washed, and this is ironed and distributed at intervals during the week. Hospital Laundry is washed, ironed, and distributed daily, except Sundays, all work for the week being finished by Saturday at 4 p.m.

2. Private Laundry. Monday, washing; Tuesday, ironing; Wednesday, colored clothes washed; Thursday, starched coats and skirts ironed; Friday, colored clothes ironed, white dresses and coats washed; Saturday, white dresses and coats ironed—all extras attended to.

3. Ward Laundry. Washed and mangled every day (except Sunday).

4. Private Laundry. Monday, washed and ironed; Tuesday, ironing; Wednesday, ironing; Thursday, maids' laundry.


6. Private Laundry. Monday, washing; Tuesday, ironing; Wednesday, flannels and dark clothes washed, collect help's clothes; Thursday, press flannels and dark clothes, wash help's clothes.

7. Ward. Wash and mangle every week day; blankets and flannels on Fridays; Saturday, clean laundry and close as early as possible.

8. Private Laundry. Monday, wash and starch all body linen, wash bed and table linen; Tuesday, bed and table linen; Wednesday, table linen; Thursday, Medical Staff's uniforms (2d wash); Friday, table linen.


11. Ward Laundry. Washed and mangled every day. On Sundays, sort clothes, half the force work 2½ hours.

12. Private Laundry. Monday, washed, aprons ironed; Tuesday, body and table linen ironed; Wednesday, uniforms, shirts and collars ironed; Thursday, remainder of aprons ironed; Friday, colored work ironed; Saturday, Orderlies' coats ironed.

13. Ward. Washed and mangled every week day. Laundry cleaned on Saturday afternoon.

14. Private Laundry. Monday, Nurses; Tuesday, Officials; Wednesday, Staff. On Sundays, soiled linen is collected.

15. Ward Laundry. Washed every week day, and first thing each morning for Op. Rooms, Emergency Dept., and Dispensary. Private patients table linen every day.

16. Private Laundry. Monday, starched; Tuesday, Maids'; Wednesday, Nurses' bed linen. Ward Laundry, every week day.

17. Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday. General washing.

18. Private Laundry. Monday, Nurses; Wednesday, Staff and Officials; Friday, Help. Ward Laundry, every week day.

19. Private Laundry. Monday, wash; Tuesday, iron aprons, Doctors' clothes, Nurses' underwear; Wednesday, iron Nurses' and Employees' body clothes; Thursday, iron Nurses' dresses.

20. Ward Laundry. General wash, every week day. Thursday, blankets and colored clothes; Friday, iron Ward body clothes by hand.

21. Private Laundry. Monday, Official Staff; Wednesday, Nurses and Help; Friday, table linen; Saturday, home bedding.

22. Ward Laundry. Tuesday, Thursday, Friday, Saturday, Monday.

23. Private Laundry. Monday, House Staff and Nurses; Wednesday, Employees. Ward Laundry, every day.

24. Monday, wash, starch, dry and fold—No ironing; Tuesday, all iron; Wednesday, washing and ironing; Thursday, all iron; Friday, washing and ironing; Saturday, all iron. Clean Laundry, close at 3 or 4 p.m.
# METHOD AND TIME OF DISTRIBUTING CLEAN LINEN FROM LAUNDRY.

<table>
<thead>
<tr>
<th>No.</th>
<th>To Wards.</th>
<th>To Nursing Staff.</th>
<th>To Employees.</th>
<th>To Officials.</th>
<th>To Housekeeper.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sent daily to Linen Room, and distributed to Wards in bundles.</td>
<td>Sent daily to Linen Room, in baskets, assorted, distributed as called for by Nurses at specified times (once weekly).</td>
<td>Sent weekly to Linen R'm in baskets, and called for by employees.</td>
<td>Sent weekly to rooms, in baskets.</td>
<td>Bed linen sent to Linen Room weekly. Table linen sent to Linen R'm daily.</td>
</tr>
<tr>
<td>3</td>
<td>Towelsev. day, sheets, etc. 3 days week by Orderlies in afternoon.</td>
<td>Placed in pigeon-holes, and fetched by Nurses.</td>
<td>Assorted by Housekeeper's Asst. in clothes room, and called for.</td>
<td>Laundryman carries to rooms, sorted and distributed by maid.</td>
<td>Sent to floors by Laundryman.</td>
</tr>
<tr>
<td>5</td>
<td>Packed in baskets, taken to Wards ev. afternoon 1-2 p.m. by Laundrymen.</td>
<td>Packed in bags and sent to Homes, distrib'd to rooms by maids, dresses hung on racks and sent separately.</td>
<td>Packed in bags and sent to Linen Room. Women employees' not ironed.</td>
<td>Packed in baskets and sent to Linen Room for repair. From there sent to rooms.</td>
<td>Packed in baskets, and returned three times weekly.</td>
</tr>
<tr>
<td>8</td>
<td>By Laundryman, daily.</td>
<td>By two women to rooms, Saturday.</td>
<td>By two women to maids' rooms, Saturday.</td>
<td>By two women to rooms, Fridays.</td>
<td>By two women, Saturday.</td>
</tr>
<tr>
<td>11</td>
<td>Ev. afternoon from Laund.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Sheets on Wed., P. Cases, Towels, etc., Thurs. All but colored clothes, Fri. All that is left, Satur.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Every day.</td>
<td>Two weekly.</td>
<td>Two weekly.</td>
<td>Two weekly.</td>
<td>Two weekly.</td>
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### METHODS.

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<tbody>
<tr>
<td>1</td>
<td>All done in Wards.</td>
<td>Bleaching fluid.</td>
<td>No.</td>
</tr>
<tr>
<td>2</td>
<td>Metallic Steriliser.</td>
<td>Chloride of lime, mono-hydrate crystals, Wyandotte soda, Oxalic acid, lemon, etc.</td>
<td>No.</td>
</tr>
<tr>
<td>3</td>
<td>Boiled in Laundry, stains removed in Wards. Carbolic acid, salt and soap used.</td>
<td>Very occasionally Table Linen is soaked in weak solution of Labarraquer. Personally supervised by Housekeeper.</td>
<td>No.</td>
</tr>
<tr>
<td>4</td>
<td>Not done in Laundry.</td>
<td>No special method.</td>
<td>Yes. The usual methods employed in Ward washing.</td>
</tr>
<tr>
<td>5</td>
<td>Done in Wards. Boiled in Laun. in special wash. mach.</td>
<td>Very little done. K. Permanganate and Oxalic acid.</td>
<td>Yes. Soaked in cold water tank to remove stains, and undergoes same process as No. 10.</td>
</tr>
<tr>
<td>6</td>
<td>Done in Wards.</td>
<td>Done by Nurses.</td>
<td>Yes. Soaked in cold water over night, then washed like white goods, with two differences. BOil 1 hr., bleach always used. Before being sent to Wards is sterilised 2 hrs. in mattress steriliser.</td>
</tr>
<tr>
<td>7</td>
<td>Carbolic acid, Formaldehyde.</td>
<td>Bleach.</td>
<td>No.</td>
</tr>
<tr>
<td>8</td>
<td>None</td>
<td>None specially.</td>
<td>No.</td>
</tr>
<tr>
<td>9</td>
<td>Done in Wards.</td>
<td>Bleach made of chloride of lime, Wyandotte wash soda.</td>
<td>No.</td>
</tr>
<tr>
<td>11</td>
<td>Steam and fluid.</td>
<td>A bleach.</td>
<td>No.</td>
</tr>
<tr>
<td>12</td>
<td>Carbolic solution, Formaline solution.</td>
<td>No chemicals used. Soak in cold water.</td>
<td>No.</td>
</tr>
<tr>
<td>13</td>
<td>Carbolic, 5 per cent. before going to Laundry.</td>
<td>Our own bleach.</td>
<td>Yes. Wash in bag and mangle.</td>
</tr>
<tr>
<td>14</td>
<td>Chloride of lime.</td>
<td>Oxalic acid.</td>
<td>No.</td>
</tr>
<tr>
<td>15</td>
<td>Boiling under pressure.</td>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>10</td>
<td>Formaldehyde, sterilization.</td>
<td></td>
<td>Yes. All gauze and bandages from all dressings collected in paper bags and taken to Laundry. Transferred to netted cord bags, which are only half filled. These are put to soak over night in cold water, which is changed several times. The following day they are placed in an iron washer capable of resisting steam pressure up to ten pounds. They are then washed in cold water until it runs perfectly clear. The gauze (still in these bags) is then washed with warm water, soap and sal soda and rinsed in hot water. After the rinsing, enough hot water is turned into the washer to cover the bags of gauze. Steam is then turned on to a pressure of ten pounds—the thermometer showing a temperature of 255 degrees. This temperature is maintained for ½ hour. During all this process the washer is moving with a to and fro motion, which continually agitates the gauze and presents all parts of it to the action of the water and steam. The bags containing the gauze are then put in the extractor, and are then returned to the Hospital, where they are overhauled under the direction of the Supervisor of Nurses. The gauze is untangled, straightened, cut, placed in packages, and sterilised. The final sterilisation is done at a temperature of 250 degrees F., with a pressure of 15 pounds.</td>
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# PROPORTION OF LAUNDRY DONE FOR OFFICIALS.

<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Personal Linen, bed,</td>
<td>Bed and Table Linen.</td>
<td>Bed and Table Linen.</td>
<td>Bed and Table Linen, Uniforms, Personal Linen. Ward helpers use Laundry two afternoons weekly.</td>
<td>None.</td>
</tr>
<tr>
<td>7</td>
<td>21 pieces weekly.</td>
<td>21 pieces weekly.</td>
<td>15 pieces weekly.</td>
<td>15 pieces weekly, not allowed use of Laun. Uniform and underwear (limited). Allowed use of Laundry on afternoon off.</td>
<td>1,500.</td>
</tr>
<tr>
<td>9</td>
<td>All.</td>
<td>All.</td>
<td>Uniforms only.</td>
<td>None—live outside. Usage of Laundry at stated times.</td>
<td>None.</td>
</tr>
<tr>
<td>11</td>
<td>All.</td>
<td>All.</td>
<td>All.</td>
<td>All washing, no ironing, allowed use Laun.</td>
<td>None.</td>
</tr>
<tr>
<td>12</td>
<td>All.</td>
<td>All.</td>
<td>All.</td>
<td>All—allowed use of Laundry occasionally.</td>
<td>None.</td>
</tr>
<tr>
<td>13</td>
<td>21 pieces weekly.</td>
<td>Unlimited.</td>
<td>21 pieces weekly.</td>
<td>21 pieces weekly, allowed use of Laundry.</td>
<td>None.</td>
</tr>
<tr>
<td>14</td>
<td>All.</td>
<td>All.</td>
<td>All.</td>
<td>All—not allowed use of Laundry.</td>
<td>None.</td>
</tr>
<tr>
<td>15</td>
<td>Uniforms, underwear.</td>
<td>All.</td>
<td>All.</td>
<td>All washed, not ironed—Ironing room provided. Not allowed use of Laundry.</td>
<td>None.</td>
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</table>
| 2   | "We now provide a mender whose work consists in mending the Ward linen brought by the Head Nurse of each Ward to the Sewing Room."
|     | "Supplies are issued by Head Laundress."
| 4   | "Retaining one special woman for wringer, which is usually the most destructive piece of machinery, if not properly managed."
|     | "The sorting out, and mending of the linen before it goes to Wards."
|     | "The making of the soap."
| 7   | Good Head Laundress.                                                                                                           |
| 8   | Careful inspection each day by Matron.                                                                                         |
| 15  | "Our Laundry is satisfactory both as to quantity and quality of work; thanks to an excellent Head Laundress, who is able to keep the same helpers year after year." |
| 10  | Method of re-washing gauze.                                                                                                    |

<table>
<thead>
<tr>
<th>No.</th>
<th>Suggestions for Economy in this Department.</th>
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<tbody>
<tr>
<td>4</td>
<td>&quot;My best suggestion for Economy for Hospital work in Laundries is to have in charge an experienced, competent woman, who can give the undivided attention to the details of the work, and thus have constant, careful supervision of the women.&quot;</td>
</tr>
<tr>
<td>6</td>
<td>Eternal Vigilance.</td>
</tr>
<tr>
<td>7</td>
<td>Making soap used.—Ample supply of linen.</td>
</tr>
<tr>
<td>8</td>
<td>Making own soap.</td>
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<tr>
<td>13</td>
<td>Eternal Vigilance.</td>
</tr>
<tr>
<td>10</td>
<td>Require written requisitions for Ward linen supplies instead of sending total amount of washed linen to the Ward Closets.</td>
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The President. Will Miss Noyes please read her paper on The Management of the Laundry in the Smaller Hospital?

THE SMALL HOSPITAL LAUNDRY.

BY MISS CLARA NOYES,
St. Luke's Hospital, New Bedford, Massachusetts.

The method of washing soiled linen in the hospital has undergone many changes since the days when the Sisters in the Hotel Dieu, Paris, went down to the river Seine in the mornings and breaking the ice washed in ice-cold water the linen for the patients, until at the present time we find even the smaller hospitals of from thirty beds upwards, as a rule, equipped with all the modern inventions for the rapid and thorough washing of the linen by electric or steam-fitted machinery. There are, of course, small hospitals where the old-fashioned method of hand-washing is still in operation, claiming that it is more economical. This may be true, but the fifty-bed active hospital could hardly afford to economize in this way at the present time. After the first cost for equipment, expenses may be reduced in other directions, less help is needed, two good women can easily do the work which formerly required five, the work is more quickly done and the linen is usually much whiter and cleaner, the mangle giving a finish which cannot be obtained by hand, and altogether a greater amount of satisfaction is derived from turning out better work in a shorter space of time. On the other hand, the wear and tear on machine-washed linen is much greater than that done by hand, while the repairs to machinery and the cost of power and steam are all items of considerable expense.

To obtain an insight into methods, schedules were sent to hospitals of from thirty beds to one hundred or more, asking for information upon such points as equipment, number of employees, wages, hours for work, methods of washing, ironing, etc., allowances of linen for wards, nurses and help, and rules for controlling extravagance in the use of linen.

A great deal of useful information was obtained in this way.
The essential features, such as machinery, processes of washing, starch, and soap-making are practically the same. We find some using bleach while some do not; in others all the ironing is done by hand, while in many a large proportion is done by a body ironer. The allowances of linen for nurses and help, both personal and for bed and table use is approximately the same in all schedules returned. The main point of difference seems to lie in the number of "help" employed and wages given. Whether these laundries all turn out work of a high grade is impossible to determine by means of schedules. The object of a laundry whether in a large or small hospital is the same,—to wash the linen thoroughly and return in the shortest space of time at the least possible expense.

EQUIPMENT.

The small hospital about to install laundry machinery should study carefully the different makes and various kinds with a view to providing for its special requirements. The laundry may be fitted with extravagant pieces of machinery and yet not give any better results as far as good work is concerned than if it had been fitted more economically.

To get good work you need good machinery of the correct size and of the kinds that are going to prove useful and practical. Expensive features are frequently introduced into hospital laundries which are never used, because they are not needed. It is well to look ahead when planning a laundry and prepare for a much larger daily average household than the present number would seem to warrant, as in all probability the hospital will grow and the laundry facilities prove totally unequal in a few years to the increased demand upon it.

An electric motor or horizontal engine may be used as motive power, whichever is best suited for the laundry in question.

The following list of machinery will be found sufficient for a hospital of from 75 to 100 beds:

Six set tubs, steam fitted; two washers, one of wood and one of brass for hard boiling, size 100 shirt; one mangle, steam heated,
64 or 66 inches; one 20-inch extractor; one wooden "tumbler" or "shaker"; one 30-inch body ironer; three ironing tables, individual stoves heated by gas and air or electric irons may be used; one 40-gallon galvanized soap tank fitted with boil pipe; one truck tub; two strong horses on which to hang goods ready for mangle; one strong receiving-table; one steam-heated dry room with galvanized or wooden bars, properly ventilated and accessible for cleaning purposes; one steam-jacketed starch kettle.

Sorting-room must be fitted with suitable compartment-racks and hangers for nurses' and doctors' clothes. In addition to this outfit, starch- and soap-dippers, net laundry-bags, agate pails, clothes baskets, weights and measures, and a clock are absolutely essential.

It is possible to get along with only one washer, but if it can be afforded the additional one will be found very convenient in case of "breakdowns." The wooden washer is less expensive than a brass one, but does not wear so long, the brass washer being the best for hard boiling.

It is not the purpose of this paper to go into the merits of any particular makes of machinery or into the actual costs of equipping such a laundry as a rough estimate; from $1,500 to $2,000 should cover the expense for outfit. It should not be necessary with the above outfit to operate the plant for more than three days each week,—Monday, Thursday, and Saturday, using the intervening days for ironing. Three women should be able to handle the work, the fireman looking after the steam and power, cleaning and keeping the machinery in good order. In one hospital of seventy beds in constant use, with three officers, three doctors, and twenty-three nurses, with which the writer is familiar, two women, with the assistance of a third for two and one-half days weekly, do all the work, even to collecting and delivering all the linen, with plenty of time to spare, having from Saturday noon until Monday morning off duty, regularly, and such time as may be gained when finishing early. In this laundry there is no body-ironer, therefore all ironing is done by hand. Having a small washer necessitates running the machinery all of two days with some part of each of the remaining days, but with the equipment
Previously mentioned it should not be necessary to use the power more than three days. Steam is expensive and should be saved whenever possible. The work done by these two women in the 70-bed hospital mentioned is of a high grade and compares favorably with that done in the best commercial laundries.

ARRANGEMENT OF ROOMS AND FLOOR SPACE.

Separate rooms are more desirable than one large room, although this is a matter of individual preference, the former arrangement presenting a tidier appearance; and the steam from washers and tubs does not interfere with the drying of freshly-ironed linen.

