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PROCEEDINGS

OF THE

NINETEENTH ANNUAL CONVENTION

OF THE

NATIONAL LEAGUE OF NURSING EDUCATION

HELD AT

ATLANTIC CITY, N. J.

JUNE 23, 24, 25, 1913

BALTIMORE
WILLIAMS & WILKINS COMPANY
1913
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Committee on Finance
MISS GEORGIA M. NEVINS, Chairman
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MISS ANN C. MAXWELL, Chairman
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MISS M. ADELAIDE NUTTING
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MISS CAROLINE I. MILNE
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Committee on Isabel Hampton Robb Educational Fund
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MISS ELSIE M. LAWLER
MISS MARY S. GARDNER
MISS MARY BEARD
MISS LOUISE POWELL
MISS ELIZABETH BURGESS
MISS EDNA C. FOLEY
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AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

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

MISS ALSTON, President, MISS DARCHE, Secretary, MISS DROWN, Treasurer.

Officers for years following have been:

1894 New York, January 10-11.
President, Miss Alston; Secretary, Miss Darche; Treasurer, Miss Drown.

1895 Boston, February 13-14.
President, Miss Richards; Secretary, Miss Darche; Treasurer, Miss Drown.

1896 Philadelphia, February 11, 12, 13, 14.
President, Miss Davis; Secretary, Miss Littlefield; Treasurer, Miss Drown.

1897 Baltimore, February 10, 11, 12.
President, Miss Nutting; Secretary, Miss Dock, Treasurer, Miss Drown.

1898 Toronto, February 10, 11, 12.
President, Miss Snively; Secretary, Miss Dock; Treasurer, Miss Drown.

1899 New York, May 5-6.
President, Miss McIsaac; Secretary, Miss Dock; Treasurer, Miss Drown.

1900 New York, April 30, May 1-2.
President, Miss Merritt; Secretary, Miss Dock; Treasurer, Miss Alline.

1901 Buffalo, Sept. 16-17.
President, Miss Keating; Secretary, Miss Dock; Treasurer, Miss Alline.

1902 Detroit, Sept. 9, 10, 11.
President, Mrs. Gretter; Secretary, Miss Dock; Treasurer, Miss Alline.

1903 Pittsburgh, Oct. 7, 8, 9.
President, Miss Giles; Secretary, Miss Nutting; Treasurer, Miss Alline.

1905 Washington, May 1, 2, 3.
President, Miss Nevins; Secretary, Miss Nutting; Treasurer, Miss Alline.
1906 New York May —
   President, Miss Goodrich; Secretary, Miss Nutting; Treasurer, Miss Alline.
1907 Philadelphia, May 8, 9, 10.
   President, Miss Banfield; Secretary, Miss Nevins; Treasurer, Miss Alline.
1908 Cincinnati, April 22, 23, 24.
   President, Miss Greenwood; Secretary, Miss Nevins; Treasurer, Miss Alline.
   President, Mrs. Robb; Secretary, Miss Nevins; Treasurer, Miss Alline.
1910 New York, May 16-17.
   President, Miss Nutting; Secretary, Miss McMillan; Treasurer, Miss Alline.
1911 Boston, May 29, 30, 31.
   President, Miss Riddle; Secretary, Miss McMillan; Treasurer, Miss McKechnie.
1912 Chicago, June 3-5.
   President, Miss Wheeler; Secretary, Miss Catton; Treasurer, Miss McKechnie.

   In June, 1912, the name of the society was changed to The National League of Nursing Education.

1913 Atlantic City, N. J. June 23, 24, 25.
   President, Miss Wheeler; Secretary, Miss Catton; Treasurer, Miss McKechnie.

   The Society has Affiliations with

   American Nurses’ Association.
   The American Society of Sanitary and Moral Prophylaxis.
   The American Association for the Study and Prevention of Infant Mortality.
   International Congress on Hygiene and Demography.
PROGRAMME

MONDAY, JUNE 23—FIRST SESSION

9 a.m. Council meeting.
9 to 10 a.m. Registration of members.

Steel Pier 10 a.m.

Call to order.
Report of officers.
Report of council.
Election of new members.
Report of standing committees.
Report of special committees.
Reports of delegates.
Unfinished business.
New business.

SECOND SESSION—MONDAY, JUNE 23

8 p.m. Hotels

Conferences

Teachers of the Preliminary Instruction in Schools for Nurses. MARTHA S. J. EAKINS, R.N., Chairman, Michael Reese Hospital, Chicago, Illinois.
Standards of Admission to Schools for Nurses. ELIZABETH G. FLAWS, R.N., Chairman, The Wellesley Hospital, Toronto, Canada.
Affiliation. CLARA D. NOYES, R.N., Chairman, Bellevue Hospital, New York, New York.

THIRD SESSION—TUESDAY, JUNE 24

10 a.m. Steel Pier

Composite Report of Visitors to the Congress of Hygiene and Demography.
Harriet Fulmer, R.N., Chicago, Illinois.
Report of Auditors.
Unfinished business.
The Factors of Elimination in Schools for Nurses.

(a) Reasons for Pupils Leaving Schools for Nurses Before Finishing their Course of Instruction.

(b) Reasons Why Eligible Pupils Do Not Enter Schools for Nurses,
Mrs. F. E. S. SMITH, R.N., Kansas City, Missouri.
FOURTH SESSION

3 p.m.

Reports from the Conferences held Monday evening. Secretaries of respective groups.
Nursing Ethics and Discipline. Charlotte M. Perry, R.N., the Malden Hospital, Malden, Massachusetts.

FIFTH SESSION—WEDNESDAY, JUNE 25

10 a.m. Steel Pier

Unfinished Business.
Election of Officers.

SIXTH SESSION

2 p.m.

Call to Order.
Formal Opening of
The American Nurses' Association;
The National League of Nursing Education;
The National Organization of Public Health Nursing.

8 P. M. Hotel-Executive Session
NINETEENTH ANNUAL CONVENTION
OF THE
NATIONAL LEAGUE OF NURSING EDUCATION
ATLANTIC CITY, N. J.
JUNE 23, 24, 25, 1913

The Nineteenth Annual Meeting was called to order by the President, Miss Mary C. Wheeler, at 10:20 a.m., June 23, 1913. The Secretary was asked to read the minutes of the Chicago Meeting.
Miss Catton, the Secretary, announced that the minutes were incorporated in the Annual Report, which all members had received. She also called attention to the fact that a new printer had been employed and stated that an apology was made for the omission of Miss Ida D. Arnold's name.
The minutes were approved and accepted and the report of the Treasurer, Miss McKechnie, was given.

TREASURER'S REPORT FOR THE YEAR ENDING DECEMBER 31, 1912

Receipts
To balance on hand Jan. 1, 1912 .................................. $270.58
Membership dues .................................................. 1,125.00
Sale of Reports ................................................... 11.28
Payments on foreign checks ..................................... 2.90 $1,409.76
Disbursements

By expenditure for

Printing (general) ................................................. $74.25
Clerical assistance ............................................... 19.55
One-half expense of exhibition ............................... 14.08
Reporting Eighteenth Annual Meeting ........................ 137.60
Traveling expenses of officers ............................... 243.70
Expense of Council Meeting ................................ 10.05
Printing seventeenth Annual Report (balance due) ....... 122.63
Printing eighteenth Annual Report (on account) .......... 275.34
Expense of International Delegate .......................... 250.00
Expenses of Inter-State Secretary ........................... 200.00
One-half expense of organization National Association Public Health Nursing ........................ 17.34
Dues to American Federation of Nurses ..................... 15.00
Dues to American Nurses’ Association ....................... 15.00
Dues to International Congress of Hygiene and Demography ...................................................... 5.00
Dues to National Association for Study and Prevention of Tuberculosis ...................................... 5.00
Dues to National Association for Study and Prevention of Infant Mortality ............................... 5.00
Dues to American Society of Sanitary and Moral Prophylaxis (2 years) ..................................... 4.00
Postage ............................................................. 31.44
Carfare, telegrams, telephone calls, etc .................... 6.29
Stationery .......................................................... 0.60

$1451.88

ENDOWMENT FUND

Receipts

To cash received from A. L. Alline, Treasurer, August 1, 1912 ............................................................. $700.45
Interest on investment ........................................... 25.00

$725.45

Disbursements

By expenditure for

Framing Mrs. Robb’s portrait ................................ $32.00
On account of National League ................................ 42.12

74.12

Balance on hand December 31, 1912 ........................ $651.33
Summary
To balance January 1, 1912.................................................. $270.58
Receipts National League.................................................. 1139.18
Receipts Endowment Fund.................................................. 725.45
.................................................. $2135.21
Disbursements National League........................................... $1451.88
Disbursements Endowment Fund......................................... 32.00
.................................................. 1483.88

Balance December 31, 1912................................................ $651.33
Audited and found correct

LUCY C. AYERS, R.N.
MARIE A. LAWSON R.N.

Auditors

MARY W. MCKECHNIE,
Treasurer.

June 23, 1913.

NATIONAL LEAGUE FOR NURSING EDUCATION

Report of the Treasurer January 1 to June 21, 1913

Receipts to June 23, 1913.................................................. $962.30
Donation (for Ed. Com.)................................................... 200.00
Total.................................................. $1162.40
Disbursements.................................................. $443.72
Balance June 23, 1913.................................................. $718.68

ENDOWMENT FUND

Balance December 31, 1912................................................ $651.33
Returned from National League......................................... 42.12
Balance June 23, 1913.................................................. 693.45
Total balance.................................................. $1412.13

As the Auditors had not gone over the report, acceptance was postponed and the President called for the reports of the standing committees.

Report of the Membership Committee presented by Miss Riddle, Chairman.

The Membership Committee report 33 applications for membership, 27 of which are from individuals and 6 from associations. Of the 27 individual applications all are recommended by the Council for membership in this body. The six associations await further action.

