Tenth Annual Report
of
American Society of Superintendents
of
Training Schools for Nurses
The Property of the Society

Superintendents of Training Schools
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Miss M. A. Snively, Miss Isabel McIsaac,
Miss Mary Riddle, Miss Maud Banfield.
# TABLE OF CONTENTS

| List of Officers | 3 |
| List of Committees | 5 |
| President’s Address—Miss Ida F. Giles | 12 |
| Report of Treasurer | 15 |
| Report of Committee on Publication | 16 |
| Papers— | |
| Can the Study of Current Events be made the means of Recreation for Pupil Nurses? Miss Jane Delano and Miss Jennie Couttie | 17, 19 |
| The Modern Hospital and the Modern Nurse. Miss Alice Griswold | 26 |
| The Year’s Progress in Army Nursing. Mrs. Dita H. Kinney | 32 |
| Report of Committee on Hospital Economics | 39 |
| Election of New Members | 46 |
| Papers— | |
| Description of the Heating, Lighting and Ventilation of the Lying-In Hospital, New York. Miss C. Louise Burdette | 47 |
| Some Common Points of Weakness in Hospital Construction. Miss Anna W. Goodrich | 51 |
| What has been accomplished in the way of Legislation for Nurses. Miss Mary W. McKeechinie | 62 |
| The Duty of this Society in Public Work. Miss L. L. Dock | 77 |
| The Teaching of Hygiene in Theory and Practice. Miss Isabel McIsaac | 84 |
| Modern Hospital Construction. Mr. Frank M. Day | 89 |
| Demonstration of Nursing Methods and Appliances | 103 |
| Statement of Teachers College Course Fund | 116 |
| List of Members | 117 |
TENTH ANNUAL CONVENTION

—OF—

The American Society of Superintendents of Training Schools for Nurses.

The tenth annual convention of this Society was held in the Assembly Hall of the Hotel Schenley, Pittsburgh, Pa., on Wednesday, Thursday and Friday, October 7th, 8th and 9th, 1903. The first session was called to order by Miss Giles, President, at ten o'clock A. M., Wednesday, October 7th. In the absence of Bishop Whitehead the Rev. Charles Lindsay opened the meeting with prayer.

Rev. Maitland Alexander, President of the Board of Trustees of the South Side Hospital made a short address of welcome, followed by Dr. J. H. McClelland, Chief Physician of the Homeopathic Hospital who spoke in part as follows:

Madame President—Ladies: We welcome you to Pittsburgh!

You have heard Dr. Alexander, and I am afraid he has said all there is to say, but you know his manner of life is to preach—while mine is only to practice! Now, Dr. Alexander has referred to our coal smoke's antiseptic properties. As a native and to the manor born, let me say that I love that cloud of smoke and these hills, these valleys, and I like the hospitable people. I know they will give you as warm a welcome as if we had sunny Italian skies. I feel as if I had some right to bid you welcome because I have been, as Miss Giles has intimated, identified with training schools since their beginning in this part of the country. The Pittsburgh training school over which Miss Giles presides with such efficiency, was
the first training school in this part of the country. Now there are some twenty training schools all doing wonderfully good work. I had something to do with the organization of that first school and I feel that that fact gives me the right to bid you a very cordial welcome to our city. Then, besides, I feel that I have a right because you have honored our Superintendent with the Presidency of this organization; no small honor, I assure you, and one which she well deserves in every way. There will be many things for you to consider that are of very vital importance, first to the hospitals, then to the schools themselves, then to the nurses, and finally to the sick people for whom all this organization has come about. There are many questions you will have to consider, questions ethical, questions practical. All of these things have not yet been settled. I think the training school system of America is quite equal to that of any other country, and yet there are many things that will claim your attention and which need to be discussed most fully. The question of the relation of the nurses to their school, relation to the medical profession, relation to the families with whom they are to live, the amount of knowledge that should be imparted to them, whether it should be more theoretical, teaching them more of disease, or whether it should be limited largely to practical teaching. Let nurses know all they can; knowledge is all right, but let us not forget that it is to teach nurses how to make the sick people comfortable that we are aiming. Now I have gone into the wards many a time and into the sick room many a time and found a patient bent over, with his head in a very uncomfortable position—and they don't know enough to ask to be fixed up and made more comfortable, and the nurse, probably a good nurse, who has followed her orders correctly, wouldn't think worth while to arrange that pillow so as to make that patient more comfortable. It is just such simple things as that—how to make a poor, burning, hot back more comfortable, and a poor hot mouth cooler, and then not to forget the weightier matters of the law. Now I needn't enlarge on such a matter, all these things come before you as an intelligent body. But I want to say to you—wandering away from that—that you are not to devote yourselves altogether to serious things; "all work and no
play makes Jack a dull boy," and I hope you will have some enjoyment here. The committee here has provided some entertainments for you, they will show you our smoky town. As representing the hospital people, whom I am very glad to represent, as representing the Pittsburgh people, whom I simply claim to represent, we all wish you a pleasant, happy and profitable time.

The response to this address was made by Miss Snively, of Toronto General Hospital, Toronto, Canada.

_Madame President and Ladies:_

I feel it a double privilege to be here, because I think I am the only Canadian representative of this Society at work in Canada, though there are plenty of Canadian nurses in the United States. It is a great pleasure to many of us, I am sure, to see Pittsburgh. We have all heard a great deal of its wonderful manufactories, its public libraries, its multi-millionaires, its parks and boulevards, its beautiful railway stations,—and something of its smoke. Possibly it is a little too early to speak of the latter, but of the other things I think we can say to-day that the half has not been told. I may say that personally I have been greatly impressed with the public spirit which characterizes the nurses of your city. I think I am correct in saying that this is the first time we have ever had the honor to be entertained at a luncheon given by the Alumnæ Association of any city. The future of the nursing profession will rest in the hands of the workers, and I hope the nurses will not allow any personal considerations to enter into their society. Thanking you in behalf of the Society, I would say how much we appreciate the hearty welcome you have given us, and can only assure you that we shall carry away with us nothing but pleasant memories of Pittsburgh.

A brief response was also made by Miss Anna Maxwell, Superintendent of Nurses, The Presbyterian Hospital, New York.

The address by the President, Miss Ida F. Giles, Superintendent of Nurses, Homeopathic Hospital, Pittsburgh, Pa., was then given.
THE PRESIDENT’S ADDRESS.

Members of the Society of Superintendents:

That we may go forward bravely with the work of the Society, that we may find an incentive to greater exertion, a heartier enthusiasm in undertaking new and arduous tasks, an unaltering trust in the power of the Society for good and great progress, it seems well for a few moments to review some of the work already accomplished by us. It is often by looking back and recalling the various steps that the real proportion of a great enterprise can be judged.

Think what the formation of the Associated Alumnae of the United States and Canada has done for the profession, what has been brought about by agitating the question of State Organization, what we may accomplish by the wise legislative measures, which had their origin under this Association and which we have come prepared to discuss and to aid by our influence. Through this Association the Chair in Hospital Economics has been established at Columbia University. Broader lines of work have been encouraged and supported, plans for taking care of people with moderate means have been worked out and made practical, district nursing has been improved and more systematized. These are but a very few of what are almost direct results of the Society. Necessarily, in a review of this kind, only the really tangible results can be placed before us. Behind all of these are the far-reaching influences—all the forces for good set in motion—and we with our finite minds know not where they touch nor how far they reach. We cannot close our eyes to the great results we have brought about, nor can we fail to appreciate the value of these influences. Everywhere they are making themselves felt, everywhere widening the scope and usefulness of the Society.

What very great advantages have we not derived from the bringing together the best minds of the age on the subject of nursing! Interchange of thoughts, of plans, of systems, discussions of vexed questions, of the advantages of one method over another, all these have been most helpful. Indeed, they have been
more than that, they have been inspirations for greater efforts in carrying out the work. We have gone from the Convention strengthened and encouraged, surer of the purpose and fitness of the work, inspired to fresh exertions and more determined than ever to make it a noble work—a most enduring memorial of the nobleness of the profession.

As in all professions great efforts in the past lead to wider and broader work in the future, so with ours. Each year brings with it new duties, new questions to be discussed, new work to be undertaken.

Not the least important question before us is the need to elevate the profession, to bring about a higher standard of education, to take up more and broader lines of work.

In an age, where every year higher standards of education and culture are looked for and required in almost every profession, we must not be behind in the onward march. With our close relation to the community at large, with our manifold and very great responsibilities, we must see that a higher standard of excellence is everywhere maintained. On all sides there must be faithful and intelligent work. The members of the profession must be educated women as well as trained nurses. They must have sound judgment and clear sense. More and more the public demands this. It belongs to this Society to urge the necessity of demanding higher requirements for the entrance to the training schools. It is not for us to wish for "tasks equal to our powers but for powers equal to our tasks."

Many who have entered the profession handicapped by the lack of a fitting education are making earnest and untiring efforts to remedy the ill. When they themselves feel so keenly the need of this, how great is our duty to raise everywhere and on all sides the higher standard.

I would urge upon the Society the crying need of unity of purpose and concerted action in regard to working for State Registration. There must be great unity of purpose in this so that the efforts of the Society may be brought to bear upon a question, which is of so vital importance, not only to the profession, but to the community also. The rights and privileges of the
nurses must be protected. Under State Registration it would be impossible for those who have been expelled from training schools on account of ill conduct, incompetency or insubordination, or have not been allowed to complete their probationary term, to represent themselves as graduates. The public would not be imposed upon, and the standard of nurses injured.

A new and extremely interesting field lies open to the profession in the work now being carried on by the nurses under the direction of the Board of Health and the Board of Education in New York.

I would call your attention to the plan to endow the Chair in Hospital Economics at Columbia University. The time is especially ripe for such work as is being done in this department now—the need of such work no one can doubt. Let us then seriously and earnestly work for the endowment of this Chair, and, by bringing united effort to bear upon the question, we may soon see its fulfilment. Let us add this to the results accomplished by this Society.

It is with very great pleasure that I welcome you to Pittsburgh. Perhaps you may not find our city so attractive in outward appearance as you have found the cities where we have met before, but I hope that you will not find that our great industries, our many, wide and varied resources are lacking in interest.

At the close of the President's address there was an intermission of ten minutes.

The roll call was then read by the Secretary and the minutes of the last meeting followed. On motion, the minutes were approved.

The report of the Council, stating among other matters, that there were twenty-three new candidates for admission to the Society, was read and approved.

Letters of resignation from Miss A. I. Robinson, Galt Hospital, Canada, and Miss Sadie Young, Orchard Lake, Mich., were read and accepted.

Letters of regret were read from the following absent members: Miss Linda Richards, Worcester Insane Hospital, and Miss Lucetta Gross, Buffalo General Hospital.
The Secretary then read the following interesting letter of greeting from the students of the Class in Hospital Economics, Teachers College, Columbia University:

TEACHERS COLLEGE, COLUMBIA UNIVERSITY, NEW YORK.

TO MISS M. A. NUTTING,
Secretary, Society of Superintendents.

Dear Miss Nutting:

We, the present Class in Hospital Economics, Teachers College, wish to extend greetings to the American Society of Superintendents of Training School for Nurses, and beg to acknowledge our indebtedness to that Society for the splendid opportunities given us for this advanced work. We feel it a great privilege to be a part, however small, of this great University, and to be able to spend a year in this beautiful spot. We trust that our work may fully express our appreciation of the course, and of our interested and efficient instructor, Miss Alline.

MARIE STOTZ,
Secretary.

The Secretary then read letters from the President of the St. Louis Exposition, from the Mayor of the city, and various other important officials, inviting the Society to hold its next annual Convention in St. Louis during the year 1904.

The Treasurer, Miss Anna L. Alline, 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.

Ca.

September 1, 1902.

By cash, - - - - - - - $189 27
By annual dues, 140 members, - - - - - 420 16
By initiation fees, 39 members, - - - - 78 00
By cash previously set aside by the Council for T. C. Course, 100 00

$787 43
**Tenth Annual Convention.**

*Dr.*

September 1, 1902.

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Balance due on printing Proceedings of Congress of Nurses, $25 00

The Secretary then read the report of the Committee on Publication, which called attention to the fact that almost the entire edition of the "Transactions of the Nurses' Congress" at Buffalo was still unsold. The great expense of publishing these "Transactions" had been assumed in equal shares by the Superintendents' Society, a body of about 175 members, and by the Associated Alumnae, a society numbering thousands, with the understanding that when they were sold, the proceeds should be divided equally between the two societies to reimburse them for the outlay in publishing. Owing to the late date at which the "Transactions" were issued, there had been almost no sale for them, and this accounted largely for the financial deficit. Members were asked to consider what should be done to meet this difficulty. On motion this report was accepted, with the understanding that the matter would come up for further consideration on the following day.

The Committee on Hospital Economics asked leave to report on the following day.

The President. The first paper on the program is one of a series on the best methods of handling current events as a study in Training Schools. I have much pleasure in calling upon Miss Delano, of Bellevue Hospital.
CAN THE STUDY OF CURRENT EVENTS BE MADE THE MEANS OF RECREATION FOR PUPIL NURSES?

MISS JANE DELANO,

Superintendent of Nurses, Bellevue Hospital Training School.

When asked to prepare a paper on the above subject, I accepted willingly, for it seemed to me that I could in a few words answer the question,—to my own satisfaction, at least.

It may be that the Secretary's letter came on a day of special stress and storm, for I remember being rather overwhelmed with the difficulty of impressing upon nearly two hundred nurses the most elemental requirements of their work, and my heart rebelled at the thought of "current events."

I pictured to myself the nurse of the future, and may I mention briefly a few of the possible steps in her development.

First, shall we say, a good ancestry, followed, as a matter of course, by a good home training. At least a high school education, and college-bred, if possible. A three years' course in household economics, outlined by one college, as follows:

Physics.
Chemistry.
Cookery.
English.
History; Modern Languages.
Household Values.
Accounts.
Hygiene.
Physical Training.
Physiology and Sanitary Science.
Chemistry of Foods.
Psychology.
Economics.
Study of Childhood.
Biology and Bacteriology.
House Construction, Equipment and Decoration.
Practice in Household Arts, and Sewing.
After this, a year of more specialized instruction to better prepare her for two or three years of hospital experience.

After graduation, another year of supplemental training for hospital work; or, should her thoughts turn to district nursing, tenement-house or school inspection, there are the summer and winter courses in philanthropic work awaiting her.

We are all proud of the evolution of the nurse in America, but I sometimes wonder if we have in our progress held fast to our simpler ideals. Will the nurse of to-morrow give to the world in proportion to her added opportunities?

Who will perform the homely tasks, the disagreeable duties of our profession?

There was a time, perhaps I should confess it with humility, when I looked upon the care of the sick as a calling, rather than a profession. There was no question of choice or selection. Each summons was an imperative command.

Not long ago I sent out a circular letter of inquiry, to nearly one hundred graduates engaged in private nursing. The result was somewhat startling. A large proportion of them did not take obstetrical cases. Many eliminated contagious diseases. Several did not care for children. Others would not go out of town, and night calls were in bad favor.

I think some of us find the same unwillingness on the part of our graduates to accept hospital positions, unless all conditions are favorable.

No one is more anxious than I for the liberal education of nurses, of all women in fact, but I must make a plea for the practical part of our work. It is well, I am sure, to attach our ambitions and hopes to a star, but we must not forget that there are times when the glow-worm will better serve our purpose.

It is my belief that, sometime during the last year of training, a nurse should receive a certain amount of instruction in Hygiene, Sanitation, Public Health and kindred subjects.

The opportunities offered by municipal positions should be outlined, so that a nurse, after graduation, may choose her field of labor intelligently, but in my own experience, I have never felt that it would be possible to direct the study of current events
during the hours of recreation. All training schools, I am sure, provide daily papers and various periodicals and magazines for their pupils. If these are easily available at all times, I should say that their use might safely be left to the nurses’ own inclination.

Physical culture would seem to me a more important adjunct, and one less likely to be taken up of one’s own volition.

Then, too, we must find time to preach and to practise the gospel of relaxation, to consider the value of low voices and quiet ways, to teach love of harmony, dignity and ease for their own sakes. Have we not responsibilities enough? I have sometimes thought that as a class we take ourselves too seriously.

Professor James in his talks to teachers gives this maxim:

“Don’t preach too much to your pupils, or abound in good talk in the abstract. Lie in wait rather for the practical opportunities, be prompt to seize them as they pass, and thus, at one operation, get your pupils to think, to feel, and to do.”

This paper was followed by a second on the same subject by

MISS JENNIE COTTLE,
Superintendent Minnequa Hospital School, Pueblo, Col.

This subject is one to be viewed from several standpoints, and is not easy to handle.

It means for nurses that they must devote some of their spare time to discussion and study, and for teachers, a vast amount of energy. Nurses, like all other laborers, are hard to get interested in anything or any subject when they are physically weary. If all training schools could secure students who are college bred women then it would be comparatively easy to carry on some such studies as they would want to keep up with the life they have led, and naturally they are more studious. Routine work either wears out or rusts out the best motives, but we can not find material enough from colleges, and I am not sure that they would make the best nurses—I am told they do not make the best wives—and nurses do. In the West we find it utterly impossible to obtain students with more than the ordinary common school education, but we do give them credit for having the very best grade of “Horse Sense.”
Some of these pupils have been out of school five or six years, and when asked to study for recreation would undoubtedly think it a task they could not do. Last year I tried the experiment of socials, once every week, with the result that if we advertised—refreshments—we had nearly the whole school, but I noticed they watched for the notice that read refreshments more than for the outline of study. However, we gathered three or four members who proved faithful, and who sacrificed much thought and time to the subjects under discussion, and this year we mean to get better results. I do know that the time I spent with them socially brought me nearer and more in touch with them than I otherwise could or would have been under any other conditions. The old adage that "the road to a man's heart is by way of his stomach" could also perhaps be applied to women in this generation. I am not discouraged with this small attempt to find a means of bringing the pupils together, and shall plod along hoping for better success next time.

To pupil nurses in a school where the eight hour system does not exist, nurses are usually allowed two hours off duty daily. They spend that time repairing their clothes, or resting their feet, and it is out of the question to ask or try to convince them that study or "current events" has anything to do with nursing. They even leave their regular lessons until two or three hours previous to class, then come to class yawning and look so penitent, that a teacher hardly has the courage to ask them to recite or to memorize the principles even. I can recall my own tired feet too vividly not to sympathize with them, and when I lecture to them after ten hours' work, I look over the faces before me and wonder what communication I can make to them that will rouse them out of that "tired feeling." But beyond this I find that without the sympathy of my audience and without their close attention to the subject, it is almost impossible for me to teach thoroughly what I have in my mind to teach. Pardon me for one moment if I digress, and become reminiscent. I recall in my own class in the training school how weary and disgusted our Superintendent used to look when she had asked a question and it had gone the length of the class, and, unless some nurse guessed at it and by good luck
hit it, it would return to her unanswered. I thought many thoughts in those hours of class work, and wondered why there was so little interest. I had just left school where we had plenty of time for study, and my courage and bouvancy was not to be crushed, even with tired feet, but there were others in my class who had been out of school for years, and it meant many hours of worry and diligent study for them. I see before me, even now, a tired teacher, a tired uninteresting class, and no time for anybody to make any improvement. I realize that had we attempted any reading outside of those classes, it would have meant time that we sadly needed for out-door recreation. To-day while we have shorter hours, we have more detail theoretical work, and I can not see how current events could be made a means of recreation, any more than how we could ask the Superintendent of the Training School to spend her time of recreation in teaching "Domestic Science."

In conclusion, may I say that current events or any other subject can not in my opinion be made the means of recreation. On the other hand, I can see how some of the time spent in the class room, say 15 minutes, could be used in the reading of current events and two-minute discussions possibly granted to each pupil, and nurses would then be ready for lessons and in a better mood to grasp what subject is before them for study. Let current events be made a part of our class work, and on schedule time. May the day soon come when hospitals may find means to pay teachers to teach those branches, that is, such as are outside of trained nurses' regular hospital work practically, and may we some time have a degree that will place nurses on the same basis as physicians. Then we will be entitled to State Legislation and will not be turned down by the Governor on a technical error.

One word more,—nurses at all times need recreation, but I feel very sure that few of them think a Superintendent should dictate to them what that recreation should consist of. Their own individuality speaks for itself. They will reject advances in this direction simply because they are the best judges of their own recreation. While this state seems deplorable, yet how can we interest them if they will not be interested. I find graduate nurses who are not interested enough in our nursing journals to subscribe
to them, who would spend those two dollars on candy, or some other kind of literature, and would reject the idea of study as a means of recreation. It is only by the "Survival of the Fittest" that we will have study and scientific study as a means of recreation for nurses. Out of forty nurses one can usually count ten as students, which is really a good percentage.

I thank you for your attention and I feel cruel enough to hope some others have had as hopeless an experience as I have.

The President. The third paper of this series was to have been read by Miss Alice Griswold who is unable to be present and has asked permission to substitute for this a paper on another subject.

The two papers just read are now open to discussion.

Miss Smyth. I have found for some time past that the interest of the class can be aroused by bringing up some such subject and calling perhaps for papers, and some of the papers were excellent.

Miss Keating. Last year I formed what I called a Current Study class, and told the members that I hoped they might proceed to do this later without my assistance. We met twice a month. Each nurse paid dues of ten cents a month, and we had a large and enthusiastic class, almost the entire school. We had several papers at each meeting on important subjects; that is, leading subjects of the day, especially papers about leading persons of the day, and current events from the papers. Each person appointed to do that work did it evidently with a great deal of pleasure. We also had the jolly side of it; some of those who did not wish to prepare papers, presented something funny. We held these meetings in our reception room or recreation room, and we usually ended up with a little musicale, perhaps a dance among the members.

Miss Banfield. We are just endeavoring to have most of our classes in the afternoon. But we still have to nurse our patients, and it has been a little difficult to give due consideration to both nurses and patients. Every hospital has its own difficulties, I suppose, and in a hospital where there are thirty-two professors, who come at all hours of the day, from 8.30 in the morning to 7.30 in the evening, it is a little difficult to keep your nurses' attention when their hearts are in the wards. But we are going to follow Miss Nutting's example as soon as we can. In regard to the study of current events, we have made very little progress so far, and what we have done has been somewhat more personal and social than regular class work. We hope
to do better this winter. I think the study of current events can, if it is skilfully used, be made an element of interest,—I won't say recreation—a thing which is not entered into voluntarily is hardly recreation in my estimation—but it can be made more interesting to nurses provided the Superintendent of the training school takes the burden of making it interesting, at the same time they are being amused. I think Miss Nutting has been successful in this, and also in getting interesting people to speak to her class.

Miss Alline. The excellent papers we have just heard lead us strongly in one direction, but we must not forget that a nurse breaks all ties when she enters the training school and is shut in by four walls, the work and interest inside completely absorbing her body and mind. It is almost impossible to open the way to get in and draw her out. The world will be a sealed book to her for three years, except for the pressure brought to bear from within and breaking out into the open. The study of current events should not be separated from recreation. Recreation is diversion and surely current events is quite a diversion. One of the fields of work open to us wherever we are is that of sociology. Sickness throws out the latch-string of every home to the nurse. Philanthropy first started us out in our career as nurses. Love for humanity and a desire for service led us to enter the training school. And was there ever any greater satisfaction in anything than to thoroughly clean up an ambulance patient, put her in a clean bed and give her wholesome food and plenty of it? We care for them and know of them only while they are with us. We could do much for the social problems of the day by taking a personal interest in them and let it take us outside the hospital walls to their homes. With change of thought and change of shoes, the tired feet we have heard about are forgotten, and the training school would be a greater aid to a social settlement in its vicinity where aid would not only be given but received as well by untold benefits received from contact with social workers with all that that stands for to-day. Recreation time must not be demanded of a nurse ever, for her thought can be directed by suggestion merely. She will do the rest gladly. The nurses of the Hospital Economics course at Teachers College have become greatly interested in the Speyer Settlement work. While the program of their regular work is a full one, I find the class represented at many of the settlement gatherings besides taking an active part in the club work. They think it a profitable pastime and I am sure they will interest their nurses in just such work wherever they go.
Miss Hall. In our school we are trying the plan of current events taken up week by week, and we find it very successful. The nurses will look up the different subjects with more interest than they would subjects relating to their work. I think we, as Superintendents, take too little interest in the social life of our nurses. Each winter our nurses have at least three social evenings held at the homes of some influential person in our town. We have found them of great interest and enjoyment to the nurses, as well as to the hostesses. Miss Delano spoke of college graduates. I should like to say this from my own experience: The college graduates, while they have had the advantage of better education, do not always make the best nurses. We need women of tact and of common sense, whether college graduates or not.