It will be found convenient to have the washers, extractors, tumblers, set tubs, starch- and soap-tanks in one room; opening from this, another large room containing dryers, mangle, body-ironer and ironing-tables. A small room for receiving soiled linen until it can be taken to the washer, and another room for sorting clean linen, and for nurses' and doctors' compartment-racks, will be found all that is necessary.

As for floor space, the more the better; try not to cramp the equipment; be generous in this direction. Arrange fixtures with a view to convenience and the saving of steps.

The introduction of white-glazed-brick walls adds not only to safety from fire, but to the cleanliness and appearance of the laundry. A cement floor with central drains make it easier to scrub and flush, and carry off any accidental overflow. If glazed brick are beyond the means, enamel paint in a light color is the best substitute.

Have all set tubs out from the wall sufficiently far to get between them for cleaning purposes. While white-enamelled-iron tubs are of course the most desirable if they can be afforded, the plain soapstone will answer every purpose. All machinery should be well out from the wall for the same reason. All over-head machinery should be well fitted with drip-pans. The rooms must be well lighted, airy and well ventilated.
LOCATION OF LAUNDRY.

If possible a separate building is the most desirable location for the laundry. For economical reasons it may be necessary to use the basement for this purpose; there are some very serious objections, however, to this arrangement, the noise and jarring of the machinery proving objectionable, if wards or sleeping-rooms are over-head. It also offers a tempting place in which the other domestics may stop for a chat which may be lengthened out to an hour or more. It is also impossible to light and ventilate a basement laundry as thoroughly as one higher above ground.

GENERAL RULES FOR THE CARE OF LAUNDRY.

The laundry should be cleaned thoroughly once a week, walls brushed down, floors washed and tubs scrubbed, machinery, tables, dryers and all appliances thoroughly cleaned. Aside from this weekly cleaning, before the laundresses leave at night tubs must be scrubbed, floor swept, mangles, extractors, and tables covered with special sheets and everything left in good order. Great attention should be paid to all the machinery, keeping it free from lint, unnecessary oil and grease, otherwise quantities of linen may be spoiled. Before beginning work in the morning, tables and mangles should be thoroughly dusted. Dust works sad mischief if allowed to settle upon the damp clothes; therefore great care should be taken to prevent a free circulation of this commodity. It is impossible in a paper of this length to go fully into the details of the various steps of laundry work, therefore we shall take up each briefly.

Washing.—This, after the proper sorting of the linen, is the first step. There are a few practical points to be observed. Do not overfill the washer, otherwise the linen has no room in which to be thrown about. If underfilled, the clothes float and do not strike against each other as they should. Stop the washer when changing water to avoid tangling and tearing. When boiling or washing in suds only sufficient water should be used to show an inch or two in glass gauge. If too much water is used the clothes
float and are not subjected to the necessary amount of beating, and hot water and soap is wasted. For rinsing and bluing a larger amount of water is needed. The washer needs to be kept clean inside as well as out. To clean a brass washer run a small amount of hot water, into which one pint of sulphuric acid has been added, for 20 minutes. The outside needs to be scrubbed with a brush and sand soap.

The process of washing seems to be about the same in the hospitals from which the schedules were returned, with slight variations in rinsing and boiling, as to time. The use of bleach, principally chloride of lime and oxalic acid, are used in many of the laundries, while nearly all combine Wyandotte soda with the soap made from chips. Bleach unquestionably shortens the life of the fabric; therefore, if possible, it seems best not to use it. After five years of personal observation the formula herewith given for all white goods, without the use of bleach, has given absolute satisfaction, the linen is white and clear, comparing very favorably with the work done in the best commercial laundries:

1, cold rinse, 10 minutes; 2, hot suds, boiling, 30 minutes; 3, hot rinse, 10 minutes; 4, cold rinse, 10 minutes; 5, cold rinse, 10 minutes; 6, cold rinse, add blue, 10 minutes.

Colored Goods.—1, cold rinse, 15 minutes; 2, hot suds, 30 minutes; 3, hot rinse, 10 minutes; 4, cold rinse, 10 minutes; 5, cold rinse, 10 minutes.

Flannels for babies' wrappers and nightingales should be washed by hand.

Bath blankets are run in lukewarm suds 30 minutes, with two cold rinses, 10 minutes each.

White bed-blankets and gray blankets for wheel-chairs should never be sent to the laundry with the common wash. The frequent washing of blankets seen in so many hospitals both large and small is a needless and extravagant procedure. A blanket is soon ruined by machine washing, the borders fade and shrink, and it becomes stiff even with the best machine washing, presenting a forlorn appearance with a ruffle at each end. The time, materials and work, aside from injury to the blanket, spent upon the ceaseless washing is entirely wasted. The writer knows of several
hospitals where it is not unusual to wash four hundred blankets weekly. This waste may be avoided if the blankets are properly cared for in the wards. Hard and fast rules should be laid down regarding their use, and probationers should be taught their care from the moment of entrance. White bed-blankets should never be used for any other purpose or come in actual contact with the patient; turn the spread over the top and the sheet over the top of the spread to protect from the hands; if the patient is very restless, pin all together with two safety-pins. Light dimity spreads should be used and the old idea of removing the spread at night, neatly folding it to keep it clean, thereby leaving the blanket unprotected to get soiled, is an untidy and extravagant custom. Special blankets should be provided for baths (for this purpose very nice cotton ones are now easily procured at $1.50 per pair; they wash well and are altogether very satisfactory), also for "ether patients"; and old blankets marked in a conspicuous way should be provided for particularly untidy patients. Gray blankets should be provided for wheel-chairs, couches, stretcher and piazza use. When a patient is discharged, if an infectious case, fumigate the blankets with formaldehyde; if not, brush thoroughly, sun for a day, and return to the shelves; the gray blankets should be treated the same way occasionally. Bath, "ether," and isolated blankets can be sent to the laundry. If the bed-blankets are cared for in this way in the wards, there is no necessity of sending them to the laundry. Twice a year the blankets should be carefully inspected by the superintendent, and such as look grimy, sent to the store-room; any spots which may be on them should be outlined with cotton, and if treated after the following receipt, the blankets will retain their life and good appearance many years:

For one pair of blankets: Soft soap, one pint. Powdered borax, one tablespoonful dissolved in hot water. Mix thoroughly, add to sufficient cold water to cover the blankets. Soak all night. In the morning rub between the hands the outlined spots. Rinse thoroughly in several cold waters, drain in clothes basket, then hang up without wringing to dry. This receipt doubled will be found sufficient for three pairs. Gray blankets can be treated the
same way. If the hospital can afford it, dry cleaning is the easiest method.

Laundry nets should be used for all small articles such as stockings, handkerchiefs, cuffs, collars, breast T, and Scultetus' bandages. Much time is saved and loss avoided if this method is used. All gauze sponges and roller bandages saved in the wards must be sent down in laundry nets, marked with the name of the wards, on special days, so that a separate washing and boiling will be run for these alone. These bags are then returned to the wards, and each ward-maid takes the roller bandages back to the laundry, and puts them through the mangle, returning them again to the ward for winding.

To accomplish a great deal of work a careful system must be evolved, which must be enforced. As the most important part of the work lies in the washing, the first rules should pertain to this process. First, as to special days for sending table linen, nurses' and doctors' personal and bed-linen, flannels, bath blankets, gauze, bandages, etc. Second, the formula for washing must be carefully taught to the washer, a clock must be in a conspicuous place, and absolute accuracy as to time insisted upon. There must be no "guess" work about washing if good results are desired.

The amount of work in the laundry depends upon the economical and careful use of linen in the wards. One question asked in the schedules "as to what rules for controlling extravagance in the use of linen were in operation" met in the majority of cases with the reply "We have none." Very few require the nurses to wash out "stains and spots." If the nurses are not taught the removal of stains, it must be done in the laundry, otherwise the linen soon becomes so stained and unsightly that it must either be replaced or used in that condition. How often do we see nitrate of silver, iodide of potash, balsam of peru, cocoa, tea and coffee stains, indelibly fixed in pillow cases, sheets and table napkins, when by intelligent action on the part of the nurses these might be obvinted. Table linen should be thrown into special bags, and all stains removed before sending to laundry. There are many criticisms made about the extravagance of nurses in the use of
linen; when sheets, spreads, pillow cases and towels, hardly crumpled, appear in the laundry, the criticism seems justly deserved. If nurses were limited in the use of linen and forbidden to remove it from the shelves without special permission of the head nurse, a great deal might be saved. Is it more economical to have regular days for changing linen, or is it wiser to rely upon the good judgment and common sense of the nurse to change when necessary? Is a question worthy of consideration. It is not only the amount which should be saved but the wear and tear by subjecting the linen to unnecessary washing and mangling.

Extracting.—The washer must be very carefully unloaded so as to avoid tearing, likewise the extractor must be carefully packed for the same reason, to avoid straining the goods. Lumping the goods around the outside seems to be the best way of putting them in; great care should be exercised against pulling them out, as after ten minutes rapid motion they are very tightly packed. The longer the clothes are extracted, the less time will they need in the mangle. After extracting, the linen must either be shaken out by hand or put into a "tumbler," where they are shaken out and made ready for the mangle. The "tumbler" saves a great deal of time and strength, as the shaking by hand is very exhausting work. Have convenient a strong wooden horse upon which the clothes are hung ready to be put through the mangle.

Mangling.—The next step in the process is the mangling. There are a few rules to observe as to the use of the mangle.

The rolls must be covered with good blanket or felt, which can be bought for this purpose; outside of this should be used strong unbleached sheeting, or better still, duck; the sheets should be washed weekly and renewed when worn out. The felt lasts from a year to eighteen months or even longer. There is a great difference between different makes of mangles as to the length of time the padding lasts; some machines proving very costly to clothes. The rolls must be adjusted so that even pressure is secured, otherwise the padding is quickly torn and the linen does not go through straight. When through with the mangle release the pressure. To secure quick results, and dry linen, the rolls must be hot; from 60 to 70 pounds of steam are
absolutely essential. Have the edges of the linen well pulled out; if rough and turned in, the mangle soon wears the edges. After feeding the required number of times through the mangle, fold with name out and place in piles on receiving table ready for wards or dryers or sorting-room. It should be sufficiently dry to deliver at once in wards, so as to avoid the extra handling of putting on the dryers. It is needless to say damp linen should never be sent to the wards.

All flat goods may be mangled with the exception of bath towels and crochet quilts, which may be folded and sent rough dry. Patients' night-gowns, operating-room aprons and suits may be well shaken and pulled out, folded and sent back rough dry, as it is impossible to mangle such goods; it seems an unnecessary waste of time to treat them in any other way. They may be dried in the open air if used in this way, preserving a freshness which is always lost by mangling or ironing.

_Drying-Room._—Both wood and galvanized-iron bars are used in the drying-room; the preference seems to be given to the latter style on account of safety from fire. Sufficient steam is needed to heat thoroughly, and careful attention should be paid to ventilation. They should be arranged so that the inside may be easily cleaned and any articles dropped from the bars be secured.

_Dampening._—There are many automatic devices on the market for the purpose of dampening, but if these cannot be afforded, a whisk broom dipped in water makes a very good substitute. All clothes should be dampened over night.

_Starching._—A great deal might be said regarding starching, as it is a very important part of the laundry work. Make a point of buying good starch in large quantities,—i.e., by the barrel, as it lessens the cost. Absolute accuracy should be used in measuring the starch and in preparing it afterwards, otherwise the starch will not work well and usually the starch is blamed and not the method of preparation.

_Bluing._—The most economical way of preparing the blue is first to buy a reliable brand in bulk, and follow out the printed directions carefully as to preparation and use. If these rules are disregarded unsatisfactory results are apt to follow, such as streaks,
spots, and over-bluing, and the linen must either be used in this condition or be washed over, a double waste.

_Ironing Machinery._—In the small hospital it is hardly necessary to use any ironing machinery, except a body ironer. Nearly everything can be ironed on this except waists of uniforms and corset-covers; these must be done by hand, and of course all other goods must be finished by hand. The ironing-boards must be properly padded and covered; old blanketings and sheets from the supply-room may be used for this purpose. The sheets must be kept clean by frequent washing, rubbing cloths and suitable holders provided. Care should be taken to lower the gas if leaving for a few minutes, otherwise the iron will become too hot and the practice of cooling the iron by dipping in cold water is a bad one as it ruins the iron in the course of time, aside from the fact that unnecessary gas is wasted.

Suitable hangers and compartments must be provided for doctors' and nurses' clothing; when fully aired they may be folded and placed in the compartments, which should be plainly marked with the name of the individual to whom the clothes belong. It is hardly necessary to say that all the nurses' clothing must be plainly marked, carefully listed and sent to the laundry in bags. These lists should be compared with the clothes when received as well as when they are returned. The clean clothing should be carefully pinned in the bag and returned, with the list, on a stated day to the nurses' and doctors' rooms. Twenty-one pieces seem to be the usual number allowed, exclusive of handkerchiefs and small articles, very generally to nurses, while doctors seem to be unlimited. Personally I see no reason for this and it would seem sufficiently generous to allow three white suits weekly as a maximum number. It is considerable work to iron white duck suits, and if a head nurse can get along with two white uniforms, it would not seem too much to ask an interne to manage with three suits and yet present a tidy appearance. Too little outside drying is done in hospital laundries as a rule; it takes considerable time, but the effect of the sun on wet linen is the best bleach known, aside from the sweetening thus secured. Nurses' underwear and patients' night-gowns may all be dried outside, and with careful
management from time to time the ward linen may be treated in a like manner.

The main points of difference in the schedules returned seem to be in the number of "help" employed and wages paid. We find one hospital of thirty beds with five laundresses, another of seventy with two and an extra woman for two days, another of sixty employing five women and a man part of the time, and so on, while the wages vary from $48 to $16 per month for a head laundress, the other employees varying in the same ratio. Just why one laundry in a hospital of seventy beds should require two women and an extra one for two and one-half days per week, and another of sixty should require five with a man for part of the time, is not easily understood when the number of officers, doctors and nurses are the same, and the patients are of the same class. There seems to be only a few ways in which this might be explained. The machinery may not be as effective, there may be greater extravagance in the use of the linen, incompetence on the part of the "help," or a great lack of system, or it may be a combination of all of these reasons. It is interesting to note that in nearly every instance where good wages are paid the number of employees is less, although there are a few exceptions to this.

To get satisfactory results from the laundry there are a few points that must be insisted upon: First, good machinery, kept in good order; second, good materials,—i.e., soap, starch, blue, etc.; third, honest, reliable, trustworthy help, with correspondingly good wages; fourth, a carefully-planned system.

If these few rules are followed, honest work should be the result. The best help should be selected, good fair wages given, their duties and "off" time should be clearly defined, and they should be treated with uniform kindness, if good work is desired. As a result one generally gets it.

From Saturday at 1 P.M. until Monday at 7 A.M. seems to be the usual time "off duty," while many allow the "help" to leave early if their work is finished and the laundry tidy on other days.

In many small hospitals the "help" from the other parts of the house are given special days for their personal laundering. It is usually more satisfactory to have it done for them, making a rule
forbidding the house "help" to visit the laundry, thereby avoiding friction and misunderstanding and much wasted time.

Avenues of Waste.—There is no part of the hospital where there can be greater waste or more dishonesty and deception practised than in the laundry. Place an unreliable man or woman to manage the washer, to get through at the end of one-half hour, the washer may be emptied of partially-washed linen. After this continues for a week the linen becomes a dingy gray and is practically ruined, or the washer may be over-filled or carelessly emptied, thereby tearing the linen; or too much soap or too much bleach may be used, relying upon the bleach instead of the washing to make the clothes white; this is a double waste. An improperly packed extractor may result in quantities of torn linen. All the materials from soap to steam and water may be extravagantly used. To prevent such, a careful supervision is needed and honest help required.

Supplies.—The purchase of laundry supplies covers a wide field and will probably be considered in another paper to be offered; therefore I shall not take up the subject here.

One of the main points of difference existing between the laundry of the large and small hospital, is that of supervision. The large hospital usually places at the head of the laundry an experienced laundryman or laundress; the small hospital can rarely afford this, depending upon the housekeeper, if there is one, or if not, then the superintendent must add to her manifold duties that of laundry supervision. This in reality is a very difficult duty to face, as very few women who assume the duties of a hospital superintendent have had any preparation in practical laundry work. How many hours of worry and anxiety might have been saved had the busy superintendent possessed the same practical knowledge of the laundry as she did of the technique of the ward and operating-room. As a matter of fact, it is much the better plan for the superintendent to manage the laundry than the housekeeper, giving greater satisfaction all around. Presuming that such a condition confronts us, what should an individual do to fit herself to manage the laundry and bring about a state of satisfaction and perfection? The writer speaks feelingly upon this subject,
and adds her personal experience along this line. First, visit a good commercial laundry, or any good institutional one, and with pencil and note-book go into all the details of practical laundry work with a usually willing manager. Add to this all the study of machinery and methods from books; next ask this “patient manager” to go over your plant with you (you will have no difficulty in securing his assistance), inviting him to criticize and suggest freely and to point out defects in machinery and methods. Then armed with this knowledge go into the laundry and work there for two or three weeks until you have learned the intricacies of mangling, washing, extracting, etc., and if you persist and do not feel utterly humiliated by the superiority of the laundry “help” you will win in the end even at the sacrifice of dragged skirts and tired shoulders. At the end of two or three weeks you will probably be obliged to discharge your old help, as it is well nigh impossible to overcome old habits and a “we never used to do it that way” attitude. Therefore on the whole it is wiser to start with new workers and teach them your methods. Selecting the most efficient worker and putting her in charge, then day by day and little by little you should be able to work this important part of the hospital ménage up to a high grade of excellence.

After the work is once systemized, it is astonishing how easily it runs and how little extra work it actually adds to the superintendent. The satisfaction derived from possessing this special knowledge, and the feeling of security obtained by keeping in your grasp the details of the work, is not to be reckoned too lightly.