The report of the Council Meeting read by the Secretary.
REPORT OF THE COUNCIL FOR 1912–1913

Since the last annual meeting in Chicago the Council has held three regular meetings—one in Chicago, one in New York and one in Atlantic City. Joint meetings with the Executive Board of the American Nurses’ Association have also been held.

During the year steps have been taken to organize State Leagues—these to be affiliated with the National League—thus bringing the nursing activities of the different states into closer relation with the work of the National League.

A letter sent to a member prominent in the work in each state brought the information that several states had associations of Superintendents of Training Schools and others were willing to take steps to form such organizations.

An application blank for State Leagues was prepared and sent to those desirous of affiliating and today we have six states accepted as members of the National League—Illinois, Rhode Island, Connecticut, New York, Ohio and Minnesota.

An important vote was taken at the Council meeting held in New York in October authorizing Miss Nutting, chairman of the Educational Committee to take steps for the formation of a curriculum usable as a National Standard for Training Schools. As funds for financing such a project were not on hand in the treasury, Miss Nutting was fortunate enough to secure such funds from outside sources.

The National League continues its affiliations with various societies and delegates have been sent to their annual meetings.

The Membership Committee has a number of names asking for admission to the League.

The League has suffered a loss by the death of Miss Florence Black, graduate of the Rochester Homeopathic Hospital, Rochester, New York.

Eight members have tendered resignations during the past year: Miss Charlotte Erlicher, Mrs. Nellie VanCor Cutler, Miss Annie M. Rykert, Miss Jane A. Buchanan, Miss Carrie S. Louer, Miss Louise Brent, Miss Mary Carey Packard, Mrs. M. Larson Gould.

Respectfully submitted,

JESSIE E. CATTON,
Secretary.

The Report of the Committee on Nursing and Health read by Miss Goodrich, Chairman.
REPORT OF THE COMMITTEE OF THE DEPARTMENT
OF NURSING AND HEALTH, 1912–1913

The Committee of the Department of Nursing and Health begs to present the following brief report together with the report of the work of the department by Miss Nutting.

There has been little demand made upon your committee during the past months. Under our able director, Miss Nutting we have seen the Department of Nursing and Health becoming more and more firmly established at the College and extending its influence through its graduates throughout the United States.

Two meetings of the committee have been held during the past year. The minutes of the meeting of October 22, 1912, read as follows:

A meeting of the Committee on Nursing and Health was held at the Park Avenue Hotel, New York City, October 22, 1912, at 5 p.m. Present: Miss Goodrich, Chairman, Miss Nutting, Miss Nevins, Miss Maxwell, Miss Noyes.

Miss Nutting read an encouraging report of the work at Teachers College.

The chairman reported that she had been unable to change the treasurership as suggested at the meeting of the Committee on Nursing and Health held in Chicago, as the Council had not formally acted upon this suggestion.

It had been requested by Mr. Brown, of Brown Brothers, that a copy of this motion, signed by the President of the League, Secretary and Chairman of the committee, be sent to him before he could effect the desired change.

[SIGNED] C. D. NOYES,
Secretary.

The second meeting was held at St. Charles Hotel, Atlantic City, New Jersey, on the evening of June 22. The members present being Miss Noyes, Miss Nutting, Miss Maxwell, Miss Riddle, Miss Samuel, Miss Goodrich, chairman.

The chairman reported that the motion concerning the change of treasurers of the Hospital Economics Fund had been passed by the Council and a copy endorsed as requested by Brown Brothers had been sent to the chairman. It had not, however, been possible
to effect the change of treasurers as a further complication had arisen through the change of the name of the Society last year. The chairman presented a form of minute suggested by Brown Brothers to be adopted by the Council of the National League of Nursing Education of which the committee approved and authorized its submission by the chairman to the Council.

WHEREAS, A fund heretofore subscribed known as Hospital Economics Endowment Fund, which has been administered by Miss Anna L. Alline as Special Treasurer, and

WHEREAS, The said fund has been invested in the following securities:
$4,000 Potomac Electric Power Company Consolidated Mortgage 5 per cent Bonds, due 1938. Interest January and July. Nos. 1036, 1184, 842, 959, with next due and subsequent coupons attached.
$4,000 New York Central Lines Equipment 5 per cent Bonds, due 1918. Interest May and November. Nos. L21445/8 with next due and subsequent coupons attached.
$1,000 do. do., due 1916, No. J17171, with next due and subsequent coupons attached.
$1,000 Bangor and Aroostook Railroad Company, Washburn Extension, first 5 per cent Bonds, due 1939. Interest February and August. No. 501, with next due and subsequent coupons attached, and said securities have been deposited with Brown Brothers and Company, 59 Wall Street, and,

WHEREAS, It has been deemed advisable that the said fund shall be placed under the control of Miss Mary W. McKeechie, as Treasurer,

Be it Resolved, That the investment of the said fund in the securities above recited be approved and that the securities be left in the custody of Brown Brothers and Company, bankers, until further ordered, and

Resolved, That Brown Brothers and Company be authorized and directed to pay out the income collected from the said securities as may be directed from time to time by the Treasurer.

The committee in submitting this minute for adoption by the Council begs to call attention to the formalities consequent upon the change of name of a society incorporated in New York State, as until such formalities have been complied with the minute suggested by Brown Brothers and Company would not be valid nor would it be possible for the Society to legally transact any business.

As the interest of the fund has not been available this year the sums voted by the Council for secretarial work at the College and the lecture foundation, $200 each, have not been drawn. We have therefore untouched interest amounting to about $1000,
making a total fund in the hands of Brown Brothers and Company a little over $11,000.

Respectfully submitted,

ANNIE W. GOODRICH,
Chairman.

Report of Miss Nutting, Director of the Department of Nursing and Health, read by Miss Goodrich.

THE WORK OF THE DEPARTMENT OF NURSING AND HEALTH FOR THE YEAR 1912–1913

The number of students entering this Department of the College has steadily increased during the past five years and last year records forty-two registrations. Several of these, however, are entered as special students only, taking but part of the regular work, some of them but one or two courses. For those young assistants and instructors in the Training Schools of New York and vicinity who wish to carry on their occupation and continue their education at the same time, this opportunity to do some college work and still hold their positions is proving invaluable.

While the majority of our students at present can enter for but one year of study, a good many go away at the end of that period hoping and planning to return later for further work leading to the Certificate, or, if their general education is sound enough, to the College degree. Some of our students have made genuine sacrifices to keep on with their work, but I believe they have felt amply rewarded for such self-denials. It is more than merely interesting to realize that we are beginning to have among the teachers and supervisors in our Training Schools a small group of women with substantial academic attainments, in addition to their nursing skill and knowledge, women who would from this standpoint command respect in any field of education. We should not overlook the importance of such small beginnings. And just here it may be interesting to call attention to the fact that after June 1914 (?) no one will be admitted to Teachers College to be trained for teaching in high schools who does not bring a college degree as a basis for such training.
Four of our students this year received the degree of Bachelor of Science. They are: Alice Lake, Alma Dobbs, Harriet Barnes, Helen Bridge.

One student, Isabel Stewart, received the degree of Master of Arts. It is fitting here to mention the exceptionally valuable services which Miss Stewart is rendering in the upbuilding of our Department. While still holding her position as instructor, she has worked for and obtained two degrees—first, that of Bachelor of Science, and now that of Master of Arts. She is bringing to the service of the Department, not only an excellent training and experience in actual nursing, but a highly trained and disciplined mind, and adds to both a rare degree of enthusiasm, and of ardent devotion to her profession, and to upholding and strengthening it in its deeper and nobler ideals. The success which may attend our efforts will be due in no small degree to her.

Requests for our graduates to fill positions have come from 174 institutions or persons, and are classified as follows: For hospital superintendents, 12; for schools, 55; instructor, 16; public health, 42; matrons, dietitians, 32; miscellaneous, in which were trained investigators and food inspectors, 17.

Of these we could fill but a small number and referred a good many to Miss Dolliver at the Central Directory, whose courtesy and assistance we hereby acknowledge with thanks.

There have been over 300 requests for our announcement this year.

The year closes with almost all of our students appointed to positions, many of which seem promising in the opportunities they offer for useful work.

We lost Miss Crandall in the early autumn from our regular staff of instructors. In the new National Organization of Public Health Nurses, the office of Executive Secretary was of such importance that we felt we should place no obstacle in the way of those who were trying to find the right woman. Miss Crandall’s long and successful experience in administrative work marked her as particularly well fitted for this post, and we are glad that in accepting it she has not found it necessary to sever entirely her connection with the College, but continued to give some instruction to our students.

The first lectures on the Isabel Hampton Robb Foundation were
given by Mrs. Florence Kelley, with whose lifetime of devoted labors on behalf of working women and children, nurses throughout this country are familiar. Mrs. Kelley's topic was "Modern Industry as it Relates to the Family, to Education, to Health and to Morality," using that word in its wide and not in its narrow application. The lectures were given in the chapel of the College, and were attended by a large number of interested and responsive students.

An entirely new course of lectures on Tuberculosis from its social, economic and medical aspects, was given by Dr. Haven Emerson, of the College of Physicians and Surgeons. These were open without fee, and there was a steady good attendance. They offered a body of instruction in this subject, such as is needed and has not before been provided for nurses working in this field. We hope to repeat the lectures next year.

We are also arranging for next year an extension of Dr. Baker's work in School Nursing, by which a regular half day weekly in the Public Schools will be provided for those specializing in this branch.

Dr. Chaddock's course in the Basis of Social Legislation has been found so valuable by our students that we are arranging for another course by him in Modern Social Problems, and in addition to this advanced work in Social Investigation, several times during the last year we have been asked to find nurses capable of making a study or investigation of some hospital or health problem, and have had to answer that we knew of no nurse trained for this work. We hope not to have to turn down for this reason similar requests in the future.