Miss Nutting. We seem to have diverged somewhat from the consideration of our subject, far enough to give your Secretary the opportunity of saying that when told to place this subject on her list in preparing for this convention, she exercised the highest prerogative of a nurse—unquestioning obedience. It seems now as if we might perhaps have found some clearer way of presenting this subject. Probably every one here has followed closely such matters as the events in the world’s winning war against Tuberculosis; the growth of laws for the protection of wage-earning children, the improvement of Tenement Houses, the investigation of sweat shops, as well as the struggle between capital and labor, and the signs of trouble in the far East. We may study and discuss these things and call it a study of current events,—or a study of good citizenship. In either case the knowledge so obtained is interesting and valuable, and should in some way be placed within the reach of those nurses whom we are preparing to be good citizens as well as good nurses.

For several years we have had short courses of classes or lectures on these subjects, and we think they have been very helpful to our pupils. Certainly they have been greatly enjoyed. The fear that pupils may in this way lose valuable time that should be devoted to practical ends, has not, I confess, entered my mind, nor will it enter so long as at the best we give nurses fifty-six hours of practical work every week for two to three of theoretical.

Miss Goodrich. We tried having the head nurses’ class once a month in my room, and I myself tried to think up some subject that we might discuss. I told them not to come unless it was really a pleasure. It was a partial success. Sometimes other engagements interfered. But I think perhaps it is a little stimulation to them to
strive to fit themselves to be good citizens, as well as good nurses. If
we could make them think it was interesting or amusing it would not
be so difficult. Now, in the kindergarten they are teaching the chil-
dren a great deal that they think is play, while it is really work. If
our study of this subject could be made a pleasure, I believe that
would help nurses very much, but it should not be made a duty.

Miss Cottrle. In the West for our nurses we have golf links, and
six horses. We also have saddles. You can ride bareback if you
wish, but we have saddles and gunny sacks. We have a lot of money
in our hospital. It is a hospital for working men, dirty working men.
Our city is something like Pittsburgh, only the dirt goes up. We have
thousands of men, miners, most of them Italians and Austrians, and
the dirtiest kinds of Yankees and Irishmen, and they are the worst
element. We have, as I told you, a great deal of money. It is a
steel corporation, a steel town, and our money is used for the men.
Each man pays in each month $1, as hospital fees. We have 14,000
men, who pay $1 a month for hospital fees. That man comes to our
hospital and stays six months or six years, just as he chooses. If he
is ill enough to stay six years, he stays six years. I don’t want to
leave the impression that we are away behind the times. We have a
few things that the Eastern people haven’t, and are very glad we have,
for the nurses’ sake. The nurses live out of doors two to four hours
of the day. The method I am using at present is this: We go on
duty at 7 A. M. and work until 3 P. M.; then we have a certain
number from 3 P. M. to 11 P. M.; then we have some who go on
and work from 7 A. M. to 7 P. M., and in that time they have no
lessons in the afternoons. I don’t wish to leave the impression that
we have evening classes; we have afternoon classes. We have five
operating rooms, and perhaps 15 to 20 surgical cases for operation per
day. Five nurses and perhaps three times five for operating room
work taken from the whole number of forty leaves a small proportion
for extra recreation hours or extra study.

Miss Delano. I think I must correct the impression that Bellevue
thinks of nothing but work; we have a gymnasium hall, a recreation
hall and a bowling alley.

Miss Nutting. Nor do I wish to have you think we do nothing
but play. But when I know that the minimum hours of work in any
hospital are eight hours of good hard practical work, in many ways
the hardest work a woman can do, and that these hours may be
extended to 9, 10, 11, 12, and sometimes 14 hours and more, I feel
TENTH ANNUAL CONVENTION.

that I must bring all the influence I have to bear on the other side of things, so that pupils may not be too tired to profit by study, or to really enjoy their time for recreation.

Miss Maxwell. This tired feeling is often in the minds of the nurses—any mental or physical recreation will make them feel they are not tired.

Miss Sniveley. How about making the Superintendent believe she is not tired?

Miss Ayres. Are we not told by a wise man that a change of work rests?

Miss Banfield. Do any of us believe it?

The President. It just occurred to me that perhaps we might try Christian Science as a help in our work. I am sorry to cut short this discussion, but the time is passing and we must proceed with our papers.

In the absence of Miss Griswold, of New York, who was unable to be present, the following paper was read by the President:

THE MODERN HOSPITAL AND THE MODERN NURSE.

Miss Alice Griswold.

In presenting the subject of the modern hospital and the training school and considering what the modern hospital stands for in the treatment of disease, what the hospital means to the community wherein it stands, and the lesson it will teach to those who watch its work (with an unprejudiced mind), one must look backward and note the care of the sick before these institutions had reached the high standard of excellence they now most justly claim; one must make a careful study of the environment before one can really appreciate the true value of the hospital, one must not forget the superstitions of succeeding generations, the traditions regarding the treatment of disease and the methods then employed, methods which seem ludicrous now, as ludicrous as some of the epitaphs of that day, but at the time were considered with as much seriousness as the epitaphs.

The simple treatment of a clean cut wound by the use of oil and
wine, plagued nature not a little in her efforts to heal by "first intention." We can now smile with the dear old grandmother, who tells us that she was bled almost to the point of exhaustion because she was thrown from a carriage, although not a bone was broken, and she sustained no internal injuries, yet was this heroic treatment thought necessary to prevent any serious trouble following the accident. The same year two of her children ate tomatoes (Love apples as they were then called, and supposed to be poisonous), the children were put to bed, given strong drugs, and the dear old lady "thanked her lucky stars" that the children did not die, and so do we.

Salem witches are mentioned in history, but some of our cases of neurasthenia or hysteria have symptoms in common with our Salem sisters, but through the earnest thought and patient work of our physicians of to-day, their treatment is far more rational and the outlook for the patient is brighter.

The story of the heroism of Florence Nightingale is familiar to everyone. She was a woman of culture, refinement and intelligence, going forth to battle, even as a soldier, with a foe as formidable. The world took notice of this woman, and she is loved wherever the sun shines on English soil. She cannot be forgotten, she belongs to the world's history; but she builted better than she knew when she gave of her princely fortune for the up-building of the training school; her forethought saw the need, and her work is a monument more grand, inspiring and enduring than granite or marble. It is the profession of nursing—a profession which, when it has been brought to perfection, will give skilled care to rich and poor. May the dross be discarded and only the pure metal retained, a profession which shall stand for the truest and best in the human being for the benefit of humanity.

We must consider the progress in nursing, for it is the progress in nursing which has been of vital importance to the progress in hospital life. The vigor and growth of the hospital depends in part, and a very important part upon the efficiency of the nursing of the institutions. Lower the standards of the training school, and you do of a necessity lower the standards of the hospital. Here it is woman's work that counts for much, for nursing is
peculiarly and particularly woman's work. No man can compete with her here; it is her field and by nature she is eminently fitted for it. Here she is the acknowledged superior of man even by man himself. It has been said, "The real when it includes the ideal not only accomplishes its purpose, but creates purpose," and this is the teaching of those who stand foremost in the profession, that this work should not simply mean the work of hands trained and skillful, but there should be mental and moral attainments as well. This was the teaching of Miss Nightingale, that the real should include the ideal. In paying just tribute to Florence Nightingale one must also remember that noble woman, that strong character, who endured toil, hardship and many trials to relieve the afflicted poor of Walsall, England. There is a tender pathos in the life-story of Sister Dora—a woman of rare courage, wonderful power of endurance, and truly a saintly spirit, who could conceal her physical suffering to give relief to others. Does one say these are the ideal and not the real nurses of to-day? Does one ask why there are not more ideal nurses? Then must the answer ever be the same. It needs the ideal woman to produce the ideal nurse.

We do not recall the names of the women who went out with Miss Nightingale, or the women who toiled on while Sister Dora slept, but surely there were many who worked on under the direction of these women, knowing that theirs was an obscure position.

The young woman to-day who is best adapted to the work of caring for the sick, is the one who has good health, common sense and a glad spirit, she must be ready for the work, educated and trained thoroughly, for the duties come so thick and fast that there is no aftertime for preparation. There is no place in life where a woman can use all her womanly traits to better advantage than in the work of caring for the sick.

Good health is of great importance, for her very presence must bring hope and courage. Common sense is a most necessary qualification, if she has it, much of her work is made easy, if she has it not no text-book of nursing can give it to her.

A Smith College graduate, after taking a three years' course in
PROCEEDINGS.

a training school, on the day she received her diploma said, "I have spent three years of toil and have followed a definite course of study in hospital work, and yet have learned only the common sense things of life every woman ought to know."

The nurse must have tact, for she has to deal with unreasonable men and women. A diseased body may mean a mind in an abnormal condition. We have no right to expect the same self-control from an invalid that we look for in the individual in health.

Fiction and poetry are apt to place a halo about the head of the individual. They picture to us a patient pale, wan, emaciated, but usually interesting and beautiful in character; and this may be true, but often there is much that is quite different, much that does not harmonize with this picture. No less do they give us a wrong impression of the nurse and her work. We find attention called to the immaculate costume, the neat cap and perchance the sweet face. We are told of bathing fevered brows, of quieting anxious fears, of giving a flower or reading a simple story. These are the "Fairy" pictures which fairly crowd each other in the mind of the enthusiastic applicant as she knocks at the hospital door for admission to the training school; the poetic side which always presents itself first, and well it is so; but after the poetry has vanished or rather taken its proper place, then comes the real work, the prose, the sure test of character which separates the true womanly qualities from the false unstable ones, that test which is sure to find the mind that can rise above the menial service required and say, "Blessed be Drudgery."

The nurse must be a woman who can help in a clear, pure atmosphere even amid the most obnoxious surroundings, whose mind can trace out a faint spark of divine nature in the most loathsome human being, a mind that can say there is nothing common or unclean about a work which God gives me. The ideal nurse must be thoroughly unselfish; no part of her service may be given grudgingly, and no item of her work may be withheld. She may never reap her just reward, but she must feel within herself that satisfaction which money cannot buy, and which unmerited praise can never bring,—a satisfaction which is more
than anyone can understand who has not spent hours of weary watching and felt the heart-throb of joy when the crisis of disease is past and recovery seemed certain.

The profession of nursing stands for more to-day than ever before; women of education are undertaking to solve some of its problems, and they are not to know defeat. The strong prejudice against the trained nurse is fast giving way under the influence of her faithful service; her skill, dignity and true womanliness are telling; she is conquering by degrees, and she must win the victory.

She has still to remember that she must remain sweet and womanly in her nature, unspoiled by praise, uninjured by blame, if she would be self-reliant and strong;—self-reliant and strong she must be, because of her much is expected. Many times must the nurse shut herself from the outside world and dwell happy and content with her patient, and this she can do if she has learned the secret of true happiness, the wholesome lesson of being glad, and can bring in the beautiful with herself. What though the birds are singing in the fields and the air outside enticing, the sky and the far away hills are blue, the sunshine, the flowers, the birds, the trees all come at her bidding if she is happy in her work, and kind "memory" will take her even to the "Forests of Arden" and she will not forget there are "Tongues in trees, sermons in stones, books in the running brooks and good in everything."

When not in the sick room the nurse must read beautiful books, hear beautiful music, see beautiful pictures, think beautiful thoughts and "List to nature's teaching," if she would possess that charm which only such culture can give. Somehow the public expect more of the individual in this profession than almost any other. Wordsworth's "Perfect woman, nobly planned," would not more than meet the demands of the people. Give us first the ideal woman and it will be easy in return to give you the ideal nurse.

The woman who spends three years in hospital service learns some of the most valuable lessons in life; to her there is a new meaning in the common conditions of life; if she succeeds she will appreciate what it is to be true, to be courageous, to be sympathetic. True to the best there is within her, courageous to do the
hard and seemingly cruel things, if by so doing she can help to save life or alleviate human suffering; sympathetic to draw her patient to her, gaining confidence and giving courage, truly sympathetic, not simply the use of words, but to give the touch that heals and giveth hope, that most important factor in the treatment of disease.

To you who have the opportunity of influencing those who take up this work, be careful to withhold those who by nature or early education are wholly unfitted to take up its responsibilities.

There are already many who ought not to have been admitted to the profession, but is this not equally true of every profession? Is the teacher, the doctor, the lawyer always your ideal? There is always room for the woman who is thoroughly equipped, the woman who sees life as it is, who realizes that there are duties which fall to her lot upon which no money value can be placed, who echoes the question, "Is not the life more than meat and the body more than raiment?"

The woman who asks herself these two questions: "What does my life mean?" "What will my life teach?"

The nurse must deal with all classes of people and all conditions of life, "Rich man, poor man, beggar man, thief," they all fall to her lot, human beings that have a need.

All other things being equal, the college woman makes no mistake when she chooses this work. We find her in the hospital wards happy and content, doing for others and putting to a very practical use her education; her knowledge of language has given her that mental discipline which enables her to meet and grapple with the problems of life before her; her mathematics has given her a yearning after truth; her literature has so enriched her mind that she is never truly lonely, and it has also made her most companionable to some afflicted scholar to whom she ministers. She puts her best thought into her work, for she works with purpose and believes with Hood that

"Evil is wrought for want of thought
As well as want of heart."

Dr. Lorenz, whose name is now familiar to the American pub-
lie, has paid the highest compliments to our hospitals, but he has also said some very good things about the American nurse and the American methods of training.

The modern hospital needs no defense, its work speaks in tones so clear and true that only those who are ignorant of its methods would condemn it.

The untiring efforts of those who carry on this work, the generosity of the wealthy who make it possible, are factors which call world-wide attention to the work they are doing.

Within the last few years millions of dollars have been contributed for the construction and equipment of hospitals for the treatment of Tuberculosis, and each year the statements are more convincing that this money is being well spent.

As the years go on and all hospitals are being better understood and the unjust criticism is giving place to a just appreciation of the work they are doing, there comes a higher standard in hospital life, and those who stand at the head are looking to correct its errors and strengthen its life.

The brightness of life should be freely admitted within the hospital walls. Is there not enough of sadness and sorrow? All who help in this work should remember the value of cheerfulness; it helps much as we journey along Life’s rough road to take attention from the thorns that do prick and hurt as we pass along.

Gladness, cheerfulness, yes, sometimes even laughter, for we believe with Victor Hugo that “Laughter is the sun which drives winter from the human face.”

The Secretary here presented a Report on Army Nursing, which had been very kindly offered by Mrs. Kinney.

THE YEAR’S PROGRESS IN ARMY NURSING.

MRS. DITA H. KINNEY,
Superintendent Army Nurse Corps.

The possibility of my being obliged to start at once on another tour of inspection again prevents my enjoying the long anticipated pleasure of joining you on the occasion of your annual reunion.
With the permission of the Surgeon General I have the honor herewith to submit for your information a short report of my work, and at the same time to bespeak your help and interest in all that pertains to it—as well as to ask for any suggestions for its perfecting which may occur to you, either as you sit in council—or later as individuals.

About a year ago the Honorable, the Secretary of War entered into a policy of radical retrenchment in all branches of the service. The Medical Department did not escape, but was made to feel the practical effect of such a policy in regard to its surgeons, nurses and hospital corps. The number of nurses in three years has been reduced from 250 to 100, which it must not exceed for the present.

Were all the hospitals where members of the Corps are serving in the United States it would be a comparatively simple matter to get on with the allowed number, because so little time would be lost in transfers from one place to another. The enormous distance to the Philippines and the time required to traverse it greatly complicates the situation. The Commanding Officers of the various hospitals are constantly clamoring for more nurses, which we are unable to supply. On all sides these gentlemen say no commendation can be too high for the work done by the nurses—and to you ladies, as their teachers and exemplars, all this credit belongs.

The position of the nurses and their recognition in army circles grows more and more satisfactory, month by month. In the Philippines, social courtesies are accepted and returned between officers and their wives and the nurses. A special invitation is always sent to the Nurses' Quarters by Governor and Mrs. Taft for all functions at the Government House—and there have been occasions when both were the guests of the nurses.

During the late meeting of the Spanish-American War Nurses in San Francisco, a reception was given them by the members of the Army Nurse Corps on duty at the General Hospital in that city. The Commanding Officer made the address of welcome. The Chief Surgeon and Hospital Staff were guests, also the British Consul General. Besides this, the Commanding Officer
rendered every possible assistance in entertaining the guests during their stay.

Such incidents are in sharp contrast to the days when the nurses were socially ignored, and professionally endured as a questionable good.

The most notable achievement of the year is the accomplishment of the long-desired change in the Transport Regulations—assigning nurses to the saloon mess, after the Medical Officers. Some of the Chiefs of the various Departments to which the matter was "Respectfully referred for remark"—fought it, but that matters little, as we won.

As their Superintendents, Ladies, you have every reason to be proud, as I am, of the showing of your pupils, and of the place they have made for themselves—in the face of many adverse circumstances and conditions. These things have been accomplished solely and only because of their professional excellence—and their personal attributes of character and heart. They uniformly express themselves in personal letters to me as a well-satisfied and happy body of women.

There are still a few things which I desire and hope to get for them—notably two:

1. Some modifications by Congress of the present law in re of their subsistence—so that it will be unnecessary for them to contribute from their salary to have their table what it should be.

2. That when circumstances are such from pressure of work in the hospital, that they can not be given their annual leave, this may become cumulative. With these points gained I can not see much left to be desired from the nurses' standpoint.

From the point of view of the Medical Department, we look forward to the completion of the big General Hospital here in Washington, where all nurses will enter and serve for a certain term, and where perhaps in time the Medical Department might even have its own army training school.

Great improvements are in progress in two of the General Hospitals in the United States, i.e., the one devoted exclusively to the treatment of pulmonary tuberculosis at Fort Bayard, New Mexico, and the large General Hospital at the Presidio of San Francisco.
At the former, an expenditure of $100,000 has been authorized. Most of the cases at this hospital are ambulant, but there is an infirmary where those who are running a temperature—or who need more than general care are placed. This is to be doubled in size and capacity and there is to be a new hospital for officers. A medical storehouse, crematory, receiving vault, morgue and laboratory are to be built. The reservoir supplying the hospital with water is to be enlarged. Five portable houses are to be put up and used for officers’ quarters. Other buildings are to be built as needed.

The nurses here—of whom there are 12—have a house by themselves with every comfort and convenience, and a most excellent mess without any cost to them.

At the Presidio there are 38 nurses on permanent duty—with pretty, comfortable quarters in a wing of the hospital—used only by them. They pay into their mess $2.00 or $3.00 a month—more than they ought.

At this hospital there is to be a new operating pavilion—with as fine an operating room as can be built.

There will be under this roof surgeons’ dressing rooms, sterilizing kitchen, anaesthetizing rooms, recovery rooms and a room for the preparation of dressings. All floors will be tiled—all walls and ceilings, soapstone finish—all angles rounded.

The walls of the operating room will have door casings—and a wainscoting of marble six feet high—the walls to be tiled to the ceiling—lighted by a large skylight of corrugated glass. It is estimated the building will cost only $25.00 less than $20,000.

Thus you see our nurses have the advantage of service under all conditions—from those approved as the latest and best for the wonderful aseptic surgery of the day to the outposts where ingenuity, training and intelligence must make the most of simple appliances and the best of unfavorable conditions.

I can not close without making a sincere acknowledgment of our indebtedness to those among you who have helped us to select this noble body of women. Appointments are never made other than in accordance with the recommendations of the Superintendent under whom the applicant was trained, and the value of these papers to the Office of the Surgeon General is beyond computation.
The information thus secured is never, under any circumstances, given out, so I feel I may ask for a continuance of these favors, and that the reports on these blanks should be made as full as possible. Without these our work would be at a standstill.

I am enclosing a little tabulated memorandum on the date of this writing of the nurses and their stations for any who may care to see it.

Of the Navy Nurse Bill we as yet hear nothing.

UNITED STATES.

SAN FRANCISCO, CALIFORNIA.

Assigned to regular duty - - - - - 38
En route for regular duty - - - - - 1

Fort Bayard, New Mexico - - - - - 12
Fort McDowell, Cal. (Hos. Corps Sch. of Ins.) - - - 1
Home awaiting discharge, - - - - - 3

Total in U. S. - - 55

PHILIPPINE ISLANDS.

First Reserve Hospital, Manila, - - - 32
Corregidor Island, Luzon, - - - 5
Iloilo, Panay, - - - 5
En route to Philippine Islands, sailed October 1 - - 3

Total in P. I., - - 45

100

The meeting then adjourned until the next day, October 8th, 1903, at 10 o'clock A. M.
SECOND SESSION.

The meeting was called to order at 10 a. m., on Thursday, October 8th, 1903.

The President. I would request that before leaving this session all members will register. Perhaps I should say that it is quite important this morning that they do so, for the reason that the Hospital Superintendents have a banquet for you to-night, and they were a little late in getting out the invitations and asked us to present an invitation to each member. Miss Alline seeks to receive our dues as early as possible during the session. I now ask for a report from the Auditing Committee.

Miss Nevins. I would state that the accounts have been carefully examined and found correct, but we regret that there is a deficit which we have never had before.

The President. Is there any discussion on the Auditor's report—if not, can we accept it?

Miss Nutting. I think we must accept it, but not lose sight of the need for a discussion. When we have an empty treasury, following soon after rather large gifts, it seems a suitable time for discussion.

Miss Banfield. I think Miss Nutting should discuss it.

Miss Nutting. Our fees and dues are small, and we have been I think, rather more generous than our capital would warrant, although the object to which we have given is one very dear to all of us. It is poor business, however, and I am not sure that it is generally considered exactly honest to give what you haven’t got. We seem to be facing the need of increasing our income or of reducing our expenses. I don’t see how we are going to increase our income, but we can consider the question of expenses. This Society voted last year to give $200 to the Hospital Economics course, and we find ourselves at the beginning of this session with a deficit; we are hardly justified in making any such gifts under these circumstances. Then there is another matter: the publication of the transactions on which was expended $425. The Society has paid all but $25 of that sum. It seems to me the members of the Society ought individually to buy copies and pay for them and thus recoup the Society for its expenditures. It is three years since I have been present at a meeting, and I
have not been able to follow this matter closely, but I am told that hundreds of copies, practically the entire edition, remains to be disposed of.

Miss Banfield. As I was present at the meetings, and was also on the Publication Committee and Hospital Economics Committee, I would say this in explanation: that when that $200 was voted the Society hadn’t any idea that it was poor; it thought it was comparatively rich. However, great delays in the publication of the transactions occurred, and we were not able to sell the number of copies of the transactions we expected. And I may say in explanation of the number ordered, that we considered this in direct ratio to the written requests received by your humble servant for them, of which she still has a record. Various alumnae ordered twenty-five or fifty. They have not taken them up to this time. To one alumna who ordered twenty-five I sent one volume, and it took me three months to collect my money for that one volume. But in this wise we never got the other $30 (the books were published at $1.25), so you see it left a much larger number on our hands than we had any right to expect. I don’t feel inclined to say very much about this, for the reason that when the Societies ordered them, they seemed to think the books would be published the next week, but there was so much delay that they lost interest. I regret this, and of course the fact remains that we are that much to the bad. When this grant of $200 was made to Teachers College, about forty new members had just been admitted to the Society and their initiation fee of $5 each, gave us a good balance. When, therefore, this $200 was given, the Society did have it, but this was before they had to pay the printer’s bill for the Congress Transactions or expected to pay it. Now we feel very poor. These ups and downs come to us all I suppose, and of course I wouldn’t think of either wishing or expecting the Society to give if they haven’t the money to give.

Miss Nutting. I trust I am not taking up the time of the Association too much if I call attention to plain facts. In the last two reports, the eighth and ninth, as I understand it, the cash balance at the end of the year, two years ago, was $204, and last year was $139. That is a small sum with which to meet the incidental expenses of such a Society as this during the year, and I think we are hardly warranted in any large acts of any kind without a stronger backbone to our treasury. Few matters are more important than that course in Hospital Economics, but it seems as if the money should be raised some
other way. In regard to the copies of the transactions published, I am told there are several hundreds of copies left. I believe it was suggested last night to place them at $1 a copy, which is a much easier amount to send than the $1.25 hitherto charged; they are beautifully gotten up, and most useful to any one of us. I believe it might be a good idea to advertise them at $1 and to try to stir up our own members and our Alumnae to buy them, and thus get some of this burden of debt removed.

Miss Allerton. May I ask if it is proper to ask for some details from the original Committee.

Miss Banfield. I undertook to sell those books for the first three months, and kept at it for seven as nobody else would take it up. But I couldn’t continue to do it in addition to all my other work, and do it any sort of justice. Mrs. Robb was Chairman of the Publication Committee, and it was then left to her to get another salesman. Who undertook the sales then I don’t know. I think either Miss Riddle or Miss Healy.