In preparing this paper on “The Equipment and Management of the Laundry in the Small Hospital,” it has been done with no spirit of criticism of any one hospital in particular, neither is any claim advanced of the superiority of the methods herein cited over those which may be preferred by others. The writer does not claim the distinction of being either an authority or an expert in laundry questions and it is with a feeling of considerable modesty that the few suggestions herein contained have been made, which are the result of personal experience, hoping that they may prove helpful to someone who is struggling with this perplexing question.
The President. Are there any questions which you would like to ask Miss Noyes?

Miss Maxwell. I would like to ask Miss Noyes if she has attempted to teach nurses any of these valuable things?

Miss Noyes. No, I have not. I should like to and hope to in the future, but I have only accommodations for a certain number of nurses, and they are all required in another part of the Hospital. When I have quarters for a larger number of pupils I shall incorporate that in their training. What little experience I have gained has been done with a great amount of hard work, effort and concentration.

The President. Are the nurses taught laundry methods in any training school?

Miss Saunders. I teach mine. There is not very much to say except that I try to get them to go through every bit of it from the beginning; they begin sorting the clothing, how to make the soap and starch; how to pack, etc., and they can do all of it, ironing, etc., under the Laundry Matron's supervision, and she understands that she is there for the purpose of teaching them.

The President. How long a time do they spend and how long is given to this instruction?

Miss Saunders. I cannot give them more than a month. They remain three months in the Housekeeping Department and it is a part of their housekeeping time.

Miss Davis. Is this part of the preliminary or regular training?

Miss Saunders. Of the regular training.

Miss Maxwell. I would like to know whether the nurses are expected to do any part of the washing, whether they replace girls at the mangle, etc.

Miss Saunders. I find that there is always work for the nurses without washing, but they like to try everything.

The President. Is there anyone else who can speak on the subject of teaching nurses management and work of the laundry? I am sure we should like to know very much, if it is done elsewhere.

Miss Maxwell. In regard to our laundry work, here, again, we use the probationer, who is required to assist the Matron of the Training School in counting the soiled linen as it comes from the nurses' bags, which are gathered every Monday morning. They are instructed to return every thing that exceeds the limit of twenty-four pieces, and articles that have pins in them. All unmarked or trimmed clothing is
confiscated; this is to all probationers a practical lesson which we hope will be lasting.

Miss Shaw. In the hospital at Glasgow, I saw the nurse acting as assistant to the Laundry Matron. There are 750 patients, and whenever the head laundress was off duty, at meal times or other times, she had charge.

Miss Maxwell. I was also in a Scotch laundry and I asked the Sister in charge about the special starch, and of the different things she used, and she said she had never been taught; she was just "overseeing."

The President. I think the question of nets for small articles is important. The loss of small articles is terrific. Very seldom are they returned to the wards.

Miss Noyes. We have used nets ever since I undertook the management of the laundry. You buy them from the Laundry Supply Houses, they are of stout twine, some large and some small mesh. Our laundry is supplied with these bags, also the wards, where they hang back of the lavatory doors for the reception of small articles. When the gauze has soaked a sufficient length of time in carbolic acid solution it is wrung out and sent down in these bags and brought back in the same bags, clean. When the clothes are sorted in the laundry, all the small articles are put in these bags. We use bands in one bag, cuffs in another, &c. I have used them for five years and I think they are pretty generally known.

The President. I know they are used, but not sure that they are taken to the wards.

Miss Black. I would like to ask what your method of disinfecting your clothes is?

Miss Noyes. We take no contagious diseases. We simply send the things down to the laundry.

Miss Maxwell. What are they soaked in in the wards; what kinds of receptacles do you have?

Miss Noyes. We have galvanized cans like garbage pails, a different size. We have one for the gauze, another for the linen.

Miss Maxwell. Do you mean those tall cans?

Miss Noyes. Yes.

Miss Maxwell. Are they not affected by the disinfectant?

Miss Noyes. We simply use the carbolic for soaking linen.

Miss Palmer. I once had charge of a laundry in the same way that Miss Noyes had; it had a contagious department, and the washing
was all done in one laundry with one set of machinery in the same room. We had a little adjoining room with cemented walls and floor. The contagious clothing was brought into that room in bags, dropped into cold water and stayed there until we were ready to wash it. It was put into tubs and washed and boiled thoroughly. We used no chemical disinfectant whatever. I think Dr. Billings has given that method as being absolutely safe. The clothing is never handled dry, but it was handled by one person. The boiling process was considered sufficient. We never had a case of contagious disease being brought into the hospital and it was simply a matter of keeping the infected clothing wet until it was put into the boiler and washing it in the ordinary process, and treating as we treated all other clothing.

Miss Noyes. We do not soak our linen except such as is stained. We have done away with soaking all the linen except the stained linen.

The President. It being necessary to close this discussion, I should like to present an invitation which came to us too late, from Mrs. Gretter.

[The Secretary reads invitation.]

Upon motion the meeting adjourned.
THIRD SESSION.

On the third day of the Convention, Friday, April 27th, the meeting was called to order by the President, at 10.30 A.M.

The President. I will ask for the report of the Council.

The Secretary reported that at a brief meeting of the Council Miss Goodrich was reappointed Chairman of the Committee on Hospital Economics.

The Committee on Incorporation was also appointed, as follows: Misses Samuel, McKechnie, Gilmour, Goodrich, and Maxwell.

The Report of the Hospital Economics was presented by its Chairman and accepted by the Council.

The President. I will call for a report of the Committee on the San Francisco disaster.

Miss Maxwell. It is in the form of a resolution.

"At a meeting of the American Society of Superintendents of Training Schools, held in New York, April 27th, it was resolved, that the society should send to its members, resident in San Francisco and its neighborhood, a message of deepest sympathy for the great disaster which has fallen on them, in common with all in that city. While rejoicing that there should have been no loss of life among nurses, the members of the society ask the privilege of expressing to them the loving, sincere sympathy which they feel, and of offering to their sister nurses any and all assistance which may be possible and also helpful, to those who have been deprived of homes, of property and possibly, temporarily of health. The members of the society wish its afflicted associates to feel that their thoughts are with them and that each one stands ready to give what may be needed, in love, in sympathy, or in practical assistance."

The suggestion, Madam President, of the Committee is that the Society should be asked to give according to their feeling in the matter $100 or $150 and that individual members be offered the privilege of making additional contributions.
The President. You have heard the report. What will you do with it?

Moved by Miss Noyes, seconded by Miss Russell, and carried that the report be accepted.

The President. In connection with this report, I would like to read the following telegram addressed to the Secretary of the Superintendents of the Society. "Greetings and regrets from Pacific Coast, E. Hall." I feel much touched to think that they should send a message at this moment.

I will ask Miss Nevins to read the following letter from Miss Gilmour.

"Miss Annie Goodrich,
President, American Society
Superintendents of Training Schools for Nurses.

"Dear Madam:

"I beg leave to place before the Society the name of Mrs. Cadwalader Jones for consideration as an Honorary Member.

"Mrs. Jones has long identified herself with the nursing matters, being a member of the first committee which met in the Mayor's office to talk over the possibility of introducing Trained Nursing into this country. The Bellevue School was the direct outgrowth of that meeting. In 1887 the nursing of the Blackwell's Island School at City Hospital was placed in her hands for reorganization. She chose a brilliant member of our profession as the Superintendent; the late lamented Miss Darche, and during the ten years' struggle which followed, remained her constant and helpful friend, and to Mrs. Jones' unflagging efforts the School owes its standing to-day.

"Later, when the question of State Registration came up, Mrs. Jones identified herself with the State Association, coming to Albany, at great inconvenience to herself, in answer to a telegram to add the weight of her opinion to the supporters of the bill in their time of need.

"Many other instances might be cited, but these go to show that Mrs. Jones is not lacking in her efforts to benefit the cause of humanity, as well as assist in every way our efforts to elevate our profession of nursing.

"Very respectfully,

"Endorsed by

Annie W. Goodrich.
Anna C. Maxwell.

"Mary S. Gilmour."
Mrs. Kinney moved that Mrs. Cadwallader Jones be appointed an
honorary member of this association, which was seconded by Miss
Saunders and unanimously carried.

Miss Maxwell. I would like to propose the name of Miss Board-
man, who I believe, has rescued the Red Cross. Seconded by Mrs.
Kinney and Miss Nevins, and unanimously assented to.

The President. I will ask Miss Nevins to take the Chair while I
read the report on Hospital Economics.

The President then read the following report.

REPORT OF THE COURSE IN HOSPITAL
ECONOMICS.

I have the honor to present the seventh annual report of the
course in Hospital Economics, and that this report gives evidence
of the same steady progress that has characterized the reports of
former years is due to the unfailing interest and unceasing efforts
of the lecturer in charge, Miss Alline. A comparative statement
of our financial standing may be of some interest:

\[
\begin{array}{ll}
1902, \text{ June 1st, balance on hand} & \$131.62 \\
1903 & 58.73 \\
1904 & 3.97 \\
1905 & 454.16 \\
1906 \text{ (estimated)} & 525.00 \\
\end{array}
\]

Estimating the expenses of closing the year June 1, 1906, will
give the largest balance so far. We received during the year sev-
eral donations for the endowment fund, making the total amount
to be $434.58.

The most notable event of the year has been the establishment
of the two years' course, with a special diploma. We regret that
owing to our limited time, it is impossible to present in detail the
advantages this offers. It must suffice to say that it permits of a
better correlation of studies and it enables the students to take
their teaching methods the first year and their practice the second,
overcoming thereby one of the weakest points in our one-year
course. It must not be understood, however, that this extension
in any way interferes with the former course of one year with the
certificate. This remains as formerly, but should the students be unable to remain two consecutive years, it is made possible for them to return at any convenient time and obtain their diploma.

We are deeply indebted to Miss Lurkin, of the Laura Franklin Hospital, for placing theoretical instruction of the nurses of that school in the hands of our students. Those students who have been entered for the one-year course have been obliged to take this practice teaching in connection with their teaching methods (6 lessons each). Of the seven students now taking the course, it is uncertain how many will return for the second year. Two, however, have planned to do so, and a third has it under consideration, and two for whom positions are being held are planning to return when possible. Diplomas will be obtained this year by two of the class of 1904.

As Miss Nutting was unable to give her usual course of lectures, Miss Dock very kindly consented to assist us in her stead. The other very valuable lectures by Miss Banfield, Miss Riddle, and Mrs. Robb, were given as usual. We are also indebted to Dr. Vulte for some special lectures and laboratory work in urine analysis. A lecture by Mr. Byard, in charge of the drug department, St. Luke's Hospital, gave some valuable points in the handling of the department, and Mrs. Rowland gave an interesting talk on the simplest forms of physical exercise. It would be of interest to know that these last two lectures were the first to be paid for out of the funds of the course. We are indebted to Miss Wilson, St. Luke's Hospital, for her assistance in defraying the cost of Mrs. Rowland's lecture.

We have, year after year, increasing evidence of the need of the course, and I think continual evidence of its value. Of the forty-one graduates, twenty-three are holding positions to-day. As the outcome, possibly, of this Hospital Economics course, Dean Russell has established a new chair, into the details of which I shall not enter, inasmuch as the dean has kindly consented to come here this morning to explain the plan more clearly and fully than I can, I understand, however, it is intended to make this course meet the needs of those who wish to prepare themselves for all forms of administrative work. In other words, its scope is to be much wider
than that of the Hospital Economics course, and I am sure you will all be intensely interested when you hear that this professorship has been offered to, and accepted by, Miss Nutting.

There is, however, an aspect that presents itself which calls for our very earnest consideration. The appointment has, in this particular instance, fallen to a member of our society, and as long as she remains there the success of our Hospital Economics course is assured, but we must not overlook the fact, when it becomes necessary, as it some day will, to appoint her successor, it will be very possible that the appointment will not be given to a member of our profession; there is not any reason to suppose it would. We cannot fail to realize that in its present formative stage and under Miss Nutting, with her rare intellectual and executive ability, and with her love for her profession, this new department cannot only easily be carried on in connection with our department, but to our department's great advantage. But the dean himself acknowledges that he believes that we shall soon need a chair of our own. If we had the necessary endowment, we could have that chair to-day. In our elation over this most progressive step, for this we deem it to be, we cannot fail to realize that it is more necessary than ever that we should make every effort to increase our endowment fund, that at the first possible moment through our society a chair in Hospital Economics may be established. That we could have two such women as Miss Nutting and Miss Alline at once would not, during the creative years of this department, be reasonable to expect. It will at first be quite possible and probably pecuniarily necessary, with some such assistance as could be given by a pupil of the second year, that all the divisions of this department should be carried on by the same person. As, however, Miss Nutting will be unable to undertake the full supervision of this work for another year, you will, I am sure, be delighted to hear that Miss Alline will continue to take charge of our course until she comes.

Miss Nevins. You have heard this report, what will you do with it?

Upon Miss McMillan's motion the report was accepted.
Mrs. Kinney. I would like to ask what sum would be necessary for the endowment of such a Chair.

The President. The first sum stated was $50,000 but I believe it is now $100,000. We will now ask Miss Lightbourne to present her paper, Miss Boardman not yet having arrived.

THE PURCHASE AND USE OF DOMESTIC SUPPLIES.

By Miss Lena Lightbourne,
Hospital of the Good Shepherd, Syracuse, N. Y.

On Sunday, December 3, 1905, the New York Tribune published an article, the title of which was: "Reform in New York Hospitals—Plan on Foot to Eliminate Waste and Petty Graft on the Part of Employees, and to Promote an Economical System of Cooperation that is Badly Needed."

This article echoes the sentiments of many of us in hospital life who come in daily contact and hourly struggle with men and women who, because they do not have to put their hands into their own pockets and pay for what they use and consume, are utterly oblivious to the cost.

One of the best checks which can be placed on useless and wasteful expenditure is to form a system of comparison. But this comparison to be useful and helpful must be made weekly, monthly and yearly with the same department, in the same hospital, and under similar conditions. In drawing facts and figures from different hospitals we are brought to realize that so varied are the conditions that it is difficult to draw comparisons. Even given the number of beds in any one hospital, which is the usual unit, we cannot always get a good comparison, because the classification of beds varies the cost and income. Hospital book-keeping and accounting, as well as hospital conditions and management, vary to such a degree that a general comparison affords no clue as to whether one institution is run more economically than another.

I have found it helpful to be able to tell a head-nurse just what her ward costs to run it, and not only is the commercial spirit
aroused to try to make each month excel the previous one, but where a nurse is gifted with the proper loyalty and affection for the institution of which she is a part, she is stimulated by this knowledge to help suppress the waste and extravagance so thoughtlessly practised.

One great factor in economy is to take care of supplies after they are given, and the hospital which does not keep "tab" on what is given out for use in its various departments has much to account for. A part of the varied book-keeping is easily accounted for by the different desires of men who form the governing boards of hospitals. Some of these men are interested in large concerns where details of organization are a study, others are indifferent to details of that kind, and care only for financial details, and the superintendent is kept busy writing up a system of books to cover all their wants. I appreciate the superintendent who, when asked what he was doing these days, said that "he was busy educating his new trustees."

In preparing this paper, the subject of which is: "The Purchase and Use of Domestic Supplies," which includes bedding and linen, dishes and kitchen utensils, and the various domestic supplies which are in common use in every department of the hospital, I have discovered somewhat for myself the uniformity that is lacking in hospital management and accounting. Just here I would like to thank all of the superintendents who so kindly responded to questions which I asked in order to obtain information on points which are interesting to those who are engaged in the warfare of economy.

The replies to these questions are so varied that no uniform statistics can be obtained, but much useful information came to me through them, which I trust to be able to impart to you. For convenience sake I will group the subject into three divisions.

Division I.—(a) Beds, (b) bedding, and (c) linen. The white enamelled iron bed has too wide a reputation to need recommendation here. To the inexperienced buyer a few remarks on the selection of one may not come amiss. First, you want as little material in a bed as you can get along with, remembering that the time is not long distant when it must be reenamelled, and think-
ing of such things as Buck's extension and dressing of lower extremities, a foot-rail sufficiently high to come to the top of mattress and, if necessary, a bar to prevent the mattress slipping through is desirable. A head-rail high enough to suspend a container for irrigation, or, in emergencies requiring it, a mosquito net, and rounded corners on both head and foot rails which do not afford convenient places for hanging things on are useful points. A few beds of extra length in the equipment of the hospital, and a few which can be adjusted either high or low, add greatly to the comfort of the patients, and often to the peace of mind of the superintendent. As a matter of expense, it is indifferent if rubber-tired castors or rubber tips are used, but as a matter of comfort and often safety to the patient tips are preferable—both, I find, mark a polished floor—while wooden tips or castors do not as much.

(b) Bedding.—Next in order is the mattress. I find that while many hospitals use the Ostermoor, and a few vegetable fibre, the majority decide in favor of hair, and I think all are agreed that a good quality hair is the most economical. It stands renovating. One hospital (Blackwell's Island) reported the use of army blankets and no mattress. One superintendent replied that when all her other ideals were met she would have that most desirable but expensive mattress—woven hair, where the cover is removed and laundered, and the woven hair put on the ground and the hose turned on it. I have not been able to ascertain any facts or figures about this kind of mattress from the furniture dealers, but would like to learn some.

Little has been said about the two-piece mattress, and while having its advantages in regard to the comfort of the patient it is not a practical one for institutional use.

In reply to 59 letters sent to hospitals 27 answers were received, and from these I learn that 20 hospitals use hair mattresses, 4 Ostermoor, 2 Field's Special Felt, and one vegetable fibre. Of these hair mattresses the weight is as follows: 1, 14 lbs.; 1, 20 lbs.; 1, 22 lbs.; 2, 23 lbs.; 5, 25 lbs.; 1, 26 lbs.; 1, 27 lbs.; 5, 30 lbs.; 2, 35 lbs.; 1, 36 lbs.
The size of these mattresses averages 6 x 3 feet, the depth varying according to the number of pounds.