Our students are entering more and more into the life of the College and have developed among themselves a fine spirit of cordiality and coöperation. The Nurses' Club, established some years ago, has done much to foster this spirit, and has been the center during the last year of many interesting activities. Its last work has been the establishment of a Loan Fund of substantial size for future students in need of such help. The Dean has promised to duplicate the sum thus raised. In a letter telling me about the work of the year, Miss Lake, the retiring president, who has been unwearied in her efforts to make the club mean something in the life of the student, says:
As to what the club has done for the members: it has served as a medium for the expression of their appreciation and love of Teachers College; it has given them the opportunity to express themselves in public; to learn some of the elements at least of parliamentary law; to work in committees framing reports, resolutions, drawing up constitutions, etc.; it has enabled them to show how big they were socially; how well they could plan, execute and entertain; it has brought forth initiative and utilized enthusiasm.

No report of our work is ever complete any year which fails to express our great gratitude to the superintendents of New York Training Schools, for their unfailing kindness and courtesy and for their real generosity in affording valuable opportunities to our students to learn something of their methods. We have an undercurrent of feeling that we are often a nuisance to be endured with patience and fortitude, but for the sake of the cause for which all are alike working and struggling, we shall probably continue to ask for all we can get from New York schools, and to hope that their doors may remain open.

Finally, Mrs. Jenkins, who has done so much for us signifies her gratification over the work done by the Department by making further work and further progress possible. On motion of Miss Giles, seconded by Miss Ayer, the reports were accepted, after which Miss Nutting made the following interesting announcement.

Miss Nutting: It seems to me a very good time to tell the members of this Society that the increase of the work in our Department has given us the good fortune of the appointment of Miss Goodrich. She comes to join our Department next February. [Applause.] We have no hesitation in trying to build up and to strengthen our Department there for the benefit of the teachers, and through strengthening, upbuilding work there, that of the schools in the country, by the help of one who has rendered such magnificent service. I think the fact that the Jenkins Fund makes this possible is a very great gratification to all.

Miss Riddle presented the report of the Isabel Hampton Robb Memorial Fund and explained that the reason the report had not been seen so recently in the Journal was because the committee wished to give way for a time to the Relief Fund.
ABSTRACT FROM THE REPORT OF THE ROBB MEMORIAL FUND COMMITTEE

The sub-committee, composed of Miss Nutting, Miss Goodrich and Miss Maxwell, after studying the methods of giving scholarships by other foundations and associations to the number of about thirty different foundations, came to the conclusion that nursing was a very special affair and that plans of work had to be made to meet the needs of our profession; so, last year, the committee recommended that scholarships to graduate nurses should be awarded in the places where work had been planned and arranged and where there was something to offer of definite value to graduate nurses, and that was at Teachers College.

There were six or seven applicants adapted for work at Teachers College and out of these two were accepted and scholarships were given them. One, Miss Lisle Freligh, a graduate of the Illinois Training School, entered Teachers College to prepare herself to become a teacher. She has been there during the past year and has proved to be an admirable student and an original woman, and she wishes and intends to remain for another year.

Another student also came from Chicago, Miss Cornelia Evans, who has spent a year at Teachers College, and at the end of that time has been appointed Head of the Training Committee of the Cleveland Visiting Nurses' Association.

So that the first contribution of $400, to two scholarships of $200 each, has been well applied. The two students have been excellent women, have done good work and were a good example of interest and enthusiasm and in every way helpful.

The committee did not feel warranted in centering their interest in Teachers College; they wanted, on the contrary, to diffuse our interests and make scholarships available throughout the country as far as possible. But there are few places where there is any amount of organized instruction. They have finally decided to offer a scholarship for next year to a nurse living in or near Chicago who is interested in Public Health work and who wants to take some work in the School of Civics and perhaps some field work, either in the Visiting Nurses' Association or in connection with some other form of Public Health work which a small committee in Chicago will advise her about.
They also want to make it possible for the nurses to work in the Boston School for Social Workers, with possibly some work in Simmons College, and Miss Beard, Superintendent of the Visiting Nurses, has kindly volunteered with others to help arrange the work of this student, so that if properly qualified applicants apply to the Scholarship Committee there will be three scholarships of $200 each awarded during the next year; one for Teachers College, to prepare for teaching work for which there is a steady demand, another one for work in Chicago and another for work in Boston.

It is essential that such an applicant should bring good scholarship. The idea is not to help mediocre women, but women who present some exceptional qualifications.

The task has not been an easy one for the committee. They desire to know how the nurses themselves feel about it, because there must be other fields of work besides Public Health work and teaching.

The chairman of the General Committee and of the Scholarship Committee would be very glad to have letters from graduate nurses, making suggestions and helping them to decide how to use the money. It will increase slightly, of course, every year, and the three scholarships this year may be four next year. Some day the committee may feel that it would be well to put all the money together and make for one year a traveling scholarship and send some able woman abroad to see what has been done in the field of nursing.

Then there is the great field of rural nursing. It would be well to make a study of that. Mental Hygiene is coming into the field, also.

The committee desires to award the scholarships to good women to work in the fields where there is steady need for them.

Miss McIsaac reported that the two scholarships had been given to two very creditable students, and the committee hoped that there would be enough money during the coming year for a third scholarship, also that there would be many more inquiries concerning, and applications for scholarships in the future.

Both reports were accepted.
REPORT OF THE COMMITTEE ON PUBLIC HEALTH

To the Council:

Because of the long illness of the chairman, the Public Health Committee has little or nothing to report upon work accomplished during the past year, aside from the collection of some data and statistics.

The committee was appointed to consider the subjects of Infant Mortality, Unnecessary Blindness and the Midwife Problem in this country.

INFANT MORTALITY

Upon the subject of infant mortality we have nothing of moment to report beyond what is already known by the members of this association, which is, briefly, that about 20 per cent of all children born die during the first year of life, and that it is estimated that about one-half of these deaths result from preventable causes.

It is important for the nursing profession to recognize that work for the prevention of unnecessary deaths among infants practically resolves itself into a nursing question, including both nursing and instruction and that the reduction of the percentage of deaths among infants is coincident with well organized nursing work, in connection with milk stations, clinics, settlements and other centres for infant welfare work.

Since the various aspects of this branch of public health nursing are so adequately dealt with by those carrying on the work, it would be a repetition for this Committee to discuss it further.

PREVENTION OF BLINDNESS

Concerning unnecessary blindness, there is not such widespread knowledge, nor such concerted action for its prevention. Briefly, the facts are that approximately 50 per cent of all the blind people in the country are blind from preventable causes, and these causes are chiefly, ophthalmia neonatorum, syphilis, various other infections, including trachoma, follicular keratitis, etc., industrial and other accidents and wood alcohol, while conspicuous among the causes of eyestrain and defective vision are inadequate lighting, unsuitably tinted and glazed paper, improperly constructed type, spacing and length of line in printing, half-tone prints, glazed tops of desks, blackboards, etc.
It is the infections with which nurses are chiefly concerned and by the control of which they may render service in the prevention of blindness.

It is pretty generally conceded by the medical profession that ophthalmia neonatorum is a pathological anachronism and that its occurrence today is practically inexcusable. Certainly it would rarely if ever cause blindness if the prophylactic measures so well known by both doctors and nurses were invariably employed, and also if upon the early symptoms of the disease, prompt and adequate medical aid were rendered.

The most satisfactory work for prevention of blindness from ophthalmia neonatorum being done by nurses, of which I am aware, is conducted by the Departments of Health in the cities of Boston and Liverpool. In both of these cities, the law requiring both doctors and midwives to report all redness, swelling or discharge from the eyes of infants to the Department of Health is rigidly enforced. Immediately upon the receipt of such a report a nurse in the employ of the Department of Health is sent to visit the patient, and if necessary, to make arrangements for adequate medical treatment, either by a physician, in the home, or in an eye clinic. The treatment is of course all ordered by an ophthalmologist, but it is a nurse who sets the machinery in motion, and if the treatment is given in the home, it is she who makes the visit one or two or three times daily to give it. The details of this system are admirably worked out in both of the cities I have mentioned, and since their adoption, blindness from ophthalmia neonatorum has practically not occurred, and there have been very few cases of even slight injury.

For example, in the city of Boston, something more than 1000 cases were reported to the Department of Health during the year 1912. No cases of blindness resulted, and in only four did scarred corneae result.

Some interesting information was secured through the investigation by the Committee for the Prevention of Blindness of 108 cases of ophthalmia neonatorum occurring in New York City during the same length of time. It was found that 62 of these cases were attended by physicians, 43 by midwives and three were emergency cases attended by neighbors. In 14 of the 62 cases attended by physicians, a prophylactic against ophthalmia neonatorum was
used at birth, and by 11 of the 43 midwives. Out of eleven cases in which injury resulted, six lost one eye, two eyes were scarred, while three infants became totally blind. The cases of total blindness all occurred in the practice of physicians, while of the remaining nine, seven were physicians’ and two midwives’ cases. In two cases where physicians undertook to treat the patients in their homes, the only care given being left to the mother, one eye was lost in one case, and both eyes in the other.

Trachoma, follicular keratitis and similar eye infections among school children are calling more and more for the services of the school nurse, both in her capacity as inspector, and as assistant to the school doctors in administering the necessary treatment.

The most satisfactory work of which I know in this connection is being carried on in New York City under the direction of Dr. Anna von Scholly, who has succeeded in persuading the Board of Education to provide for special classes for trachomatous children in a separate building. The class work for the children is arranged so as to require the minimum use of the eyes, and medical treatment is given by nurses under Dr. von Scholly’s direction, with very satisfactory results at this combination of school and clinic. The eyes of many other school children are of course treated at regular eye clinics throughout the city, but the worst of the trachomatous children are segregated in this special school.