Miss Nutting. It is announced in the last number of the Journal that Miss Healy, the Treasurer of the Associated Alumnae, is prepared to sell them. Would it not be possible to send out notices calling attention to these books, stating that the price has been reduced to $1, and stating where they can be obtained. Would it not be possible to authorize the Publication Committee to do that?

Miss Maxwell. I move that the Publication Committee be empowered to send out notices authorizing the sale of the books at $1 each.

Miss Keating. I second that motion.

Motion carried.

Miss Palmer. I agree with Miss Nutting that it is bad kind of charity to give away what we haven’t got. It is contrary to my bringing up, and I feel very strongly on this subject. It seems to me that the experience these two leading organizations have had this year should result in the question of all distributions of money coming before the Council, and not before the Society, in open meeting. The condition of the treasury should be investigated, the expenses of the coming year looked into carefully, and the question decided by the Council. I don’t think it is ever wise to submit a financial question that appeals to our sympathies and generosity before the body of the Society.

Miss Snively. Does Miss Palmer make that as a motion?

Miss Palmer. I meant it simply as a suggestion.

The deferred report of the Committee on Hospital Economics was here asked for.
Madam President and Ladies:

I have the honor to present the following report regarding the course in Hospital Economics, Teachers College, Columbia University.

The objects of this course I think are now sufficiently understood by nurses, and need but few words of explanation. For such, however, as have not been present at our former meetings, or those of the Associated Alumni, I may say that the work at Teachers College is in no sense a hospital course. It gives no practical work in nursing, but is intended to teach those who are already thoroughly well taught in the practical side of their duties, how best to utilize their knowledge and how best to impart it to others.

Undoubtedly teachers are born, but they also have to be taught. The best teachers need the best teaching, in order to enable them to use their natural gifts to the greatest advantage.

As you will see by looking over the list of students, nearly all who have entered this year have had previous experience in hospital administrative work. We find we can do much more for these students than we can for those who have never held positions of responsibility, and who have no conception of the difficulties met with in executive work. The difference in appreciation and utilization of the work afforded is very marked.

The class this year numbers 15 students, a larger number than has been registered heretofore. Three other candidates accepted by your chairman unfortunately found it necessary to withdraw, owing to family or other cares. Several applications made were not encouraged and three were declined. One student who was unfortunately obliged to withdraw after the first half-year in last year's course will resume her studies this year where she left them off.

I will ask the instructor in charge of the course to read her report both as Treasurer and Instructor, for the work of the past year, and will endeavor to make mine as brief as possible.

There seems to be no doubt that the work at Teachers College is liked and appreciated by those who have undertaken it. The cost to each student is approximately $500 for the teaching year, and on no occasion have I heard the expenditure of this money
regretted although many of the students had to earn it before they could spend it.

Since it seems to be proved that the work is needed by the students, and the many applications received from hospital trustees and directors who wish to fill positions, would seem to prove that it is also appreciated by the hospitals, I think we may conclude that it is of real use to the public at large. This being so, I desire to draw the attention of the Society to the fact that it is fully time the finances of the course were placed on a permanent and more satisfactory basis. The lecturers, as you have frequently heard, obtain merely their traveling expenses, and often contribute a greater portion of these. They are busy women, and the sacrifice of time and inconvenience to their work is in any case a very real one. In addition to the lectures on the roster, a valuable talk was also given by Mrs. von Wagner of Yonkers, N. Y., Inspector for the Board of Health, on plumbing and the sanitary inspection of houses.

The work of conducting the correspondence, sifting out the applications, and making the necessary inquiries is considerable, and your chairman regrets that owing to many other calls upon her time she cannot devote as much time as should be given toward raising funds. More than 200 letters have been written during the past year in addition to the mailing of reports, announcements, etc., and had it not been that the Trustees of the Polyclinic Hospital permitted the use of all office facilities, it would have been quite impossible to keep the work up to date. Were it not, therefore, for the labors of Miss Maxwell, who secured contributions of $200 and $100 together with other lesser amounts, and other kind friends who did all they could, we should indeed be in a very bad way. As it is to-day, we are just clear of debt, and that is all. There came a time last spring when there was no money in bank to pay the exceedingly moderate salary of the instructor, and the money had to be advanced by one of your committee. At this time some members of the Advisory Committee suggested that your chairman should place before the meeting of the Associated Alumnae, soon to be held in Boston, the predicament in which we were. The response was kind and,
friendly in the extreme. $113 were immediately collected in a hat,—or, more correctly, in several hats—and a few dollars have come in since from those who had not the money with them. The members of the Alumnae present promised to present the needs of the course to their societies upon their return home, and this I hope they will not forget to do.

It has been suggested, however, that nurses can sometimes find an opportunity amongst their wealthy patients, if they would but seek it, of presenting the claims of such an impersonal and valuable course as this to those who have sufficient money to relieve us from the constant anxiety from which we now suffer. It seems highly probable that if we, the Society of Superintendents of Training Schools, allow this course to lapse for lack of funds, it may be carried on by laymen, who are not so jealous of the reputation of our profession as we are; and who cannot be expected to be so, for they are entirely uninformed as to the requirements. As Wordsworth puts it, "A primrose a primrose was to him, and it was nothing else." To them a nurse is merely a woman unaccountably fond of doing disagreeable things, for which, however, she demands an unreasonable amount of money, and of her power, her responsibilities for good and evil, and the thoroughness of her technical training, they reck nothing until they suffer, often very acutely, from the same lack of realization on her part. The reputation therefore of each one of us is bound up more than we realize in the successful maintenance of this course by us. The responsibility of securing and nominating to the proper authorities an able woman, who is also a trained nurse, competent to fill the chair as soon as the means of endowment can be secured, should also undoubtedly belong to the Society, or to a sub-committee. I would therefore beg each one here to do what she can to place this course, which has been proved to be of use and which nurses have heretofore mainly supported by their own hardly-earned dollars, on a sound financial footing.

Owing to a probable absence abroad of some four or five months, commencing in May next, it seems fair to say that your present chairman thinks it would be for the best interests of the course that the Society should appoint another chairman. If more
convenient, however, to the incoming chairman, she is willing to continue the work of correspondence, etc., until the spring months.

MAUD BANFIELD,
Chairman.

The students admitted this year are as follows:—

Minnie H. Ahrens,
Grace E. Baker,
Helen Balcom,
Annie M. Coleman,
E. A. Douglass,
Isabella Emma Jewell,
F. Madeline Shaw,
Helen W. Kelly,

Mathilde H. Krueger,
Christina MacLennan,
Susan G. Parish,
Mary H. Paterson,
Winona Peterson,
Marie M. Stotz,
Mary C. Wheeler.

QUESTION. What is the outlook for these students after the course in Teachers College is finished?

Miss BANFIELD. People take it for granted that these students are worth having. I have on file a half-dozen applications in which salary was not mentioned. In most cases a fair salary is offered. We have one instance where a nurse with no previous experience in hospital work was asked to occupy a position as substitute for nine months. She demanded a salary of $75. a month and the right to reorganize entirely the hospital if she saw fit. We thought this, for a substitute with no experience, somewhat unwise. We have advertised ourselves as responsible for this course and must try to carry it on. If we could only get a chair endowed through this Society, I think there would not be much difficulty in getting it continued through this Society. It should be endowed through us.

Miss NUTTING. I think the way out of that difficulty will come when we can have a college of our own in which all branches of nursing,—preparatory as well as post-graduate—shall be taught. With such a college and good hospital facilities, we could teach hospital administration as it is not even dreamed of now. We should look forward to this. Meanwhile, as Miss Banfield says, we have made ourselves responsible for the character of the students and for the opportunities offered them at Teachers College, and should try to meet,
those responsibilities as fully as we are able. We ought not to touch the treasury of the Society, and the question is how shall we get the funds to carry the work on. Miss Maxwell has done a good deal in this direction, more I think than anybody else,—perhaps she will tell us how she has done it.

Miss Maxwell. Some of the work has been done through the nurses, as I have induced them either to give money themselves or to solicit varying sums through the families of the wealthy to whom they have rendered acceptable service. The public has heretofore looked upon our work as a supplementary calling, and they are but just awakened to the fact that we are become a profession. If the true significance and usefulness of our work are to be strongly put in the community, we, as nurses, must arouse to the necessity for individual responsibility and effort. Funds are required to carry on the higher educational branches of our work, and although many nurses are quite willing, when asked to give liberally of their earnings, we must solicit and look for the larger sums from the people for whom we have done something.

The family physician frequently secures endowments either for the medical school or hospital with which he is connected, why should not we through our importunity, secure endowments to better prepare our instruction for the wide field now opening to us as a profession.

The President. This subject is one in which we are all so much interested that we should like to hear from other members.

Miss Maxwell. I should like to ask if there are any criticisms on the course.

Miss Delano. I could fill the school I think twice over with the applications I have for post-graduate work at Bellevue. They come to me from all over the country, from the west and south, and have constantly since I have been there. Could not a post-graduate course be given in a hospital that would cover the ground of the Teachers College course?

Miss Nutting. I should like to see it tried.

Miss Maxwell. I think part of it could be done and ought to be done in a hospital, but, of course, we should have to have ideal managers.

Miss Nutting. We have the best possible opportunities in hospitals for such teaching, which can never be complete and thoroughly efficient unless it is practical. We have the plant; kitchens, laundries, linen-rooms, offices,—these are the places to teach administration in.
Miss Banfield. I am not at all sure that we may not possibly be able to help in this; I should certainly like to do it. We have the linen rooms—but I find in regard to the students, that they do not always entirely appreciate what it is they do require. I have known hospitals which have been willing to give post-graduate work, but the students have not been willing to take it.

Miss Nutting. Ordinary post-graduate work is admirable as far as it goes, but it does not go far enough.

The President announced the Nominating Committee to consist of Miss Delano, Chairman, Miss Keating and Miss Pearson.

The President. We have another piece of unfinished business. We had yesterday the report on army nursing, and we now want to hear from Miss Nevins on the subject.

Miss Nevins. Just a word. Of course in Washington I have been in the way of seeing quite a little of the head of the army nurse corps, and I thought yesterday I should have said a word or two, to show our appreciation of Mrs. Kinney's work, which has been very difficult. I think any one who has had anything to do with the army regulations or government regulations, knows the great difficulties attending any work in connection with those bodies. Mrs. Kinney has worked very hard, in a position which is not altogether pleasant, and we should endorse and support her efforts in every way that we are able.

Miss Nutting. There is a matter to which I think the Society will be very glad to give its attention for a few minutes, and that is the absence of one who has long been a familiar figure at these meetings, one who has so ably filled the position of Secretary in past years. It is impossible for us to value and appreciate her and her work too greatly. Miss Dock has labored here as in every other work with unselfishness and zeal. I do not know how to express what I think about her work, especially since I have been trying to do it. But, realizing how she has toiled all these years, and how untiringly and enthusiastically she has given her services, I do not feel that she should be allowed to drop out and retire without some very strong expression of our great appreciation of her and her services. Just how the Society will accomplish this I do not suggest, but I think it would be suitable to ask for the appointment of a committee to consider the matter. I should like the privilege of nominating them, and would ask that those who are her friends and co-workers should frame some suitable memorial on the subject. I move that such a committee, consisting of
Miss Maxwell, Miss Sniveley, Miss Riddle, Miss McIsaac and Miss Banfield, be appointed.

Miss Palmer. I second the motion.

Motion carried.

The election of new members followed, and twenty-three active members whose names follow, were admitted to the Society.

Miss Katharine Brown, graduate of Presbyterian Hospital, Philadelphia, Pa. Superintendent of Nurses, Hospital for Children, San Francisco, Cal.

Miss May H. Bennett, of the Medico-Chirurgical Hospital, Philadelphia. Assistant Superintendent of Nurses, Minnequa Hospital, Pueblo, Col.

Miss Carolyn Van Blarcom, of Johns Hopkins Hospital, Baltimore. Assistant Superintendent of the same school.

Miss Annie A. Chisley, of the Johns Hopkins Hospital, Baltimore. Superintendent of St. Luke's Hospital, Ottawa, Canada.

Miss D. Jeannette Copeland, of the Johns Hopkins Hospital, Baltimore. In charge of the York Hospital, York, Pa.

Miss Grace Ellsworth, of the University of Michigan Training School for Nurses. Superintendent of Nurses, Wesley Hospital, Chicago, Ill.


Miss Olive Fisher, of Philadelphia Hospital Training School for Nurses. Superintendent of Nurses, Cincinnati Hospital.

Mrs. Harriet C. Humphrey, of Hartford Hospital. In charge of Litchfield County Hospital of Winchester.

Miss Anna C. Jammé, of Johns Hopkins Hospital, Baltimore. Superintendent of Nurses, New England Hospital, Boston.

Miss Elsie Mildred Lawler, of Johns Hopkins Hospital, Baltimore. Assistant Superintendent of same school.

Miss Hannah Pauline Morris, of Boston City Hospital. Superintendent of Nurses, McKeensport Hospital, Pa.

Miss Christina MacLennan, of St. Luke's Training School, Chicago. Superintendent of Nurses, Lakeview Hospital, Danville, Ill.


Miss Mima Russell, of Royal Victoria Hospital, Montreal. Assistant Superintendent of Nurses, Lakeside Hospital, Cleveland.
Miss Anna H. Ross, of Philadelphia Polyclinic. In charge of Carleton County Hospital.

Miss Agnes D. Randolph, of Virginia Hospital, Richmond. Superintendent of Nurses, same hospital.

Miss Harriet A. Sutherland, of Rhode Island Hospital, Providence, R. I. In charge of St. Luke's Hospital, Utica, N. Y.

Miss Annie L. Sutherland, of The General Hospital, Toronto, Ont. Assistant Superintendent of Nurses, Lakeside Hospital, Cleveland.

Miss Annie M. Shields, of Presbyterian Hospital, Philadelphia, Pa. Superintendent of Nurses of M. E. Hospital, Philadelphia, Pa.

Mrs. Charlotte S. Taylor, of Lakeside Hospital, Cleveland. Assistant Superintendent of same school.

Mrs. Maude P. Vaughan, of The Newport Hospital. Superintendent of Nurses, Germantown Hospital.

Miss Mary J. Weir, of Western Pennsylvania Hospital. Superintendent of Nurses, South Side Hospital, Pittsburgh, Pa.

The President. We have on the programme next the paper on the New Lying-In Hospital, New York, by Miss C. Louise Burdette. Miss Burdette could not be present, so Miss Nevins will read it.

Miss Nevins then read the paper entitled, "Description of the New Lying-In Hospital, New York," prepared by Miss C. Louise Burdette. She also distributed some pictures of the hospital which Miss Burdette sent for that purpose.

DESCRIPTION OF THE HEATING, LIGHTING AND VENTILATION OF THE LYING-IN HOSPITAL.

In modern hospital construction, there are probably no greater problems to be solved than those of satisfactory light, heat and ventilation, all of which are so essential to the welfare of patients who are brought together in a hospital ward.

In ventilation we have confronting us, at once, the question of furnishing a constant supply of fresh air to the wards without causing draughts, at the same time having this air heated to a uniform temperature before it enters the wards. This problem is
very satisfactorily solved at the Lying-In Hospital, as will be
described in what follows.

Not less important is the question of keeping the hospital
throughout at a uniform temperature, so that all parts of the
building, general wards, operating rooms, patients' receiving
rooms, babies' wards, etc., do not vary, whatever the outside
climatic conditions may be. This we have also solved by auto-
matic heat-regulating apparatus.

It is also desirable, particularly in an obstetrical hospital where
every effort is used to prevent the possibility of infection to newly-
delivered patients, to do away with every uneven surface that
would afford lodgement for dust or infective matter, and as radia-
tors of any sort must necessarily be of great surface, such as coils
of pipe, these in an open ward of the kind mentioned are objection-
able. This defect is obviated by placing all radiators in the wards
behind tight steel guards, which are so constructed, that the sur-
face is perfectly smooth and affords no lodgement for dust or
foreign matter, and greatly facilitates the cleaning of the ward.

It might be of interest to add, at this point, that the entire
hospital construction is also such that no angles or abrupt surfaces
afford lodgement for dust. At the junction of side and end walls
and ceiling and floor are curves instead of angles. The tops of
all instrument and dressing cases are sloping instead of at right
angles. In all ward furniture, this idea is also carried out, and
this when all furniture, walls, etc., are white enamel, makes dust
easily seen and easily removable.

All plumbing is exposed to view. All sinks, toilets and bath-
rooms have the flushometer attachment, and in this is also carried
out the idea of doing away with angles or crevices.

All ward window shades are of water-proof canvass and are on
the outside of the windows. The seats of the water closets are in
the form of a ring of a white composition material which is ename-
cled and not attached to the bowl. This can be removed and
immersed in a disinfecting solution and cleansed with ease.

In the lighting of the hospital wards, operating rooms, etc.,
several new ideas have been worked out and may be of interest.
The problem has always been to furnish light that is bright, yet
diffuse, so that it does not shine directly into the eyes of the patients. Some form of portable light is also desirable where dressings have to be done at night. This should be of a kind so that a bright light can be directed where needed without disturbing others in the same ward. The Lying-In Hospital is lighted throughout by electric incandescent lamps from power furnished by the electric plant in the hospital, which consists of three large dynamos and a storage battery of sixty cells. The advantage of the battery is that during the night, light, elevators and all electric appliances can be switched on the battery, thus doing away with all vibration from engines and dynamos, also saving labor and fuel.

The question of furnishing the diffuse light for the wards without glare is met by placing the lights above a conical steel shade so that the light is reflected upwards against the white ceiling and diffused throughout the ward. This gives a light closely approximating sunlight and without glare. The ward lights are also regulated by dimmers or an apparatus so arranged that the light can be diminished at will by the turning of a thumb-screw at the switchboard on the side wall.

At the head of each ward bed there is a socket into which can be inserted a plug with a portable light which has also a steel shade which reflects the light in only one direction. This is used for light in doing dressings and giving night medication.

In the operating room the light is regulated in the same manner except that the shade of the chandelier is reversed so that a powerful direct light is thrown down over the operating-room table, and the portable light is arranged so that it stands about six feet high with a flexible gooseneck attachment that can be set at any angle and turned in any direction.

The air which goes to the hospital wards is drawn in through large air ducts which go to the top of the hospital building. These towers contain a series of large fine-meshed screens which act as filters, and the air is drawn in by large electrically-driven fans. There are four motors located in the cellar, forming a part of the ventilating plant, each used to turn a fan nine feet in diameter by five feet wide and driven by a motor of seventeen horse-power, supplying air for 2,500 square feet of heating surface. This, when
of uniform temperature, is forced by four fans into various parts of the building.

There is also a system of electric fans, sixteen in number, for the purpose of drawing the foul air from the wards and rooms while a fresh supply is being forced in. There is no possibility, therefore, of any foul air remaining in the building, the supply being at all times absolutely pure and of uniform temperature. To maintain a uniform temperature, the radiators, concealed as before stated, are controlled automatically by thermostats, or a mechanism which, by the action of the room temperature on a sensitive metal bar automatically turns on or shuts off the supply of steam to the radiators. These thermostats can be set at any temperature desired, are sensitive to slight temperature changes and perfectly control the temperature of the building. This is an important factor in a building which contains 33,462 lineal feet of coil pipes and 9,600 square feet of radiators. There are forty tons of galvanized iron ducts for heating and ventilation, something like three miles in length. The available floor space in the building is about 140,000 square feet.

The floors are made of a composition material called "lignolith" which is light, and affords a smooth, hard water-proof surface which can be easily cleaned.

The number of windows in the building are 1,159, which at once suggests that some method for ease in cleaning would be desirable. This is arranged for by all windows being pivoted on a false frame, so that they can be turned from within the wards and rooms, and both sides cleaned from within. As no angles are present here, cleaning is greatly facilitated.

The kitchen and laundry are equipped with the newest electrical and steam appliances and are situated on the top floor so that no odors pass through other parts of the building.

These few points regarding the Lying-In Hospital we trust will be of value to you. There is, of course, much more of interest in the construction and appliances for hospital use, as refrigerating and ice plant, crematory for refuse and soiled dressings, printing plant, disinfecting and sterilizing plant for patients' clothing, etc,
but our limited space and time forbids further description at this time, so we offer the foregoing hoping that from it some helpful points may be gleaned.

The President. Were Miss Burdette here I know she would be glad to answer any questions, but as she is not here, we shall have to go on with our next paper.

Miss Anna Goodrich, of New York, then read a paper on "Some Common Points of Weakness in Hospital Construction."

SOME COMMON POINTS OF WEAKNESS IN HOSPITAL CONSTRUCTION.

Annie W. Goodrich,
Superintendent of the Training School, New York Hospital.

If it be true that, despite the most careful revision of plans by Directing Boards, Medical Boards, and officials, a building is rarely erected that does not immediately upon occupancy show most incomprehensibly glaring defects, and that limited funds not infrequently necessitate arrangements which it is perfectly understood will have to be replaced in the near future at double the cost, it is also true that many of our recent buildings, richly endowed or otherwise, present to the critical eye of the practical worker a similarity of defects which would be avoidable without an increase of the initial expense, and an elimination of which would greatly facilitate the economical running of the most expensive plants which the public are called upon to maintain. Time and the immensity of the subject forbid an attempt to compare the advantages and disadvantages of the different arrangements of even those hospitals which we have been able to inspect, interesting as such a discussion would be. Neither do I propose to more than touch upon the major essentials, site, architecture, etc.

As continual growth is the history of every successful hospital, forms of architecture which will not lend themselves to extension without excessive cost would seem to us defective. As the most
perfectly constructed plant would be one that with the smallest possible force would minister most effectively to the needs of the patient, so exteriors which do not allow of balconies or roof gardens, pavilions not connecting except by stairs or uncovered alleys, with long intervening corridors, and kitchens and laundries not communicating with other departments by dumb waiters or elevators, are certainly open to criticism.

Concerning ventilation and plumbing we have little to offer, but we would call attention in passing to a few points.

A plan of ventilation much in vogue is the throwing in of fresh hot air from above by fans, the outlet for impure air being from below; but a deposit of soot from the ceiling downward, and a draught necessitating a screen around each bed, makes one doubt the perfection of this system. Neither have we ever seen it prove an adequate means of heating, unless with the assistance of steam.

The necessity for the laying of steam-pipes and of having all pipes easily accessible would hardly seem to require mention. But in view of the fact that in a very recent building a very large number of pipes would have been enclosed in plaster but for the timely interference of an official not actively engaged in hospital work, and that in another hospital steam-pipes had not been carried even to the operating-room, it is proper to indicate the occurrence of such errors.

Windows placed at such a height that a patient sitting, or lying in bed, is unable to see out is an unnecessary deprivation to them of what would be a great source of diversion. As a prevention of accidents or suicides high windows are useless. Ornamental but secure gratings would not only serve the purpose far better, but are absolutely necessary in every window, high or low.

A satisfactory flooring that is inexpensive has yet to be found. Terazzo, which cracks; cement and similar forms of flooring, which are ugly and always unclean in appearance; cheaper woods, which hardly seem sanitary and have a tendency to warp and stain, are the floors most frequently used. Speaking from the standpoint of practical experience, we firmly believe that tiling, marble, mosaic, or the very expensive wooden floors, great as is the initial
cost, are sufficiently satisfactory and durable to be really economical in the end.

Methods of lighting and of cleansing operating-rooms are to our minds still unsolved problems. In some hospitals abroad, we understand that after every operation, or at the end of each day, the rooms are closed and subjected to live steam. This would seem to be a thorough way of treating rooms used for septic cases. Too many of our operating-rooms do not even boast of a drain which will allow of their being flushed with water or disinfectants. Proper and convenient adjacent rooms for the attending staff, house staff, the preparation of dressings, and closets for supplies, are the exception, not the rule.

Wards in which the accessory departments, such as dining-rooms, lavatories, and pantries, are not immediately adjacent on account of intervening halls, or that are limited in size, or where rooms for convalescent patients, steam disinfecting, and drying closets are omitted, are poorly planned. But the greatest general defect is the inadequate apparatus for the cleansing and disinfecting of ward utensils and linen.

As an illustration let us speak of typhoid. A query as to the theory taught in our training schools concerning the disinfection of all articles used in connection with typhoid patients elicits a reply which scarcely varies by a word. An answer to the query as to the carrying out of such theory would scarcely differ but for a not unnatural dislike to acknowledge how inadequate are the means. As typhoid is only one, and perhaps the least objectionable, of the communicable diseases which are to be found in our general wards, we cannot advocate too strongly methods which will perfectly protect the patients who are under our care. Elaborate bathtubs, closets, and washstands are always found, while slop sinks are frequently and disinfecting tanks almost invariably omitted.