Of pillows, feathers and hair are the only materials used, but the weight varies almost as much as that of the mattresses. Of the 27 reported 23 use feather pillows, weight varying from 2 1/2 to 5 lbs.; size averaging 20 x 28 inches; 4 hospitals use hair pillows, weight 3 to 5 lbs. I think there is much waste and extravagance on the part of the superintendent who orders a 36-lb. mattress when a 26-lb. one will answer. And if a 3-lb. pillow will do, why buy a 5-lb. one? I quote the medium weights, because I think the other extreme, such as a 14-lb. mattress, unquestionably objectionable, and there is no economy in stinting to the discomfort of those whom we are serving. At the hospital of the Good Shepherd, Syracuse, N. Y., we have been able to very satisfactorily cleanse our feather pillows by putting them through the washing machine, and in drying them using a little care to shake them occasionally. They come out very fluffy and clean.

Mattress protectors of various kinds are used, but nothing really protects except rubber.

(c) Linen.—The number of sheets allowed each bed varies anywhere from 2 to 24. Pillow-cases have about the same range. Laundry facilities greatly govern any proportion of linen allowed. Where clean linen is returned from the laundry every day the number of sheets, etc., need be comparatively small.

The actual purchase of material for sheets, etc., is a problem each one has to work out for himself or herself. The state of the cotton market to-day is one which requires constant study. Scarcely two days in succession will find the price of cotton the same, and it is ever on the increase. Nor can one always find the same price on the same day with every dealer, which adds a little to the excitement when a purchase is made.

As a point of economy unbleached sheeting for use in the wards is quite satisfactory, and what is of advantage to use for the sheet has the same advantage for the pillow-case. A sheet made with the same width hem and marked at both ends wears more evenly. The 3/4-bleached sheeting which looks white after the first washing is more durable and cheaper than the bleached, although the
bleached is always to be preferred for use in private rooms. The laundry regulations contribute as much to the economical use of linen as any effort that can be made to drive a good bargain in its purchase. There are two ways of losing in the laundry, one by articles disappearing altogether, and the other by their being injured by the use of improper soaps and solutions. The former is more easily corrected than the latter, the most reliable laundress sometimes yielding to the temptation of surreptitiously using a bleaching solution to gratify her pride in the appearance of her work.

It is frequently a conundrum to get the labor required to sew all our linen, and maybe we are dependent on sweet charity for it. Therefore it behooves us to guard it closely. A very unique and apparently practical method of getting hospital needlework accomplished has been adopted by our Woman's Auxiliary. Every Tuesday the ladies of some special church are invited to come and sew. This stated day seems to appeal to the members of churches as a time especially belonging to them, and the spirit of rivalry is aroused to see which church can send the greater number.

Next in order we will take up the problem of blankets. One of our superintendents has certainly solved the difficulty when she says that the nearer we approach the characteristics of the old, hand-woven, all-wool blanket the nearer we will be to the ideal hospital blanket for general use. But while this may be our ideal blanket, its price places it beyond the range of possibility for most of us. One of the inconveniences attending the use of blankets of from 40 to 60 per cent wool is that most of the wool is put in the colored borders, and after washing the blankets have ruffles for borders. Still, as a matter of economy, it does not pay for the hospital of ordinary means to get a blanket of more than 80 per cent wool. Continual washing soon unfit the best blanket for warmth.

Concerning material for spreads: If one may judge by reports received, the Allandale dimity takes the lead. For lightness and appearance it certainly is most desirable, but for cheapness and durability the crochet or honey-comb spread would take precedence.
In obtaining percentages of loss in linen the highest percentage, without exception, comes in the loss of towels. I presume could the use of towels be traced it would show that it is also the most abused article in linen, since because of its size and material it comes in handy for more purposes than those for which it was ever intended to be used. One way to detect a towel out of its place is to have a different pattern or color for each kind of towel and adhere strictly to it. This possibility of detection throws a great safeguard around everything.

A small towel, say about 14 x 18 inches, makes an economical size for doctors' washstands. Damask linen for dresser-covers and stand-covers comes in almost any width, and is very satisfactory. For window-curtains nothing is quite as economical in every way as plain cotton scrim. It looks new every time it is laundered, and has no stripe nor prominent part to help wear it out.

We will speak of rugs under this division. The woven carpet rug is a cheap, satisfactory one for inexpensive rooms. For an economical good rug a good quality, double-faced Smyrna wears the best, and is also best when labor of shaking and cleaning is taken into consideration.

DIVISION II.—Dishes, kitchen utensils, and silverware. An ideal provision for dishes would be for each part of the hospital to have its own pattern. There would then certainly never be the mysterious mixing up of dishes. This ideal provision is quite beyond hospitals of moderate means, for two reasons: In order to maintain a pattern one would have to deal directly with a factory; and in order to deal with the manufacturer larger orders than would be possible would have to be given at one time. As I have always been in a hospital of moderate means, I have had to resort to ways and means strictly economical to get results. The common white stone china being more practical for use in the wards, we have devised a way to mark it by means of an emery wheel, and thus we can at least detect pieces of china out of place. This same marking is done on the cheap, plain tumblers in everyday use also.

For our private departments we have better china, and try to keep one or two patterns, dealing with a pottery company through
its local agent. In choosing china, if the pattern chosen is one where the design keeps within and away from the edge, when the inevitable nicks appear they are not as conspicuous, and again if a rounded and not a sharp edge is chosen nicks do not appear quite as soon.

There is a great saving in the purchase of agate kitchen utensils if “seconds” are bought. Frequently in these “seconds” there is only a small flaw on the outside which in no way interferes with the usefulness of the utensil.

Here our ideals may again be met by different colored enamelled utensils, indicating the different diet kitchens, but the same difficulties arise in its purchase as in the purchase of china. The same marking can be done on agate as is done on china.

The plain glass pepper-and-salts with the celluloid tops are a great addition to our equipment of dishes. Everyone knows how hard it is to keep the metal top, of a salt shaker especially, looking decent. The celluloid covers, however, will not stand being washed in very hot water.

The majority of the hospitals report silverware for private use preferably to be Rogers’ plated, either triple or quadruple according to means available, although Mexican, Columbian, Britannia and Oneida Community each is used.

The white enamelled tray, although heavy, is satisfactory. In the wards it can be used without a napkin, which is a consideration. Aluminum trays are ideal but costly.

Division III.—Miscellaneous domestic supplies: Soaps.—In the annual report for 1904 of the Fiscal Supervisor of State Charities of the State of New York, where he tells of the immense saving by purchasing supplies by contract, he says: “The first purchase of uniform supplies by contract, for State institutions, was made on April 1, 1903, when a six months’ supply of soap was contracted for. One effect of this plan was to give the institutions the advantage of six months’ seasoning of the soap in their storerooms, thereby reducing the waste accompanying the use of green soap and making a given amount last longer. For the six months previous to this arrangement the State charitable institutions spent $4,440.50 for soap, while for the first six months under
the above arrangement they spent only $3,274.24, having a saving of $1,166.30, which, of course, was partly effected by preventing waste of soap by seasoning it, and partly by purchasing by contract. The Massachusetts General Hospital reports a saving of $268.07 in seven months, by making its own soap. With much less labor and material sand or polishing soap can be easily made, with the same economical result.

Economy in brooms comes in the care of them. Like most other domestic supplies the market price for them is ever on the increase. When not in use brooms should be hung or placed end up.

Pins.—An economical way of purchasing common pins is by the pound. It is one of the few supplies in which there seems to be no difficulty and great gain in dealing direct with the manufacturer. Limiting the supply in each department of the hospital is almost necessary. There is not another article supplied which offers such opportunity for waste and extravagant, unaccountable use.

Window Roller-Shades.—A moderately cheap shade and frequent renewal is desirable. A convenient fixture, for the rooms of patients especially, is known as the Bassett pattern, by which a shade can be raised, or lowered at the top, thus enabling an upper light to be obtained, with the advantage of the lower part of the window being screened at will. The shade plays upon its roller just as in the case of an ordinary "roller shade."

For collecting white linen, dressing and trash-cans, the ordinary galvanized-iron ash-can is very satisfactory and will last longer if the inside receives a coat of paint before use. Occasionally another coat may be desired for special cleansing purposes.

Ink.—The writing fluid, both black and red, but more especially the indelible ink, can be made with very little trouble and at small cost compared to its purchase at the usual market or even wholesale, rate. I thought I had an inexpensive recipe for indelible ink, but when one of the superintendents informed me that at her hospital the indelible ink used was made by a 2-inch pencil nitrate of silver in an ounce of vinegar, let to stand in the sun for a few days, I consider that she has the better of me. I have proven for
myself that as a marking ink it is satisfactory, but, as she says, too thin for stencil use.

In the use of ink, pens, blotting paper, and all desk supplies, a limit to the amount supplied is a practical way to control the amount consumed.

I have many apologies to make for this paper, but while knowing that I have not offered any new or brilliant ideas, I trust that my simple effort to suggest what is practical may be productive of help to some.

The President. As we have listened to this very interesting paper of Miss Lighbourne's, we are not surprised that she holds the unique position of Trustee in charge of the hospital which she represents.

It has just come to me that we should have reprints of all these papers on economy in Hospital Work. Combined with Miss Samuel's paper of last year, in one cover, so that it can be more freely circulated, it would not then be so cumbersome.

We have the very great honor of having with us to-day Miss Boardman, a member of the Executive Committee of the National Red Cross. That she should, with all the work she has on hand at this time, be willing to come here and speak to us is, I think, something for which we should be exceedingly grateful. For those of us who were privileged to listen to her yesterday afternoon, I am sure we felt that she presented a great lesson on the necessity and advantage of co-operation and organization in effective public work, and we feel that we would like to take as a text for numerous lectures, that when money was placed at the disposal of the organization, it was our most sacred trust to see that it was used for the purpose for which it was to be put, and to see that it was made to go as far as possible.

May I have the pleasure of introducing Miss Boardman.

THE RED CROSS NURSE.

Miss Mabel T. Boardman,
Member of Executive Committee, American National Red Cross.

It is with great pleasure I speak to the Superintendents, because I know what great assistance they are going to be to us in regard to our Red Cross work, and I wish to say, in the beginning, I
want to have the country feel it is not the American National Red Cross, it is our Red Cross. It is a national thing, and we should all speak of it as that. We speak of the German, the French and the Russian Red Cross, and ours ought to be the greatest and most glorious of all.

There may be a little moment of repetition in speaking as to the origin of the Red Cross, but I want to speak plainly. In 1864 there was a convention held at Geneva, at which there were a number of representatives of various countries, and at this convention the Treaty of Geneva, the Red Cross Treaty as it is often called, was signed. It is a treaty in which every nurse must take a vital interest. It prevents a nurse ever becoming a prisoner or being fired upon in war service. Another convention for the revision of this treaty will be held in June at Geneva and many interesting subjects are to come up. One of the subjects Gen. O'Reilly told me was a question of a special uniform. It is a very easy thing for a man to put on a red cross brassard, use it to pass with immunity through the lines and then throw it off. There ought to be one uniform for all the Red Cross personelle of every country to wear, that is, for the Red Cross Surgeon as well as the regular army surgeon. That is one of the questions that will come up at Geneva.

When this Convention met in 1864 and framed and signed this Treaty, certain resolutions were passed that each country which signed the Treaty, should have a Red Cross Society, that is a volunteer society, to assist the medical service of the army in time of war. Of these resolutions that were passed, ten in all I think, five of them referred to the procuring of nurses in the time of war for the care of the sick and wounded, and that was one of the great duties imposed on these Red Cross Societies. In our war with Spain there was a great and crying need of nurses. There was no organization of the Red Cross, as there should have been. We were not in close touch, as we are now, with the Surgeon General's Department of the Army, and it was loath at first to accept Red Cross nurses. It was not at all an easy matter to arrange, and all sorts of complications arose in the solving of which valuable time was lost. In talking with one of the surgeons who
had lately been in Russia, I said we hoped to be able to have our Red Cross supply all the extra nurses that would be required by our medical service in time of war. Immediately he said, "Do you realize what that means?" I assured him that I had studied the matter up carefully. He replied, "Even in a small war we would have to have 500,000 volunteers; men with little or no experience in camp life. Under such conditions there is always a great deal of sickness, camp fever, etc., and that means five or six per cent. of the men in the camps would be ill. 25,000 or 30,000 sick men,—for whom we would require 2,000 or 3,000 nurses. We would have to turn to you for at least that number of nurses to start with,—this without a single battle."

As I have said, we saw at the time of the war with Spain the need of such an organization as the Red Cross, and we feel it is of the utmost importance that our nurses should be ready beforehand, and the question arose as to how to arrange for an enrollment—what plans to make. We found in some of the foreign Red Cross Societies, in Russia for example, where the Red Cross nurses are all educated in their own hospitals, that the Red Cross at the front was a separate organization from the Army Medical Service. You would have on the one side, the Russian Red Cross with its nurses and its surgeons, and on the other side you would have the army with its nurses and surgeons, and as was naturally the case, the discipline was stricter in the Army Hospital than in that of the Red Cross. The result was, a lack of harmony and the creation of faction. On the other hand, the Japanese Red Cross was organized with remarkable success, their nurses and surgeons became a part of the army medical service, their detachments were ordered here and there just as a regiment might be sent. It was all systematized beforehand. There was no trouble or confusion, and that is what we feel is essential if we have active service. I think Russia will do that in the future. When we work with the Army, we will receive orders just as soldiers do. Everything will be perfectly systematized. If we have war, the service of the nurses is just as hard and just as nobly patriotic as that of any man who volunteers to fight for his country.

We cannot arrange to pay the nurses any higher salary than
that paid the regular army nurses. We can offer only $40 for services in the United States and $50 outside of the United States, so that when the nurse goes into active Red Cross service, giving of course what will be hard service, she gives it for much less remuneration than what she could certainly earn in her private service, and thereby she does a loyal service to her country. I will read you the agreement as to her service. [Reads agreement.] That seems a rather strict agreement; at any time we called upon the nurse, she would have to go. Nurses' work is peculiar. There would not be any justice in asking a nurse who is in charge of one sick person to go to nurse another. That is not our intention. If war occurs, you never want your corps of nurses all at once. You begin by instalments, taking over nurses as they became free and were ready to go. If there occurred a great catastrophe, as you can see by the one that lately occurred in San Francisco, there is little probability of a great number of nurses being called, as there were only a few injured. The nurses on the Pacific slope are at present able to meet the situation, and will be, unless a great epidemic arises. Now in case it should be necessary to send nurses, the idea is to send them from the nearest points, and then, first, to send those that volunteered. Some of our nurses in Washington City said they would be glad to go if we were sending nurses. In the first place, the question is asked, "Are you an enrolled Red Cross nurse?" They would then have first right to go. For instance, suppose here close to New York you had some great calamity, you would find that almost any one of the enrolled nurses would, if disengaged, gladly help their country and help humanity. I do not think there should be any difficulty in getting the number of nurses needed,—nor do I think there would be. You know when war comes, everybody is stirred with the patriotic desire to be of assistance to those who are fighting for their country, and therefore I do not think our nurses need have any timidity with regard to signing the Red Cross agreement. It is service a patriotic nurse would long to give if war called her to it.

But there is another essential point, and that is, that the nurses enrolled by the Red Cross are the right kind. We must insist
that they be nurses with regular training. We cannot have among our nurses persons who, simply because of love of humanity or of patriotism, desire to act as nurses; it is most essential that those nurses who have had the regular training, should be the ones enrolled, and to provide for this we have established certain simple rules. These as yet have not been sent out to the Branch Societies, because there are certain questions yet to be settled. We have tried to make the rules to a certain extent elastic, yet stringent enough for safety. These rules are as follows. [Reads rules, re-enrollment.]

We want to know whether the regular three years’ course ought to be the length. The Army requires a two years’ course, and we would like suggestions to come from those of you who know about it.

Second,—No nurse under 25 years of age, etc.
Third,—All applicants, etc.
Fourth,—The moral character, etc.

Now the last is the most elastic rule. It is open to a good many suggestions. The question came up as to who should be on the Committee on Nurses. I think it is most proper that a Committee on Nurses should be formed in each Branch and that on each Committee there should be Superintendents of Training Schools. Whether it should consist solely of them or not is a question that will have to be considered and decided later. That nurses should be enrolled on the recommendation of the Superintendents I think is essential, and I can speak from the way the enrollment was done in Washington. The request was made by the Committee then, that the Superintendents of Training Schools should be consulted, and in fact every nurse enrolled in Washington was enrolled through the Superintendent of some training school. There was not one nurse accepted otherwise. We felt that this was essential. Some rule may be adopted that the nurses must have the recommendation of the Superintendent of some training school. Superintendents know better than others the character and ability of the nurses and upon them we must largely depend for recommendations for Red Cross nurses. These rules of course are open
to discussion. We do not want to establish them unless they can be carried out and adapted to the different cases. What may be the conditions in one state are not the conditions in another, and we want to provide for the different states.

Now, as to certain special instructions in regard to the work of the nurses, we have thought that when we are well established, with a number of nurses enrolled, it would be a very excellent thing to arrange to have a certain course given by army surgeons to the enrolled nurses, a brief course as to what nursing would mean in a field hospital. By that I do not mean that any of our Red Cross nurses would ever be sent directly to the front; that is not the place for a woman nurse; the Russian army did send them and some of them were wounded. They had just as much courage as the soldier; they were under fire, but this is neither proper nor expedient. The army might have to retreat with rapidity, and the nurses would then be in the way. The Japanese did not send them to the front; they worked in the reserve hospitals and on the ships, where their services were invaluable. But with us it is essential to know how to act and what to do in time of war, because you know if you are going to send 100,000 volunteers into a camp, you would have to establish camp hospitals, which are very different from city hospitals. There are the many ideas the army surgeons can give the nurses. We think that a certain course given to our nurses in that regard would be of great advantage. It would be an excellent idea to have a little practical experience. A small corps of Red Cross surgeons and nurses might be permitted to take part in some of our manoeuvres, so that they could learn from practical experience what field nursing would mean, that is, during army manoeuvres. Our Red Cross people would thus come in touch with the militia and would obtain much valuable experience as to the exigencies of army life. You will find in the Italian reports, an account of the work done by the Red Cross at the time of their military manoeuvres.