In addition to this, Dr. von Scholly has by a stroke of genius raised $500 to make it possible to send groups of these trachomatous children out into the country for part of the summer. There will be a nurse in constant attendance, to give the local medical treatment, and a playground teacher to supervise their exercise and general physical welfare, while the question of food and general hygiene of their lives has been provided for by Dr. von Scholly. She finds that the beneficial results derived from local medical treatment are greatly enhanced by improving the hygienic conditions under which the children live.

It is very interesting to note that after the very detailed and careful research work which has been and is being done in connection with the etiology and diagnosis of trachoma, those who know most about the subject declare that they do not know what trachoma is or whether such a disease occurs.

The prevention of blindness from wood alcohol is scarcely a nurs-
ing question, but it is growing to be such an important matter that I should like to touch upon it briefly.

Wood alcohol is a high poison, and is capable of causing either blindness or death as a result of ingestion or inhalation.

Thirteen persons in New York State were made blind for life and four were killed during the past year either by drinking wood alcohol or inhaling its poisonous fumes, while throughout the country hundreds of persons have been innocently victimized by the same poison. Furthermore, although wood alcohol in as small a quantity as a teaspoonful has caused permanent blindness, and in larger quantities often causes death, the Committee for Prevention of Blindness has found that this poison is easily obtainable from various retail paint stores, drug stores and grocery stores, often without a label or warning to indicate its poisonous nature.

Rectified wood alcohol may be easily mistaken for "good" or grain alcohol, and because of this resemblance, is frequently used by ignorant or unscrupulous persons to adulterate cheap liquors. In the trades it is sometimes used in the preparation of bay rum, paregoric, flavoring extracts, Jamaica ginger and in some patent medicines.

The committee reports the case of one woman who became hopelessly blind as a result of drinking wood alcohol contained in paregoric which she had bought at a reputable drug store. Another case is that of a young clerk who drank white whiskey from a friend's recently filled flask, and was totally and irreparably blind the next morning because the whiskey was adulterated with rectified wood alcohol.

The inhalation of the fumes of wood alcohol causes blindness. This usually occurs in those varnish industries where wood alcohol is used as a solvent for shellac—for example in varnishing the inside of beer vats, varnishing lead pencils and furniture.

Since industrial, or denatured, alcohol (untaxed grain alcohol made undrinkable by the addition of wood alcohol and benzine) can be used in practically all manufacturing processes where wood alcohol is now employed, and is safer and no more expensive, there is no longer any legitimate reason for the present wide use of wood alcohol. However, the use of wood alcohol would be robbed of its terrors if it were used in the presence of adequate ventilation.
Two men were recently killed and one blinded in New York City while varnishing beer vats, because a ventilator was not attached to the vats, while another man was blinded and one killed because the necessary thirty minutes in the open air was reduced to twenty minutes.

The general ignorance which prevails in regard to the poisonous nature of wood alcohol is evidenced by the lack of legal restrictions of its use. In no state in this country is there a law requiring adequate ventilation in industries where wood alcohol is used, while in very few states is wood alcohol classified as a poison and so labeled.

The unnecessary deaths caused by wood alcohol poisoning and the pathetic cases of blindness from the same cause may be prevented, first, by the enactment of laws requiring that wood alcohol in any form be labeled poison, forbidding its use in white whiskey, cordials, drugs, medicines, etc., and requiring that all workrooms in which it is used be properly ventilated; and secondly, which is most important of all, these disasters may be prevented by letting the public at large know that death and blindness may be the result of the misuse of any form of wood alcohol.

The question of industrial accidents to the eyes is being more adequately dealt with by large manufacturing concerns than it could possibly be by outside workers. It is to the interest of the employers to protect their workmen's eyes because of the large damage suits resulting from this most expensive of all accidents excepting death. It is believed that occupational diseases in the industries will gradually be prevented, in the same way for much the same reason.

The subject of inadequate lighting, glazed paper, desks, blackboards, poor print, etc., is very wide and involves many technical questions—so I will simply refer to one of the results, that is, eyestrain. Neurologists and even general practitioners, are attaching more and more importance to the constitutional effects of eyestrain, attributing an increasing percentage of cases of general nervous breakdowns, hysteria, nausea, headache, chorea and other alleged neuroses to eyestrain.
MIDWIFE PROBLEM

The problem of the midwife in America seems to be essentially a problem for the nursing profession. So far as we are able to learn, through compilation of figures obtained by the State and City Health Officers throughout the country, at least 40 per cent of the births occurring in this country during 1912 were attended by midwives.

The possible importance of the midwife in preventing infant mortality, morbidity and blindness, to say nothing of injury and death to the mothers have all been gone over before, and can easily be imagined by any nurse who has had obstetrical experience. Also the possibilities for damage and injury, amounting to tragedy, which may be laid to the door of the untrained midwife in America, are easily suggested by the following information concerning legal provisions affecting the training, licensure and supervision of midwives in the United States in operation up to the legislative session of 1913.

Midwives are allowed by law to practice unrestricted in the twelve states of Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Kentucky, Maine, South Carolina, Tennessee, Virginia and West Virginia.

There are no state laws relating in any way to the training, registration or practice of midwives in the fifteen states of California, Delaware, Massachusetts, Michigan, Mississippi, Nebraska, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, and Vermont.

In the twenty-two states where there are laws relating to midwives, fifteen require that they shall be licensed and that they shall pass an examination before being licensed to practice, while nine restrict the practice of midwives to attendance upon normal cases. In no state is there provision for supervision of midwives in their practice, and although this is carried on by two or three local boards of health, it is evidently not wholly satisfactory.

In six states, it is required that midwives shall be trained, this training in two states amounting to attendance at five cases of birth, and in the other four, training in a recognized school. But in no one of the latter states do there exist any such standardized schools. So far as we are able to learn, the only real training
schools for midwives in this country are the ones connected with Bellevue Hospital, established in 1911 partly as a result of the efforts of the Committee on Prevention of Blindness, and the Philadelphia City Hospital, where women are received for midwifery training upon the recommendation of the Board of Medical Examiners.

The Bellevue Hospital School for Midwives, which was organized for the avowed purpose of training midwives as one step toward raising the status of their profession was, as I have said, largely the outgrowth of work for the prevention of infantile blindness. It should be noted, however, that although the Committee on Prevention of Blindness offered suggestions as to the scope of the work to be done by the new school, the actual planning of the details—the course of training, the equipment of the school, in fact, all of the creative work which would make the school a success or a failure—was all done by a nurse, Miss Noyes, the General Superintendent of Nurses of Bellevue and Allied Hospitals.

It is pleasant for nurses to know that this first real training school for midwives in America came into being because of the prophetic vision of Miss Louisa Lee Schuyler, under whose direction and inspiration the study of midwifery conditions in America has been conducted.

It is something over fifty years ago that Miss Schuyler had the same vision of usefulness for nurses that she has now for midwives. And the Bellevue Hospital Training School for Nurses is a result of her vision, her altruism and the courage of her convictions.

To go back still further in the history of training midwives and nurses, we find that Miss Nightingale pleaded for the training of both groups of women at the same time, and, as I believe once reported to this same body, Miss Nightingale founded a school for midwives in connection with King's College at the same time that she founded a training school for nurses at St. Thomas's Hospital in London.

It is all too long a story to take up adequately in a brief report, but the attitude and conviction of these three women, Miss Nightingale, Miss Schuyler and Miss Noyes, who each in turn recognized the importance of offering training to midwives for the sake of serving the sick poor—their attitude should carry weight, and stir
the nursing profession on to further activity. We know that babies are being born, and that they and their mothers need the most skilled and sympathetic care that can be given. We know that the ignorant poor want women to attend them, and whether midwives are legislated out of existence or not, they will continue to have women. The nursing profession is feeling more and more the weight of responsibility of Public Health work, and certainly the responsibility of the physical and mental welfare of 40 per cent of the babies born in this country, and the immediate safety and health of the mothers is not one lightly to be turned aside.

Medical societies and societies of sanitarians and health officers are considering this question with ever increasing frequency and seriousness. The American Association for the Study and Prevention of Infant Mortality, appointed a section on midwives three years ago this fall, but this unhappily has been converted into a section on obstetrics, largely taken up with wrangles over obstetrical teaching in medical schools.

It would seem as though there were at hand a glorious opportunity for the nursing profession to do a very aggressive and valuable piece of work in exerting some of its power toward the reform of this sister profession. I am happy to be able to report that some individual members of the profession have already contributed their moral support by registering as midwives. Among these are Miss Noyes, Miss Aikman, who is at the head of the Bellevue Training School for Midwives, Miss Hitchcock and Miss Travis of the Henry Street Settlement, and myself.

In conclusion, I would like in behalf of the Committee to offer two recommendations. One is that as it is evident from the rapid development of public health work the country over, the possibilities for valuable service from nurses are almost limitless, and also as her responsibilities in public health work are steadily increasing we would like to urge that more and more knowledge of public health work be given to nurses in their training, that they may recognize this as one of the three (institutional work, private nursing and public health nursing work) important branches of their postgraduate work, and that even greater effort be made to include outpatient service or public health work in the regular training of the pupil nurse.

And secondly, as a splendidly organized national organization
for public health nursing has come into being, admirably equipped to deal adequately with subjects assigned to this Committee, I would respectfully recommend that this Committee on Public Health of the National League of Nursing Education be dismissed, and that all effort along these lines be centred in the new organization. Should the National League of Nursing Education decide to dismiss this Committee and release it from further service, and should it consider the questions of prevention of blindness and midwifery of sufficient importance to nurses to be somewhat specialized and emphasized, it might facilitate the development of these branches of public health nursing to recommend to the National Organization for Public Health Nursing that these subjects be specially dealt with, either singly or together by a sub-section or committee of the new organization.

CAROLYN C. VAN BLARCOM,
Chairman.

ELLA P. CRANDALL,
EDNA L. FOLEY,
JANE E. HITCHCOCK,
ALICE KERR.

Miss Van Blarcom's report was accepted and the recommendations made in it were read and discussed.