The disinfectant which was satisfactory yesterday is useless to-day, but on the efficacy of sterilization we believe all authorities are agreed. Therefore, in our lavatories, a very simple and a very possible way, and also a method which would be an economy in both time and material, would be to carry live-steam pipes into our disinfecting tanks, so that all utensils used in connection with
the patient could be sterilized, as personally we believe they should be whenever used. As blood-stains and excreta are not indelible if not allowed to dry before boiling, the advantage of the immediate sterilization of the linen would be twofold: the removal of all source of danger and the prevention of discoloration.

I do not recall ever having seen a satisfactory arrangement for storing and preparing the ice for external use. Certainly the dining-room or pantry table is not the place to refill an ice-cap that has just been removed from the patient.

Another not unimportant oversight, when so many conditions are treated by baths, is the failure to arrange for emptying and filling portable tubs. A convenient and cleanly arrangement is a marble slab in the floor of the lavatory or some adjoining room with a depression in the centre converging towards the drain and faucets sufficiently high to allow of tubs being placed under them.

How rarely are closets for patients' clothing built in close proximity to the wards, with proper means for ventilation and sufficiently large not to ruin the patients' clothing. Almost invariably these closets are small, are sometimes placed in the basement, and not infrequently even are omitted.

While a few recently built hospitals have arranged for a dining-room and pantry in connection with each ward, very many still omit the former and set aside a space for the latter which is much too small to allow of proper china closets, steam tables, refrigerator, and sink. We think too it is equally as necessary for the sake of perfect cleanliness that here again arrangement should be made for the boiling of all utensils. It would certainly do away with the necessity of isolating certain patients' dishes, a precaution which we often feel upon thorough inspection to be of little real value.

The sins of omission in the children's department are numerous. A hospital that pretends to care for children, and then provides neither sun-parlor, roof-garden, nor recreation-room, or that desires a good service and then fails to provide observation-wards and temporary isolation-rooms to prevent the continual closing of the general wards because of contagion, is at least short-sighted. But the omission to provide a room where the surgical cases can be treated individually is almost inhumane, and would never be re-
peated by those responsible for the omission if they could once see the almost frenzied condition to which the little sufferers awaiting their turn are reduced by the screams of the child under treatment.

The advantage of arrangements in the basement, or at least outside the ward, for the removal of clothing and bathing of patients on admission are too obvious for their omission to be excusable. Yet absent they are. We again call attention to the disposition to omit all sinks and other apparatus for cleansing and disinfecting, which are even more necessary here than in the wards.

A private patients' building in connection with any other department, such as the rooms for the staff or Nurses' Home is a great and unfortunately frequent mistake. The most common cause of complaint on the part of the patient is that of excessive noise. Elevators should be noiseless, but they are always noisy. Halls should be kept as quiet as possible, but the omission of reception-rooms for friends of the patients, working departments for the nurses, and, above all, a room for the special nurses on duty who are obliged to absent themselves temporarily from the patients' rooms, make them centres of much disturbance.

The advantage of lavatories for working purposes being separate from those for the use of the patients is quite obvious, but such an arrangement is rarely found. They should be placed in as inconspicuous positions as possible, but yet are not infrequently found in close proximity or directly opposite to the reception-rooms or elevator.

An important factor in the economy of labor is the placing of as many rooms on each floor as possible. A recent comparison of a certain number of rooms on one floor of one hospital with the same number of rooms on three different floors of another showed the necessity of trebling the nursing force in the latter case.

Such perfect plans for isolation wards have been conceived and carried out that a building excellently arranged for the isolation of two or more diseases, yet providing only one dining-room and pantry for all, seems inconceivable. We could, however, mention three hospitals in which this has occurred. Stress should be laid on the importance of having each ward and its accessory departments absolutely separate, with intervening passages and double
doors and apparatus for steam disinfection on the premises. The
diet kitchens have done such good work that their presence is
generally assured, but the economical advantage of their being
connected with the main kitchen is perhaps not always appreciated.
We could go on indefinitely mentioning and enlarging upon
defects, but in view of the fact that long and able articles on all
the different points of construction have apparently failed to pre-
vent these defects we do not believe that pages of suggestions and
volumes of plans would alone solve the problem. We do believe,
and this article will have failed of its main object if we cannot
induce you to believe with us, that wherever the responsibility may
have lain in the past, we will have to assume a large share of it
now. It is ours by right of experience. Starting from the lowest
rung of the ladder, our hands have touched every department.
We know, or should know, better than anyone else the needs of
the patient from the standpoint of every condition and the stand-
point of every class.

In the vast amount of matter with which the architect has to
deal, details which to us are so important are to him of minor
consideration. More than once when we have asked how such
mistakes could have been made the answer has been, "Our
opinion was never asked; we scarcely knew a building was in
progress." We do not think the busiest superintendent should
ever make this excuse. Hospitals did not call for training
schools; States are not calling for legislation. Our Patron Saint
has set us an example. In notes from a lecture on hospital con-
struction given before the British Medical Association in 1869 by
Douglas Galton, F.R.S., it is interesting to read that "amongst
the publications on the subject, Miss Nightingale's 'Notes on
Hospitals,' etc., may be mentioned as having contributed largely
to the spread of sound principles of hospital construction in this
and other countries." Our fight for recognition is a moral obli-
gation. Of how much value to our nurses are our excellent theories
if we do not see to it that proper means are provided for their
execution?

From the moment that the idea of a new hospital is conceived
or that extensive alterations are talked of, from that moment the
superintendent of the training school should commence to acquaint herself with every detail upon which she could possibly be called for advice. However great the demand upon her time may be, she must be awake to the fact that the best basis for her work will be the well-planned institution. Let her insist upon seeing the plans and upon getting in touch with those members of the board who are most directly interested in the building in the course of erection. She should visit as many institutions as possible with a view to widening her horizon.

Superintendents of training schools are not architects, but as a condition of their being in the positions at all, good executives they must be, and as such they should use all available material to the best advantage. On every staff and in every training school are men and women who are ingenious in just those details which would be important in certain points of construction. Let the training school superintendent consult with them. Plans take weeks; construction takes months. She will have time, therefore, to anticipate the work of the architect and to follow step by step the course of construction.

Our predecessors fought for the establishment of the training schools with not less of opposition than must be met by every new and untried scheme. If, in battling for legislation and establishing superintendents' courses and preliminary courses, we of to-day have been so busy that we have overlooked the tremendously important part the institution plays in the education of the nurses, or if in using the institution for the individual, we have failed to use the individual for the institution, we can but hope that our successors entering the field, equipped as we only wish we might have been, will be able to obtain recognition as authorities in hospital construction. Personally we have seen such a disposition on the part of the men and women interested in our institutions to listen to practical suggestions for their improvement, in their anxiety to have them minister perfectly to the needs of the sick while serving as educational centres, that we think their battle will be easy and that their victory is assured.

The difficulty of obtaining any compiled information on hospital construction suggests the value of a book containing the plans of
the different hospitals in this country. Would it be possible for
every member of this association to obtain the plans of the institu-
tion with which she is connected and to make notes on those
arrangements which are particularly satisfactory or defective? A
volume compiled in this manner would be of value, not only in
the planning of new institutions, but as a reference book for the
different schools that are giving instruction on the subject in their
preliminary courses.

The President. I was myself very much interested in Miss Good-
rich’s paper, and I think the majority will agree with me that it is one
of the most able and one of the most important papers read. I have
just been turning over the matter of having it published in our local
papers. Why I say this is because we have not in Pittsburgh one new,
up-to-date hospital. We are having one built in Allegheny, the Alle-
gheny General Hospital, and they are having efforts made to have it
just as up-to-date as possible, but I feel that these people could get a
great many points from Miss Goodrich’s paper. Our Homeopathic
Hospital is thinking of building a new hospital in the East End; the
West Penn are talking of an addition, the Mercy is already excavating
for a new building. We have a new hospital, St. Margaret’s, which
is ready to be opened, but cannot be on account of lack of funds—all
of these I think would be able to profit by Miss Goodrich’s suggestions.
I think there is no place where we need improvements and suggestions
so much. I feel like asking of the Society the privilege of publishing
the paper.

Miss Twitchell. I was going to ask Miss Goodrich to let me have
the paper. If that paper could be printed in full in the newspaper,
we could all have copies. I move that the Society permit the publish-
ing in full of Miss Goodrich’s paper.

Miss Maxwell. I second the motion.

Miss Nutting. Without doubt this is one of the most valuable
papers that has been presented to this Society. To present the view of
the practical worker in hospitals to those who build or authorize the
building of hospitals is the purpose for which that paper was prepared,
and it would fail of that purpose to a large extent if it were not pretty
widely published. I should think the American Journal of Nursing
would be pleased to furnish as many reprints of the article as might
be wished.
The President. My idea was that while the public is interested in our Association, we would reach more people just at present through the newspapers of the city. This paper is now open for discussion. We should like to hear from any of the other members of the Society.

Miss Nevins. It seems to me that one of the reasons why so many mistakes are made is the lack of foresight at the start. If Boards of Managers could only understand the necessity of planning for future requirements much would be saved that has to be destroyed and rebuilt or altered. I suppose everyone of us has had that sort of experience. My own hospital began in an exceedingly small way at the death of President Garfield. It started in a dwelling house. The superintendent, at that time in one of the most important buildings we have, was never asked anything about the plans. She practically never saw them. It is a little better now, because as we get older and more experienced we find that by various methods we can make our wants known, and by showing our interest, demand the privilege of seeing the plans, and giving the benefit of our experience. But we have suffered from many inconveniences which could easily have been avoided, and I think the great difficulty is a lack of foresight. But I do believe that Boards of Managers are improving in that way, and as they see how eager we are to do the best work for our patients, they are learning that it is a benefit to them to consult us.

Miss Palmer. I had a beautiful plan for the nurses' home at the Garfield Hospital. I went, with the chairman of the Executive Committee, to a number of large hospitals and training schools in New York, and we submitted it to men and women of experience. We got all the latest ideas on the subject, and that was the building I supposed was going up. But when that plan was submitted to the Board of Managers as a body, there was one man of influence there who wanted it different; and so the whole plan—my plan—was thrown aside and another substituted. The thing stood, however, as Miss Palmer's plan, and it stands so to-day. Everywhere that I have been since, when there has been a building to construct, I have insisted upon having a hand in it, insisted upon knowing what was being done, and I have stood up against my whole Board of Trustees, until I gained my end. I think sometimes we get a little sensitive and a little sore, and for the sake of peace we yield our point. I don't think any man or woman is capable of governing a hospital unless he or she governs the board also. Of course, I don't advise you to go and tell your Board that you are going to govern them. But the best
kind of a general leads without coercing. Get your own way and
manage your people, but do it in such a way that they do not know
they are being governed. We must expect some antagonism, but if
we carry our point we have done our work.

Miss Nutting. Miss Palmer has belonged to that fortunate class
of people who have access to their Boards. There are Superintendents
in many hospitals to whom the Board of Managers or Trustees is
almost a mythical body, absolutely inaccessible except under extraor-
dinary circumstances. To advise such a Board of Trustees or con-
sult with them is almost impossible. But it is not impossible, I
think, for us to try to show that it would be better at all times in
building hospitals to consult those who are working in hospitals.
Architects confer naturally with Boards of Trustees, and with doctors,
but they are seldom permitted to go thoroughly into matters with those
who best know of certain difficulties and inconveniences commonly
found and easily avoided,—that is the Superintendent of Nurses,—
she should, however, give careful study to the question, and know
exactly what is needed.

Miss Allerton. Most of the opposition comes from the architect
himself. Somehow or other they seem to have got the idea that a
woman doesn’t know much about building. My board, however, has
always submitted all the hospital plans to me. The architect was
asked to draw them up according to my ideas. Sometimes the archi-
tect has agreed with me, and sometimes he hasn’t. More often he
hasn’t. However, as Miss Palmer advises, I have stuck to it and got
my own way.

Miss Maxwell. Accidents often tell us that the things which we
desire and need in connection with buildings are either impossible or
too expensive, and as we have no real knowledge of construction or
expense, we fail in securing what we otherwise might have. We must
acquaint ourselves with these subjects and be able to confute these
statements with facts. I was told recently that it would cost $20,000
to put closets into a building in which I am interested.

Miss Banfield. We are just building a nurses’ home without an
architect, which means that the secretary of our board of trustees and
a practical builder and myself have gone over every brick and every
tile in that building. For instance, the builder maintained that a
certain stain which I wanted on the woodwork didn’t exist, while I
maintained that I had seen it, that it was put on in such and such a
way, and that it was cheap. I said that continuously every day,
except Sunday, for five months. At the end of five months the stain was ordered, and it is now on. It has met with the approval of the builder, likewise, on which I congratulated him on having an open mind—though I didn’t say anything about how hard it was to open. The one point I would call to the attention of all of you is this, that in these suggestions we have to know what we are talking about. Our Boards are often too polite to say, "You don’t know what you are talking about, and such and such thing is not practicable, and such and such thing is too expensive. You cannot have a window here, a bath room there, you cannot have a drain there." What we need to do, is to study this matter, and to get a few books on practical building construction. It would really be money in our pockets. If they once find us out in a suggestion which is not practical, they don’t believe any of our suggestions afterwards, and it may take us months or years to undo an impractical suggestion. I think that for our own credit we want to be careful in our requests and be sure we are right before we make them, and then stick to them. The specifications are the first thing you have to deal with. I have just ordered two books on building construction, and superintendence of buildings. I hope we can soon write a much more practical book on the subject of hospitals than these. A book on practical plans of buildings, by a superintendent of hospitals and nurses, would be worth its weight in gold nearly. But I would ask you to be very careful in your demands.

Miss Greenwood. I should like to ask if there are many books on hospital construction.

Miss Nutting. I have an idea that few manufacturers would arrange their manufactories in a manner which meant inconvenience and waste of time to the workers. They would and do consider every moment of the time of their workers, and plan both rooms and machinery so that his work may be carried on effectively and without waste. Nurses are the workers who do the hard work in the hospitals, take the hundreds of unnecessary steps and endure the quite-avoidable inconveniences. Take the workshops of the wards,—the lavatories—I see no reason why they should nearly always be placed at the end of a long ward, so that for every article needed one must walk eighty to one hundred feet, or whatever the length of the ward may be. I don’t see any sensible reason for this. I do not see any reason why good strength should be wasted in unnecessary steps. We need it all for those that are necessary. A good railway company will spend some
TENTH ANNUAL CONVENTION.

millions tunneling through a hill side to save the time and fuel required to go around it, even in a short distance, why could we not place our lavatories about midway on either side of a long ward. They might interfere with symmetry and effect, and perhaps cut off a little sunshine, but the convenience for the workers in the wards might perhaps be worth considering.

Miss Ayres. The question of bath rooms and lavatories in the centre of the wards we have tried to solve by placing a plumbing tower in the middle of our ward, with ventilation, and I notice the greatest difference in the service of the two buildings. I am always having complaints from the old one where we have no such tower, about having to wait.

The President. I think perhaps we had better close this discussion as the time is passing. The next paper on the programme will be read to-morrow, and we will proceed now with Miss McKechnie's paper which will be read in her absence by Miss M. H. Greenwood. The subject is the "Progress of Legislation."

WHAT HAS BEEN ACCOMPLISHED IN THE WAY OF LEGISLATION FOR NURSES.

Miss Mary W. McKechnie,
Superintendent of the New York Infirmary for Women and Children.

Within the past year, through the efforts of the State Nurses' Associations, bills for the regulation of professional nursing have been framed and introduced in the Legislatures of five States.

When we consider that it is only two years since concerted action toward this end really started, and at the time of the Congress of Nurses in Buffalo in 1901, the New York State Nurses' Association had barely taken shape, we have reason to be proud of the measure of success that has crowned these efforts, and of the results that have been attained.

Of the bills presented, only one, that of Illinois, has met with defeat; still the effort in this State cannot be said to have been entirely unsuccessful, for although the bill has failed to receive the Governor's signature, a brave fight has been made, and we
hear that the good results of organization among nurses in Illinois, has alone been worth working for.

In these four bills the fundamental basis has been the same. Each has contained the following provisions arranged to conform with the existing laws governing other professional schools in these States; viz.—

1. Registration for Nurses and license to practice only on presentation of a certificate from a State board of examiners, and the right to use the distinguishing title of “Registered” or “Graduate” nurse.

2. A State board of examiners composed of nurses, selected from nominees from the State Nurses’ Association, to be appointed by the Governor of the State, with power to determine the standard of education and qualifications necessary in an applicant before entering upon the practice of professional nursing.

3. Penalties for infringement of these provisions and for false representation.

The States now having laws governing professional nursing are: New York, Virginia, North Carolina and New Jersey.

The laws in force in these States enable any resident, 21 years of age, of good moral character, holding a diploma from a recognized training school for nurses, who shall receive from the State board of examiners a certificate of his or her qualifications to practice as a registered nurse—to be known and called a registered nurse, and to use the letters R. N. after his or her name to indicate that he or she is a registered nurse, provided he or she shall first cause such certificate to be recorded in the County Clerk’s office with affidavit of his or her identity and place of residence.

*Examination waived.* Nurses who have graduated before the passage of these laws, will upon recommendation of the board of examiners receive a certificate without examination.

Nurses in training at the time of the passage of these laws and who shall graduate afterwards, will upon recommendation of the board of examiners receive a certificate without examination.

Nurses that have had at least one year’s experience in a general hospital and were practising nursing on the date of the passage
of these laws, will upon recommendation of the State board of
examiners receive a certificate without examination.

Practical examination. Those nurses who have been engaged
in the actual practice of nursing before the passing of these laws,
and who shall, within a specified time, satisfactorily pass an exami-
nation in practical nursing conducted by the State board of
examiners, will receive a certificate.

In New York State full examination goes into effect January,
1906, and all those wishing to engage in the practice of nursing
as registered nurses after this date will first require to pass an
examination by the State board of examiners. In Virginia and
North Carolina the law takes effect January 1st, 1904.

In the progress of these Bills through the intricacies of State
Legislation much pruning and reconstructing has been necessary
and many modifications have been made, but enough of the original
remains to make us feel that some steps have been gained in the
right direction.

Opposition encountered. In New York State the opposition
came from the Buffalo Nurses' Association, a body of nurses
opposed to the New York State Nurses' Association.

The objections raised were "that the medical profession was not
recognized on the board of examiners" and "that the State Nurses'
Association was not a representative body and should not have the
exclusive right to nominate for appointments on the board of
examiners."

The first objection was covered by the fact, that three physicians
were to be found on the Board of Regents of the University of
New York, and the second by the fine array of figures presented
by the Nurses' Committee on Legislation showing that the State
Nurses' Association represented one-half of all nurses practising
in the State.

Objection to a minimum course of two years' training in connection with a general hospital, came from those persons interested
in the large sanitariums in the State.

The Bill was amended to include "training schools connected with hospitals and sanitariums maintaining proper standards in this and other respects" acceptable to the Regents.
In New York State the Regents make the rules and regulations governing the examination of candidates and grant certificates.

The board of examiners advises the Regents in the making of rules and regulations and recommends candidates for licensing certificates.

Opposition in the other three States was mainly directed against the two years' course of training, and came from those having commercial interests in special and private hospitals, and from the "bogus nurse" schools giving a "short time" course of instruction.

In the North Carolina Bill the bad effect of this opposition is seen, in that no course of training in a hospital is required, and any applicant passing a satisfactory examination in the subjects given, is entitled to a certificate and license to practice. North Carolina has two physicians on the board of examiners.

New Jersey has gained nothing in the way of an educational standard, has no State board of examiners, and does not recognize the State Nurses' Association. New Jersey suffered from the influence of "short time" schools for nurses, received no support from the public press and little from the medical profession.

Although it is now a recognized fact in these States that special preparatory education and personal qualifications are necessary to fit a nurse for the practice of her profession, no standard of education has yet been defined. This is a question that will confront those whose duty it is to make rules and regulations for the examination of candidates.

It would seem fitting that this Society, which from the time of its organization has stood for better and higher standards of education for nurses, should take some definite action on this important subject before it adjourns, and I would suggest that a committee be appointed to outline what the Society considers the minimum requirements for registration in:

1. Entrance examinations to schools of nursing, with definite requirements in education and personal qualifications.

2. A definite course of study, with minimum of subjects to be studied practically, and minimum length of course of training.

Miss Keating. As I am the only representative from Buffalo here,
and as the writer of this paper has quoted correctly that the only opposition came from Buffalo, I wish to state that it was a very, very small faction of the Buffalo nurses that opposed the bill.

Miss Palmer. I should like to correct the impression that all the opposition to our New York bill came from nurses. We did have opposition from a small group of nurses and from a small group of medical men. They claimed to be the representatives of thousands of nurses who never materialized. But they were the most active in opposition in the committees. I should like to say further in regard to this matter of legislation, that I happened to have been given the honor, and to have the misfortune of being the President of the first Board of Examiners appointed by the Regents in New York, a responsibility I should have been glad to see some one else bear. We have been asked, as we expected to be asked, to outline the standard of education which shall be required for the registration of training schools, and we have simply asked for time. We absolutely refused and declined to discuss that question at our first meeting. There was a sufficient amount of other work to be done. This first great standard which the States have to decide upon should be a universal standard, not one for one State and another for another, and it seems to me that it would be most helpful and most important if this association would fix or would recommend a standard of education for training schools upon which the States would base their recommendations. Personally, I am entirely unwilling to act alone. The whole question of our development and success not only in one State, but in all States, depends upon what these four States do in the beginning. If we act in accordance with recommendations we share responsibility, and we all stand together in one great silent battle. I will move that there shall be appointed by the Council of this Association a committee who shall define the standard of education necessary for the registration of training schools, stating what is necessary to constitute the education of a nurse.

Miss Nevins. I second the motion.

Motion carried.

The President. I will ask Miss Nutting to make a brief statement on some matters connected with the education of nurses.

Miss Nutting. I have asked this privilege realizing that as we are a body of educators, a statement each year of any noteworthy developments in educational lines, should be brought to the notice of the Society,—no matter whether our papers include them or not.
Therefore I asked the privilege of saying a few words about some of the tendencies of the last year. I pause for a moment, before the subject of preliminary training, because it has occupied so much time at a previous meeting that I hesitate about bringing it forward. It is, in a way, uplifting the whole of our standards of work. Since our last meeting, a school in Chicago has established a six months' preliminary course for which an admission fee, I understand, is charged, and the students are trained and prepared in that school before going into the hospital. The Lakeside Hospital (Cleveland) has established a course which the Superintendent has been warmly commending. The New York Hospital is about to institute such a course of training, and the schools in which it is already established are well satisfied with the result. It is now in effect in several of the leading schools of the country. Apart from this comes the effort to establish such courses of study outside of our own schools, which cannot fail to help the education of nurses very materially. I hold in my hand a report of Drexel Institute. This course offers instruction in Anatomy, Physiology, Hygiene, Dietetics and Materia Medica, and the elements of nursing, and proposes to prepare the student for her further work in the hospital. Simmons College hospital course report I have several copies of. The very fact that they recognize that candidates for admission to training schools need such preparation and are willing to open their doors to give it, whether they are yet in entire harmony with us or not, is a step forward.

Miss Palmer. The course which they have established is taken from that which the Superintendents have sent them, and they have been willing to act upon the suggestions.

Miss Nutting. The Pratt Institute has just issued a small circular offering preparatory courses to nurses, so that they may now be obtained in Brooklyn, Boston, and Philadelphia. We have heard in various ways since this meeting opened of better instruction of paid instructors and of other matters, which show clearly the steady progress that the education of nurses is making. It seems to me there should be in this body a committee which should follow these advances and prepare a brief report for each annual meeting and inform the Society of what is being done. I think the Society should be in some way in touch with the United States Board of Education, which publishes reports, and we should see that they get accurate information about our work. They furnish much information which is of no value, but we cannot find anywhere the information we need. We find in
the recent reports of the Bureau of Education statistics concerning instructors in schools, and they read:

<table>
<thead>
<tr>
<th>School Type</th>
<th>Number of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theological Schools</td>
<td>998</td>
</tr>
<tr>
<td>Medical Schools</td>
<td>4752</td>
</tr>
<tr>
<td>Law Schools</td>
<td>1106</td>
</tr>
<tr>
<td>Dental Schools</td>
<td>1184</td>
</tr>
<tr>
<td>Pharmaceutical Schools</td>
<td>522</td>
</tr>
<tr>
<td>Veterinary Schools</td>
<td>189</td>
</tr>
<tr>
<td>Nurses' Training Schools</td>
<td>Blank</td>
</tr>
</tbody>
</table>

At no time since training schools have been established would this have been literally correct, since a large part of the duties of the Superintendent and her assistants has been that of instruction. Of recent years, however, salaried instructors are provided in an increasing number of subjects, and are found in most of the leading schools.