I do not know that there is anything particular to say about the San Francisco disaster, because the nurses there were sufficient, but you know that in case of any great catastrophe we would very likely have to do nursing in camps, because nobody knows better
than the trained nurse the danger of performing operations in buildings that are not fitted for that purpose. It has been suggested that it would be an excellent idea for the Society to build operating cars and to place them in New York, Chicago, St. Louis, etc., so that in the event of a great calamity, cars of that nature, with several regular sleeping cars, could be immediately hastened to the site of the disaster, side-tracked, and thus provide a small temporary hospital. It would have its pharmacy and all other conveniences. The patients on this train could be then moved back to the hospital in the nearest town with the least possible transportation. This is one of the suggestions of Gen. O'Reilly, and he said in time of war such cars would be invaluable to the army.

I had hoped to be able to make a more extensive study of the Red Cross nurse in various countries, but my time has been so occupied by the San Francisco relief, it has been impossible for me to study any of the foreign reports in detail.

The honor of our Society is going to depend on our Red Cross nurses. We want to feel that it is an honor to be a Red Cross nurse, and at the same time the honor of the Society finds itself in her hands. If our nurses prove worthy, they will do more than anyone to maintain the high standing of the society, and if they do not, they will cast a slur upon the society that it will be difficult to remove. Great care should be exercised in our choice of nurses. When the time comes, women of character who feel an inspiration in their work—an inspiration which must be a practical unstudied inspiration—will be the ones who are needed. It is for such nurses that we appeal to the Superintendents, to select for us the women that they feel will be the best fitted for the service which may be required by the Red Cross.

Then as to the different foreign Red Cross Societies. In the British Red Cross, there was formerly a combination of societies, and it has only lately been re-organized and all consolidated. Two provided litterbearers and men nurses; one, the Army Reserve Nurses' Association, women nurses, and the fourth was for collecting money. The Army Reserve Nurses' Association is a regular part of the British Red Cross; it consists of trained nurses, and I think is in good standing, because it requires that the nurses should all be graduates of regular training schools.
The French Red Cross nurses do not strike me as satisfactory, certainly not from our point of view. As you know, in France the nursing is, or has always been done by the Sisters, so there were no other particularly trained nurses, and the Sisters were of great assistance. Lately in France the Sisterhoods have been broken up by the Government. The Red Cross has provided nurses, but from what I have been able to glean from its reports they have received but little training. They seem to have a six months' course of lectures, and upon a simple examination receive their Red Cross diplomas. They would be what we consider simply assistants. I may be mistaken about this, but I could not find that there exists in the French Red Cross a corps of regular trained nurses.

In the Italian, I do not find in their reports any record of women nurses. They have trained male nurses and assistant surgeons, and each knows in case of active service exactly where to report, but I should judge that in the interior hospitals, where the Red Cross arranges for accommodations for 10,000, the nursing must be by the sisters. The Austrian Red Cross has a large number of women nurses, most of them trained nursing sisters. The Germans have their regular Red Cross nurses and these nurses stand very high in Germany. If people desire a nurse they are apt to ask for a Red Cross nurse, and the best surgeons turn to the Red Cross nurses.

The Russian Red Cross is a remarkable organization. A great number of hospitals in Russia belong to the Red Cross, and are under the direction of different Sisterhoods, whose members are regular Red Cross Nurses. These hospitals in time of peace are run on the line of our charitable hospitals. The nurses have the regular two and a half or three years' course. Before the war service they were given a six weeks' special training and then they were sent out on the hospital trains, and to the front. Major Lynch, one of our surgeons with the Japanese, told me, that when the Japanese took Mukden the Russian surgeons in the regular army all left, as their service was compulsory—but the Russian Red Cross surgeons and nurses stood by their post, and remained with
the sick and wounded Russian prisoners. This shows you the
Spirit of the Red Cross.

Now, as to the Japanese Red Cross, which is a marvelous insti-
tution, with 1,035,000 members. Its nurses have all been edu-
cated by the Red Cross. When the Red Cross started, about
twenty-one or twenty-two years ago in Japan—I think it was in
1884 that Japan signed the Treaty—such a thing as a woman nurse
was unheard of. There was the strongest prejudice against
such a profession, no respectable woman would take it up, until
women of the royal family and the nobility took courses of
training under the Red Cross. Now the Red Cross has estab-
lished hospitals,—a large one in Tokio that became during the
war an army reserve hospital. It had 1488 men in it the
day I was there and I spoke to about 130 of the little Japa-
nese nurses. They wear the cross on the front of their high
mob caps, the graduate nurse wears a star on her collar, and
the head nurse had three stars. Then there were a number of vol-
unteer nurses, ladies who did simpler work, prepared bandages,
wrote letters, etc. They wore the regular simple white nurses’
dress, but without any star. The Red Cross provided for the
Army during this war 4700 nurses, mostly women nurses. These
nurses made a splendid record. They proved of the greatest ser-
vice, the greatest possible use, and all the reports speak of them in
the highest terms. The Russian Red Cross nurses redeemed the
situation in Russia. The Red Cross funds were not properly
guarded in Russia, and I understand that these large funds that
existed on paper did not materialize when war broke out, and the
Red Cross began to lose public confidence, but so splendid was
the record of the nurses, that confidence was restored, and money
again poured into the Red Cross treasury. Many of the poorest
Japanese will show you his or her Red Cross badge with pride;
they regard it as their duty to belong to the society and pay the
small fee gladly, which sometimes they can illly afford to do. They
have upheld their Society wonderfully during this war. As I
have said, the highest praise comes to the Japanese Red Cross
nurse. I have here the report of one of our Navy Surgeons, an
official report—and as I turn over its pages I see case after case
where it is stated "the serious cases are in the hands of the Red Cross nurses." "The wards are in charge of the Red Cross nurses." Dr. Braisted devotes a paragraph or two to the Red Cross nurse. Our Red Cross organization is vital to the Army in time of war. He says that it is probably the most important adjunct to the Army or Navy.

[Reads report of Dr. Braisted.]

You see what this Navy Surgeon, who has seen the work of the Japanese Red Cross nurses, believes is worth while for us to undertake.

What he says is true, that the nurses and the whole nation of Japanese are wonderful as to obedience, but any nurse who has gone through three years of hospital training, has certainly learned a great deal of what discipline means, and I feel that when we send out our Red Cross nurses, they will also understand what discipline means. Possibly some of you may have seen a picture that was taken for the Red Cross of Japan. It is rather a ghastly picture. It shows a severely wounded Russian soldier, and when this photograph was taken he was leaning his head against a little Japanese Red Cross nurse; on the one hand was man's inhumanity to man, and on the other, man's humanity to man as typified by that Red Cross Nurse. If we have war, we want our Red Cross nurse to stand for the personification of that humanity to man that the Red Cross nurse represents.

The President. I think as we have listened to Miss Boardman, we feel what we have often felt before, that we are the most privileged body of women in the world, privileged to be able to work in our great institutions in the care of the sick, giving service that they might not otherwise be able to get, privileged to work for the social betterment of the community, and privileged too to be able to give such a splendid public service to the public in case of calamity or war, and privileged to have such women come and speak to us. It seems as if every woman in this room should belong to the Volunteer Red Cross Society. I cannot think of anything more inspiring for our State Associations and County Associations than just this kind of practical work that Miss Boardman outlines, which would help us in the kind of work we might be called
upon to do, in case of a public calamity or catastrophe, such as San Francisco, no less than war service.

If there are any questions to be asked, I know Miss Boardman would be glad to answer them.

Miss Banfield. I would be very glad to ask Miss Boardman if the Red Cross is aware that a certain body in Philadelphia calls itself, I think, the Volunteer Red Cross Society, and I think it doubtful if many reputable nurses in Philadelphia would join. My reason for that is this: This Society—I am not quite sure what it calls itself—claims, advertises widely the fact that any person who can present a letter from two people certifying to her character would be able to join a six weeks' course of lectures and get a diploma on paying $10 and become a member of the American National Red Cross. That is what they advertise. Now if they claim that falsely, they should be stopped by law, and it seems to me that it is casting discredit on the Red Cross. I should be glad to know whether they are justified in their claims.

Miss Boardman. I think we know a good deal about it. The Department of Justice has asked the Post Office Department to see what they can do to issue a fraud order against that school. We had the prospectus of the school and reports showing what they claim. They cannot belong to the Philadelphia Red Cross, as the old Philadelphia Red Cross has been absolutely dissolved, and they cannot enroll any nurses unless they have a certificate from the Pennsylvania school. They go by what they call the International Order of the Red Cross; there does not exist such an order. We immediately took the matter to Mr. McReynolds, who is looking into it. We will take the matter to the Post Office. We will get a fraud order issued against these people. But it is absolutely impossible for them to represent themselves as members of the National Red Cross without being subject to a fine of $500 or imprisonment, and if they do that, they fall in our power. If we can prevent them using the mails, it will be a good thing. We have great difficulty, because the old organization was never properly organized, in protecting the Red Cross as it should be. I think you will agree that there should be no abuse of it. It has got to be used as a trade mark; they have a legal right to use it, but we are preventing any further companies of any kind using it. We got the law passed, and they are acting upon it at the Patent Office. We will become a strong organization and will see what we
can do. We may have to buy these people out, or resort to State legislation.

The President. Perhaps Col. Sanger will favor us with a few words.

Col. Sanger. I was asked to come to this meeting and say a few words. I accepted that invitation for several reasons; in the first place, I always deem it a great privilege to listen to Miss Boardman, and especially when she speaks upon such a subject, and furthermore, I am very glad to give expression to the personal sense of obligation which I feel to the women of your profession. It has been my fortune to have on many occasions trained nurses in my home, and my wife and children and I feel that they have always come as blessings, helping us to bear the anxieties and troubles that follow in the train of sickness in the way that no one but a trained nurse could do. And as I think of what it means in my own home to have this help, and contrast it with what I saw in our camps during the Spanish War, I feel that I am more than eager to do what I can, both officially and personally, to help on the work which it is planned to do in organizing the trained nurses. My regiment was first at Camp Black and then on its way south, we were with the Second Army, at Camp Mearns, (?) and I won't take your time to-day to talk of that; some time it might perhaps be interesting for you to know of this in detail, to describe the conditions which existed in those camps. There is no need of dwelling upon them except in so far as they impress upon us the absolute necessity, the duty to our young men, to see to it that when war comes again, as come it certainly will in the dispensation of Providence, that we will not have to witness the lack of nursing which, right in the heart of our country, equipped with every medical advantage, marked the conditions of some of these fever-stricken camps. I am happy to say that the New York State branch has for its secretary Mrs. Wm. K. Draper, the wife of Dr. Draper, whose heart and soul are in this work. Both Miss Boardman and I feel sure that you will find through her officially that every possible effort will be made to bring to the highest degree of efficiency the organization of the nurses of this State, and I feel that my full duty is performed to-day, when I say, on behalf of the State organization, that we recognize as clearly as Miss Boardman does, how much the future of the Red Cross depends upon your co-operation, and we shall do everything in our power to see to it that this high standard with which you are so thoroughly in sympathy is maintained in the organization of the Nurses of the Red Cross.
The President. We are very grateful to Colonel Sanger. There are a good many witnesses here though who will testify to his having stated that he will at some time give us a longer talk on this subject. I know he will be appealed to, and trust he will not refuse our appeal when it comes.

We have this morning unanimously voted to ask Mrs. Cadwallader Jones, who has done so much for us in many ways since the foundation of the training schools, to become an honorary member, and we have also voted to ask Miss Boardman to become an honorary member. I trust she will not refuse us this honor.

Miss Boardman. I am more than honored, and accept with pleasure.

The President. Is there any further question the Society would like to ask?

Miss Carr. In behalf of the Society may I suggest that the Society offer a most cordial vote of thanks to Miss Boardman for her kindness in coming to speak to us?

Seconded by Miss Maxwell, and carried.

The President. There will be a few minutes’ recess.

After a few minutes’ recess Miss McMillan read a report on Affiliation of Training Schools.

THE AFFILIATION OF TRAINING SCHOOLS.

BY MISS M. HELENA MCMILLAN,
Principal of Training School, Presbyterian Hospital, Chicago, Ill.

From East, West, North and South reports come of what has been accomplished in the way of affiliation, what is being done, and what is planned for the future. Affiliation is not a new thing, although in its broadest, best form we as yet hardly know it, and possibly are not ready for it.

Temporary union through the courtesy of one superintendent and one school to assist another has occurred from time to time as occasion arose. As many as a dozen years ago a Cincinnati hospital having decided to give up its work, was able to properly provide for the completion of the training of its pupils by the willingness of neighboring schools to receive its nurses as their
own; the Illinois Training-School of Chicago and another Western school, whose name I have been unable to find, aiding in this by accepting the members of the senior class for their final months. In a similarly courteous manner, some years later, the Allegheny General Hospital, Pittsburg, to assist the Pittsburg General for Children, undertook the entire charge of the nursing in that hospital for three years while a new building was being put up, and in turn the Pennsylvania Hospital of Philadelphia came to the assistance of the Allegheny General by receiving its senior class until affairs adjusted themselves in the first two institutions.

Nurses' schools, particularly those connected with the large city hospitals, have, for an indefinite time, been working together, supplementing in a second or third institution the experience in practical nursing deemed necessary for a complete training and which the first was unable to provide. General hospitals have gladly sent their nurses to special institutions, such as maternities, children's or contagious hospitals and eye and ear infirmaries, thus accomplishing the threefold object of broadening their own training, providing suitable care for the sick of the institution, and preventing necessity for the existence in these special hospitals of poorly-equipped and inadequate schools.

New York, Boston, Chicago and other cities abound in instances of this type of affiliation, so well known to us all that it is needless to cite examples. Not a few schools have been sufficiently interested in securing the complete training for their nurses to send them, sometimes at considerable cost to the school, to other cities or states; as the Leonard Morse, Natick, Mass., to Lying-In Hospital, Providence, R. I.; Lakeside Hospital, Cleveland, Ohio, to New York Lying-In Hospital; Riverside Hospital, Toronto, Canada, to the Woman's and to the Infants' Home, Detroit; Butterworth Hospital, Grand Rapids, Michigan, to Detroit; Home and Retreat, Lynchburg, Va., to the Presbyterian, Chicago; and others.

Possibly of more recent date and particularly noticeable within the last year or two, is that form in which the large general hospital, opening its doors, admits other school nurses into its wards
and class-rooms, thus assisting the school belonging to a hospital with limited or special service. Among these we find Buffalo General receiving nurses from the Children's Hospital of Buffalo for their third year; Johns Hopkins opening its obstetrical department to the pupils of the Union Protestant Infirmary of Baltimore; and, possibly, giving before long the same opportunity to the school of the Church Home and Infirmary. To the latter, in addition, will be granted the privilege of having their nurses attend the intermediate and senior class lectures of the Johns Hopkins which are not provided for in their own school; The Illinois Training-School is now admitting into the Cook County Hospital nurses of the Browak and Dixon Hospitals of Illinois and the Passavant of Chicago. Maryland General, Baltimore, trains the St. Agnes Training-School nurses in obstetrics; New York Post Graduate is open, during the summer months, to the school of the Jackson Health Resort, Danville, N. Y.; Polyclinic of Philadelphia receives nurses of the Woman's Hospital of that city into its male wards and accident rooms; and Mt. Sinai of New York is open to schools connected with insane institutions, giving to the nurses four months' training, part of which time is in the operating-room.

Several schools of the specialty hospitals are fully awake to these opportunities and are making the most of them. The Jackson Health Resort, besides sending its nurses to the Post-Graduate of New York, is affiliated with the Erie County Hospital and with Dr. Mann's Gynecological Hospital, Buffalo; with the New York Infirmary for Women and Children; with the Laura Franklin Free Hospital for Children, New York, and with the Nursery and Children's Hospital. Another following the same plan is the Laura Franklin Free Hospital for Children, New York, in which the nurse spends the first year in her own hospital, and is prepared as well as possible in the theory and practice of nursing in all branches; the second year she is sent for adult training to the J. Hood Wright Memorial Hospital, where in addition to surgical, medical and gynecological nursing she has experience in dispensary work; to the New York Infant Asylum; to the Min- turn for Contagious; and for instruction in district nursing she
is placed under the supervision of the staff of the Nurses' Settlement.

The Sheppard and Enoch Pratt Hospital for Nervous and Mental Diseases has been able to make an arrangement with the Post-Graduate of New York by which women who wish training in general nursing after two years' course in special instruction in this hospital, may "under certain restrictions be admitted as advanced pupils in the New York Post-Graduate Hospital and Training-School and be allowed one year's credit there."

A somewhat different affiliation of two hospitals to provide educational material for one school is instanced in the Capital City School of Nursing, Washington, D. C. Both institutions,—namely, the Washington Asylum Hospital and the Central Dispensary and Emergency Hospital, has nurses' homes, class and lecture-rooms. Applications are accepted by the Superintendent of Nurses of the Washington Asylum Hospital, where the first two years are spent. The final year the nurse goes to the Central Dispensary and Emergency Hospital. As I understand it, the entire course of instruction, theoretical as well as practical, is planned together by the two women representing these hospitals, and not by the head of one only who arranges and possibly dictates terms to the second, an example well worthy of note and of emulation.

A form of affiliation less common is that of nurses' school with college, instanced in the Presbyterian Hospital of Chicago, where upon the organization of the school in 1903, Rush Medical College offered to assume responsibility for the instruction of the pupils in those subjects ordinarily taught in a medical school and the use of its laboratorios and class-rooms. This offer was gladly accepted by the school and has been found most helpful, results having been thus obtained which otherwise would have been impossible.