Miss McIsaac wanted to know how we were going to stir up interest in having these things taught in schools if there was no connecting link between the Public Health work and our League. Miss Van Blarcom said she thought it would be an economy of effort, and that the work for public health nursing would be stronger if centered in one organization. She thought it a good idea for the League to retain a committee to sift out facts and to offer them formally to the Public Health Society, leaving with the National Society the work and research. She suggested that the recommendation be transmitted to the Public Health Committee.

Miss McIsaac approved, saying that to drop the subject was not a good way to encourage teaching it in the training schools.

Miss Riddle: Owing to the stringency of the law it is hardly safe for us to drop this from our curriculum. According to the law of the state, which Miss Van Blarcom has mentioned as being so
successful in Massachusetts, all cases of ophthalmia neonatorum are to be reported. In that report we need not necessarily say that they are cases of ophthalmia neonatorum, but that they are cases of swollen and inflamed eyes, and for this report the nurse is held responsible equally with the doctor. This is an instance in which the ethics are laid aside and if the nurse can be first on the ground in reporting the case, it is considered much to her advantage. But she will not be excused for not reporting. And when we ventured to say to the Board of Health that such procedure was contrary to all nursing ethics inasmuch as nurses do not make diagnoses, we were promptly told we need not say “ophthalmia neonatorum,” but should say here is a case of swollen and inflamed eyes. The State Board of Health reports to the State Board of Charities and we are supervised by both boards. When the child is discharged from the hospital, or the case is given up, we must report to both boards, to the State Board of Health, from the practical medical standpoint, and to the State Board of Charities, because it expects to look after the child for a long time to come. So strongly did the State Board of Registration for Nurses in Massachusetts feel the necessity for instruction regarding this law that they voted to put some question regarding it into every examination, consequently it seems incumbent upon the nurses to know the law.

Miss Van Blarcom: Regarding the law that all cases of ophthalmia neonatorum must be reported to local health officers, this law is on the statute books of sixteen states in this country. My own State, New York, has such a law, but it is not satisfactorily enforced there, and I know of no locality in this country where it is satisfactorily enforced, excepting in Massachusetts.

This law generally requires that all cases of “redness and swelling” of babies’ eyes shall be reported. Of course, ophthalmia neonatorum means simply “inflammation of the eyes of the newborn,” but the idea has become prevalent that ophthalmia neonatorum refers only to gonorrheal infection, and therefore that only gonorrheal ophthalmia, or true ophthalmia, as it is called, shall be reported. As I said before, the law plainly states that any case of sore eyes must be reported, and does not specify any particular germ infection.

Nurses are required to report ophthalmia neonatorum, and the
wisdom of this requirement is obvious since it would not be desirable for nurses to assume the responsibility of diagnosing this disease.

This law in some states also requires physicians to report cases of babies' sore eyes, but it is everywhere aimed particularly at the midwife.

The attempt to prevent blindness in New York has been seriously impeded by the midwife. We are recognizing that it would be impossible to secure skilful and antiseptic treatment for the eyes of babies who are attended by ignorant and dirty women, and as a result of the agitation over this question in the last few years the training school for midwives was established at Bellevue.

We have received gratifying reports from nurses and doctors and from charity organization society workers throughout New York City on the work of the few midwives who have already graduated from this school. Their influence has already been felt, and public workers are gradually beginning to recognize what the trained nurse or midwife can do for the poor in the city.

The best way of getting at our foreign poor—for somebody must look after them—will of course be through the trained midwife nurse.

The following motion by Miss Noyes was carried:

"That for the reasons just given the Committee on Public Health of the National League of Nursing Education be dissolved and the members be released from further service and that the question of a recommendation to the National Public Health Organization be referred to the Council of the National League with discretionary power.

Miss Stewart gave the report of the Committee to Approach Women's Colleges.

REPORT OF THE COMMITTEE FOR APPROACHING WOMEN'S COLLEGES.

Members of the committee appointed August, 1912. Miss Van Kirk, Miss Edna Foley, Miss Susan Watson, Miss Charlotte Burgess, Miss Laura Logan, and Miss Isabel Stewart (chairman). Miss Van Kirk was unable to act, and Miss Florence Patterson was appointed in her place. Miss Katherine Tucker was appointed later in the year.
After considerable discussion as to the purpose and scope of the committee's work, it was decided that our first object was to interest college women in nursing, and next to induce more of them to take up the work as a profession. The following methods of reaching college students were suggested:

1. Through addresses and talks before groups of college women.
2. Through the publication of articles on nursing in college papers.
3. Through the distribution of literature dealing with the opportunities in nursing as a profession.
4. Through fraternity organizations which have members in the nursing profession.
5. Through vocational bureaus for college women.

To outline any general system of campaign we felt that we must know something of the representatives of the various colleges who are already engaged in nursing. Miss Patterson very kindly took this matter in hand and wrote to all the co-educational and women's colleges in the United States and Canada, asking for the names and addresses of any graduates who had entered nursing schools. She also wrote to a large number of training schools asking for information about students or graduates who were college women. The results were not so satisfactory as we would wish. Many colleges keep no records of their graduates, and a number of the institutions written to failed to answer. Miss Patterson succeeded in securing the names and addresses of seventy-two college graduates who are, or have been, in nursing work. They represent thirty-two different colleges or universities, and are scattered over many schools, eight students having received a degree from Columbia University being included.

The replies came in so late that it was impossible to do much toward organizing our publicity campaign this year, but we feel that there is now something definite for the committee to begin on next college year.

Through our correspondence with these nurses and through discussions among our own members, we find that one of the greatest difficulties we have to face is the lack of enthusiasm among those who should be our spokesmen. When urged to speak or write in the interests of our propaganda, we find a considerable degree of hesitancy and several of our most enthusiastic and most successful workers frankly state that they cannot conscientiously urge their
friends to enter nursing schools so long as present conditions exist. They mention particularly the long hours of duty, the needless repetition of much of the purely manual work, the meagreeness of the theoretical work offered, and the unintelligent application of the old traditions of discipline and etiquette, which are so contrary to the spirit and practice of the modern college. These nurses are most loyal to nursing itself. They see all kinds of wonderful possibilities in it. They plead for more highly educated workers, and are eager to forward the interests of the profession in every possible way, but they cannot present the advantages of a nursing education with the conviction and enthusiasm that are required, if we would induce intelligent young women to enter our ranks.

Unfortunately, there are too many who have been induced to take up the work—only to find that the picture is not quite as it was painted—often the choice of a school was unfortunate. They drop out, discouraging their friends by stories of their experiences, which we must admit are not all unfounded. Fortunately there are not a few college women who are happy and successful in nursing work, and the great possibilities before the profession will, we are convinced, induce many others to come in, but effort should be directed especially toward educated applicants as to the means of entering the better schools, and arranging for such recognition of college work as other educational institutions offer. In medical schools, colleges, etc., credit is given for all previous work which bears on the professional training, while in nursing schools the student gets no credit at all for even the best courses in Anatomy, Physiology, Bacteriology, etc. Many medical schools reduce the course by a year (or in some cases more) for students presenting a college degree. We offer no special inducements to such students.

The committee feels also that it would be of great advantage if the League of Nursing Education could prepare some definite statement, defining the subjects which a girl might cover in her college course, with a view to entering a nursing school later. If she could there be exempt from these courses even though she put in the full time in her practical work, it would be of advantage to her.

Several of the committee feel also that there should be opportunity for specialization allowed in the third year of the nursing course; otherwise the college graduate who wishes to take up District Nursing or Social Service work must add another year to her period
of preparation before she is ready for active service. This makes it very difficult for us to compete with such professions as teaching, social work, secretarial work, etc., where the additional preparation is seldom more than a year, and often not that for a college graduate.

The fact that it is becoming more and more common to link up nursing schools with universities or colleges raises the question of the nature of such affiliations. We have had several protests against a certain type of so-called affiliation, where there is not the slightest pretense of adopting university standards or of improving the real status of the school. It would seem to the committee that some effort should be made to prevent the discrediting of nursing education among college students which must inevitably result from this practice.

Members of this committee have assisted by advice and criticism in the publication of the little pamphlet on "Opportunities in the Field of Nursing." Through the Nursing and Health Branch of the Teachers College Alumnae Association, copies have been sent to all the women's colleges in the country. The replies which have been received from the deans of these colleges show that there is a good deal of interest being awakened among college students and college officials, and that the information we have been able to supply is much appreciated. Copies have also been sent to a number of prominent fraternity members, and it is hoped that by this more personal method, we may reach people more efficiently.

The committee ventures to suggest that the rather cumbersome name which it bears might be simplified into some such title as "The Collegiate Committee." It has been suggested also that it could strengthen itself considerably by adding to its members a few influential lay members who are closely identified with college interests, and who might help in securing funds by which to carry on the work. The lack of money is a serious handicap, especially where publicity work of any kind is to be undertaken.

It has been further suggested that representatives from the new National Association of Public Health Nursing and possibly from the American Nurses' Association might be asked to serve on this committee, thus making it more fully represent the whole field of nursing.

Isabel M. Stewart,
Chairman.
The President next asked the Secretary to read a letter from the New York Academy of Medicine.

NEW YORK, June 18, 1913.

Miss M. C. Wheeler, President, National League for Nursing Education, 127 North Dearborn Street, Chicago, Illinois.

My Dear Miss Wheeler: This Committee has at various times considered the status of the training of nurses, and has decided to urge upon a research body like the Carnegie Foundation to undertake a comprehensive and thorough study of the Training Schools for Nurses throughout the country. We should like the National League for Nursing Education to cooperate with us in requesting such an investigation of nurses' training schools.

Hoping to hear from you, I am,

Yours very truly,

[Signed] E. H. Lewinski-Corwin,

Executive Secretary.