Take the statistics concerning libraries:

- We find in theological schools, 1,531,038 volumes.
- law schools, 338,167
- medical schools, 187,207
- dental schools, 6,860
- pharmaceutical schools, 30,216
- veterinary schools, 3,000
- nurses' training schools, none.

Yet few training schools are quite destitute of books, most of them have a few hundred volumes, and in some quite creditable libraries are to be found. Such statistics are scattered broadcast throughout the country, and it seems to me time for this Society to put itself into communication with the people who compile these reports.

Miss Ayres. I would like to inquire about the non-payment system and the using of the amount of money so released for instruction. I have heard that the Lakeside Hospital had provided scholarships, and I wondered what the general statistics were in regard to this subject.

Miss Ellis. I think scholarships are very little used. The money saved by the school does not amount to very much at Lakeside; because of the smoky city and the situation of the hospital, the uniform supplied has to be a very generous one, both quality and quantity. We also supply text-books and many other things; that is, where no
fee is given to the pupils, you have to supply everything. At the present time we have for our preliminary course two special teachers; they are paid a salary. They have the supervision of the class during the first six months, and then we have two medical instructors who give a clinical course of instruction to the intermediate class. They receive a salary of $300.00 a year, and will teach about four hours a week, altogether giving about eight hours of instruction weekly, that is, on medical and surgical subjects. We are able to maintain our school only through the generosity and interest of the Trustees of the hospital.

Miss Maxwell. I should like to ask how many scholarships you establish, whether you establish these scholarships by persons giving money, or by saving the money which was formerly paid to the nurses.

Miss Ellis. We have six prizes of $50.00, first and second prizes for each class. Some friend of the hospital gave a small sum of money to be used for that purpose. I think perhaps Miss McMillan can tell you more about this matter than I can. If a nurse for financial reasons, cannot meet the expense of the school, she can obtain a loan, to be repaid as soon as possible after graduation.

Miss Nutting. In abolishing the payment of the nurses, it was done with the definite understanding that the money should be applied in other ways for the education of nurses, and that there should be provision made for this. The cost of the uniforms is with us about one-third of the sum annually paid for that purpose to the students, and I think that ratio will stand good in other places. It is clear that if we can take two-thirds of the money formerly paid to students, it is a large sum to devote to the things they really come to the school to get. We give each year $1200 in scholarships, and it is rather difficult to apply that exactly in the right way. The students who most need such help are not often those whose general record of work is high enough to justify us in so awarding them. Perhaps a student’s loan fund might better meet any financial need among them.

Miss Banfield. If you give this course of preliminary training, and if the students choose to leave you at the end of six months, they have a good education, and you have lost the time spent on them. The establishing of a fee, either a deposit, or an outright educational fee, seems to me only just. In regard to the non-payment during subsequent months and years in the hospital, I spoke to several Bryn Mawr girls, who wished to go in for some work other than teaching, about taking up the training, but their parents hadn’t the money, or their fathers had died, or something had happened, and they couldn’t
do it. They were girls in moderate circumstances. They asked, "Can we work our way through hospital as we did through college?"
In a training school they can't do that; they can't do things they can do in college; they haven't the time. But suppose I turn down these three very desirable girls because they have no money—wouldn't it be better to give them the training? Uniforms cost, including shoes, about $36 a year only. Now of course that is a very small sum. Would it nevertheless be better, in the estimation of the Society, to charge a deposit fee? or to charge a minimum board, say of $8.50 a week? or would it be better to charge a deposit fee of six months, to be returned at the end of three years? Would it be advisable to ignore such girls, who have no money, or to allow them a certain amount monthly for their books and uniforms and expenses?

Miss Maxwell. I think it would be better to have no salary at all.

Miss Nutting. It seems to me we can hardly make any just comparison between colleges and training schools, the systems differ so widely. A college student pays board, lodging, laundry, text-books, and probably a laboratory fee. A training-school student has hitherto had every one of these costly necessaries supplied her, and her expenses therefore may be made very small. I think there are few women who could not borrow the small sum needed for personal expenses to carry them through a training school, with every assurance of ability to pay the loan promptly at the end of their course.

Miss Banfield. But they don't realize how little they can get through upon. You see, they have had to pay so much more—for their washing, for this and for that, at college.

Miss Nutting. It is quite true, nevertheless. There is no comparison to be made.

Miss Maxwell. In looking up our accounts, I found two nurses who had gone through the year paying $25 for their uniforms.

Miss Ayres. We sell the uniform at cost price, and we reckon it up that it would not cost $50 for the three years.

Miss Maxwell. We just estimated uniform, shoes, books, making and all, that $100 will cover the three years.

Miss Ayres. We often find nurses wearing shabby uniforms where they have to buy their own.

Miss Palmer. While this Committee is making its investigations about educational work, it might do something about the United States Census. The United States Census of 1900 makes the astonishing statement that there are 108,000 nurses in the United States, but when
it comes to classifying them, it only gives 11,000 graduates. We know this is wrong. New York alone probably has that number. But that statement stands before the world as correct. It seems to me while this Association is making its investigations this matter should be looked into. A correct census of graduate nurses in the United States should be had.

Miss Nevins. I move that a Committee on Education be appointed by the Council. The motion was seconded by Miss Maxwell and carried.

The President. I think the time has now come for closing this discussion. We have asked for another meeting of the Council this afternoon, immediately on the return from the West Pennsylvania Hospital, in the room of the Secretary, No. 625. If there should be in the house any visiting nurses who are not at this meeting, please extend to them the invitation as guests at the banquet. We want to have all these visiting nurses. If there are any present who know of visiting nurses in the house, kindly tell them they are invited to this banquet to-night.

The meeting then adjourned to meet Friday morning, October 9, at 10 A. M.
THIRD SESSION.

The meeting was called to order by the President at 10 o'clock A. M., on Friday, October 9, 1903.

The President. The first business we have this morning is the report of the Council, which the Secretary will now read.

The Secretary. At the meeting of the Council last evening the following committees were appointed:

Committee on Legislation: Miss Palmer, Chairman, Miss Maxwell, Miss McIsaac, Miss Riddle, and Miss Nevins.

Committee on Education: Miss Nutting, Chairman, Miss Alline, Miss Gilmour, Miss McMillan, and Miss Noyes.

Committee on Incorporation: Miss Delano, Chairman, Miss Goodrich, Miss Allerton.

The President. We are now ready to take up the unfinished business. The report on Hospital Economics was read yesterday and not voted upon. That report is now before you.

Miss Nevins. I move that we accept the report on Hospital Economics. The motion was seconded by Miss Palmer and carried.

The President. We shall probably need a committee on Hospital Economics.

Miss Goodrich. I move that the same committee be appointed. Motion seconded by Miss Greenwood and carried.

Miss Nutting. I should like to say one word further on the subject of publication. We have on hand eleven copies of the Sixth Report of the Proceedings of this Society, eighteen copies of the Seventh, and six copies of the Eighth and Ninth for sale, so that new members may obtain these copies of past proceedings. Any member present who will pay Miss Alline $1 can have a copy of the transactions of the Buffalo Congress. I think it is the best dollar you can possibly spend. In return you get a report which is not only valuable but interesting. I would also suggest that, to meet our obligations, it might be well to communicate with the Associated Alumnae and to say that the Publication Committee, with the approval of the Society, places the price of these transactions at $1 instead of $1.25.
Miss Delano. I move that we send a communication to the Associated Alumnae, requesting them to reduce the price of their volumes to $1.

Seconded by Miss Cottle and carried.

A communication from the Associated Alumnae was then read by Miss Nutting, the Secretary.

Miss McIsaac. I move that this communication be tabled.

Motion seconded by Miss Sniveley and carried.

A communication from the National Council of Women of the United States to the President of the American Federation of Nurses was then read by the Secretary, urging the early selection of a delegate from that body or its component parts to attend the coming Conference at Berlin.

Miss Sniveley. The only suggestion I see possible, considering the state of our finances, is, that if any of the members of the Association who purpose attending the Conference, will make that fact known to our Society some time during this session, or later in the year, possibly it might be thought best that those members who think of going, could be asked to act as delegates. Of course the Society can not be responsible for expenses.

The President. Owing to the unhappy condition of our treasury, of course you all understand that we cannot send a delegate to Berlin next June. I think Miss Sniveley’s suggestion a very good one, that those who intend going anyway might be considered our delegates. Are there any members here who intend going?

Miss Sniveley, Miss Cottle, Miss Banfield, Miss Gilmore, Miss Delano and Miss Goodrich, stated their intention of going to Berlin if possible.

Miss Delano. It seems to me important that it be some one who understands the workings of the Societies.

The President. It is suggested by Miss Delano that it will be advisable to select those who understand the workings of the different societies to represent us.

Miss Nutting then read the following letter from Miss Breeze:

"Benton Harbor, Michigan,

October 7th, 1908.

"My Dear Miss Nutting:

"Being no longer in Training School work, and not intending to re-enter, I am no longer entitled to membership in the American
Society of Superintendents of Training Schools for Nurses. Will you therefore please remove my name from the roll and notify the Treasurer.

Very truly yours,

Jessie Breeze.’’

Miss Nutting. We have heard during the past year of some interesting developments in the education of nurses, and we have tried to follow them to the best of our ability. We hear that some unusual work has been done in the west, and as we really want to know the facts, and the Society should be interested in following them, perhaps there is somebody present who can give us further information.

The President. Perhaps Miss Cottle can tell us something about this work.

Miss Cottle. I have heard it announced that they are starting some sort of a school in Colorado Springs for the training of nurses. It is apparently in connection with the Glockner Sanitarium, under the Sisters of Charity, and rather outside of our field. They send the nurses from Waltham to this Sanitarium which boards and lodges them. A nurse is sent to the School to educate these women, and to go about with them from house to house teaching the people how to live. They give a four years’ course and a diploma, and that is all I can say on the subject.

Miss Palmer. Dr. Worcester, in a communication which he sent me some time ago, and from other sources that have reached me, has made the statement that the Colorado College of Colorado Springs, and the Rush Medical College of Chicago, and Simmons College of Boston, were all establishing preliminary courses for nurses, of which he was to have supervision. I think his statement is hardly borne out by the Trustees of the different colleges. I know that the Chicago University, in its annual report, in referring to this preparatory course in the college, acknowledges its indebtedness to Dr. Worcester for many valuable suggestions. It doesn’t look as if, as he himself stated, he was to have charge of the course. It is a little difficult to know just what Dr. Worcester means, but he is certainly trying to give the impression that all the progress that is being made is emanating from him.

Miss Cottle. Colorado College, at Colorado Springs, is a State university, and is supported by the State of Colorado.

Miss Delano. I think the public will need a great deal of educating in regard to these preparatory courses. Just before I came
here I had an amusing letter from a man of education, evidently, in Brooklyn—at least the letter indicated he was such. He stated that his sister had come from Massachusetts to take the course at the Pratt Institute, but as the course was full, it had occurred to him she might get a training nearly as good at a hospital, and wished to make application to Bellevue Hospital.

Miss Nutting. It has been not a little interesting and instructive to note the number of articles suggesting improvements in the Education of Nurses, which have appeared in various medical and other journals during the past year. These evidences of interest are encouraging and helpful, but it is worthy of note that few changes have been suggested which are not to be found in operation in some one or more of our training schools, even if not in those with which the writers are familiar, nor can I recall any suggestions of improvements which those engaged in training school work in various places, have not been trying to obtain, in some instances for a good many years.

The President. I have a thought I should like to express to the Society. I would like to suggest that the ground in Pittsburg is already broken for a polytechnical school, just across Forbes Street, at the side of the Carnegie Library. Mr. Carnegie has given $2,000,000 for this, and they want it very complete. They want every kind of work represented in this institute. If that is the case, why not have a communication from this body of nurses to the Trustees of this Institute, and take steps toward having a preparatory course established in this polytechnic institute.

Miss Banfield. I do not believe I am generally regarded as a crank, but it has occurred to me more than once that possibly we are growing a little lax and indifferent in countenancing the establishment of these preliminary training schools without our having any jurisdiction over them. You have the Simmons, which is not in agreement with the training schools of the hospitals, the Drexel, which, although said to be under Dr. Weir Mitchell's direction, is not, therefore, necessarily in conformity with our methods, and is not yet doing any work. In the present state of public ignorance, shouldn't we be rather careful? A nurse is a nurse to the public. What brought it home to me is this college course which this Society does at present direct. Don't you see, if Teachers' College took this up, how quickly it would get beyond us? I think Miss Alline will bear me out in this, and that while the intentions of the people would be all right, the consequences would be disastrous.
Miss Palmer. I should like to say this for Dr. Worcester. I have seen a letter addressed to the Secretary of the Superintendents' Committee in Boston, in which he withdraws from all connection with the establishment of the course at Simmons College. He acknowledges in this letter that the most competent supervision for the course as the Superintendents have outlined it, are the Superintendents. And he has withdrawn absolutely. But the President of the Board of Trustees, while he is in conference with this Committee, and this Committee includes ten leading superintendents of training schools in Boston, has not been willing as yet to concede the main tenets which that committee have made. The Committee have made up their minds, that after all this difficulty, they will either have the department under their supervision, or they will not be responsible in any way for it. My idea about these preparatory schools is that between the time that girls graduate from the high school, say at eighteen, until they come into the training schools, at twenty-two, there is a wasted period of four years, so far as this time is of any value to their hospital training. If we can get good technical schools and departments to teach along the lines of subjects which must be taken up when they come to the training schools, it seems to me some knowledge of biology, physiology and chemistry, would make them more valuable pupils and if their minds have retained the study habits they will do better work than if they are in a state of mental Stagnation when we get them.

Miss Banfield. I do not think I made myself quite clear. It was not that I disapproved of all these preparatory schools. But the students will come to the hospital demanding to be admitted and claiming that they have learned all that is really necessary in these preparatory schools. It is necessary to educate a public which doesn't know a trained nurse from a white elephant. I think we can save trouble in the future by a little foresight.

Miss McIsaac. It seems to me some expression ought to come from this Society in regard to correspondence schools, which have no claim whatever upon the community as educational institutions. They are a humbug, there is no question about it, and it seems to me a resolution from a body of this kind would not be without considerable weight with the public.

Miss Palmer. Has Miss McIsaac a resolution ready to submit?

Miss Nutting. I move that a committee be appointed, with Miss McIsaac as Chairman, to choose her own associates, to draft resolutions which shall embody Miss McIsaac's suggestions.
Motion seconded by Miss Alline and carried.

The President. There should be a permanent Committee on Constitution and By-Laws, to watch them and note when they need revision, but it has been suggested that we leave this until a little later.

The Secretary will now read Miss Dock’s paper.

THE DUTY OF THIS SOCIETY IN PUBLIC WORK.

BY L. L. Dock.

A long paper on this subject is, naturally, not to be expected, but a few suggestions arising from the intimate following of the Society’s affairs during a period of seven years Secretaryship, may, perhaps, be useful, especially to those members who, from the compulsory absorption of their own urgently pressing duties, have not given special time or attention to the question of the character and efficiency of the Society as a whole.

The question which instantly arises when one considers the Society as an organization, and which arises constantly before the vision of those who conduct its affairs is, “How to make the Society more effective.” If we compare, in a historically impersonal manner, the objects of the Society, the women of whom it is composed, the training schools which it represents, and the enormous latent power and influence which it possesses in these members—with the actual influence exerted and made manifest, we must confess that the Society is not effective—at least, vastly less effective than might be expected of it. True, it has done some sporadic pieces of good work—it has planted and cultivated the Associated Alumnae, established the Teachers’ Course, and assists in various good enterprises as they come along, such as Congresses, etc. But to what extent is the Society an influence? To what extent does it affect the public? How much does it actually guide nursing education? What weight has it with hospital managers and staffs? What amount of force does it bring to bear on its own members in questions of education, ethics, etc.?

An honest searching after true answers to all these questions will inevitably bring the admission that the Society, in all these
rather abstract but most important ways, has not done what it might do; has not made itself a moral force; is not a public conscience; takes no position in large public questions; is not feared by those of low standards; allows all manner of new conditions and developments in nursing affairs to arise, flourish, succeed, or fail, without taking any notice whatever of them, apparently not even knowing about them. I am speaking—let me repeat—of the Society as a body, not of individual members. Yet this Society, as one body, would often be astonished at the actual extent and weight of its influence, if its whole latent and, at present, unsuspected power, were actually to be systematically exerted in an intelligent and energetic manner.

In the past, no committee on current events—as one might call it—has ever existed, and the Secretary has never been empowered to speak for the Society, as it were, on public questions. Yet several occasions have arisen in which your ex-Secretary did, upon her own responsibility undertake to speak for the Society—the matters being such that she felt certain of the Society’s position, and the tone of replies strikingly demonstrated the fact that the Society possesses a latent strength which it does not wield often enough.

The present Secretary can mention one or two instances which will illustrate. A practical suggestion seems to be—that a small standing committee, carefully chosen, might be authorized to watch public events as related to nursing, and to make the voice of the Society constantly heard, whether in criticism, in commendation, in warning, or in petition. Many important developments are looming up: A complete revolution in methods of teaching nurses seems to be imminent. A quite determined movement on the part of certain elements of our masculine brothers to seize and guide the helm of the new teaching is also most undeniably in progress. Several of these same brothers have lately openly asserted themselves in printed articles as the founders and leaders of that nursing education, which, so far as it has gone, we all know to have been worked out by the brains, bodies and souls of the women to whom this paper is addressed, and who have often had to win their points in clinched opposition to the will of these
same brothers, and solely by dint of their own personal prestige as women.

The different State laws now in progress all vitally affect the nursing education of the future. This Society ought beyond a doubt to make itself heard on all principle-involving points arising in these legislative acts. It has also, for some time been a vexed question in the mind of your ex-Secretary whether glaring professional injustice and indignities suffered by its members at the hands of political jobbers, or overbearing medical or lay managers, should be allowed to pass in silence, or whether the Society should not, to some extent at least, resent or take cognizance of such incidents, and exert some slight degree of protection to its members.

There is also the very delicate question of ethics to one another which has been suggested to the writer by more than one active member, and that is, how far a member of the Society may feel justified in following another in a position where some question of principle was involved, without first making it clear that the principle must be upheld?

These and other points I commend to the Society in the hope that it may truly become an effective public force.

The President. I will ask Miss Banfield to say something on this subject.

Miss Banfield. I hope you are not as tired of hearing my voice as I am. Your Secretary has asked me to speak on the subject of Miss Dock’s paper. It is with a serious sense of the responsibility thrust upon me, that I do so. Yet to refuse because it is less trouble to keep silence than it is to speak, is just one of the things which Miss Dock deplores! We all admit that power means responsibility. Most of us feel dimly, and a few of us with a realizing sense of our many other labors and responsibilities sought and unsought, that responsibility in the present development of the nursing question means action. It is not enough for us to agree amicably amongst ourselves that maybe we have what Miss Dock accuses us of—an associate power and responsibility which it is our duty to use, and to stop there.

At a meeting which took place in Philadelphia last spring, it was pointed out that the Matron’s Council in England had been the means of bringing to a head, if not suggesting, the action which led to the
establishment of the Queen's Army Nursing Service, and had an influence also over other public matters. I understand that one or two recommendations made by the Committee of the International Congress of Nurses held at Buffalo in 1901, to those in authority, also had the desired effect.

Some two or three years ago I secured in three days the signature of twenty-one superintendents of training schools to a request asking that members of the County Medical Society and College of Physicians, should not support or lend their services to a certain quack nursing school of which most of you have probably heard. This was satisfactorily acted upon. Whilst it is true that the so-called school still exists, and is cleverly advertised, it, with one or two exceptions of little moment, is supported by ministers and laity only, who it is charitable to suppose are merely fooled by clever promoters. Much could, however, still be done here.

In some outside work which I have undertaken lately, in connection with nursing and the general public, but not with hospitals, I have been astonished to find what an absolutely unknown quantity our work and our ideals and our strivings to attain thereto, seem to be. It is well nigh incredible! We are so busy that we live in a little heaven—or it may be a little hell—of our own, and think people understand us if they look at us or even if they don't. Whereas even the medical profession know little of us, and less of our organizations or ideals, or progress. How, then, should the public know anything? Verily, these aforesaid quack schools have done much more to keep themselves before the public, more than we have. They live by skilful advertising and periodical newspaper puffs. Of course they have plenty of money to put in their schemes, for theirs is a paying business. Ours is not. But let us also teach the public what we really are and what we want to be. Therefore, let us consider one of our responsibilities the by no means light one of educating public opinion.

Amongst a list of questions I received the other day from a member of an Association of Trustees of Hospitals was this: "Would it be desirable to establish any organization among nurses?" I sent back all the reports of the Society and suggested they should be read. The public has no idea of our ideals, and it is well nigh incredible how little people know about nurses. I heard the other day of a superintendent who felt obliged to give up her position because of a woman of known dishonesty being allowed to graduate as a nurse, after being dismissed from the school and then reinstated. The superintendent
had acted in no arbitrary way, and had been endorsed by her Committee, which reversed itself. But rather than countenance as a professional nurse a woman of known dishonesty, she gave up her position.

The State laws which so many States are trying to obtain, serve to show the public what the nursing profession thinks is necessary for its own progress and protection. In every case your standards are lowered. But it does good to bring them before the public. They must surely see in time that they are the first to benefit. This time you lose. But the next time you will win.

The suggestion of appointing a committee is a very good one. But it should be carefully and thoughtfully chosen of members who are used to considering public and educational questions. Any prejudice, any lack of good sense and balance, any injustice to the other side, or narrow view, would bring ridicule and contempt upon the Society. The members of this Society are widely scattered and I fear that their chief characteristic in regard to letters is that they do not answer them promptly; so that they would have to leave themselves entirely in the hands of their committee. It seems to me this committee might do much in protesting against the lending of influential names, given first of all in all innocence to these quack nursing schools, in looking into the injustices perpetrated against members for political or personal reasons. Of course it is necessary that both sides should be carefully investigated and that good legal counsel should be employed. As President Roosevelt said of Trusts—"The protection of the public is publicity." In all just causes I feel sure the public opinion of this country would assist us, and be our protection. We must therefore teach it to know us by our public action.

Miss Palmer. In regard to the particular instance mentioned, this Superintendent, who resigned for the reasons Miss Banfield has given, wrote me at the time a full account of the case. I did not feel that the matter should be given publicity through the Journal, it wasn’t sent to me for that purpose, but the interesting point to which I have to call your attention is this, that within a very short time a graduate of one of the largest training schools in this country succeeded that woman, and seemed, so far as I was able to judge from letters which I have had from her, entirely satisfied to accept the conditions which the first woman thought were grave enough to call for her resignation.

Miss Sniveley. May I say to this Society that our Constitution
requires altering in several particulars, and I beg to offer these names as a Committee on revision of the Constitution:

Miss Annie W. Goodrich, Chairman;
Miss Lucy A. Ayers,
Miss M. W. McKechnie.

I move that this Committee be appointed on Constitution and By-Laws.
Motion seconded by Miss Keating and carried.
Miss Palmer then made a brief statement concerning the Journal of Nursing.