During the past year the Provident (for colored women) and Wesley Hospitals of Chicago, and to a lesser degree the Mercy Hospital, have united in class, lecture and laboratory work, this being given by the staff and in the class-rooms of the Northwestern University. The three named hospitals as yet have not affiliated in practical nursing instructions, but I understand there are plans
along this line and some hope for a much closer union during the coming year.

An affiliation somewhat similar to the above was in existence several years ago in two or more hospitals in Rochester, New York, but does not now exist. City Hospital, St. Barnabas, and others of Minneapolis, Minn., unite to receive some of their lectures together, and they have hopes that the University of Minnesota will, before long, assist them in establishing preliminary instruction, and in such other work as the university is prepared to be helpful in.

State registration has aided somewhat in this tendency towards united effort, one direct result of the passage of a nursing bill being the abandonment of the school connected with the Crippled Children’s Hospital, Baltimore, and the assumption of the nursing in that institution by the University of Maryland Training-School.

Also as the result of registration is the offer recently made by the school of the City Hospital of Indianapolis to receive nurses of other schools in their second year, giving them work in the wards of the hospital, lectures, classes and demonstrations. Massage and dietetics are added, but each affiliated school must bear the expense of instruction in those two subjects.

Ordinarily the hospital receiving the nurse provides board, lodging and laundry. Occasionally she returns to her own home at night. In a few cases a small monthly remittance is paid to the home school or directly to the nurse. Also at times the nurse visiting is provided with and expected to wear the hospital uniform while a resident. In every instance heard from the transportation expenses are paid by the sending school.

In discussing affiliation superintendents who have had experience write as follows: One says, “It is good for young nurses to come in contact with nurses from other schools, with other methods of work, and to have the opportunity of seeing other physicians than those of their own community.” A second claims that there are certain disadvantages: “Nurses become relaxed in discipline, not being under the supervision of those who know them, are inclined to adopt methods which they consider easier and which are always less effectual, and consequently they return very often
so confused with different methods as to have neither one way nor another. They also lose their class time and lectures." Another: "We have found affiliation satisfactory in all respects." A fourth: "It makes nurses broader minded, more adaptable and tactful," while still one more says that the benefit received is not entirely on the side of the small hospital, and hopes that the women at the head of the large schools will become more generous in opening their doors to others.

Even such an incomplete sketch as has been offered shows that a great deal has been accomplished and is being planned for. Most of the states in which affiliation is not already known (and there are several both East and West), express the need and wish for it. However, affiliation as it is is not what we would have it nor what we hope it may be. There are undoubtedly many difficulties in the way of closer and broader union. Some general hospitals, which would gladly be of use to others, are unable to give those services mostly in demand,—namely, children, obstetrical and contagious,—needing what they may have for their own pupils. It would seem possible, however, to follow the example set of lending some of their medical, surgical and other adult material to those who need it, without in any way lessening the excellence of training in their own schools. The use of the special hospitals, when within reach, seems to be pretty generally appreciated, but the supply of these will hardly meet the demand.

The tendency noticeable towards affiliation in class and lecture is pleasing and worthy of encouragement. In this way the cost of instructors might be divided, making the use of the salaried teacher much more possible and common.

May it not seem plausible to suggest that those two or three Western schools which have joined with themselves and again with an educational center have started on the road to the solution of the problem which in time will lead to the desired good? By their own union they bring combined knowledge and experience in working out a suitable course of instruction, and provide the necessary nurse instructors; through their relationship with the several hospitals they obtain the desired clinical material; and by their affiliation with a university, already equipped with labora-
tories and their expensive requirements, they have the privilege of their use and the advantage of instructors and lecturers especially trained in those subjects which, at present at least, nurse instructors are not prepared to teach most effectively.

If nurses' schools are ever to become distinctively educational, they must associate themselves with other educational organizations, must become part of an educational organism. At present they are parts of a whole, but the whole has aspirations which satisfy only one side of the part. Hospitals exist to provide for the care of the sick; they may lend themselves, to a certain extent, to educational purposes, but never can or should be educational centers, or assume to a large degree educational problems. The school (part of the hospital) exists to nurse the sick but also to fulfill a duty equally as important to the community,—that is, to educate its student nurses,—and accordingly must undertake and solve these educational problems. It might seem, therefore, that the part is broader than the whole, a condition which ties the hands of the schools for nurses and makes their progress, beyond a limited degree, impossible.

Should we throw aside the hospitals, which is out of the question, and if possible, undesirable, and endeavor to unite ourselves to the universities alone, we might say, with equal truth, that the whole would fail to satisfy all needs of the part. Nurses' schools are distinctively twofold: giving care to the sick, and for this they need hospitals and the hospitals need them; and secondly, educating their pupils, in which they must have assured assistance from a strong and essentially educational source.

At present the position of the nurses' school seems to be a false one. With all due respect to the hospitals we love and serve, they are tying us down, binding us and grinding out whatever aspirations we may have to make the best and most of our schools. To accomplish anything we must be free,—not to stand alone, which seems beyond the limits of easy imagination, nor to desert the hospitals, which we would not leave if we could, but to have the positions of the schools readjusted so that they, recognized as of educational nature, complete in themselves and not an insignificant part of either, may unite with hospitals and with colleges,
taking from both but in return giving back full measure in helpfulness. This tendency seems already to be showing itself. Whether it is the proper and possible thing for the schools is for the future to decide. We may, however, take comfort in what has already been accomplished. We are ourselves becoming broader, less exclusive, and more concerned about the results of the whole as against our own little interests. Local superintendents, associations and state organizations, following the example of the national, have helped to bring us closer together; nursing journals are keeping us awake, and finally state registration will do much by compelling even unwilling efforts for affiliation. The time is not being wasted; we are getting ourselves ready, and gradually working towards the object in view—affiliation along all lines and with every interest which will enable schools for nurses to fulfill their obligations to the utmost and in the best, wisest and broadest manner.

Miss McMillan. I would like to say that this paper has been gotten up very rapidly and I did not have time to write again to those superintendents who were good enough to give me the information I have offered to you, so that if there are any mistakes or omissions, I would ask pardon. I would also like to say that since I came to New York, I have heard of one school in New York connected with a large general hospital, and that school has its own president and executive board. The President of the Hospital is not the President of the School. It might seem that that is one step in our advancement. I cannot see how, when the head executive of the School Department has as his first object the hospital, how our schools are going to advance very much. I think we must have behind us some people to whom the interests of the School is first and foremost, without of course affecting the hospital, but if our schools are always going to be secondary, I do not see how they are going to advance.

The President. This paper certainly shows that we are making progress, even if we have many difficulties to contend with. We do think that the criticism of our system is because it is so little known. Will Miss Francis, of Washington, discuss this paper.

Miss Francis. I do not know that I can add anything to what Miss McMillan has said, except perhaps to explain a little more fully
the working of our own Training School, and to advocate strongly the affiliation of those Hospitals with Training Schools for Nurses, but with insufficient material with which to fully instruct their pupils.

The school of which I speak, The Capital City School of Nursing, is a distinct corporation, the Board of Managers of which is made up of several members of the staff of the Central Dispensary and Emergency Hospital, the Visiting Physician of the Washington Asylum Hospital, and the Superintendent of the Washington Asylum.

The Washington Asylum includes the City Hospital, The Almshouse and the Workhouse of the City of Washington.

The pupils are all received at the Washington Asylum Hospital, their applications being forwarded to the Superintendent of Nurses, who has full power to decide as to their fitness for admission. Here they receive their first two years' training, also the theoretical instruction which properly belongs to that training. While here, as well as being members of the Capital City School of Nursing, they are District employees, as the Washington Asylum Hospital is under the City Government. When they go to the Emergency Hospital, they still remain members of the School; but they sever their connections entirely with the Washington Asylum Hospital, and, as Superintendent of Nurses in this Institution, I have no further control over them, they being then directly under the supervision of the Superintendent of Nurses of the Emergency Hospital.

Miss McKechnie. When Miss McMillan said she thought that the training school was absolutely under the hospital, when it is connected with the hospital and the Board of Hospital Governors, it seems to me that a training school must ever be a department of a hospital; that is, I don't mean the teaching side, but the nursing side, and as Miss McMillan has brought out clearly, there are two sides. There is the nursing at the hospital, and there is the teaching of the nurses, which is a separate problem entirely. We all know perfectly well that a training school cannot exist without a hospital, and I think the hospitals have had the training schools forced upon them. They evolved out of the necessity for having the patients nursed, and out of this has come the trained nurse, and in whichever way you look at it, and however you take it up, there is no other system that seems possible.

The President. This is of course a very interesting point. The great difficulty is, when we see our patients need nursing, we stop our classes; at least we want to if we do not, if the patient needs the care, and can we conscientiously withhold the nursing from them. Is not
that our chief problem in combining theoretical instructions with the care of the patients in the hospital? The only point it seems to me we ought to bring out very clearly is that we need both. We need the theory and the practical work with the patients; how can we best obtain them?

Miss McMillan. I perfectly agree with Miss McKechnie as far as the actual care of the patients goes. There can be no opinion other than that expressed by Miss Goodrich. The Superintendent is responsible for all the patients in the hospital. I think we all agree on that. The point that I feel is the educational side of the school, taking it as an educational institution apart from the nursing part of the hospital. If we keep those two separate, and have a separate Board for each school, we will consider first and foremost the advance of those schools, if proper instructors and lecturers are provided. I should certainly feel badly if you have misunderstood me. I realize the responsibility of the Superintendent with regard to the sick in the hospital, but I think also of the educational side.

Miss McKechnie. I think that all of us understand that hospital and training school are separate, that is, the nursing in the hospital and the school side are separate, and I do not think for a moment that the superintendent should be the head of both training school and hospital. The point is whether a Board of Governors separate entirely from the Board of Governors of the Hospital is a desirable thing. If you have a separate board for the training school, with no connection, except a small representation upon the Hospital board, you have then two distinct bodies and you have two executive officers who work for and under those two executive bodies. Whether you have two executive bodies and one head or two heads, whichever may be the most satisfactory, the one governing body governs the two departments.

Miss Maxwell. From practical experience I can say that two separate organizations in one institution is the greatest possible mistake. The management of a hospital is vested in its Board of Managers or Governors, and are its natural head, dictating its policy. They in turn appoint a Superintendent to direct its institution and a Superintendent of the School of Nursing which forms one of the departments of the hospital.

Miss Ayers. I want to ask Miss Francis in regard to having a report of pupils sent to other schools?

Miss Francis. With each pupil is sent a full report of her record
and standing in the school, theoretical and practical, also notes as to her special characteristics, her strong points and her shortcomings.

Upon the completion of the third year of each pupil, a report of the work of that year, together with the report of the Superintendent of Nurses of the Washington Asylum Hospital, is sent by the Superintendent of Nurses of the Emergency Hospital to the Dean of the Training School, with the recommendation that she receive the diploma of the School.

At the Emergency Hospital the students have four months' operating and emergency service, and the nursing of private patients. I forgot to mention that at the Washington Asylum Hospital we have no private patients. You will see therefore, that we could not give pupil nurses a full general training; and that this end is accomplished by the special work which is to be obtained at the Central Dispensary and Emergency Hospital. This arrangement does not interfere in any way with the discipline, nor do they miss any of their theoretical work, because it is so outlined as to correspond with the practical work which is being done in each institution.

Miss Ayers. Now, with regard to unsatisfactory conduct in the other training schools, would it affect the receiving of the diplomas, when these reports come back?

Miss Francis. A report or recommendation coming from either Superintendent of nurses would be acted upon by the Training School Board.

Of course the Board might see fit to change a recommendation, but as a rule I think it would be accepted. It is very seldom that a pupil who has gone through the two years' training at the Washington Asylum Hospital has not been able to finish her third year. The "weeding out" is generally done in the first Institution; but if necessary, more could be done in the third year, as the discipline in both places is the same.

Miss Davis. I should like to know the conditions under which these nurses come, if they come for two or three years; when they come in the school, if they sign the contract for three years, if they perform the two years at the first school, but fail in the third year, why she should have a diploma. She would not in a hospital.

Miss Parsons. My feeling is that if a nurse has done good work for two years and has been a failure in the third, that unless her fault has been heinous, it would be just and right for the Superintendent to give her another opportunity. I think sometime a nurse may
fall just short of passing her examinations. I sometimes allow another year, and if the pupil is willing to take that year, she ought to have it, unless, of course, she is not fit to be a nurse.

The President. We have still some matters before us. We want to consider Mrs. Kinney's suggestion. The War Department said that it would accept us as a body of volunteer nurses. We were to discuss the matter this morning. I think that was thoroughly understood. Has anyone anything to say? We felt that the graduates were not accepting with the alacrity that we should like. We felt that the superintendents should join as a body, and the War Department in Washington, as I understand it, said that we would be accepted in a body without individual applications and endorsements. Now the question is whether as a body, we can give our services.

Mrs. Kinney. Some one asks "How about foreigners!" My reply is that we should in our hour of need accept with gratitude and deep appreciation the help of any nurse who desired to help us, though I feel that the daily routine work of our army hospitals should fall upon citizens of our own country.

Again I wish to emphasize the fact that the Surgeon General has no idea of forcing any one to service. The list might be described as one upon which are the names of those who are willing to serve, if when the time comes they can do so. It has been suggested that possibly one reason that the nurses of the country seem to show so much hesitation in filling out and returning their papers is because of the clause which requires the physician to certify as to the condition of the abdominal organs of the applicant for examination. This may have been construed to mean more than it really is, i.e. simply an inquiry, which the most modest and timid nurse could not object to answering.

The President. I would like to say on behalf of the Boards of the Hospitals that they are as interested in our professional progress—I really think—as anyone else, and you will remember that in our last war, from this city Mrs. Quintard, Miss Maxwell and Miss Sutcliffe were allowed to go down to the camps to give their valuable services for weeks, and I think we will not hesitate to believe that they would be the very ones that want us to do everything at such a time.

Mrs. Kinney. I would like to say that if those who give their valuable time to that service could but know with how much appreciation and gratitude they are regarded by the Surgeon General's office they might understand how greatly those services were appreciated. I am going to ask that if the Society should deem it advisable to take this
action, that they should ask that the Society be placed, as a body, on the Eligible Volunteer list. I ask this because that is the name by which these nurses are known in the Surgeon General's office, and it would avoid any confusion.

It was then moved by Miss McMillan, seconded by Miss Ayers and carried that this Society offers its members in a body for service in time of war or national calamity, and requests that it be enrolled upon the Eligible Volunteer List in the office of the Surgeon General.

The President. I am sorry that Dean Russell is not able to come, and therefore I am afraid you will have to understand the position from my few words this morning. We have now before us this amendment of Article 1, which was deferred. There was a motion moved that this organization shall be known as the Society of American Superintendents of Schools of Nursing, which was lost. Then it was moved by Miss Palmer that the Society should be incorporated under the name of American Society of Superintendents of Training Schools. This also was not carried.

Miss Mckechnie. There is a motion before the meeting. We might go over the situation a little. It so happens that twelve years ago I was a member of the Committee who drew up the original Constitution of this Society, and last year was one of the Committee appointed to revise the Constitution and By-Laws, and this year am Chairman of the same Committee, so you will pardon me if I seem to have a special interest in the motion now before us. The name recommended last year in the Committee's report, "The American Nurses Educational Association" did not entirely please the Committee. We did not think it was quite what we wanted although it did embody much that we wanted it to cover. We thought it broad and liberal, and that it embraced nearly everything that we were striving after in our revision.

The object of this society as it stands to-day is fine and comprehensive. It not only applies to the nursing of the sick but to social betterment in every way. It is a larger and broader object than we have ever had before—it does not confine us to the Training School alone, it takes us up to the mountain-tops where forgetting the trials that have attended us all the way, we take a broader outlook on humanity and we see our work spread out before us along different paths. It would seem that this object covers all the limits that we could possibly hope to reach, and it will stir our ambition tremendously to live up to it. It means that the educational side has to be broader, that this Association stands as it has always stood, for educational improvement and
advancement. So when the Committee considered all the names that were at all possible or applicable this one "The American Nurses Educational Association" did seem to fill the needs in as broad a way as possible.

To go back to the original name "The American Society of Superintendents of Training School for Nurses." At the time this name was decided upon it was a comprehensive title. The organizers were heads of training schools for nurses. The membership qualifications at the beginning were necessarily exclusive. Outside of the training of nurses for private, hospital, and district duty, few of the many fields of nursing work to-day had been thought of. But we have grown since then, I believe, in many ways, in breadth of vision, in sympathy, in ambition and I think too, in ideals. We cannot now think only of Superintendents of Training Schools, in connection with the name we give to ourselves.

When we consider changing "Training Schools for Nurses" to "Schools of Nursing" it is well to pause—the educational standard of some of the schools calling themselves by this name is such, that it would seem better to abide by the name that has stood so well by us these twelve years, than change for one which, however appropriate, is somewhat tarnished in the eyes of the profession. I do not think for a moment that the question is going to be settled to-day permanently, I think it is only to be deferred. It is just as well to be conservative in the matter, as some of our members have assured me they are, and we do not want a name that everyone is not going to be proud of. The necessity for incorporation seems more urgent at the present time than changing the name of our Society, and I now wish to make the following motion, that the name of this Society, "The American Society of Superintendents of Training Schools for Nurses" remain unchanged.

Seconded by Miss Alline and unanimously carried.

Hearty votes of thanks followed to Mr. Low, Dr. Brannan and to all who had so generously contributed to the entertainment of the members.

The President. I think we of New York would like to thank the Superintendents of other cities very much for the inspiring meeting and the splendid papers. We shall go back to our work in the busy hospitals with renewed energy and inspiration.

Miss Davis. I would like to make a motion that we send a vote of congratulation—a telegram—to Miss Nutting on her appointment to the Chair in Columbia University.
Seconded by Miss McKechnie, and carried.