Miss Goodrich: Probably many of you recall that the suggestion that such an investigation of Training Schools for Nurses be made was presented at the Boston meeting of this association some two years ago and was approved. Following this some correspondence took place between Mr. Pritchett of the Carnegie Foundation, Miss Nutting and some members of the medical profession, resulting in a request by a committee of the Council of the Academy of Medicine of New York that Miss Nutting attend a meeting bringing with her some representatives of the nursing profession to discuss the question of an investigation. At that meeting the majority of the medical members present did not appear to be in favor of such an investigation. They appointed however, a sub-committee of three members of the Council of the Academy of Medicine, Mr. Barrett of the State Charities Aid, Miss Nutting and myself. The report of this committee was, I presume, submitted to the Council, who later approached Miss Nutting concerning the matter, who suggested that they refer it to our three organizations. It is exceedingly encouraging to find that the Academy of Medicine is now asking for this investigation.

The motion to endorse a request by the New York Academy of Medicine to the Carnegie Foundation that a thorough research be made into Training Schools of Nursing was made and carried.

Miss Nevins was appointed to act as the League's delegate at the American Nurses' Association.
Before closing, Miss Samuel moved that a letter be sent to Mrs. Jenkins from the N. L. N. E., expressing great appreciation of her continued interest which has made it possible to appoint Miss Goodrich as an instructor in the Department of Nursing and Health. The motion was carried and the meeting adjourned at 12:30 p.m.
SECOND SESSION
June 23, 1913

Interest in the two conferences held at the St. Charles Hotel was such that they were held together. Miss Haarer took the chair for Miss Eakins and Miss Flaws' session followed after the close of Miss Haarer's conference. Although it was long after 10 o'clock before the sessions closed the interest of the audience was well sustained. The section on Affiliation, presided over by Miss Noyes, was held at the Chalfonte. A synopsis of these conferences is given in the report of the Fourth Session, held Tuesday at 2 p.m.

SECOND DAY
Tuesday, June 24, 1913

The President, Miss Mary C. Wheeler, called the meeting to order at 10:25 a.m. The opening was delayed by the failure to appear of the speakers who were to present reports and papers. The Treasurer’s report, having been audited and found correct, was accepted on a motion from Miss Nevins.

The President next called on Miss McKechnie for a report on the Meeting of the Society of Hygiene and Moral Prophylaxis.

Miss McKechnie: Your delegate was unable to attend any of the meetings of the Society of Hygiene and Moral Prophylaxis during the past winter and for that reason has not prepared a formal report.

The proceedings of each meeting, however, are published and sent to each member of the society.

A phase of the subject of Sanitary and Moral Prophylaxis which received special attention during the year was "The Teaching of Sex Hygiene in the Public Schools." The discussion seemed to centre upon two main points, viz.: the age at which such instruction should begin, and the qualifications needed in the teachers of this special branch.

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The consensus of opinion seemed to be that the child could best be brought to a natural understanding of sex questions through a graded course in nature study.

The Society has sustained a great loss through the death of its founder and leader, Dr. Prince Morrow, which occurred in March last. Not only the Society, but the whole world-wide movement which has grown out of it, loses an ardent pioneer in this latest effort for the regeneration of society. From a small handful of 25 members in 1905, the Society has grown to 2000 members and as many as 30 societies in as many different states have been organized, all working toward the ideals which Dr. Morrow as educator, physician and philanthropist taught and worked for.

Miss Samuel next presented the report of the Society for the Study and Prevention of Infant Mortality.

REPORT OF THE THIRD ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR THE STUDY AND PREVENTION OF INFANT MORTALITY

The Third Annual Meeting of the Society for the Prevention of Infant Mortality met in Cleveland, October 2 to 5, 1912.

Wednesday afternoon, October 2, a meeting of the Directors and Executive Committee was held and the convention was formally opened the evening of that date in the Auditorium of the Engineers' Building.

The opening invocation was given by the Right Reverend William A. Leonard, D.D., Bishop of the Diocese of Ohio. Mayor Baker, of Cleveland, gave a very cordial address of welcome. Dr. Cressy L. Wilbur, of Washington, D. C., President of the Association, in his address laid great stress on the necessity of the Registration of Vital Statistics. Emphasis was also placed on the importance of maternal nursing of babies; the value of milk stations; the pasteurization of all milk; enforcement of regulations regarding the care and supply of milk. Dr. Jacques Bertillon, Chief of the Bureau of Statistics, Paris, France, gave an address on "Puericulture Aseptique," Miss Julia C. Lathrop, of the Federal Children's Bureau, in her address gave a very interesting and hopeful description of what the department anticipated doing, among them being the registration of all births.
Thursday a.m., October 3, a section meeting was held in birth registration. Dr. Goyer, of the University of Pennsylvania, gave an address on the "Conservation of Infant Life." A comprehensive scheme was worked out by the chairman of the meeting whereby pamphlets on "Save the Babies" was written in seven different languages, with illustrations for distribution among the mothers. In 1912 a more active campaign was started during the memorable Baby Show in Philadelphia, and attended by 70,000 people. Active campaigners for lessening Infant Mortality were also conducted in many other cities, the object being to stimulate citizens' committees and through them reach the minds and hearts of the people.

Other papers read were: "The Utilization of Birth Records in the Practical Administration of Bureaus of Child Labor," "Tenement House Inspection," "Compulsory School Attendance," "Infant Hygiene and Similar Agencies."

Dr. Wm. H. Davis, vital statistician of Boston Health Department, said that at present children are not in fashion and the majority of married people did not want large families. He said "The American Association for the study of infant mortality has established the baby as our greatest asset, and we cannot afford to neglect giving it a square deal. Birth statistics, indispensable as they may be, are only a small portion of what we must accomplish. We cannot ignore parentage and its relation to this vital theme."

In the discussion that followed Dr. Bertillon said he felt that the cause of the small family or the childless home was that women prefer to live the idle life. Other papers read were "The Legal Importance of Birth Registration" and "The Importance of a Standard Certificate of Birth."

One of the best methods of obtaining proper statistics would be to find out the number of children resulting from a certain number of marriages. The death certificate of each woman should tell the number of children she had borne.

Mr. Ehler gave as reasons for demanding the registration of births and deaths was that it gives a knowledge of the movement of population. It aids in the protection of the health and lives of the people and is a safeguard to public health and not primarily for legal purposes.

"In order to govern wisely we must know how great our future
population is to be, and from where it is recruited." A section meeting on "Eugenics" was held the fore part of the afternoon. Prof. H. E. Jordan, of the University of Virginia, chairman. Papers were read on "The Eugenical Aspect of Infant Mortality," "The Significance of Heredity," "Infant Mortality in Relation to the Heredity Effects of Tuberculosis, Syphilis and Venereal Disease."

Dr. Wallace Wallace said there were three main factors to emphasize and improve;

1. The physical and mental condition.
2. Medical examination.
3. Promote individual and racial efficiency.

He said that there was too little restraint placed on epileptics and maniacs, too little attention given to "good stock" and too many unfit born.

"Continuation Schools" was next taken up. Dr. Helen C. Putnam was chairman.

At the general evening session Prof. H. E. Jordan, of the University of Virginia, gave an address on "The Rearing of the Human Thoroughbred." He said the government should have an endowment for statistics following up tainted stock. Proper marriage restrictions should be made and favored the sterilization of the criminal. There should be Federal and State laws regulating these. Dr. Jeanette Lane Claypon of the Lester Institute of London, England, gave an address on "The Health Age." She said in England they had a Notification Birth Act which was made voluntary but the registration had been practically universal.

The Government required that every such case should be visited by a competent person. This has led to a complete system of looking after infants under one year. Well babies are followed up as well as ill ones. England teaches Hygiene in all schools and great stress is laid on Preventive Protective work.

Friday morning, October 4, the session began in "Progress in Preventive Work." Dr. H. J. Gerstenberger, of Cleveland, chairman. Dr. J. P. Sedgwick, of Minneapolis, gave the first address on "Maternal Nursing." He urged breast feeding and felt the number of mothers nursing their infants might be increased. Mothers should have proper amount of rest, good nourishing food and hygienic surroundings during pregnancy. Mothers should be
discouraged to abandon breast feeding because of an early pregnancy. Rigid inspection and pasteurization of milk should be carried on and no milk should be sold until the dairy and water supply had been inspected and a permit given.

Midwifery was the next subject under discussion. A paper on "The Elimination of the Midwife" was read by Dr. Chas. Edward Ziegler, Medical Director of the Elizabeth Steel (Magee) Hospital, New York, and a paper on "Does the Average Midwife Meet the Requirements of a Patient in Confinement," by Dr. G. W. Kosinak, of the Lying-In Hospital, New York. Among the things pointed out were that midwifery was the most poorly done of any medical work. The midwife should be subject to the same laws and regulations as a regular physician. Fifty per cent of all labors in this country do not have a proper antepartum examination. The midwife has charge of 50 per cent of all obstetrical material in this country, yet contributes nothing to its progress. The great question today is not midwives, but how to provide adequate training and compensation for physicians and nurses in obstetrical work.

Dr. Josephine Baker in opening the discussion said that while the work in New York was not as they would wish it, yet she felt that it was better done under supervision than by many physicians into whose hands the care would fall. Dr. Baker felt that the midwife was essential in New York. Maternity Dispensaries were advised. The section on Housing was opened in the afternoon with Dr. C. E. A. Winslow, of Columbia University, in the chair. Statistics show that there is less illness among infants in homes consisting of five rooms than in three rooms. Heat in sick babies' homes is generally greater than heat in well babies' homes. Heat statistics show that this is one important factor which causes infantile death.

Miss Nutting was unable to be present for the Section Meeting on Nursing and Social Work and Miss Foley, of Chicago, acting chairman, presided. Dr. John Lowman, of Cleveland, President of the Anti-Tuberculosis League, read a paper on "The Public School Nurse and the Infant Mortality Problem." He advocated a Director of Child Hygiene with a Bureau of Nursing rather than control being given to individual groups. He would train a few nurses in all branches rather than specialize. School nurses should instruct mothers, should know where any children are ill and if
the mother is nursing her baby. The nurse should keep record of all babies in her district.