Miss Palmer. I am just going to say a few words in regard to the Journal of Nursing, addressed to the very young members of this Association, particularly those who have come into the Society within the last few years. Our President in her address, and Miss Dock in the paper which you have just listened to, have referred to some of the work accomplished by this Society, directly or indirectly. There has been no mention made in either of these papers of the establishment of the American Journal of Nursing. I should like to say that this Journal is the direct child of this organization. The first suggestion that we should have a journal of our own, managed by ourselves, was made at the second annual meeting of this Association, held in Boston. I was present. I heard the discussion, in which mention was made of the fact that we should have our own journal, and I followed it up afterwards, and received the first suggestion of the plan from the late Miss Darche. Miss Darche was a woman who gave many brilliant ideas to our profession. I hastily would have gone about to establish the journal then and there, but Miss Darche said this Society was too small, too young, we must wait for the organization of a national society of nurses; so we waited and watched and devised and planned, and it was five years or more from the time of that first discussion in Boston before the first volume of the Journal was put on the market, but during that time the subject was never dropped,—first among a small circle, enlarging in interest year by year. At the first annual meeting of the Associated Alumnae the President, Mrs. Robb, appointed a standing committee on periodical, and that committee came back time after time unable to report any plan which seemed to be practical upon which to establish a journal. I am not going to take time to go all over the ground. Of the later work you must know something. You know that at last when Miss Davis was made Chairman of the Committee we finally started. We got subscriptions among the mem-
bers; some of the members of the Associated Alumnae who are members of this Society subscribed stock to enable us to start. The superintendents are largely in the majority as stockholders. They have been willing to risk sums of money upon which to base this work of establishing an organ which should be a journal for nurses by nurses, and, as I stated before, although the Associated Alumnae have the credit of establishing the American Journal of Nursing, the first suggestion came from the superintendents, and superintendents have done the heavy work in establishing it. They have advanced the capital which made such a movement possible. Just one or two things I want to say to you of the work we want you to do in sustaining this Journal. Some of you will go back to your homes and find there is no local agency there. There is none, for instance, in Cleveland. We want a good representative agency in every city in the United States, and there is no better way for us to obtain such agencies than through the members of this Society. We want all sorts of news about your schools, and progressive things that are being done. The criticism is being made that the Journal is too heavy. We cannot get enough of the little, light practical things concerning nursing and nursing organizations which we are looking for, because individual nurses cannot be induced to send us this information. Great numbers of newsy journals have clippings sent them at so much a year, all sorts of items of interest about nurses or hospitals, but we have found that these items are often unreliable. So we depend upon the members of the profession to supply us with that kind of thing, and just in the proportion that our Journal is supplied, just so we can make it interesting. Another thing; the Journal could not exist three months without its advertising. I don't think any journal, whether technical or of whatever character, can be carried on without advertising. The advertising is absolutely necessary in order to defray certain standing monthly items of expense, and the Journal is valuable to advertisers in just the degree that nurses read its columns. You were all interested in that electrical pad that was shown, and I suppose few of you were aware that that device had been advertised in our Journal. We try to be very careful indeed as to the character of our advertising. We are caught once in in a while, but in general all the firms are investigated, and unless we know that they are in good standing, and the articles are what they are represented to be they are refused. There is not a week that I do not refuse matter of this kind for the Journal. As I say, once in a while I make a mistake. In just the proportion that the profession
patronizes our advertisers, in just that proportion we increase our income. We ask you if you see articles advertised in which you are interested, that you write and ask about them. You will help the Journal. The advertisers know you are reading the advertisements. We want the Journal broadened. I can say this, that whenever the superintendent of the training school is interested in the welfare of the Journal, the nurses in that locality subscribe, and I am getting so now that whenever a woman gets up to speak at one of our conventions I can tell at once whether she is a reader of the Journal or not. There is a difference between the woman who reads our official organ and knows what is going on and the woman who never reads it. All I have to say is that this green book (as some of our enemies call it) represents the nursing interests of America, and we want you all to assist us in spreading and increasing its value.

The President. We shall now receive the report of the nominating committee.

The Nominating Committee declared the following officers elected: President, Miss G. M. Nevins. 1st Vice-President, Miss Ida F. Giles. 2d Vice-President, Miss Jennie Cottle. Secretary, Miss M. A. Nutting. Treasurer, Miss Anna L. Alline. Auditor, Miss Mary A. Samuel. Councillors, Miss S. F. Palmer, Miss Isabel McIsaac.

The President. The next on the programme is a paper, "The Teaching of Hygiene in Theory and Practice in Training Schools," by Miss McIsaac.

THE TEACHING OF HYGIENE IN THEORY AND PRACTICE.

ISABEL McISAAC,
Superintendent of Nurses, Illinois Training School, Chicago.

The evolution of the instruction of nurses presents some curious phases which afford examples of "development along the lines of the least resistance." At first glimpse it would seem that the subject of hygiene should be regarded as of the greatest importance in a nurse's education and surgery of the least, but no one at all conversant with training schools can deny that the reverse is the rule, to such extent that some of us are asking one another if we are not making better surgeon's assistants than nurses. That
this is true is because we find along surgical lines no obstacles in the way of either theory or practice, but when we confront the subject of hygiene, especially in practice, numberless lions line the path and we are frightened into confining ourselves to superficial theory for which we do not find a working basis. When the medical side has as violent a seizure of the development of detail as the surgical has been working out during the past ten years, we will find many of our lions gone; but meanwhile there are some things we may do ourselves. Incidentally, I wonder why no one has written a text book on Medical Technique?

First: How had hygiene been taught in our schools? Usually by half a dozen lectures and as many classes on theory, while in practice, almost nothing. Indeed, among the more intelligent class of the laity, we often find a far better understanding of practical hygiene than among graduated nurses. I do not find so much fault with the amount of our theoretical instruction because it seems to me a better way not to preach what is not practised. We teach, for instance, that 3,000 cubic feet of air space every hour is necessary for each person in a sick room, and at the same time most of our wards do not give two-thirds as much. Our operating rooms are built in such fashion that to maintain a sufficient degree of heat, ventilation is almost entirely cut off and when the room is filled with surgeon, assistants and nurses how much oxygen is left for the patient? Our homes for nurses nearly all have insufficient air space in the sleeping rooms and most of us must confess to many uncomfortable thoughts when teaching upon the subject.

Again, we teach the necessity for sunlight, yet many of our schools situated in large cities are so shut in that nurses go through their whole course of training in bedrooms without a ray of sunshine. What need to theorize about food values when a majority of our hospitals give scant attention to proper diet and almost without exception the dietary of our schools is considered mainly from the standpoint of economy? You and I know only too well of night nurses on duty twelve hours whose midnight meal consists of perhaps a slice of dried beef, bread and butter, stewed prunes, and tea with an occasional slice of cake. The working man's noon
lunch of rye bread, cheese and beer would be far more suitable. In this country the use of stimulants among nurses is happily infrequent, but I know of nothing which encourages it more than improper food.

Again, we teach at great length the various ways bacteria are carried and at the same time it is a daily sight to see nurses in hospital uniforms in street cars on their way to and from patients. Does the question arise in our minds of how far they may be responsible for infectious complications? And then the nurse who wears that abomination, the trained skirt, and comes home to hang it in the same closet with her uniforms, how much mischief may she do?

How is the sweeping and dusting done in most of our institutions except by stirring up the dust vigorously with brooms and then, to be sure no patient escapes, giving it a second shake-up with a dry cloth or feather duster. What good to teach nurses theoretically to dust with damp cloths when a dozen maids are wielding brooms and dusters daily under their eyes?

In our cities and towns where typhoid fever prevails how much is done in most of our schools to insure pure drinking water, or nurses taught how to purify it? None of us have forgotten the story, related last year of the epidemic at Cornell, of the nurse who continued to give her patients the same water from which they got their infection—either she lacked in principle, or her school had woefully neglected to teach her a most important point in nursing typhoid fever.

It is not necessary to go on enumerating these well known instances, but I do wish to say most emphatically that hygiene should be better taught and better practised. The movement to give nurses a wide training in domestic science in a preliminary course solves the problem almost entirely for the schools which are in a position to give it, but what may be done in the schools for which such a course is a remote possibility?

First.—We may provide a house for pupils which is kept wholesome with good plumbing and ventilation, and then teach them what that means to them personally. Further, they need
much instruction in personal hygiene; the proper care of their own bodies is often as foreign to them as nursing an infectious case. When that is done we may bring them to a realizing sense of the danger to themselves of dust; impure water; bad air; infected clothing thrown on the ward floors; coming to meals without first scrubbing their hands, and so on ad infinitum. Like all other species of the human race nurses are most powerfully moved when a subject affects them personally, and knowing that infringement of the rules of hygiene with patients is a menace to themselves helps wonderfully to impress the need of care upon them. I think the subject of proper food for patients and nurses too is the most formidable lion we have to pass. Domestic service in our country at this time is in such a chaotic state that to provide good wholesome food for a small family is often almost an impossibility, and when the problem is multiplied by several hundred patients and a proportionate number of nurses no wonder we are appalled and resort to feeble inadequate makeshifts.

More than fifteen years ago Miss Hampton advocated putting hospital kitchens in charge of the nursing staff, and in the institutions which have tried it the experiment has been successful, not only in affording better food but from the standpoint of economy. We cannot, however, claim this idea as original with nurses because the nursing sisterhoods have practised it for centuries. It was my good fortune to drift quite by accident into the Ospidale Civile in Venice last year, and during that very short visit I saw many things which revealed much. It is nursed, of course, by the sisters, and after one has been sufficiently enraptured by its picturesque the cleanliness strikes one. I came away with some comparisons in mind which were truly odious. The kitchen is a never-to-be-forgotten place, while it may have lacked some Yankee inventions for convenience, it was so clean, so bright and fresh and the suppers going out so well prepared, that I recalled other hospital kitchens which need no description. When a country so bowed down by poverty as Italy can furnish its sick poor such comforts, we may well ask some uncomfortable questions about our own hospitals. The consideration of public hygiene is a subject almost entirely neglected in our schools, and nurses are
graduated knowing nothing of it. As a part of their last year's work I regard it as most important. The subject of ventilation for instance is one they should understand thoroughly as applied not only to sick rooms and wards, but to the systems employed for the whole of hospitals, for schools, theatres, hotels, and all kinds of public institutions.

Next and allied to ventilation is heating and lighting both hospitals and houses, in which we should go into methods with grates, stoves, hot air furnaces and steam; likewise candles, oil, gas and electricity.

Following is the water supply for cities, towns, villages, farms and camps. Knowledge of the last might have spared many lives in the Spanish-American and Boer wars.

Next, public drainage and disposal of garbage, not only for the city in which they live but the principal cities of the world.

Next, the milk supply, transportation, refrigeration, contamination and simple tests for adulteration.

Next, the food supply, especially of meat, poultry, fish, fruit and vegetables.

Last, quarantine, beginning with rooms and going on to houses, hospitals, neighborhoods, towns, cities, states, countries, and ships.

All of these subjects have laws, national, state and municipal, which nurses should know something of.

The Jewish laws regarding food make a most interesting and valuable topic, beginning with Leviticus. Ignorance of them places a nurse to a great disadvantage in doing private duty in an Orthodox Jewish household, and nurses doing district or settlement work can do so to much greater advantage with some knowledge of them, and especially if with that knowledge they have also been taught to respect the prejudices of the race.

The sum and substance then, it seems to me is, that we should teach more and better, and then put our principles upon a rational, intelligent, working basis, never forgetting the scriptural injunction about "faith without good works."

The President. As we are greatly pressed for time, we shall be obliged to defer discussion of this interesting and important subject.
We have with us this morning Mr. F. M. Day, of Philadelphia, who will speak to us on "Modern Hospital Construction." It is because of Mr. Day's well-known interest in hospitals and their work that we have ventured to ask him to give us some of his valuable time at this meeting.

MODERN HOSPITAL CONSTRUCTION.

F. M. DAY, Philadelphia.

Madam President, Ladies:

The obligation under which you have placed me by inviting me to address you upon the subject of hospital construction, a subject that has so direct a bearing upon the chosen work of each of you, I cannot better discharge than by devoting the time at my disposal to presenting, in an orderly and systematic way, the elements of composition in the plan of a great pavilion hospital. Such a presentation will, if I am not mistaken, clarify the minds of many on whom the mere details of construction and maintenance have made an impression out of proportion to their real importance. By this, I would not be taken as decrying minute attention to every detail, but I think we can profit more here and now by considering the problem as to its larger aspects rather than as to any details, however important they may be.

If we seek for a single thought to guide us through the mazes of hospital planning and construction, we will find it in the conception of the hospital as a piece of apparatus for effecting cures. The architect, who is to succeed in such construction, must have as his constant guide the thought that the hospital is but a means to an end, that it is a machine for doing a definite piece of work. A distinguished French writer on architecture, Mons. Gaudet, if we may translate him freely, says: "The hospital has in fact a single aim, to cure; and the architect should work to that end just as the doctor does, and not less effectively. For as science has made notable progress in the treatment of maladies, it is certain that buildings for the sick have equally improved. The hospital problem is essentially a modern one, constantly remod-
ernized. The perfect hospital of twenty years ago is antiquated to-day; to-day's will be out of date twenty years hence. A single important medical or physiological discovery may set at naught the most fully established of our results."

But in such rapidly changing conditions, where may we find a firm and unchanging basis of action? Simply in the thought that the hospital is an apparatus for achieving cures. Beauty, convenience, ease of administration, all other things must come after that. "There must be no stubborn resistance to the exigencies of treatment. Devoted abnegation is the true rule of the architect, and only by it will he produce a serious and lasting work. In the hospital problem, too, economy is sacred; for if for the same sum, we can secure additional beds, not to do so would be to sacrifice the public welfare. But economy must not be sought to the detriment of hygiene. An economy in the ornamentation of a façade is a virtue. An insufficient air supply is a crime."

Pray do not misunderstand me, however. I would not be thought to decry beauty in a hospital, for beauty is entirely compatible with a solution of the problem based strictly on our fundamental thought. Beauty of proportion may be obtained by any skillful architect, and beauty of proportion with simplicity, which is in itself a beauty, should be the dominant idea of the artistic treatment.

Now, why have I dwelt, in the brief time at my command, upon such obvious facts? Simply because, strange as it may seem, during the process of design, many things tend to obscure these facts. The difficulties that beset the hospital designer are many; among them, the very complexity of the problem is not the least. Think for a moment in how many ways hospitals may be grouped; as, for instance, by the size, for the problem is an entirely different one on a confined site in a smoky city, where sunshine and air are lacking and where ground is enormously expensive, from that presented when the hospital is in the suburbs where the ground is abundant and where light and pure air are present. Again, we may group hospitals by their administration; as private, corporate, municipal or military, each form of management requiring a separate solution of the problem.
Again we may group them by the kinds of cases to be treated; as medical, surgical, cancer, tuberculosis and a host of others, all of which require special treatment. Or again, we may group them by their general plans, as block hospitals, cottage hospitals, pavilion hospitals.

This brings me to the subject of my paper, the pavilion hospital. I have chosen this type rather than any other for treatment to-day because I take it that the pavilion hospital represents the highest development of hospital planning. I think it is now fully agreed that where the acreage of the site is ample and where many beds are to be provided, the pavilion system offers unquestionably the best basis for a satisfactory solution of the problem.

But first what is the pavilion system? It is the system now generally adopted for new, large hospitals, excepting those upon very confined sites. It is the system in which the various services of the hospital are discharged in separate buildings, placed not as near to each other as convenience might require, but as near as is consistent with an ample supply of sunlight and of air; and it is sunlight rather than air that governs their placing, for experience teaches that not only does sufficient air circulate between buildings too closely placed to admit sunlight, but that buildings may be quite near each other, and yet, if there is a space of free air between them, the danger from transmission of disease is very slight. Therefore, the placing of the buildings is dependent upon the behavior of their own shadows, for we may be sure that, if the windows of the lower wards receive ample sunlight, we will have an abundant air supply. But I shall return to the question of the distances between buildings a little later.

The corridors connecting the several buildings, which in America we regard as a part of the system, are by no means essential to it. Military hospitals, almost without exception, are built without them, and in Europe many general hospitals on the pavilion plan have no connecting corridors. Pipe tunnels or basement corridors generally connect a central heating and lighting station with the other buildings. Such corridors may be used in the distribution of food or in bad weather for other services. Covered corridors, open at the sides, or enclosed corridors connecting the first floors
of the several buildings are usual, and even at the second floor level they are not unheard of. Climate has much to do with their adoption. The roofs of such corridors, when coming on a level with the wards, may, if flat, be utilized as places for exposing patients to the air and sun in suitable weather. The corridor, whatever its height, should be interrupted by a space of free air, an air cut-off, on each story between each two adjacent buildings.

Let us now consider the several buildings that usually find a place in a pavilion hospital of large size. The administration building is, by its purpose, a focus of activity. It is the natural centre of the hospital group; and it should have a somewhat more dignified architectural expression than the buildings surrounding it. It is obvious, however, that a building containing only the space needed for administration pure and simple, would be very small. And therefore, to make the building hold its place in the composition, the bed-rooms, dining-room, sitting-room, and library of the internes are often placed in its upper stories. But it is only because these rooms can be conveniently assembled in the administration building that they are so assembled. If there were any good reason for giving the internes a building of their own, that should be done, and the administration building would have to hold its own in the composition as best it might.

The ward buildings are of prime importance by reason of their function and their reduplication. The many purposes of wards produce complications both in planning and in administration, for in almost all instances, we have to provide male surgical, female surgical, male medical and female medical wards, and when a further division of blacks and whites is necessary, great complexity arises.

But the problem is not usually as difficult as it seems, for although we may not know what proportion of patients may be medical, surgical, male, female, black or white, yet if the wards are identical distribution can be made afterwards in accordance with the requirements.

Ward buildings are of a variety of forms. The circular or octagonal ward, with which many experiments have been made, is no longer in favor. Such a ward, if of small diameter, contains
but few beds; if its perimeter affords room for sufficient beds, its area becomes excessive, and if we attempt to occupy its centre with a ventilating shaft, or nurses’ room, we have an obstacle to supervision.

The form of ward most usual in pavilion hospitals is a long and narrow one in which two rows of beds face each other with an aisle between them and with the heads of either one or two beds near the wall between adjoining windows.

The minor rooms or ward dependencies such as the duty room, lavatories, quiet room, etc., are in this country, usually grouped at one end of the ward. In Europe they are often divided and lavatories are placed in special towers well separated from the wards. Upon the skill with which the dependencies are planned, largely depends the success of the ward building, an ill-studied scheme resulting in constant annoyance especially to those in charge of the patients.

Let us now consider the orientation of the ward building of the long or usual form. Other things being equal, north and south is the best direction for its axis. In wards where the axis is so placed and where the buildings are a proper distance apart, the sun shines into at least half the windows all day long. But local conditions often necessitate a departure from a northly axis; and indeed, some of the best wards in the country run east and west; yet we must remember that where many ward buildings are to be erected, the east and west arrangement puts them decidedly farther apart on account of shadowing than does the north and south.

I think it is now generally agreed, that two story ward buildings with a north-and-south axis may be placed as near each other as forty or fifty feet without serious shadowing. The whole question is one of balancing convenience against sunlight. It is a matter of judgment, of discrimination. In studying this subject I have found a scale model to be extremely useful. After the problem had been well studied in block plan, a cardboard model of every building was made and the windows were drawn upon it. These models were arranged on the block plan and a traveling arm, carrying an electric light, was moved in such a way as to show the course of the sun on any day in the year. Carefully
revolving this arm, the shadow of each building upon its neighbors was observed for all seasons and where any change was necessary, it was easily made by pushing the little models about until at last, what seemed to be the best arrangement was reached and established.

A word as to the number of stories permissible in the long ward building. In Europe, it is often maintained that the best results can be obtained only in buildings of one story and a basement. In America, two stories and a basement seem to us quite compatible with the best practice. A few persons maintain that three stories of wards may be placed over a basement with satisfactory results. The question is in part, one of arrangement in block plan. The higher we make our buildings, the further apart we must put them to secure proper light and therefore the longer the travel from building to building becomes. The question is also in part, one of domestic engineering, for the more stories there are in the ward building, the greater becomes the difficulty of designing its ventilating system and of operating that system when installed.

The reception ward is of great importance. It should be arranged in a very orderly manner. The patient is received and passes into the examination room; near-by are bathing facilities, operating rooms for minor cases, and sterilizers for clothing, etc.

The building for surgical operations with its operating theatre, its private operating rooms and their dependencies is to my mind the most difficult building in the whole group to plan in a satisfactory manner. The rooms are more interdependent than in other buildings, and the orderly arrangement so necessary is attained with great difficulty. The entering patients (if they have not been previously examined) should be placed at once in examining rooms. Frequently an X-ray examination is needed at this point and a skotographic room is here conveniently located. The examination being concluded, the etherizing room will follow next in sequence; patients entering at one end of this room, are taken out of the other into the main or smaller operating rooms. The instrument room, the sterilizing room, the surgeon's room, the nurses' room, have to be so placed in relation to each other and to the operating rooms, that all the services are carried on with
convenience. As these arrangements are such as to tax the skill of the ablest architect, we can scarcely hope to deal with them here and now. Recovery rooms should be so placed that patients leaving the operating rooms may remain in them some time before being taken to their wards, should this course seem desirable. The lighting of the operating rooms is a matter of great importance. The question whether we should have overhead, such great skylights as have heretofore been in use is an open one. Many surgeons feel that a window of moderate size, near to which the patient can be placed, a window with a vertical face reaching within about three feet of the floor and with an inclined face overhead, gives greater satisfaction than the vast skylight frequently in use.

The laboratory building I will not discuss, but merely point out that it is one of constantly growing importance, its size and character depending upon the work to be carried out in the hospital.

A building must be provided containing an autopsy theatre, private autopsy rooms, morgue and inquest room, and it should be near to a small chapel in which services for the dead may be held. Such a building must be planned with reference to the most sanitary mode of handling and preserving the cadaver, and obviously it should not be placed where it or its approaches may be seen from the windows of the wards.

The domestic service building is one of the largest in the group. It contains the kitchen, the pantries, store-rooms; servants' bedrooms, servants' dining-room, etc. Sometimes the nurses' dining-room and the internes' dining-room are placed in it. The wisdom of such an arrangement, I should be glad to hear discussed.

The laundry is generally upon so large a scale as to require a special building. It should be divided into two quite distinct departments, one serving the sick, the other the well.

The power house is "the heart of the machine." Formerly it was thought necessary to place the power house at the lowest point on the grounds in order that condensed steam might return to it by gravity. We now have efficient systems of returning condensed steam by other means than of gravity, so that we are no longer
constrained to put our power house at the lowest point, but may place it at whatever point we deem the most convenient.

The nurses' home should be at some little distance from the other buildings so as to secure privacy and to afford the nurses a place of escape from their daily duties. It is held that if we make their building quite separate from the hospital, we will compel them to get a breath of fresh air in going to and from their work. In any case, the building should have a home-like character. Every nurse should have a separate room, even though it be small, and each head nurse should have a suite. Every nurses' home should have its own dining-room, whether the food be brought from the domestic service building or cooked in an adjacent kitchen. Sitting rooms should be distributed throughout the building. A library and sometimes a gymnasium are added and a reception hall with alcoves is usual, enabling the nurses to suitably receive their visitors.

I thank you for your courtesy in listening to me so patiently, while I have presented ideas which for the most part, are perfectly familiar to you. Even though they are familiar, I trust that the subject has gained something in clearness from the orderly manner of its presentation. I hope that there may be an untrammelled discussion of the paper.

The President. This subject is now open for discussion and I echo Mr. Day's wish that we may have a very full expression of opinion.

Miss Sniveley. I should like to know what Mr. Day considers the best method of disposing of hospital garbage or refuse.

Mr. Day. I have never given that subject any attention. It seems to me more a subject of management.

Miss Greenwood. I should like to ask Mr. Day what he considers the best location for kitchen and dining room. We are about to build a hospital in Cincinnati.

Mr. Day. I should think it is rather an open question as to whether the top or bottom; the lower floor is the more obvious place to put the kitchen, and I can see no reason why, with proper thought given to the thing, the kitchen cannot be so isolated as to keep its presence unknown to the other parts of the house. Yet if we put it on the top, we have it where it is not at all likely to annoy those who live in the
building, and I think the experience in clubs has pointed to the top as the better place. At the University Club in New York, which is one of the finest, the kitchens are at the top of the building, and no where in that building do you get the remotest suggestion of the presence of the kitchen. But local conditions must prevail.

Miss Banfield. I should like to ask Mr. Day what he considers the best material for hospital floors, both in regard to their keeping clean and wearing properties.

Mr. Day. You now touch on the most mighty question. The hospital floor is the sore point with everybody. I recently had an interview with two French architects, and I said to them, "What do you consider the best floor for a hospital, not only as regards its appearance, but as regards its keeping properties?" They said, "Ah, there you touch on a sore point." I asked, "How do you do it in France?" They said, "We have chiefly wooden floors. We make a floor in a fireproof building of concrete, then we cement down great sheets of linoleum." Said I, "What happens when the linoleum wears through?" They answered, "The process has not been long enough in use for any of it to wear through." In regard to asbestos-lith and monolith and similar materials, I have been watching with great interest these materials. In the hospital Mr. Morgan built in New York, the floors have gone all to bits. They cracked in every direction, and have been mended in a way which has been declared to be permanent, but which is certainly most unsightly. A floor of asbestos-lith I have had under consideration for a year. It is in a drug store near me, and I have opportunities to see it often. It is made in one large sheet. It was laid down monolithically—there wasn't a joint in it. It was laid over an old wooden floor, so not under the best conditions. Troops of people walk over it almost constantly. I notice the surface is being worn away, but this is quite natural, as if it were marble it would do the same. But so far the material has not cracked, and I am rather in hopes that out of some sort of similar material we shall get the model floor. If I were directly confronted with the problem, I should hesitate over it very much. I think perhaps I should advise laying one of these modern monolithic floors.