Miss Banfield. We wish to extend congratulations to ourselves that we have this privilege of having Miss Nutting as a member.

The President. No action has been taken as to what the Society shall give, $100 or $150, which was suggested to us by the Committee which we appointed to extend our sympathy to the nurses in San Francisco. Somebody should be appointed to receive any personal subscriptions that may be made. Will somebody take some action?

Miss Alline. I move that the Society send not less than $150.

Miss Davis. I second the motion as our Treasurer must know the state of our finances. Motion carried.

Miss Maxwell. I move that Miss Alline be appointed to receive any contributions that individuals may wish to give.

Seconded by Miss Walker and carried.

The President. I have now the honor of presenting to you our future president. Will Miss Banfield take the Chair. I do not need to introduce Miss Banfield, We all know her so very well.

Miss Banfield. Madam President and Ladies, I don't know whether to be more overcome or dismayed at the honor you have done me. It is entirely unexpected—a veritable bolt from the blue. I came over as I was very much interested in hearing all I could learn in regard to the development of the work at Teachers' College. You were good enough to appoint me your Chairman for five years and I naturally wanted to hear about it if I could. I may say that I am positively astounded at the honor you have conferred upon me. I trust I may do all that you wish in every way possible. I shall try to do so with the help of my friends in Philadelphia, and I am sure that I shall be glad to see you there. There is one thing I have always felt about this Association, and I feel it more strongly as the years go by, and it is the unconscious power which the individual members have of advancing their work. It seems as if, at each meeting, we were falling very far short of our ideals. We like meeting together, but I do not think we appreciate the fact of the real value of what we learn one from the other, and I do feel that the progress of the Association as well as the success of the next meeting depends on the individual work of the individual member. There is no member so new that the success of the Association does not depend upon her in a very great degree, because the new nurse becomes older, and we all pass away as time goes on, and the Association has to be carried on by our present new members, and therefore they are just as important, if not
more so, than the older ones, as the children are more important than
the parents. When we look back for years as to what this Association
has accomplished, it is encouraging, and whilst we fall far short of
what we want to do, I do think it makes us wish to do all we can for
the future and to help each other. No one can fail to feel it a great
honor to be President of such a body of women as you are. I do not
know that I have heard of a more capable body of women in this
whole very capable country, and none the less so because it is work
which is not always appreciated or understood by the general public.
I should like to explain to you, that I do not consider that I am the
present Superintendent of the Training School, because that has been
given over to Miss Saunders, though I am just as much interested in
the work; I have not the physical capacity to do everything and do
justice to the complicated work. The fact that I stand a little bit
aside and come more as an assistant in some wise, than as an active
worker, may give me all the greater interest in the different methods,
which I hope you will all have to put before us at our next meeting;
but I think it only fair and right that I should explain to you just
exactly what my position was, and even more so, in justice to any
person who devotes so much trouble and skill in carrying on a Nurses'
Training School of to-day. We have had a long afternoon and I can
only again express my honor and pleasure in seeing you in Philadel-
phia next year.

Miss Goodrich has asked me to announce formally that the meeting
will be held in Philadelphia next year. The date I am not aware of
myself. The Council has not yet decided that.

If there are no other announcements, I shall have the pleasure
of adjourning the meeting until next year, at a date to be announced
later.

Convention adjourned.
An interesting feature of the programme was:

A DEMONSTRATION
OF SOME
PRACTICAL METHODS OF NURSING

SYM'S OPERATING BUILDING
ROOSEVELT HOSPITAL
NINTH AVENUE AND 59TH STREET

APRIL 27TH, 1906, AT 3 O'CLOCK.

I. A PRIVATE NURSERY
   a. Bathing a Baby (The Sloan Hospital Method).
   b. An Eczema Mask and Restraint Jacket.
   c. Arrangement of Croup Tent and Restraint in Bed.

II. PREPARATION FOR AN EMERGENCY OPERATION (The
    Post-Graduate Hospital Method).

III. PREPARATION OF A HOSPITAL OPERATING ROOM (St.

IV. MISCELLANY
   b. A Hot Air Bath (The Roosevelt Hospital Method).
   c. Washing the Hair.
   d. Turning a Mattress.
   e. Arrangement of Pillows and Support for Feet.
American Society of Superintendents of Training Schools for Nurses.

CONSTITUTION.
Revised April 27, 1906.

ARTICLE I.—Name.

This organization shall be known as the American Society of Superintendents of Training Schools for Nurses.

ARTICLE II.—Object.

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

ARTICLE III.—Members.

There shall be three classes of members:
(1) Active.
(2) Associate.
(3) Honorary.

ARTICLE IV.—Classes of Members.

Active members of the society shall include members of the preliminary organization, all past superintendents who were mem-
bers while holding that position, all present superintendents of
schools of nursing, superintendents of hospitals, superintendents of
special educational departments of nursing, and associate members
if qualified as specified in the by-laws and acceptable to the asso-
ciation.

Associate members shall include all assistant superintendents,
school instructors and heads of special departments of nursing
work, if qualified as specified in the by-laws and acceptable to the
association. They shall be eligible for such membership during
the time they are holding such appointments.

Honorary members shall be those of whom the association
wishes to signify its appreciation and hold in grateful remembrance
for signal service to the profession or to humanity.

**Article V. — Officers.**

The officers of the society shall consist of a president, first vice-
president, second vice-president, secretary, treasurer, two auditors,
and six other members of the body to be called councillors. All
of these officers together shall constitute a body which shall be
known as the council.

**Article VI. — Amendments to Constitution.**

This constitution shall not be amended or annulled except as
hereinafter provided.

To amend or annul this constitution it shall be necessary that
such proposed amendment or annulment be presented in writing
to the secretary to put before the annual meeting next preceding
the one at which the final ballot shall be cast, for its approval, and
a copy of the proposed amendment or annulment with a copy of
the part of the constitution as amended be sent to each member at
least two months previous to the meeting at which final action is
to be taken. A two-thirds vote of the members present shall be
necessary for amendment or annulment.
BY-LAWS.

ARTICLE I.—Meetings.

The meetings of the society shall be held annually. The time and place of each meeting shall be named by the council and reported to the society for its action at the meeting next preceding. Each annual meeting shall be called by a printed announcement sent to each member, at least one month previous to the meeting. The council shall hold an annual meeting concurrent with the annual meeting of the society.

ARTICLE II.—Membership Qualifications.

Active members shall be graduates of training-schools connected with general hospitals giving not less than a two years' course of training in the wards of the hospital, or whose experience gained by post-graduate or other additional school work might justly be considered its equivalent. They must be endorsed by two members.

Associate members shall have the same qualifications and endorsements as active members, and shall be entitled to the same privileges in vote and debate.

Associate members who have held office for not less than three consecutive years and been members of the society for the same length of time may become active members by the unanimous vote of the members present at any regular meeting, their names having been duly considered by the council and proposed in writing by two active members.

Every candidate for admission to membership, both active and associate, shall make application to the secretary for a blank form which she shall fill out and return, to be sent by the president to the council for consideration. Final action by the council shall be taken at the council meeting immediately previous to the annual meeting, and the names of all candidates with recommendation of
the council thereon shall be presented to the society for action at
the annual meeting.

Election shall be by two-thirds vote of the members present.

Proposals for honorary membership shall be signed by three
active members and shall be presented at an annual meeting.
The election shall be unanimous.

**ARTICLE III.**—*Fees and Assessments.*

The initiation fees for both active and associate members shall
be two dollars and the annual dues three dollars, payable on January 1, of each year. Any member who shall fail to pay her
annual dues by April 1, shall receive special notice from the treas-
er, and if the dues are not paid within three months from that
date she shall have forfeited all privileges of membership, unless
such dues shall have been remitted by the council for good and
sufficient reasons.

**ARTICLE IV.**—*Withdrawal.*

Any member of the society may withdraw from it on signifying
her desire to do so in writing to the secretary, providing that she
shall have paid all her dues to the society.

Any member who shall be declared unfit for membership by a
two-thirds vote of the members of the council present at an annual
meeting of that body shall have her name presented by it for the
action of the society from which she shall be dismissed, if it is so
voted by two-thirds of the members present at its annual meeting.

**ARTICLE V.**—*Election of Officers.*

A nominating committee shall be appointed by the president,
before the close of the first session of the annual meeting. This
committee shall select one name for each office to be filled, and
shall post this list before the first session on the following day.
Additional nominations for any office may be made by any member
of the society. Such nominations if sent to the nominating com-
mittee with the names of the nominating members will be posted with the original list before the time of election.

The president, secretary and treasurer are eligible for re-election. All councillors shall be elected to serve for three years and one auditor to serve for two years.

All officers shall enter upon their duties upon the ending of the present convention. When any vacancies occur in any of the offices of the society, they shall be filled by the council until the next annual meeting.

**Article VI.—Duties of Officers.**

The president shall prepare an address to be delivered at the opening session of the annual meeting. She shall preside at all annual and special meetings of the society or council, or if absent at any time, the vice-presidents shall act in their order. The secretary shall keep the records of the society and perform all the duties pertaining to that office. The treasurer shall receive and duly account for all sums of money, pay all bills approved by the president, and shall submit these accounts with a financial report for the preceding year at the annual meeting of the society.

Each annual statement to be examined and reported upon by the auditors.

**Article VII.—Council.**

The council is empowered to manage all the affairs of the society, subject to the constitution and by-laws; to appoint committees from the membership of the society, and spend money out of its surplus funds for special investigations in matters pertaining to the objects of the society, and to publish reports of such investigations. The council may also engage in the regular publication of reports, papers, transactions, and other matters in an annual volume, or in such manner and at such time as it may determine, with the approval of the society.

The council shall keep a careful record of its proceedings and make an annual report. All arrangements for the annual meetings shall be made by the council; it shall also determine the
order of business for each annual meeting and have the same printed for the use of the members during the sessions.

**Article VIII.—A Quorum.**

A quorum of the council shall be formed by five members; and of the society by twenty members.

**Article IX.—Amendments of By-Laws.**

These by-laws may be amended or annulled by a two-thirds vote of the members present, provided a written notice of such amendment or annulment be sent to each member four weeks before the annual meeting at which the vote is to be taken.

They may be temporarily suspended at any meeting by unanimous consent.
LIST OF MEMBERS.

ALBAUGH, MISS R. INDE..................Grace Hospital, New Haven, Conn.
ALBRIGHT, MISS EVA.....................Homeopathic Hospital, Rochester, N. Y.
ALLINE, MISS ANNA L....................402 West 124th St., New York, N. Y.
ALVSON, MISS A. L......................143 West 47th St., New York, N. Y.
ANDERSON, MISS VICTORIA..............Methodist Episcopal Hospital, Brooklyn, N. Y.
ASHBY, MISS ALICE......................Reed Memorial Hospital, Richmond, Ind.
AYERS, MISS EUGENIA D................Worcester City Hospital, Worcester, Mass.
AYERS, MISS LUCY A.....................Rhode Island Hospital, Providence, R. I.
BAKER, MISS GRACE E....................
BACON, MISS HELEN......................Hospital for Women and Children, Wor-
cester, Mass.
BANFIELD, MISS MAUD....................Polyclinic Hospital, Philadelphia, Pa.
BANNISTER, MISS LUCY A..............1619 South 10th St., Philadelphia, Pa.
BARKER, MISS JANE MERWIN.............Flower Hospital, New York, N. Y.
BATH, MRS. CARRIE ELIZABETH.........St. Luke's Hospital, New York, N. Y.
BEECHER, MISS LAURA A................Minnequa Hospital, Pueblo, Colorado.
BENNETT, MISS MAY H...................Minnequa Hospital, Pueblo, Colorado.
BENTON, MISS NELLIE J................Hahmemann Hospital, New York, N. Y.
BESLEY, MISS FLORENCE.................University of Virginia Hospital, Charlot-
tsville, Va.
BISHOP, MISS FLORENCE................8 East 8th St., Cincinnati, Ohio.
BLACK, MISS FRANCES..................Buffalo Homeopathic Hospital, Buffalo, N. Y.
Bourke, MISS RACHAEL..................State Hospital, Boston, Mass.
Bowen, Miss S. A......................Adams Nervine Asylum, Jamaica Plains, Mass.
BREEZE, MISS J.........................1646 W. Congress St., Chicago, Ill.
BRENNAN, MISS AGNES S................9 Livingston Place, New York, N. Y.
BRENT, MISS LOUISE C..................Hospital for Sick Children, Toronto, Can.
BROWN, MISS CATHERINE...............Hospital for Children, San Francisco, Cal.
BROWN, MISS CHARLOTTE...............City Hospital, Boston, Mass.
BROWN, MISS ELEANOR..................New York Post-Graduate Hospital, New York, N. Y.
BRINK, MISS CARLIE J..................Bellevue Hospital, New York, N. Y.
BURNELL, MISS LOTTIE..................New York Hospital, New York, N. Y.
CADMUS, MISS NANCY E..................S. R. Smith Infirmary, New Brighton, Staten Island, N. Y.
CAMERON, MISS MARY BANCROFT...........McKeesport Hospital, McKeesport, Pa.
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CAMPBELL, Miss J. R. .................116 W. Second St., Oil City, Pa.
CARR, Miss Ada M. ..................16 W. Preston St., Baltimore, Md.
CASEY, Miss Elizabeth ...............Trinity Hospital, Milwaukee, Wis.
CATTON, Miss Elizabeth ..............Springfield Hospital, Springfield, Mass.
CHAMBERLS, Mrs. L. Alice ............Detroit, Mich.
CHESLEY, Miss Jessie A. .........St. Luke's Hospital, Ottawa, Canada.
CHILMAN, Miss E. ...................Stratford General Hospital, Stratford, Ont.
CHURCH, Miss E. .....................Rogersville, Pennsylvania.
CLARK, Miss Ida B. .................German Hospital, Brooklyn, N. Y.
CLAUSEN, Miss Jessie L. ..........The Memorial Hospital, New London, Conn.
CLEMENT, Miss Anna G. ..............House of Mercy Hospital, Pittsfield, Mass.
COCHRANE, Miss Isabella ..............17 College Avenue, Adrian, Mich.
COLEMAN, Miss Annie M. .............Saginaw General Hospital, Saginaw, Mich.
COPELAND, Miss D. Jeanette .........York Hospital, York, Pennsylvania.
COPELAND, Miss M. L. ...............McKeesport Hospital, McKeesport, Pa.
COTTLE, Miss Jennie S. ..............West Pennsylvania Hospital, Pittsburgh, Pa.
CRANDALL, Miss Ella Phillips ......Miami Valley Hospital, Dayton, Ohio.
CROSSLAND, Miss Nellie F. .........St. Mark's Hospital, Salt Lake City, Utah.
CURTICE, Mrs. Mae E. ...............Hahnemann Hospital, Rochester, N. Y.
CURTIS, Miss Constance V. .........Phenixville Hospital, Phenixville, Pa.
DALY, Miss Georgina .................Columbia Hospital for Women, Washington, D. C.
DANIELS, Miss Maria L. .............New York Infirmary for Women and Children, New York, N. Y.
DARLING, Miss E. ..................Pottsville Hospital, Pottsville, Pa.
DEAN, Mrs. M. F. ............. ..............
DELANO, Miss Jane A. ..............Bellevue Hospital, New York, N. Y.
DOCK, Miss L. L. ..................285 Henry St., New York, N. Y.
DODGE, Miss Hannah E. .............95 Pitman Avenue, Greenwich, Conn.
DOLLIVER, Miss P. L. .................Massachusetts General Hospital, Boston, Mass.
DONALHOE, Miss Margaret F. .........The Philadelphia Hospital, Philadelphia, Pa.
DOYLE, Miss M. ....................Civil Sanitarium, Bagnio, Benquet, P. S.
DROWN, Miss Lucy L. ...............Boston City Hospital, Boston, Mass.
DUNCAN, Miss Jessie ..................
DYRING, Miss Clara W. ............Hackley Hospital, Hackley, Mich.
EBERSOLE, Miss Sarah ...............State Hospital, Anthracite Coal Region, Scranton, Pennsylvania.
EHRICHER, Miss Charlotte ..........German Hospital New York, N. Y.
ELLIOTT, Miss Emma T. ...........Leonard Morse Hospital, Natick, Mass.
ELLIS, Miss E. Maude ...............Lakeside Hospital, Cleveland, Ohio.
ELLENWORTH, Miss Grace ...........Wesley Hospital, Chicago, Ill.
ERDMAN, Miss Bertha ...............City Hospital, Minneapolis, Minn.
FAY, Miss Margaret G. ...
  (Mrs. Sappington) .............3328 Avenue N, Galveston, Texas.
LIST OF MEMBERS.