Miss Margaret McClure, Superintendent of Nurses, read a paper on "The Prenatal Work of the St. Louis Visiting Nurses' Association." The nurses make prenatal visits, instruct mothers, provide three suits of infant clothing where necessary and have charge of all postpartum cases daily for nine days and thereafter have charge of the baby for one year. Nurses do not attend con-
finements.

Miss Freese, of Hartsdale, New York, gave a very interesting account of the work in connection with the Caroline Rest and School for Mothers. Miss Myra Brochett of the United Charities, Chicago, read a paper on "What the Day Nursery can do in Special Work for Mothers and Children."

The evening session was opened by an address by Dr. Helen C. Putnam on "Better Parents of Better Children." She urged the segregation of feeble minded, insane, alcoholics and criminals, and felt that sex hygiene should be begun in schools by elementary biology.

The address following was by the incoming President, Dr. D. K. Emmett Holt, of New York, on "The Importance of Hospitals for Infants and their Part in the Prevention of Infant Mortality." He said that laws should be made and enforced preventing sweat shop work to mothers with infants and expectant mothers and provision should be made for their maintenance during this time. Separate hospitals for children were advised which should be built, equipped and managed for special work. The hospital is and should be the greatest factor in education.

Receptions and excursions were held at the different charitable organizations of the city.

GRACE E. ALLISON, R.N.

The President appointed Miss Sutherland, Miss Giles and Miss Burgess to act on the Resolutions Committee, and called for the report of the Nomination Committee, which was given by Miss Parsons. The report as follows was accepted:

Miss Parsons: The distance that separated the different mem-
bers of the Nominating Committee made it necessary for the busi-
ness to be done entirely by correspondence and the desirability of
having a committee that represents different parts of the country was rather counteracted by the fact that different groups were suggested by different members and it was rather difficult for that reason to get the ticket made out on account of the delays in waiting for answers to letters, etc. The present secretary has declined to consider renomination and yesterday the nominee who was on this ticket withdrew so that it leaves it for the floor to nominate the secretary. The rest of the ticket recommended is as follows:

President—Miss Clara B. Noyes.
First Vice-President—Miss Louise M. Powell.
Second Vice-President—Miss Helen Scott Hay.
Treasurer—Miss Mary W. McKechnie.
Councillors—Miss Jessie E. Catton; Miss Margaret A. Dunlop.
Auditor—Miss A. Lauder Sutherland.

Mrs. Hartridge,
Miss Cleland,
Miss Croft,
Miss Boyd,
Miss Parsons,

Nominating Committee.

Miss Dunlop, still having another year to serve on the Council, the committee was asked to substitute another name and to post the ticket on the bulletin board.

Miss Nutting, who represented the League at the International Congress of Nurses next gave her report.

THE REPORT OF THE DELEGATE, MISS NUTTING, TO THE INTERNATIONAL CONGRESS OF NURSES, AT COLOGNE IN AUGUST, 1912

Madam President and Members of the League:
Your delegate attended the Fifth International Congress of Nurses at Cologne last August, and was present at every session.
There could hardly have been a better choice than Cologne for our meeting-place—this ancient yet modern city of the Rhine, full of charm, easy to get to, and easily within reach of numberless other interesting historic places. But Sister Agnes Karl, the
remarkable woman who leads nursing in Germany, did not choose it entirely because of its geographical convenience, or its historic interest. It was also because an awakening to the importance and the needs of modern nursing was desirable in that section of Germany. Nothing could exceed the perfection of the arrangements made in advance for our care and entertainment. Everything was organized down to the last little point, and nothing was forgotten by our German friends who are past masters in the art of organization. From the moment we gave our names at the Registration Bureau, and paid the trifling fee, we were practically relieved of all serious responsibility about ourselves. We were supplied with pretty, appropriate badges of all kinds, lists of delegates and visitors, programs, and books of tickets which admitted us free to all the beautiful sights of the city, and further provided with a ticket for a nominal sum which permitted us to travel on any street car freely during the entire week of the Congress. With what royal hospitality the City of Cologne welcomed us through its city officials, threw open for our meetings its splendid old mediaeval hall, and wrought wonderful music and exquisite artistic pictures for our pleasure, you have all learned from Miss Dock’s excellent accounts in the pages of the Journal. And she has also told you how the German Foreign Office sent formal invitations to every country to send delegates. There were in attendance daily between five and six hundred delegates and visitors—among them a fair sprinkling of doctors who were constantly present. The great hall was filled at every session, and a more attentive—in fact, absorbed, audience I have never seen. It was indeed thrilling to look about the room and recognize by the arm-badges, delegates from New Zealand, South Africa, Japan, Russia, and splendid little Finland. The papers and discussions were of a high order, and even when long, were listened to with closest attention. While given chiefly in German they were followed by a brief résumé in English by Sister Agnes Karl. A most important paper was presented by Herr Geheimrath Hecker of Strasbourg on “The Overstrain of Nurses” and the subject was handled with characteristic German thoroughness. It went into the whole life and work of nurses as students in hospitals and as professional workers outside dealing with the breakdowns in health, and with the mortality, which is shockingly high. (This paper has been
translated into English and can be obtained from the Secretary of
the Council, Miss Breay, 431 Oxford Street, London, West. It
ought to be in every Training School Library, every Club House.)
Among other valuable papers was that by Sister Henriette Arendt,
conspicuous in our history as the first German policewoman, whose
achievements in the rescue from a shameful system of bondage,
of many little orphan girls, have been simply heroic.

The resolutions of the Congress were noteworthy, and were
carried with enthusiastic unanimity. They dealt with the necessity
for State Registration of Nurses as the only way of securing proper
standards of training for nurses, and hence of providing skilled
care for the sick; they set forth our firm belief in the principle of
Woman Suffrage; and the pleasure it gave your delegate to speak
to that resolution, and to be able to say that the American Nurses' 
Association in session at Chicago, had just put itself on record as
supporting Woman Suffrage, can hardly be imagined. Another
resolution dealt with Training School government, urging hospital
authorities to uphold a proper status for the head of the nursing
body, and to provide her with such scope and freedom as would
best enable her to fulfil her duties in teaching, supervision and disci-
plinary control. Perhaps the most important resolution was that
dealing with the life and work of student nurses, urging hospital
authorities to give the same consideration to overwork among
nurses, that leaders in industry are giving to the same question
among industrial workers, in order that the present needless and
grievous destruction of the health of nurses may cease. The Ger-
man government is said to be much interested in industrial im-
provement, considering thoroughly hours of labor and conditions
of workers. It is high time to include in such consideration that
valuable body of women, a precious asset to any nation, the
nurses who serve to relieve the sufferings of the sick and to protect
and sustain the health of the people—women who have with great
generosity and devotion expended themselves for the public wel-
fare.

As the convention closed, a highly interesting proposal was made
by Mrs. Bedford Fenwick, our intrepid champion of freedom for
nurses, and worker for progress in nursing. She urged the building
up of an international memorial to Florence Nightingale—an
educational memorial, which would fittingly embody and perpet-
uate for all time, her principles and her most cherished beliefs. The council accepted the proposal with enthusiasm, and later, plans for building up a suitable fund will be presented to you by your President. We are all to be congratulated on the election to this high office of Miss Anne Goodrich, whom we all know and love well, one who has given herself for many years with untiring devotion to work in our hospitals and schools and associations. She fittingly represents American nurses and nursing. The impressions left by the Congress, were, first, that I had been among a remarkable body of women; I can see before me now those strong, earnest, sincere faces, too many of them worn and thin, showing traces of severe ordeals through which they had passed. I could not see much outward evidence of the meekness, submission, and absorption in purely domestic interests commonly considered characteristic. The permanent picture before me, is of women of striking vigour, power and ability; of women of marked spiritual quality; of high-souled courage. And over and over again am I impressed with the similarity of our problems. We are really one in all of the things that really matter; in the essentials, principles, ideals, hopes; and one, very much one in our difficulties and problems. And that is why it is good for us to get together, and to stand together. What helps one will help all. It was a great privilege to have attended the Congress, and an honor as well, to have represented this body as its delegate.

*The President:* We thank Miss Nutting for the picture of the International Congress of Nurses she has so ably presented to us. I feel sure that we will need to apply ourselves, with enthusiasm, if we compare favorably as hostesses in 1915.

Because the nursing field is so very large, we have seldom been able to come to any definite conclusions as regards many of our topics. Last year we had a committee appointed to consider the minimum unit of practical work which might be of value in the Schools for Nurses. Miss Giles, as chairman of that committee, now has a report to present to us.

The President called for the report of the committee to consider the minimum amount of theoretical and practical work in a three years' course.

*Miss Giles:* Last year, when we were appointed, the committee decided to do very good work and a meeting was called in Chicago,
but owing to other demands we did not work out any particular plan and in spite of correspondence and attempts during this Convention we have not succeeded in arranging anything definite to present to you, but perhaps the following suggestions will do to open a discussion of the subject.

The minimum of practical and theoretical work has been under discussion for a long time and each school is a law unto itself. We feel the ideal cannot be worked out the way we would like to plan it. It seemed necessary to put in only the minimum amount of theory compared with the practical. We would like to recommend three months of theory without practice, but decided it could not be done by many.

Following is the suggested plan: The first three months must have a minimum of twenty-six hours of theory and forty-nine hours of practice a week. Four hours each day excepting Saturday, when six hours should be devoted to class recitations, practical demonstrations, study and recreation.

During the rest of the course, we decided after much discussion, not less than ten hours a week should be devoted to theory (study and recitation) compared with fifty-six hours of practice. Sunday additional. In that schedule we counted two hours for Monday, Wednesday, and Friday, and a half day Saturday. We planned that the first two years training should be devoted to a preparation for general nursing and the third year for special preparation for future work.