Miss Greenwood. What about rubber floors?

Mr. Day. Rubber tile flooring is admirable, but enormously expensive.

The President. We have some rubber flooring in the Homeopathic Hospital, and find that it takes off completely the imprint of
one's shoes, and every spot shows. We find it very unsatisfactory. The rubber has a tendency to take off everything there is on the shoes.

Miss Nutting. That tendency is perhaps to be expected of rubber.

Miss Twichell. We have had a little experience with the colored. It is absolutely unsatisfactory from our standpoint.

Miss Nutting. We feel that nurses, who are the chief workers in our hospitals, work often under many inconveniences. In large hospitals the very common custom of placing the lavatories, which are the workshops of the wards, either at the entrance or at the end of wards, 100 feet long, seems open to criticism, and possibly to improvement. It seems to me the advantage of placing the workshops somewhat midway is obvious, that any manufacturer would feel that the time and effort of the people working was a matter for the greatest possible consideration, and that nothing but necessity would induce him to place his workshops at such disadvantageous points as our lavatories, kitchens, linen-rooms, etc., frequently are in their relation to wards.

Mr. Day. The idea is, whether the lavatories of the wards could not be placed centrally with regard to the wards. The thought that occurs to me at the spur of the moment is this: We do not want to break the ward in two by having such lavatories entered into the center of the ward. Therefore they must project from the side of the ward. There is no objection to that other than that by building such a projection we shade all the windows that are to the north, and that is a serious consideration.

Miss Nutting. Is it more important than the time of the working staff?

Mr. Day. I am not sure that it might not be arranged; for instance, certain cases that might not require the light so much as others could be placed there; obviously there would be a choice of wards if placed in that manner.

Miss Nutting. Need they be so large as to overshadow more than one window? Consider the time spent in taking back and forth every piece of linen, every article of clothing and vessels of different kinds, to the 12th, 14th or 16th bed, hundreds of times a day.

Mr. Day. But I think if you came to put it on paper the bulk of that projection would be larger than you think.

Miss Nutting. I have given some thought to it. For several years I have felt that we ought to give more careful consideration to the planning of our wards with some reference to the workers in them.
Mr. Day. It is a very fair question, and I think it might be possible that the loss of light would be less important than the improvement made by the less number of steps; but it should be worked out on paper.

Miss Nutting. It seems to me highly desirable and reasonable to ask that architects in planning hospitals, seek the opportunity of conferring with those who work in them. For instance, doctors are frequently consulted, nurses infrequently, but doctors may be one hour in a ward, nurses work in them the entire day.

Mr. Day. I think that is a point very well taken. I have found that some of the best suggestions came from the nurses. And it is just as you say, the people who do the work actually know about it, and it is one of the difficulties under which an architect has to labor, that he does not work in any of his buildings, and so he hasn’t that intimate, personal knowledge of them which the people inside have. The best he can do is to see them in operation, and to talk with those who are at work in them. I think every architect who is serious, feels that he gets a vast amount of enlightenment in going about seeing the best examples, and some of the worst examples of the kind of building he is contemplating.

Miss Goodrich. I noticed you spoke of the arrangement now much in vogue of having the closets for clothing in the basement. We encountered so much difficulty with that arrangement. A patient perhaps hasn’t a very large wardrobe, every time he may wish to get up the nurse must go to the basement; perhaps he is half a day up and half a day in bed, that clothing must be returned to the basement. I can’t see exactly what the remedy would be unless we had closets upstairs.

Mr. Day. I had not taken this into consideration. One is put in a frame of mind of trying to dispense with this room and that, and I think it was this in my mind that made me put these closets in the basement, and because I had seen it done in several instances.

Miss Delano. In regard to the question of dining rooms for patients. That question has come up at Bellevue, whether we should have dining rooms, or whether we should have small service rooms.

Mr. Day. I rather think that has to be settled by the experience of the hospital. No generalizing is of much value. I have usually rather taken it for granted that there might be patients who might be encouraged by having dining rooms.

Miss Palmer. I should like to ask Mr. Day if in his experience, some degree of attention with regard to beauty is entirely incompatible
with utility. Mr. Day has spoken of the Domestic Building of the Massachusetts General Hospital, which being my own school I am not unwilling to criticize. Now while this building is certainly serviceable, it is unquestionably the ugliest building I have ever seen.

Mr. Day. I do not feel at all that the buildings have to be ugly. A building may be extremely plain, and yet its proportions may be pleasing. Of course in hospital work you cannot have great latitudes in ceiling heights; windows have to be very definite things, just as in school buildings. But often in fixed limits, by the exercise of one's art, he can make a thing beautiful or ugly, and I think every effort should be made to make the buildings beautiful. I went not long ago through a hospital which had attracted great attention. It was built within the last few years, absolutely without stint, so far as money was concerned. The interior was one of the most depressing things; it was utterly bleak, foolishly plain, the idea of no place for germs to lodge in had been carried to such an extent that there was no trim in the woodwork, no finish on the doors. In regard to the domestic service building of the Massachusetts General Hospital, I had not thought of its ugliness. I was more impressed with the suitableness of the materials used. It seemed to be so real, so genuine, no shams of any kind.

Miss Allerton. I should like to ask Mr. Day if he approved of the situation of the windows in that dining room.

Mr. Day. I should think it would depend on what there was to look out at.

The President. I regret very much to have this discussion closed. The subject is so interesting that we have given extra time to it, but we shall be obliged now to bring it to a close.

Miss Goodrich. I should like to ask the Society for a vote of thanks to Mr. Day for his kindness in coming here.

A hearty vote of thanks was then offered Mr. Day for his interesting and valuable address, and for his kindness in making the journey to Pittsburgh for the purpose of delivering it.

An intermission of five minutes followed.

The President. We now call for resolutions.

The following resolution was then offered by Miss McIsaac:

"Whereas, The establishment of correspondence schools for nurses has been called to the notice of this Society; and

"Whereas, Any method of training nurses apart from a hospital,
where both practical and theoretical teaching may be obtained, is impracticable and inadequate;

"Be it Resolved, That this Society put upon record its unqualified disapproval of such schools, as alike detrimental to the public and to the nursing profession."

Moved by Miss Keating, duly seconded, that this resolution be adopted.

Motion carried.

Miss Palmer. Like a great many other things that come to an editor, it has come to my knowledge that there is agitation in navy circles officially to establish a corps of nurses for the navy, on something the same lines as the army nurses' corps. There was some agitation last year, and I have been informed that it is likely to come up again, and to be pressed. It seems to me that an organization of this kind should at least express an opinion in regard to the selection or the recommendation of the women who are to be placed in charge of a newly established work of this kind.

Miss Nutting. It seems to me that this Society follows and knows the work and the ability of its members. It might not improperly ask the privilege of placing before the proper authorities a few names of those who could carry on important work efficiently. Sometimes the responsibility of not doing a thing is much greater than that of doing it. It seems to me quite important that this Society or the Council think over and place an eligible list of names in the hands of the Secretary of the Navy, or whoever may be the proper official.

Miss Palmer. I move that the Council watch the action of the Navy Department and take such measures in regard to this matter as in its best judgment seem wise.

Motion seconded by Miss Cottle and carried.

Miss Nutting. The time has now come to ask your attention while a few words are said about the illness and death during the year of one of our members, Miss Florence Hutchinson. It was not my good fortune to know Miss Hutchinson well, except through others who were deeply attached to her. I have always remembered this phrase in a letter written about her to me: "There is one thing about Miss Hutchinson. She is greatly beloved and respected by all of her nurses." Few of us could ask more. I have learned that though she had not been well, it was not thought to be anything serious until a short time before her death. She died in the Massachusetts Homeopathic Hos-
pital, having been occupied with her duties as Superintendent of Nurses up until the last few weeks. I would suggest that two or three of her oldest friends—Miss Dock, and perhaps Mrs. Robb and Miss Draper, be asked to prepare a suitable memorial of Miss Hutchinson, to be published in our proceedings.

Miss McISAAC. I move that the three members named be appointed on such a committee.

Seconded and carried.

The PRESIDENT. I have the pleasure of announcing that this Society will hold its next annual convention in Washington, D. C., in January, 1905. January is about the only month we have not tried. October, the beginning of the school year has proven undesirable, and May conflicts with examinations and graduation.

Miss SNYVELEY. We received such charming invitations from St. Louis, will it be necessary to make some answer to them? In looking over our lists we have no representative in that section, and might that not be an excuse for declining?

Miss NUTTING. That matter has been settled by the Council. The Secretary will of course write a courteous letter in response to the invitation. It is considered, I believe, rather detrimental than advantageous to work to hold a convention at a time of an exposition. The St. Louis people would be likely to try to secure as many conventions as possible, knowing, perhaps, as little about the societies holding them as they did of us (they called us gentlemen in every instance), and owing to the pressure of many other things to be seen and done, it is thought that the proper work of the Convention would fare badly.

The President then introduced Miss Nevins, the President-elect, who spoke as follows:

Miss NEVINS. I assure you I shall take very little of your time at this stage of the proceedings. It is in accordance with precedent that the President shall reside in the place where you want the convention. Now, fortunately or unfortunately, we haven’t any other representative in the City of Washington, and at the same time I do consider it an honor to be elected your President. I want to extend to all of you the very heartiest invitation to visit Washington. I cannot promise you any such magnificent hospitality as we have been receiving here, but I do hope that every member of this organization will be able to meet with us in Washington in January, 1905.

Miss NUTTING. It would be a courteous and gracious act to give a rising vote of thanks to our retiring President, who has made this
Convention, by her untiring efforts, a great success. May I ask a vote of thanks to the retiring President?

A vote of thanks was tendered Miss Ida F. Giles, retiring President.

Miss PALMER. I move a hearty vote of thanks to the people of Pittsburgh for the hospitable welcome and continued courtesies extended to this organization.

Seconded by Miss Greenwood and carried.

The Convention then adjourned.

An interesting feature of the programme of this Convention was a

DEMONSTRATION

of Nursing Methods and Appliances in use in some leading hospitals. By kind permission of the authorities of the Western Pennsylvania Hospital this was held in their amphitheatre.

Methods and appliances in use in

NEW YORK HOSPITAL.

Demonstrator—Miss Goodrich, assisted by Miss Reineman.

1. Electric appliances for heating.
2. Disinfecting apparatus.

THE BOSTON CITY HOSPITAL.

Demonstrator—Miss Morris.

1. Laparotomy swathe.
2. Hernia swathe.
3. Restraining sheet.
4. Restraining waist for children.
5. Linite apron.
TENTH ANNUAL CONVENTION.

PRESBYTERIAN HOSPITAL, NEW YORK.

Demonstrator—Miss Williams.

1. Ice poultice.
2. Apparatus for hypodermoclysis.
4. Strapping for ankle.

THE JOHNS HOPKINS HOSPITAL.

Demonstrator—Miss Van Blarcom.

1. Stretcher for lifting patients in and out of tubs.
2. Hammocks for continuous and other tubs.
3. Apparatus for giving sweat baths.
4. Apparatus for supplying steam in tent.
5. Extension stocking.
6. Device for supporting tray covers.
7. Method of applying stupes.
8. Method of applying ice-bags.

NEW YORK HOSPITAL.

The following excellent description of the electric pad, the use of which was demonstrated at the Western Pennsylvania Hospital, was found in a recent issue of The American Journal of Nursing:

"HEAT BY ELECTRICITY—THE MECHANISM AND OPERATION OF AN ELECTRIC HEATING-PAD.—In hospitals, institutions, and homes supplied with electricity an electric device is fast supplanting the hot-water bag, hot-water bottle, hot cloths, and other means of applying heat locally to the body. This device is in the shape of a pad, varying in size and accordingly in price, the latter ranging from six to thirteen dollars. The purchase price, however, practically covers the entire expense, as the cost of operating is trifling and as, with care, the pad remains in good order for an indefinite period of time. All that is necessary for the operation of the electrical heating-pads is an electrical current with a standard voltage up to 120 and a regulation fixture.

"The pad itself consists of a spiral made by yards and yards of infinitely fine wire about a long and very narrow strip of asbestos. This spiral is in turn enveloped in asbestos and, thus isolated, is stitched back and forth to the inside of a muslin bag. The pad, now in shape, goes into a water-proof covering, which
protects the wire from perspiration from the patient's body. Then comes a wrapping of lamb's wool, which forms the outside of the pad. The conductor cord is supplied with a plug for connecting, through the lamp socket, with either a direct or an alternating circuit and with a switch, which is within easy reach of the patient. By means of this switch a patient can easily regulate the current, which can maintain, in the lamb's wool covering, a maximum temperature of 180.

"The infinite advantage of these electrical heating-pads over more crude devices for applying heat in such cases as pleurisy, neuralgia, and neurasthenia is evident. One has a soft, light, flexible pad less than three-fourths of an inch thick, which can easily be applied to the site of pain and maintained there indefinitely with little or no inconvenience or disturbance to the patient.

"The New York Hospital was one of the first to adapt its electric plant to this use, but this mode of applying heat is now found widely established in hospitals and sanatoria.

"J. C., Class of 1903, New York Hospital."

On the same plan is a larger pad which is used for heating the beds of surgical patients. It is made the same length as the bed and put in when the patient is taken to the operating-room, so that when he returns the bed is thoroughly warm. If he is suffering from shock, the pad may be put over him for a time outside one of the blankets and will add very little more weight, while greatly increasing the heat.

If moist heat is desired, a flannel may be wrung out of hot water, covered with rubber sheeting or oiled muslin, and the electric pad applied over this. This will be found much more comfortable and agreeable for the patient than a flaxseed poultice, as well as being more effectual.

The croup kettle, which used to be such a source of anxiety to the nurse because it must stand over an alcohol or gas flame close to the bed, is now robbed of its danger, for it is kept hot on a small electric stove. Stuping flannels or any hot application can be kept at the desired temperature at the bedside of the patient by means of the same apparatus. An instrument and water sterilizer heated by electricity has been used very successfully in the wards. The blankets and gowns used for the patients in the operating-room are kept in a cupboard which has an electric coil under the shelf so that they may be always warm and ready for use.

A very convenient arrangement for heating towels during an operation has been introduced into the operating-room. The towels, wrung out of sterile water or bichloride solution, are placed in a basin having a perforated bottom. This fits closely over another basin filled with sterile water and the whole stands on an electric stove. The steam
passing through the perforations in the upper basin keeps the towels or abdominal pads hot, so that they are always ready when called for by the surgeon.

The electric drop-light has done away entirely with the use of candles or lanterns in working over the patients at night. It overcomes the danger of setting fire to the bedding, can be so closely shaded that patients in adjoining beds are not disturbed by it, and has been arranged with a trolley running along the ceiling, so that, after it is attached, it can very easily be moved from bed to bed for the entire length of the ward.

Rauschenberg's formaldehyde deodorizer was originally designed for the New York Hospital, and is used constantly as a deodorizer and disinfectant. In the latter case it is useful and convenient, especially for small closets and in air-tight instrument- and dressing-cabinets. It does not, of course, generate sufficient gas to disinfect a large area.

The chemistry of the lamp is very simple. The asbestos converter is impregnated with a preparation of platinum which helps to separate the atoms of alcohol. The alcohol as it comes in contact with the hot converter is vaporized and gives up two atoms of its hydrogen, which changes it from methyl alcohol CH₄O to formaldehyde gas CH₂O. The directions are as follows:

**Directions.**

"Fill the lamp about three-quarters full of wood alcohol (methyl alcohol), screw on the burner, and be sure that the cotton-wick, which goes into the lamp, extends above the brass wick-holder about three-eighths of an inch when the wick is turned up full.

"Then turn down the wick and be sure that it goes at least one-eighth of an inch below the top of the brass wick-holder.

"Hold the asbestos converter by the brass band at the bottom and slide it over the brass wick-holder, pressing it down as far as it will go. (Be careful not to take hold of the asbestos, as it will be liable to loosen it from the brass band at its base.)

"Then turn up the wick in the lamp until it meets and presses against the bottom of the asbestos.

"In about one minute the asbestos will have absorbed enough alcohol to be in working order, and as soon as it will burn light it at the base.

"Let it burn until incandescent spots appear on at least half of the converter, then blow out the flame, place the tin chimney in position, turn the mica-covered opening towards the flat side of the wick, and the converter will continue to generate formaldehyde gas while the incandescent spots appear upon it, until the alcohol is consumed or the cotton-wick turned down."
"To stop the generation of gas turn down the cotton-wick holder, which will
break contact with the asbestos, stopping the supply of alcohol, and in a few
minutes the converter will cease working.

"Be sure always to leave the wick turned down when the lamp is not in use,
otherwise the converter will become thoroughly saturated with alcohol, and the
results will not be so satisfactory.

"The small guide-bar on the rod, which raises and lowers the cotton-wick, will
prevent the wick from being turned down into the lamp, and will also prevent its
being turned up too high.

"After the wick is once adjusted, as explained above, the small guide-bar will
denote when the wick is up and when it is down to its proper position."

The formaldehyde is irritating to the mucous membranes, but this
may be overcome by placing a little menthol on the converter or in the
alcohol. A little ammonia sprinkled around removes the excess of
gas. In spite of its irritating effect upon the mucous membrane, it is
nevertheless very efficacious in cases of coryza.

BOSTON CITY HOSPITAL.

LAPAROTOMY SWATHE.

The laparotomy swathe used is made of Bristol drilling, fitted by
measure, support given by steels, and fastened by straps of webbing
and buckles.

HERNIA SWATHE WITH THIGH ATTACHMENT.

The hernia swathe with thigh attachment is made of Bristol drilling
and similar to the laparotomy swathe, with the exception of the thigh
attachment. The latter is found to be very useful in keeping the
swathe in proper position. In addition, a pad composed of tin, covered
with felt, is fastened to the swathe and worn over the point of incision.

RESTRAINING SHEET.

The restraining sheet for delirious patients is made of Bristol drillings
of two thicknesses, with narrow webbing ties attached to the ends of
the sheets so as to hold the sheets securely to the sides of the bed.

RESTRAINING WAIST.

The restraining waist for children is made of Bristol drilling, like an
ordinary child’s waist, with side pieces, which are fastened to the sides
of the crib by narrow webbing ties. This jacket is indispensable where
children have to remain in bed, as they can move with sufficient freedom, but are perfectly safe from any danger of falling out.

**Linite Apron.**

The linite apron is made of white linite after the pattern of the orderly's apron, and is worn by the nurses in giving baths to the patients.

**Head Bandage.**

The head bandage is a combination of the handkerchief and many-tailed bandages, and was devised by a Boston City Hospital surgeon. It is easily applied and is very useful in keeping dressings in place.

**Presbyterian Hospital, New York.**

**Hypodermoclysis and Saline Infusion.**

Hypodermoclysis and saline infusion are frequently given in the wards of the Presbyterian Hospital, the former somewhat oftener than the latter, principally because it requires less skill, disturbs the patients less, can be repeated with greater frequency, is slower in acting and more lasting in its effects, and is liable to fewer accidents. Infusion is employed almost exclusively in collapse during and after anesthesia and gas poisoning, insolation, uremia, and as a last resort in cardiac diseases; while hypodermoclysis is applied to these and to any case of extreme prostration and collapse such as may occur in typhoid fever, pneumonia, etc. It is often repeated at six-hour intervals, and as many as eleven applications have been given to one patient in the course of five days.

The apparatus is constantly in readiness for immediate use. In one sterile package are the rubber tubing, tube-carrier, "T" tube, needles (medium-sized aspiration needles are used), towels, dressings, and thermometer. The salt solution is kept heated to about 120° F. in sterile flasks in especially arranged cabinets with thermometers attached. In sealing the flasks, besides the ordinary plug of sterile cotton in the neck, sterile gauze is placed over the mouth of the flask and carried three inches down the neck on the outside to keep it from contact with the hands and non-sterile objects. The "scrub-up" tray, a sterile glass dish with four small glasses containing respectively green soap, ether,
alcohol, and bichloride and several sterile gauze sponges, is prepared in each ward.

The procedure is as follows: A sterile table is prepared with the apparatus and placed at the side of the patient’s bed. The physician sterilizes his hands by scrubbing with green soap and water and immersing in 1 to 1000 bichloride. He isolates the region in which the clysis is to be given by spreading sterile towels, and cleans it by scrubbing with green soap followed by ether, alcohol, and bichloride, finally wiping it dry. The region is selected with regard to the looseness of the tissues and the site of the disease, beneath the breast or in the posterior fold of the axilla in abdominal affections, in the flanks midway between free border of ribs and crest of the ilium in thoracic, being usually chosen. However, the thighs or gluteal region may be used if necessary. The temperature of the water in the flask having been brought down to 116 to 118° by the addition of cold sterile salt solution, the operator inserts the tube-carrier and tube, which has a small piece of glass in the end to act as a plummet, into the flask, and the nurse places it upon the shelf or at top of the bed or upon a high stand.

The tube-carrier consists of a V-shaped piece of metal, nickel-plated, forming a groove in which the rubber tube may rest and not kink or slip out of the flask. In order to start the siphonage the operator strips down the tube as in removing a test meal, thus drawing the solution to the top of the flask. While he cocainizes the places where he intends to insert his needles, the flow is controlled or stopped by the nurse’s pinching the tube. Finally the needles are inserted on either side of the body while the solution is flowing. From five hundred to one thousand cubic centimetres and even twelve hundred at times are allowed to flow into the tissues, changing the position of the needles from time to time, without withdrawing them, to prevent over-distention or slough when a large hypodermolysis is given into resistant tissues.

When the required amount has been introduced the needles are withdrawn and a sterile compress placed over each needle puncture and retained with adhesive strips.

The apparatus is then taken to pieces, boiled with the exception of the thermometer and the hypodermic syringe, which are disinfected by using carbolic acid, five per cent., and dried,—the needles by repeatedly wiping the wire passed through them with sterile gauze, the
tubing by pulling it out and wiping with sterile towels,—then wrapped up ready for another case.

During the summer months many insolation cases are admitted to the hospital, and the need for an apparatus to give clysis and infusion rapidly and to a number of patients simultaneously was met by arranging for double siphonage.

In giving a clysis to two patients a large flask is used fitted with a stopper through which pass two glass outlet tubes and an inlet tube. To each of the outlet tubes is attached a clysis apparatus, without the tube-carrier, however, as the outlet tubes are bent to render this unnecessary. This arrangement is necessarily used only in rare instances, such as during an insolation epidemic, but it is of considerable utility, and the principle can be extended to giving three or four or even more at the same time.

The stand shown, devised by Miss A. S. Bussell, head nurse of the accident ward, for operating-room use, is made of white enameled steel with three shelves. The upper, adjustable in height, holds one large flask or two smaller ones and takes the place of the shelf on the ward beds; the middle shelf holds sterile supplies and takes the place of the sterile table, while the lowest shelf is for non-sterile supplies. The stand is easily moved from place to place, easily cleaned, adjustable, and very convenient.

In the giving of an infusion in the Presbyterian Hospital similar disposition is made of flasks and tubing, sterile and non-sterile materials. The instruments are likewise kept ready, sterile. The sterilization of hands and operating-field is similar, but the saline is introduced, of course, into one of the veins of the arm.

ICE POULTICE.

Ice poultices are often preferable to ice-bags for two reasons: because they can be made to fit to any surface of the body and a higher degree of cold can be produced. In cases of tonsillitis or other inflammation of the throat they are to be especially commended. The poultice is made of two-thirds ice, one-third linseed, and a fair amount of salt. The coverings are made by using oiled muslin and adhesive plaster.

There are two envelopes, or bags, one smaller than the other, made of the oiled muslin and cut the desired shape, four pieces in all. The edges of two pieces are carefully bound together (excepting at one end) with adhesive about one inch wide.
The smaller, or inner, bag is then filled with the poultice material and slipped inside the larger, after which the ends are fastened with adhesive plaster and the poultice is complete.

THE JOHNS HOPKINS HOSPITAL.

Typhoid Stretcher.

In giving typhoid baths the usual method employed for transporting patients from bed to tub and from tub to bed is one familiar to all of those who are occupied with the care of the sick, and it has been found that with one person supporting the head and shoulders and another at the feet a patient of average weight may be moved with comparative comfort. But sometimes disadvantages present themselves, particularly in the moving of very heavy or very weak and emaciated patients, and to obviate these difficulties, at least in a measure, the stretcher has been devised. The stretcher consists of a hammock made of stout webbing swung between two poles, running from head to foot, which are made of hickory or some other stout wood and finished at the ends with brass tips about three or four inches long, so cast as to provide a ring at each end of the poles. These are connected by means of cross-pieces similarly constructed the ends of which fit into the holes in the extremities of the long poles, thus forming a secure rectangular frame. The whole closely simulates a Bradford frame, and it was from this useful appliance that the idea was obtained.