FISHER, Miss Olive.........................Cincinnati Hospital, Cincinnati, Ohio.
FISHER, Miss Susan J. (Mrs. R. C. Apted)........40 Ransom St., Grand Rapids, Mich.
FITZH, Miss Katharine......................Fabiola Hospital, Oakland, California.
FLANAGAN, Miss NETTIE....................University of Maryland Hospital, Baltimore, Md.
FLASH, Miss ALICE H......................Mass. Homeopathic Hospital, Boston, Mass.
FLAWS, Miss ELIZABETH G....................Butterworth Hospital, Grand Rapids, Mich.
FLEMING, Miss ELIZABETH.................Rhode Island Hospital, Providence, R. I.
FLETCHER, Miss ANNIE I....................Lynn Hospital, Lynn, Mass.
FLIGG, Miss ETTA.........................St. Luke's Hospital, St. Louis, Missouri.
FOURNIER, Miss E. G.......................Hope Hospital, Fort Wayne, Indiana.
FOY, Miss MARY S.........................Battle Creek Sanitarium, Grand Rapids, Mich.
FRANCIS, Miss S. C.......................Washington Asylum Hospital, Washington, D. C.
FRANKENTHAL, Mrs. L. E.................4825 Woodlawn Avenue, Chicago, Ill.
FREESE, Miss FRANCINA....................Eleanor Hospital, Indianapolis, Ind.
GALLAHER, Miss M. KATHLEEN..............General Protestant Hospital, Ottawa, Can.
GARRETT, Miss ALICE M.....................Methodist Episcopal Hospital, Philadelphia, Pa.
GARRETT, Miss ANNA C.....................Frankford Hospital, Frankford, Pa.
GIFFORD, Miss ALICE M....................Memorial Hospital, New London, Conn.
GILES, Miss IDA F.........................Snug Harbor, Easton, Md.
GILMOUR, Miss MARY S.....................New York City Training School, Blackwell's Island, N. Y.
GILMOUR, Miss NELLIE.....................Royal Victoria Hospital, Montreal, P. Q., Canada.
GLADWIN, Miss MARY E....................Beverly Hospital, Beverly, Mass.
GLENN, Miss Lizzie C.....................Passavant Memorial Hospital, Chicago, Ill.
GOODHUE, Miss NELLIE.....................Roosevelt Hospital, New York, N. Y.
GOODRICH, Miss ANNIE W...................New York Hospital, New York, N. Y.
GORMAN, Miss ALICE A.....................Bridgeport Hospital, Bridgeport, Conn.
GORTER, Miss MARIA ALIDA.................1 Eiddle St., Baltimore, Md.
GRANT, Miss JANET GORDON.................Moses Taylor Hospital, Scranton, Pa.
GREENE, Miss MARY C......................Jewish Hospital, Cincinnati, Ohio.
GREENE, Miss MINNIE A.....................Passavant Memorial Hospital, Jackson-
GRETTER, Mrs. LYLIA J...................Farrand Training School, Harper Hos- ville, Ill.
pital, Detroit, Michigan.
GRISWOLD, Miss ALICE A..................Painesville, Ohio.
GROSS, Miss LUCETTA J...................Buffalo General Hospital, Buffalo, N. Y.
HAIGHT, Miss N. E.........................Children's Free Hospital, Detroit, Mich.
HALL, Miss C..............................Jamestown Hospital, Jamestown, N. Y.
HALL, Miss E. H.........................Seattle General Hospital, Seattle, Wash.
HANSON, Miss ELIZABETH..................Overbrook, Pa.
HARING, Miss CLARA V....................Allentown Hospital, Allentown, Pa.
HARTSOCK, Miss ELIZABETH M. City Hospital, Springfield, Ohio.
Hearle, Miss S. C. Jefferson Hospital, Philadelphia, Pa.
Henderson, Miss F. W. Royal Victoria Hospital, Montreal, P. Q., Canada.
Hibbard, Miss Eugenia Care O. J. Hibbard, 141 Broadway, N. Y.
Hill, Miss CAROLINE Hospital of the Good Shepherd, Syracuse, N. Y.
Hogle, Miss Alma C. Somerville Hospital, Somerville, Mass.
Hooper, Miss EDITH A. Christ Hospital, Jersey City, N. J.
Huffcut, Miss L.  
Humphrey, Mrs. Harriet C. Litchfield County Hospital, Winsted, Conn.
Hunter, Miss SABRA ISABEL Metropolitan Hospital, Blackwell's Island, N. Y.
Hutchison, Miss MARY E. Sloane Maternity Hospital, New York, N. Y.
Jammé, Miss Anna C. St. Mary's Hospital, Rochester, Minn.
Jennings, Miss PEREON E. The Children's Hospital, Washington, D.C.
Jewell, Miss ISABELLA E. 361 Dundas St., London, Canada.
Johnstone, Miss M. E. St. Luke's Hospital, Chicago, Ill.
Jones, Miss EMILY LAWSON Englewood Hospital, Englewood, N. J.
Jones, Miss LEILA VINCENT Harrisburg Hospital, Harrisburg, Pa.
Keating, Miss EMMA J. Jackson Sanitarium, Dansville, N. Y.
Keith, Miss MARY L. Rochester City Hospital, Rochester, N. Y.
Kindbom, Miss Hanna 1532 Mt. Vernon St., Philadelphia, Pa.
King, Miss JULIA Chester County Hospital, West Chester, Pa.
Kinney, Mrs. Dita H Office of Surgeon-General, War Department, Washington, D. C.
Kirchhoff, Miss ANNIE E. Trinity Hospital, New York, N. Y.
Kreuzer, Miss M. H. Neenah, Wisconsin.
Kurz, Miss ELLA B. German Hospital, Brooklyn, N. Y.
Lampman, Miss EDITH A. California Hospital, Los Angeles, Cal.
Lawler, Miss ELsie M. Toronto General Hospital, Toronto, Can.
Lawson, Miss Marie ANNA City Hospital of Akron, Akron, Ohio.
Le FEBvre, Miss THEODORA H New York Training School, Blackwell's Island, N. Y.
Lenig, Miss IRENE B. (Mrs. Green) 1736 Q Street, N. W., Washington, D. C.
LEWIS, Miss Gertrude I. Litchfield Co. Hospital, Litchfield, Conn.
Lewis, Miss HELEN L. Albany Hospital, Albany, N. Y.
LIGHTBOURNE, Miss LENA Hospital of the Good Shepherd, Syracuse, N. Y.
LILLY, Miss Katherine Lakeside Hospital, Cleveland, Ohio.
Little, Miss MARIAN National Homeopathic Hospital, Washington, D. C.
Littlefield, Miss MARY S. Afton, N. Y.
Livingstone, Miss N. G. Montreal General Hospital, Montreal, Can.
LIST OF MEMBERS.

LOUE, MISS CARLIE S....................................Wise Memorial Hospital, Omaha, Neb.
LURKINS, MISS FRANCIS L..............................Laura Franklin Free Hospital for Children, New York, N. Y.
MCCARTHY, MISS MARGARET..............................Williamsburg Hospital, Brooklyn, N. Y.
MCCLOSKIE, MISS MAUDE..................................Pueblo Hospital, Pueblo, Col.
MCKEENIE, MISS M. W..................................Orange Memorial Hospital, Orange, N. J.
MC MILLAN, MISS M. HELENA..........................Presbyterian Hospital, Chicago, Ill.
MACDONNELL, MISS EMILY..............................91 Aylmer Street, Montreal, Can.
MACKENZIE, MISS MARY E...............................1329 11th Street, N. W., Washington, D. C.
MACLENNAN, MISS CHRISTINA.........................New England Hospital, Boston, Mass.
MACMAHON, MISS AMY E....................................Johns Hopkins Hospital, Baltimore, Md.
MADEIRA, MISS EDITH...................................Howard Hospital, Philadelphia, Pa.
MARTIN, MISS SARAH F.................................Robert Garret Hospital for Children, Baltimore, Md.
MASON, MISS MARY F....................................Newark Hospital, Newark, N. J.
MATTICE, MISS BRENDA F...............................Anna Jaques Hospital, Newburyport, Mass.
MAXWELL, MISS ANNA C.................................Presbyterian Hospital, New York, N. Y.
MAYO, MISS EDITH......................................The Victoria Hospital, London, Ont.
MEIKLEJOHN, MISS M. L...............................Lady Stanley Institute, Ottawa, Can.
MERRITT, MISS ISABEL....................................Cherry Valley, N. Y.
MENHOUR, MISS JESSIE W..............................Manhattan Maternity Hospital, New York, N. Y.
MILLER, MISS H. N.....................................1806 Race Street, Philadelphia, Pa.
MILNE, MISS C. Q........................................Presbyterian Hospital, Philadelphia, Pa.
MOIR, MISS MARGARET F. MARIE........................Hospital of French Benevolent Society, New York, N. Y.
MOODY, MISS A. W.....................................156 Donald Street, Winnipeg, Manitoba.
MOORE, MISS GERTRUDE W.............................Franklin City Hospital, Franklin, Pa.
MOORE, MISS LOUISE ADAMS............................East Bay Sanatorium, Oakland, Cal.
MORBAN, MISS J. HARRIET.............................Homeopathic Hospital, Newark, N. J.
MORGAN, MISS H. D.....................................Lincoln Hospital, Concord Ave., New York, N. Y.
MORRIS, MISS HANNAH P.................................McKeepsport Hospital, McKeepsport, Pa.
NEVINS, MISS G. M.................................Garfield Memorial Hospital, Washington, D. C.
NEWMAN, MISS KATHERINE.........................199 Park Avenue, Utica, N. Y.
NUTTING, MISS M. ADELAIDE.........................Johns Hopkins Hospital, Baltimore, Md.
O’NEILL, MISS MARTHA.................................Kings Co. Hospital, Flatbush, L. I., N. Y.
ORE, MISS MARGARET.................................655 N. Marengo Street, Pasadena, Cal.
OVERHOLT, MISS CORA.................................Hahnemann Hospital, Chicago, Ill.
PACARD, MISS MARY CARY............................The Robert Garret Hospital for Children, Baltimore, Md.

PAGE, MISS HESTER L.................................418 Breckmondger St., Buffalo, N. Y.
TWELFTH ANNUAL CONVENTION.

PALMER, MISS S. F. 247 Brunswick Street, Rochester, N. Y.
PARKER, MISS ANNIE CHANDLER Hale Hospital, Haverhill, Mass.
PARKER, MISS ELIZABETH A. Reading Homeopathic Hospital, Reading, Pa.
PARKER, MISS ELIZABETH L. 44 E. Ninth Street, Portsmouth, Ohio.
PARSONS, MISS SARA E. Sheppard and Enoch Pratt Hospital, Baltimore, Md.

PATTON, MISS MARY H. Newton Hospital, Newton Lower Falls, Mass.

PATTERSON, MISS C. G. Agnew State Hospital, Agnew, California.
PATTON, MISS MARY Mary Patton Hospital, Post Street, San Francisco, Cal.

PAYNE, MISS EMILY ADA Episcopal Hospital, Philadelphia, Pa.
PERRY, MISS CHARLOTTE M. The Faxon Hospital, Utica, N. Y.
PETERSON, MISS JANETTE F. 665 Marengo Street, Pasadena, Cal.
PEARCE, MISS HARRIET B. Rhode Island Hospital, Providence, R. I.
PHELPS, MISS HATTIE M. Home for Destitute Children, 46 Park Ave., Chicago, Ill.

PICKHARDT, MISS LILA Augustana Hospital, Chicago, Ill.
PETERS, MISS ALICE E. Alleghany General Hospital, Alleghany, Pa.

PINDELL, MISS JANE M. Metropolitan Hospital, Blackwell's Island, New York.

PJob, MISS PERSIS M. Wentworth, New Hampshire.
QUINTARD, MRS. L. W. 1340 Lombard Street, Philadelphia, Pa.
RANDOLPH, MISS AGNES D. 914 W. Grace Street, Richmond, Va.
REID, MISS ELIZABETH B. Western Pennsylvania Hospital, Pittsburgh, Pa.

RICHARDS, MISS LINDA Worcester Insane Hospital, Worcester, Mass.

RIDDLE, MISS MARY M. Newton Hospital, Newton Lower Falls, Mass.

RISING, MISS GRACE BARBER Good Samaritan Hospital, Lexington, Ky.
ROBB, MRS. HUNTER Dilley Road, Nottingham, Ohio.
ROBERTSON, MISS A. C. Elliot Hospital, Manchester, N. H.
ROGERS, MRS. MARGARET L. Brooklyn Hospital, Brooklyn, N. Y.
ROSE, MISS IDORA 304 Honore Street, Chicago, Ill.
ROSS, MISS ANNA H. 1137 Spruce Street, Philadelphia, Pa.
ROSS, MISS GEORGINA C. Johns Hopkins Hospital, Baltimore, Md.
RUSSELL, MISS MARTHA M. The Sloane Maternity Hospital, New York, N. Y.

RUSSELL, MISS MINNA Lakeside Hospital, Cleveland, Ohio.
RUTLEY, MISS SOPHIA L. St. Luke's Hospital, San Francisco, Cal.
RYAN, MISS ELEANOR Noble Hospital, Westfield, Massachusetts.
RYKERT, MISS A. M. Margaret Fahnstock Training School, New York Post-Graduate Hospital, N. Y.

SAMUEL, MISS MARY A. Roosevelt Hospital, New York, N. Y.
SANBORN, MISS K. A. St. Vincent's Hospital, New York, N. Y.
LIST OF MEMBERS.

SANDERS, Miss Georgiana J. ......... Poly clinic Hospital, Philadelphia, Pa.
SCHMOKER, Miss Carolyn ............ Newark City Hospital, Newark, N. J.
SCHULTZE, Miss A. D. ............... 822 Newington Avenue, Baltimore, Md.
SHACKFORD, Miss Clara L. .......... Harrington, Me.
SHAW, Miss F. Madeline ............ Presbyterian Hospital, New York, N. Y.
SHEPPARD, Miss Lilla J. ............ Guelph General Hospital, Guelph, Ontario.
SHEELS, Miss Annie M. ............. Deaf and Dumb Asylum, Mt. Airy, Philadel- 
phia, Pa.
SHRIVE, Miss Susan ................. Union Protestant Infirmary, Baltimore, 
Md.
SILVER, Miss J. Amanda ............ New York City Training School, Black- 
well's Island, New York, N. Y.
SIMPSON, Mrs. E. M. ............... Albany Hospital, Albany, N. Y.
SMART, Miss Lucetia S. ............ Athol, Mass.
SMITH, Miss Amelia L. ............ Maine General Hospital, Portland, Me.
SMITH, Miss Bertha Orla .......... Emergency Hospital, Washington, D. C.
SMITH, Miss F. E. S. ............... Missouri Baptist Sanatorium, St. Louis, 
Mo.
SMITH, Miss M. E. ................. Harper Hospital, Detroit, Michigan.
SMITH, Miss M. K. ................. Memorial Hospital, Richmond, Va.
SNYDER, Miss Mary A. ............ Toronto General Hospital, Toronto, Canada.
SNOOKE, Miss J. E. ................. North Adams Hospital, No. Adams, Mass.
SOUTHWORTH, Miss Harriet ........ Little Falls City Hospital, Little Falls, 
New York.
STAHL, Miss Marie Elizabeth ......... King's County Hospital, Brooklyn, N. Y.
STANLEY, Miss M. E. ............... Victoria Hospital, London, Ont., Canada.
STEWART, Miss Mary C. .......... Marion Sims Hospital, Chicago, Ill.
STOTT, Miss Marie M. ............ Finley Hospital, Dubuque, Iowa.
STOWE, Miss Emma L. ............ Conn. Training School, New Haven, Conn.
STubbie, Miss Mary B. .......... George Washington University Hospital, 
Washington, D. C.
SUTHERLAND, Miss A. Lawder........ Hartford Hospital, Hartford, Ct.
SUTHERLAND, Miss Harriett A. ...... St. Luke's Hospital, Utica, N. Y.
SUTTLE, Miss Irene H. ............... 3 West 92d St., New York, N. Y.
TAYLOR, Miss Caroline A. .......... Church Home and Infirmary, Baltimore, 
Md.
TAYLOR, Mrs. Charlotte S. ......... Lakeside Hospital, Cleveland, Ohio.
TAYLOR, Miss Marjorie M. .......... John Sealy Hospital, Galveston, Texas.
THEVY, Miss Blanchie ............. Quincy City Hospital, Quincy, Mass.
TICE, Mrs. Ida M. ................. 1453 W. Monroe Street, Chicago, Ill.
TULLY, Miss Kate L. B. ............ Flower Hospital, New York City, N. Y.
TUTTLE, Miss Jennie L. ............ Grant Hospital, Columbus, Ohio.
TWITCHELL, Miss Alice I. .......... New Rochelle Hospital, New Rochelle, 
N. Y.
UNDERHILL, Miss Ella ............. Ellis Hospital, Schenectady, N. Y.
VAN BLARCOM, Miss Carolyn ....... 210 Winebiddle Street, Pittsburg, Pa.
VAN KIRK, Miss Anna D. .......... Mt. Sinai Hospital, New York, N. Y.
VAN WORT, Miss R. Z. ............. Memorial Hospital, Richmond, Virginia.
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VAUGHN, MRS. MAUDE P........................
WALLACE, MISS MARGARET M........City Hospital, Auburn, N. Y.
WALKER, MISS LUCY......................Pennsylvania Hospital, Philadelphia, Pa.
WARD, MISS AGNES S.....................Metropolitan Hospital, Blackwell's Island, New York City, N. Y.
WASHBURN, MISS IDA.....................Haymarket Relief Station, Boston, Mass.
WATSON, MISS GRACE G.................Children's Memorial Hospital, Chicago, Ill.
WEBSTER, MISS JENNIE..................Montreal General Hospital, Montreal, Can.
WHEELER, MISS MARY C..................Blessing Hospital, Quincy, Illinois.
WHITE, MISS VICTORIA..................St. Luke's Hospital, South Bethlehem, Pa.
WIER, MISS MARY J......................South Side Hospital, Pittsburg, Pa.
WILDEY, MISS HARRIETTE E.............Muhlenberg Hospital, Plainfield, N. J.
WILLIAMSON, MISS ANNIE S..............Oswego Hospital, Oswego, N. Y.
WILSON, MISS FREDERICA.................Winnipeg General Hospital, Winnipeg, Manitoba.
WILSON, MISS MABEL....................St. Luke's Hospital, New York, N. Y.
WILSON, MISS MARY BLYTHE..............Savannah Hospital, Savannah, Georgia.
WISE, MISS HELEN......................Peninsula General Hospital, Salisbury, Md.
WOOD, MISS ELEANOR WHARTON...........Bryn Mawr Hospital, Bryn Mawr, Pa.
YOUNG, MISS ANNIE.....................General Hospital, Watertown, N. Y.
YOUNG, MISS ZAIDEE E..................Montreal General Hospital, Montreal, Can.

DECEASED MEMBERS.

MISS K. L. LETT.
MISS LOUISE DARCHE.
MISS FLORENCE HUTCHINSON.