The hammock is slipped under the patient much as a fresh sheet would be, the poles are then slipped into the wide hems on each side, the cross-pieces fitted into place, and either a rubber ring or a horse-shoe pillow is placed under the patient's head.

The stretcher is then lifted into the tub to rest upon two pairs of hooks which depend from the sides of the tub, much as picture-hooks do from a moulding.

The hooks nearest the patient's head are preferably raised one or two notches above those at the foot, thus immersing the body and keeping the ears out of water.

When the bath is finished the patient may be lifted upon the bed, which has been covered with a sheet and mackintosh in the usual manner, the poles slipped out, and the hammock removed with the wet sheets.
This stretcher has been used in one of the medical wards of the Johns Hopkins Hospital during the past year, and the features which would seem to commend it have borne the test of practical use, for it is found in many instances to add greatly to the patient's comfort and facilitate the work of the nurses. The advantages are perhaps greater in the lifting of very heavy patients, for upon the stretcher two nurses may without great effort lift such patients as would otherwise require the assistance of a third person, and are able to do it without the danger of jarring or scraping against the sides of a tub. And those who are too weak to respond to the familiar request that they "stiffen" themselves while being lifted, or patients who are so emaciated and sensitive as to make the firm gripping of shoulders and legs little less than painful, are certainly more comfortably moved in this manner. It may be said in general that the patients are moved with less effort on their part and with greater ease by the nurses than when employing the usual method; and there is an absence of that fear which is frequently evinced by patients who feel, and perhaps justly so, that inadequate strength is being used to lift them safely.

And it would seem that the stretcher might be comfortably adapted for use by patients in continuous baths, particularly those who once or twice a day must be lifted from the tub for irrigation or dressing. By adjusting the hooks upon which the stretcher rests a patient may be raised from the water, thus rendering dressings or other attentions very simple and without the expenditure of time and energy necessary for complete removal from the tub.

This appliance is the invention of Miss Nancy Ellicott, a graduate of the Johns Hopkins Hospital School for Nurses, Class of 1903.

**Hammock for Babies.**

The hammock is another adaptation of the stretcher which has been described.

It rests upon hooks hanging from the sides of the tub, but does not reach the water-level. It is found to be a great convenience when bathing such children as may not be put into a tub of water because of plaster or other dressings, for a child resting upon this hammock and covered with a bath blanket is warm and comfortable, and, being just above the water, may be given a thorough soap-and-water bath without the necessary articles having to be carried to the bedside.
DEMOnstration.

In giving morning baths to several children this simple device, which is used in the orthopaedic ward at the Johns Hopkins Hospital, lends no small aid in saving time during the busy morning hours.

Sweat-bath Apparatus.

The sweat-bath apparatus which was demonstrated consists of an elbow of stove-pipe thickly covered with asbestos and attached to a tripod and Bunsen burner. The lower end of the pipe stands well off the floor, supported by the tripod, while interposed between these is the Bunsen burner. The latter may be connected with a convenient gas-jet by means of long rubber tubing.

This appliance is for use in giving sweat-baths when hot air is the form of heat desired, and in many instances has accomplished the desired results when other methods employed to induce sweating have been inefficacious. The patient is prepared as usual; resting upon a blanket and mackintosh, is well covered with another blanket, so that no part of the body excepting the face is exposed. Over this is fashioned a tent of one or two cradles and the necessary number of blankets and a mackintosh, the whole being covered by a sheet or bedspread. These coverlets should be well tucked in along the sides and foot of the bed and about the patient’s shoulders to provide against the escape of heat. The stove-pipe stands at one side of the bed about two-thirds of the way down, or at the foot, while the upper end projecting into the tent introduces a current of hot air generated by the gas-flame below. The intensity of the heat may be regulated by the size of this flame.

The advantages of this appliance are in its safety and stability.

Steamer.

Another interesting appliance demonstrated was a steamer, the device of a nurse, for use in nursing diphtheria, croup, or any of the various troubles which are relieved by a moist atmosphere. It is essentially an ordinary teakettle with a telescoping spout and provided with valves and guages which make it impossible for the water to boil over. By means of these the nurse is kept constantly informed as to the height of water in the kettle.

The receptacle for water, raised upon secure legs, should stand over an alcohol lamp upon a table covered with asbestos. Because of the long spout the kettle may be placed at any desired distance from the
bed and still have the source of steam quite near the patient, thus reducing to a minimum the danger of igniting the bed-clothes or scalding the patient.

STUPES.

The stupes which were exhibited bear mention because of their being very light in weight and capable of retaining their heat for a long time. They are made of two thicknesses of soft flannel of any desired size and shape and filled with carded lamb’s-wool, tufted at intervals to avoid lumping. Such a stupe wrung out of hot water as dry as possible, covered with oiled muslin or some of the light rubber tissues now in the market, and a dry stupe, supplies a hot but very light compress which is most acceptable to patients who look for relief from hot applications.

PNEUMONIA BAG.

The ice-bag for pneumonia patients closely resembles the ordinary ice-cap in its general structure, but by virtue of its size and shape is admirably adapted for use by such patients as require cold applications over a large area—for example, a chest, back, or side in pneumonia. It consists of a rubber pillow fifteen inches long by twelve inches wide, with a screw top at one end about three inches in diameter which offers an opening for the introduction of crushed ice. Held in place by means of a binder, it proves to be quite a satisfactory solution to the problem of applying cold to a territory which exceeds in size the ordinary ice-cap.

ICE-CAP COVER.

The little ice-cap cover has found favor among nurses attempting to keep ice-caps over the hearts of restless patients. It is a square slip much like a pillow-case, with the open side provided with tapes for closure, and at each corner a long tape is securely fastened. After the bag has been applied over the heart, the tapes from the two upper corners are tied about the patient’s neck, while the two lower ones pass around under the arms, thus preventing the ice-cap from slipping up, down, or to the side.

EXTENSION STOCKINGS.

Three extension stockings were demonstrated which have been devised to relieve some of the discomforts experienced by patients
having their legs in extension. The first is a woollen legging with a quilting lamb’s-wool foot, to be used upon a patient whose leg is flexed at a right angle to the body, as is the case in an over-head extension. It usually taxes a nurse’s ingenuity to keep this isolated member warm, so that the protection offered by such a stocking, which slips on over the dressing and bandages, is indeed a comfort.

The second is one which, though used with relative infrequency, merits demonstration because of the relief it has afforded to those patients whose legs are swung to an over-head bar, with the lower part, that below the knee, parallel to the bed and extension made at the foot. The stocking amounts to a hammock, which is carefully shaped to the curves of the leg and ankle, so that when suspended from the over-head bar all parts of the limb are equally supported, which is a much less trying adjustment than straps placed at intervals to swing the leg into the desired position.

The third stocking really does duty as a bandage, since it was devised to replace the adhesive strapping and roller bandage used in putting up a Buck’s extension when for any reason—for example, abraded or reddened skin—such a dressing may seem inadvisable. With weights fastened to the straps at the lower margin of this stocking after it has been snugly laced from ankle to knee, the same even traction may be made as when the spiral adhesive bands are used, though a little closer vigilance must be exercised, for the stocking slips and becomes loosened from time to time. One advantage worthy of mention is the possibility of dressing the painful areas that are occasioned by the leg has been in extension for a very long time, and at the same time keep up the extension by applying this stocking over the dressing, thus relieving the local discomfort without interfering with the treatment.

**TRAY RACK.**

The tray rack is a simple affair fashioned of bent wire with the idea of holding the covering over a tray of nourishments or a patient’s meal, well above the dishes and their contents. It consists of a rectangle approximately the size of the tray, with six legs about four inches long, one at each corner and one on either side. With the wire curved a little at the extremity of each leg it is possible to rest two on top of the tray and slip the other four just under the edge, thus securing the rack while the tray is being carried from diet-kitchen to patient, after which it is easily removed.
TENTH ANNUAL CONVENTION.

APPENDIX.

The American Society of Superintendents of Training Schools for Nurses, Teachers College Course Fund, in account with ANNA L. ALLINE, Treasurer.

Ca.

June 1, 1902. By cash.................................................. $131.62
By contributions....................................................... 397.00
By A. S. S. T. S. N................................................... 200.00

$638.62

Dr.

June 1, 1902. To Lecturing Staff, lodging, meals and R. R. fares...... $64.85
To Chairman, expressage, postage, etc................................. 15.04
To Salary........................................................... 500.00

$579.89

To Cash, National Bank......................................... 58.73

$638.62

Cash on hand as previously reported, for endowment fund, $114.00, June 1, 1903.

Contributions for the year were:—

Miss Griswold...................................................... $10.00
Miss Fisher......................................................... 10.00
Mrs. Gretter....................................................... 20.00
Miss Russell......................................................... 10.00
Miss Hall........................................................ 10.00
Miss Dock........................................................ 10.00
Miss Nutting....................................................... 10.00
Miss Wheeler....................................................... 5.00
Dr. Cook.......................................................... 10.00
Mrs. Whitelaw Reid, through Miss Maxwell......................... 200.00
Mrs. Sophia Spencer Cammon.................................... 2.00
Miss Orr.......................................................... 10.00

(To June 1st, 1903.)
LIST OF MEMBERS.

ALBAUGH, Miss R. .................................... Grace Hospital, New Haven, Conn.
ALLENTON, Miss EVA .................................. Homeopathic Hospital, Rochester, N. Y.
ALLINE, Miss ANNA L. ............................... 402 West 124th St., New York, N. Y.
ALSTON, Miss A. L. .................................... 143 West 47th St., New York, N. Y.
ASHBY, Miss ALICE ................................... Indianapolis City Hospital, Indianapolis, Ind.
AYERS, Miss LUCY A. .................................. Rhode Island Hospital, Providence, R. I.
AYERS, Miss Eugenia D. .............................. Worcester General Hospital, Worcester, Mass.
BALCOM, Miss HELEN .................................. Polyclinic Hospital, Philadelphia, Pa.
BANNISTER, Miss LUCY A. ............................ Bellevue Hospital, New York, N. Y.
BENNETT, Miss MAY H. ............................... Minnequa Hospital, Pueblo, Col.
BISHOP, Miss FLORENCE ............................. 2133 Green St., Philadelphia, Pa.
BLACK, Miss FRANCES ................................. Buffalo Homeopathic Hospital, Buffalo, N. Y.
BLARCOM, Miss CAROLYN VAN ...................... Johns Hopkins Hospital, Baltimore, Md.
BOURKE, Miss RACHEL .................................. Cooper Hospital, Camden, N. J.
BOWEN, Miss S. A. .......................... Adams Nervine Asylum, Jamaica Plains, Mass.
BOWMAN, Miss C. M. .......................... Hamilton City Hospital, Hamilton, Ont.
BREEZE, Miss J. .................................. 304 Honore Street, Chicago, Ill.
BRENNA, Miss AGNES S. ........................... Memorial Hospital, Richmond, Va.
BRENT, Miss LOUISA ............................... Hospital for Sick Children, Toronto, Can.
BROWN, Miss CHARLOTTE ........................... Hartford Hospital, Hartford, Conn.
BROWN, Miss CATHARINE .............................. Hospital for Children, San Francisco, Cal.
BROWN, Miss M. E. .............................. 108 Mt. Vernon Street, Boston, Mass.
BURDETT, Miss C. LOUISE ........................... Lying-In Hospital, 17th St. & 2nd Ave., N. Y.
CADMUS, Miss NANCY E. .............................. S. R. Smith Infirmary, New Brighton, Staten Island, N. Y.
CAMPBELL, Mrs. J. R. ................................ 31 N. Euclid Ave., Pasadena, Cal.
CHESLEY, Miss ANNIE A. ............................. St. Luke’s Hospital, Ottawa, Can.
CHILMAN, Miss E. .................................. Stratford General Hospital, Stratford, Ont.
CLARK, Miss E. B. .................................. Toronto, Ont.
CLEMENT, Miss ANNA G. ............................ House of Mercy Hospital, Pittsfield, Mass.
CHURCH, Miss E. ................................. Santa Mesa Hospital, Manila, P. I.
COCHIANE, Miss ISABELLA ......................... 17 College Ave., Adrian, Mich.
COLEMAN, Miss ANNIE M. ........................... Saginaw General Hospital, Saginaw, Mich.
COPELAND, Miss D. JEANNETTE ...................... York Hospital, York, Pa.
COTTLE, Miss JENNIE S. .............................. Colorado Fuel and Iron Co.’s Hospital, Pueblo, Col.
CRANDALL, Miss ELLA PHILLIPS................. Deaconess Hospital, Dayton, O.
CUNNINGHAM, Miss J. J...................... Royal Alexandria Hospital, Fergus, Can.
DARLING, Miss E.......................... Potsville Hospital, Potsville, Pa.
DAVIS, Miss M. E. P...................... Boston Insane Hospital, Dorchester, Mass.
DEAN, Mrs. M. F........................... Mt. Sinai Hospital, New York, N. Y.
DEANS, Miss AGNES C...................... Children's Free Hospital, Detroit, Mich.
DELANO, Miss JANE A...................... Bellevue Hospital, New York, N. Y.
DOCK, Miss L. L...................... 265 Henry St., New York, N. Y.
DODGE, Miss HANNAH E.................. 107 Prospect St., Willimantic, Conn.
DOLLIVER, Miss P. L.................. Massachusetts General Hospital, Boston, Mass.

DOYLE, Miss M.............................. Mantanzas, Cuba.
DROWN, Miss LUCY L...................... Boston City Hospital, Boston Mass.
DUNCAN, Miss JESSIE...................... Berlin and Waterloo Hospital, Berlin, Ont.
EBERSOLE, Miss SARAH...................... Howard University, Washington, D. C.
EHRLICHER, Miss...................... German Hospital, New York, N. Y.
ELIOTT, Miss E. CLARA.......................... The New York Hospital, New York, N. Y.
ELLY, Miss E. MAUDE...................... Lakeside Hospital, Cleveland, Ohio.
ELLSWORTH, Miss GRACE...................... Wesley Hospital, Chicago, Ill.
ERDMAN, Miss BERTHA...................... City Hospital, Minneapolis, Minn.
FISHER, Miss OLIVE...................... Cincinnati Hospital, Cincinnati, Ohio.
FLEMING, Miss ELIZABETH...................... Providence, R. I.
FOURNIER, Miss E. G...................... Hope Hospital, Fort Wayne, Ind.
FRANKENTHAL, Mrs. L. E...................... 4800 Kennewick Ave., Chicago, Ill.
GILLES, Miss IDA F...................... Homeopathic Hospital, Pittsburgh, Pa.
GILMOUR, Miss MARY S...................... New York City Training School, Blackwell's Island, N. Y.

GLENN, Miss LIZZIE C...................... Passavant Memorial Hospital, Chicago, Ill.
GOODRICH, Miss ANNA W...................... New York Hospital, New York, N. Y.
GRANT, Miss C........................... Illinois Training School, Chicago, Ill.
GREENWOOD, Miss H. M...................... Jewish Hospital, Cincinnati, Ohio.
GRETTER, Mrs. LYDIA E...................... Farrand Training School, Harper Hos-

GRISWOLD, Miss ALICE A...................... Painesville, Lake Co., Ohio, R. F. D.
GROSS, Miss LUcretia J...................... Buffalo General Hospital, Buffalo, N. Y.
HAIGHT, Miss N. E...................... Children's Free Hospital, Detroit, Mich.
HALL, Miss E. H...................... Seattle General Hospital, Seattle, Washing-

HALL, Miss C.............................. Jamestown Hospital, Jamestown, N. Y.
HARLEY, Miss S. C...................... Jefferson Hospital, Philadelphia, Pa.
HIBBARD, Miss EUGENIA...................... Care O. J. Hibbard, 141 Broadway, New York, N. Y.
HINTZE, Miss A. A...................... Women's Medical College, Philadelphia, Pa.
HOGUE, Miss ALMA C...................... Somerville Hospital, Somerville, Mass.
HUFFCUTT, Miss L...................... 1115 Van Ness Ave., San Francisco, Cal.
HUMPHREY, Mrs. HARRIET C...................... Litchfield County Hospital, Winchester, Winsted, Conn.

JAMME, Miss ANNA C...................... New England Hospital, Boston, Mass.
JEWELL, Miss ISABELLA E...................... 361 Dundas St., London, Canada.
KINGDOM, Miss Hannan.................
KIRKHOFF, Miss Annie Elizabeth...Trinity Hospital, New York, N. Y.
LAMPMAN, Miss Eithil A..............Maryland, New York.
LAWLER, Miss Elsie Mildred.........Johns Hopkins Hospital, Baltimore, Md.
LE FEUVRE, Miss T....................New York City Training School, Blackwell's Island, N. Y.
LEWIS, Miss Gertrude O..............Litchfield Co. Hospital, Litchfield, Conn.
LIGHTBOURNE, Miss Lena...............231 Green Street, Syracuse, N. Y.
LITTLEFIELD, Miss Mary S............Episcopal Hospital, Philadelphia, Pa.
LIVINGSTONE, Miss N. G..............Montreal General Hospital, Montreal, Can.
LOUER, Miss Carrie S................Jewish Hospital, Philadelphia, Pa.
MATTICE, Miss Brenda F..............Anna Jaques Hospital, Newburyport, Mass.
McCARTHY, Miss M. M................St. Mary's Hospital, Brooklyn, N. Y.
MCCLASKE, Miss Maude...............Pueblo Hospital, Pueblo, Col.
MACDONNELL, Miss Emily..............Albany Hospital, Albany, N. Y.
MCDOUGALL, Miss Annie..............172 Newberry Street, Boston, Mass.
MCISAAC, Miss I......................Illinois Training School, 304 Honore St., Chicago, Ill.
MCKEEHIN, Miss M. W................Infirmary for Women and Children, Livingston Pl., New York, N. Y.
MCLENNON, Miss Christina...........Infirmary for Women and Children, Livingston Pl., New York, N. Y.
MCMILLAN, Miss M. Helena............Presbyterian Hospital, Chicago, Ill.
MAXWELL, Miss Anna C................Presbyterian Hospital, New York, N. Y.
MAYOU, Miss Edith....................The Victoria Hospital, London, Canada.
MEIKLEJON, Miss M. Louise..........Lade Stanley Institute, Ottawa, Canada.
MERRIT, Miss Isabel..................Cherry Valley, New York.
MILLSPAUGH, Miss Elizabeth........Nicholls Memorial Hospital, Battle Creek, Mich.
MILNE, Miss C. I.....................Presbyterian Hospital, Philadelphia, Pa.
MONTEITH, Miss Beatrice S..........Brooklyn Hospital, Brooklyn, N. Y.
MOODY, Mrs. A. W....................156 Donald St., Winnipeg, Manitoba.
MOORE, Miss Gertrude W..............Franklin City Hospital, Franklin, Pa.
MORAN, Mrs. H. D.....................Lincoln Hospital, Concord Ave., New York, N. Y.
MORRIS, Miss Hannah Pauline........McKeosport Hospital, McKeosport, Pa.
NEWMAN, Miss Catherine...............435 Genesee St., Utica, N. Y.
NEVINS, Miss G. M....................Garfield Memorial Hospital, Washington, D. C.
NOYES, Miss Clara D................St. Luke's Hospital, New Bedford, Mass.
NUTTING, Miss M. Adelaide...........Johns Hopkins Hospital, Baltimore, Md.
O'NEILL, Miss Martha.................Kings County Hospital, Flatbush, L.I., N. Y.
TENTH ANNUAL CONVENTION.

Orr, Miss Margaret..................655 N. Marengo St., Pasadena, Cal.
Overholt, Miss Cora................Hahnemann Hospital, Chicago, Ill.
Page, Miss Hester L................Watertown City Hospital, Watertown, N. Y.
Palmer, Miss Sophia F..............247 Brunswick St., Rochester, N. Y.
Parker, Miss Elizabeth A...........Reading Homeopathic Hospital, Reading, Pa.
Patterson, Miss C. G..............Agnew State Hospital, Agnew, Cal.
Pattison, Miss Mary.................City and County Hospital, San Francisco, Cal.
Phillips, Miss Hattie M............Home for Destitute Children, Chicago, Ill.
Pierce, Miss Harriet B.............Rhode Island Hospital, Providence, R. I.
Pierson, Miss Alice E..............Allegheny General Hospital, Allegheny, Pa.
Pindell, Miss Jane M..............Metropolitan Hospital, Blackwell’s Island, N. Y.
Plumer, Miss Persis M..............Wentworth, N. H.
Quintard, Mrs. L...................Department of Charities, Havana, Cuba.
Randolph, Miss Agnes D..............Virginia Hospital, Richmond, Va.
Richards, Miss L..............Worcester Insane Hospital, Worcester, Mass.
Riddle, Miss Mary M..............Newton Hospital, Newton, Mass.
Robb, Mrs. Hunter..................Dilley Road, Nottingham, Ohio.
Robertson, Miss A. C..............St. Luke’s Hospital, Chicago, Ill.
Robinson, Miss Annie J..............Galt Hospital, Galt, Ont.
Rogers, Mrs. Margaret L............Bridgeport General Hospital, Bridgeport, Conn.
Ross, Miss Ann A H................Carleton County Hospital, Woodstock, N.B.
Ross, Miss Georgina C..............Johns Hopkins Hospital, Baltimore, Md.
Russell, Miss Martha M...........The Sloane Maternity Hospital, New York.
Russell, Miss Minna..............Lakeside Hospital, Cleveland, O.
Putley, Miss Sophia L..............St. Luke’s Hospital, San Francisco, Cal.
Ryker, Miss A. M..................Margaret Fahnestock Training School, New York Post-Graduate Hospital, New York, N. Y.
Samuel, Miss Mary A...............Roosevelt Hospital, N. Y.
Sanborn, Miss R. A..............St. Vincent's Hospital, N. Y.
Schultze, Miss A. D..............Englewood Union Hospital, Englewood, Chicago.
Shaw, Miss Ada B..................Meadville City Hospital, Meadville, Pa.
Sheppard, Miss Lilla..............Guelph General Hospital, Guelph, Ont.
Shields, Miss Annie M..............Methodist Episcopal Hospital, Philadelphia, Pa.
Smart, Miss Lucretia S............Provident Hospital and Training School, Chicago, Ill.
Smith, Miss Amelia L..............Maine General Hospital, Portland, Me.
Smith, Miss Bertha May...........Rochester Homeopathic Hospital, Rochester, N. Y.
Smith, Miss F. E. S..............Orange Training School, Orange, N. J.
Smith, Miss M. E..............Harper Hospital, Detroit, Mich.
LIST OF MEMBERS.

Skiveley, Miss Mary A. Toronto General Hospital, Toronto, Can.
Stanley, Miss M. E. North Adams Hospital, North Adams, Mass.
Stowe, Miss Emma L. Conn. Training School, New Haven, Conn.
Sutherland, Miss Annie L. Lakeside Hospital, Cleveland, O.
Sutherland, Miss Harriet A. St. Luke's Hospital, Utica, N. Y.
Sutcliffe, Miss Ida L. 13 Bay View Ave., South Norwalk, Conn.
Sutcliffe, Miss Irene H. 13 Bay View Ave., South Norwalk, Conn.
Taylor, Mrs. Charlotte S. Lakeside Hospital, Cleveland, O.
Taylor, Miss Ada J. Kemper Hall, Kenosha, Wis.
Thayer, Miss Blanche Quincy City Hospital, Quincy, Mass.
Thornton, Miss Mary G. St. Luke's Hospital, Duluth, Minn.
Tice, Mrs. Ida M. Monroe St. Hospital, Chicago, Ill.
Twitchell, Miss Alice I. 209 West 87th St., New York, N. Y.
Vaughan, Mrs. Maude P. Germantown Hospital, Germantown, Pa.
Wallace, Miss Margaret Maud. City Hospital, Auburn, N. Y.
Walker, Miss Lucy. Pennsylvania Hospital, Philadelphia, Pa.
Washburne, Miss Ida. Haymarket Relief Station, Boston, Mass.
Wheeler, Miss Mary C. Blessing Hospital, Quincy, Ill.
White, Miss Victoria. St. Luke's Hospital, South Bethlehem, Pa.
Wilson, Miss M. St. Luke's Hospital, New York, N. Y.
Weir, Miss Mary J. South Side Hospital, Pittsburgh, Pa.
Young, Miss Annie. New York Hospital, New York, N. Y.
Young, Miss Sadie C. Harper Hospital, Detroit, Mich.

DECEASED MEMBERS.

Miss K. L. Lett.
Miss Louise Darche.
Miss Florence Hutchinson.