We believe this is in excess of what is being given in a great many schools, but we take nurses into our training schools and promise to make them trained nurses if they will give a certain amount of time for practical work in the hospital. Do we do it? I am sorry we do not have a more complete report, but perhaps a better one may be submitted next year.

The President: We hear of a great many difficulties in the attempt to adjust the theoretical and practical work, especially in the smaller institution. Here is an opportunity for us to discuss whether this is a practical basis for us to work on. I am sure that we have a number of women who are in hospital work in this audience and we would like to have you speak on this important question. I will call on Miss Parsons to give us her opinion on this.

Miss Parsons: The first thing that occurs to me is that the
amount of theory the pupil has had before she comes into the school must determine the amount of theory to be given her in the school afterward. A great deal depends upon whether the theory is largely condensed into a preliminary course. Certainly as far as comfortably conducting the wards is concerned, taking the patients into consideration, the more theory we can get into the preliminary course and the less we have to take our nurses away from the wards for classes later, the better service we can render in the hospital. On account of the great discrepancy of the preliminary educational requirements it is beyond me on short notice to say how many hours of theory we should give in proportion to the number of hours of practical work.

Miss K. Brown: Does Miss Giles mean ten hours a week for the individual nurse? Or ten hours a week for the school?

Miss Giles: Ten hours a week for each individual nurse.

Miss Brown: How would we get the nursing done?

Miss Giles: It means more nurses in the school. In addition to the nurses taken in for the preliminary course there must be enough nurses in the school proper to go into the wards as the older pupils go out. You can’t do it with the same number of nurses. However, with the hospital with which I am associated I have nurses four hours a day from six weeks to two months, depending on how long they can be spared from the ward.

Miss Brown: The individual nurse?

Miss Giles: During the preliminary course.

A Member: Does the ten hours given include study hours?

Miss Giles: As we planned it it was intended for study and recitation, one for study and one for recitation. Or two hours of recreation period that they might be able to study lessons and lectures.

A Member: About the 56 hours of practical work. It makes practically an eight-hour working day?

Miss Giles: Practically an eight-hour working day. The other time is for study, recitation and leaving only eight hours for practical work during the day.

Miss Ayres: In planning the preliminary work it would seem very important that the nurses in taking the preliminary course should not be counted on as nurses. That what work she may accomplish in the wards should be a matter of education.
Miss Stewart: The three months’ semester is a common one among all training schools. I thought the school term extended from October to May, making an eight months’ school term and divided the term in that way. Practically all the other educational institutions count a semester four months. I wonder whether it would not be an advantage for us to follow that scheme rather than the three months.

Miss Nevins: I think the small schools are struggling with the preliminary course and the old story of an insufficient number of nurses, and we are told, and we know, it takes more. The only practical solution of the small schools is to have a certain amount of hospital work going on from almost the time the nurse comes in. She is better satisfied undoubtedly.

Miss Flaws: Does the practical work mean practical work in the ward or practical work in the demonstrating room or both?

Miss Giles: Practical work in the ward. The demonstrating work in the room comes along with the theory. That was intended to be included in the class work.

Miss McKechnie: It always seemed to me that the idea underlying the preliminary course was the preparation for the nursing course. You were giving the theory and a practical demonstration to fit the probationer to go into the ward and do her work intelligently, to know what she was going to do and to have some idea of the principle underlying what her duties were. Of course every school in its preliminary course has to fit its classes to suit its work and its individual school. We do prepare very thoroughly in the practical work, but we have not realized that to be a school there must be a definitely organized system of instruction. The theory underlying instruction is this: You get your principle and you put it into practice and you cannot put it into practice unless you understand what your hands are going to do. Unless you have the principle in mind you are going to be like an automaton. You have no originality, you don’t do it just because you understand why it is done, because you are interested in the work thoroughly, but you do it because somebody has said it must be done that way and the system is laid out and all you do is follow after. We must think of preparation for nursing work in an entirely different way, and although we may think of all kinds of plans and schemes and aiming at the ideal, which we must do if we ever are going to progress at
all, our ideal should be a properly organized school of nurses, a college; you can imagine what might be if the instruction was graded over a two years' course to any specialty that nurse might take, taking any social work, or other definite branches of work. That is what we think of as an ideal school or college of nursing. I doubt whether there is any school in the country at the present time which can frame its curriculum for nurses so that it would be in any point near the ideal. We realize how a small school would be handicapped by this minimum requirement. These wonderful ideals of a preliminary course, a first year, a second year work and preparation. Our hospitals must be looked upon as laboratories in which to work out what we have learned through theory. We only learn how to do under supervision in the hospital. We are in a laboratory. If we all have an ideal that we are working toward, a school of nursing which would deserve the name, then we can each work towards that aim and every hospital, no matter how small or large, every superintendent, no matter whether of a big staff or a little staff, can always keep these ideas in view.

The President closed the discussion and failing to get Miss Fulmer's paper on the Congress of Hygiene and Demography or Mrs. Smith's paper on "The Factors of Elimination in Schools for Nurses," she asked different members from the floor to take up the discussion of the sub-topics.

Reasons why pupils leave schools for nurses before finishing their course of instruction was considered first.

Mrs. Smith's paper arrived too late to be read, but is given below.

FACTORS OF ELIMINATION IN SCHOOLS FOR NURSES

a. Reasons for Pupils Leaving Schools for Nurses Before Finishing their Course of Instruction.

b. Reasons Why Eligible Pupils do Not Enter Schools for Nurses.

MRS. E. F. S. SMITH

To so small an extent is this paper original with me that I may, with perfect propriety, I believe, present it to you as a valuable compilation, containing as it does the opinions of many representative women in the nursing world.
Upon receiving from Miss Wheeler an invitation to prepare a paper on the above-named subject for this occasion (a highly appreciated honor, I assure you) I at once addressed letters to superintendents of nurses in various states, asking for contributions, and it is with great pleasure and also with a feeling of security from personal criticism, I now present them to you.

Illinois sends this:

One of the reasons for women not entering Schools for Nurses is, that due to the great and rapid increase in the number of Schools for Nurses, efficient teachers have not been procurable.

The data in Illinois stands like this: Between 1880 and 1890 there were eight schools for nurses established; between 1880 and 1900 there were thirty-two more schools established; between 1900 and 1910 there were something like fifty-three more schools established. Data from Missouri and other states might show this rapid increase, and also that the actual count of pupil nurses in the smaller schools is larger than the number in the larger schools. We might compare this with a part of the arterial system, namely; there is more blood in the capillaries than there is in the larger vessels near the heart. With less efficient teaching in the large number of small schools, we have lost out in having a great number of the best young women apply.

Another reason is that there are so many more openings for women, with better financial returns in a shorter length of preparatory time, with shorter hours on duty and much less responsibility.

The tendency of the day seems to take the easiest way; not necessarily the most complete and finished work as a result.

Still another reason is that the discipline in a majority of homes is very lax, and transferring the young woman from the home to the hospital where there must necessarily be some degree of discipline, means that it is distasteful, and they will not stand for it.

Due to the great number of schools, it has been necessary to take in a great number of young women regardless of education, age, and general fitness, in order simply to get the work done.

The result has been of course that the hospital has gained by a smaller pay-roll but that the nursing profession has been engorged with women who should never have been placed in the position to be made responsible for duties which they could not in any way measure up to.

AND HERE IS A VOICE FROM COLORADO

(a) During four years as superintendent of nurses, and four years as teacher in training school, I have observed that where probationers have been carefully selected, about 10 per cent drop out during the three years, because of ill health, insubordination, and inability. The number leaving training school because they do not like the work, is surprisingly small; I
should think about one-half per cent. During the first year the percentage of elimination is higher; during third year very low, so that I think 10 per cent for an average is a fair estimate.

(b) Reasons why eligible pupils do not enter schools:
1. Because of long duty hours, and physical strain of nursing for three years.
2. Prejudice against nurses as a class.
3. Notion that nursing is a menial occupation. The latter objections are dying out, and will eventually regulate themselves, but the first needs strenuous effort and agitation from the nursing profession. It is a crime to exploit our young women’s physical strength by the long hours on duty that our hospitals demand.

INDIANA HAS THIS TO SAY

I believe the greatest reason for the better educated girls not entering the schools is on account of our low standards of education for admission. Many parents object to their daughters entering the profession because they look upon nursing as belonging to the ordinary class of working girls.

State registration is slowly correcting this impression, but we have not outlived the Sairy Gamp age.

I have lately been very much impressed with this phase of the question by some young high school graduates coming to me for advice. They wanted to enter training schools but were opposed by their families, and urged to be stenographers, or domestic science teachers, as work in these lines was of a higher quality, and much more respectable than nursing.

Many girls take to these lines of work of their own will, because they can get through in a much shorter time, and get to making money; with many this is a necessity and not a choice.

The great prosperity of our country for the past few years has made it unnecessary for many girls in the families of our great middle class to become self-supporting.

The chief reason for pupils leaving the schools is perhaps the failure on the part of so many schools to give what they promise. Many enter too young, 17 to 18 years of age; others enter with a sentimental idea of nursing; the long hours and hard work soon dispel that idea, and they leave,—cured.

I will add another reason for pupils not remaining in schools, which is the lack of properly qualified women at the head of many of our schools; I know this is the case in our state.

OF COURSE MISSOURI HAS SOMETHING TO SAY

One contributor says: I have thought that our surroundings have had a great deal to do with our shortage of probationers. High school and university graduates have been accepted as probationers here, but have stayed only long enough for their trunks to arrive so they could send them back.
These did not like the surroundings. We hope to have large classes when we move to the new hospital. In a good many hospitals poor food, lack of training and long hours will cause the pupils to leave when they realize they are not getting what should be given them.

A great many eligible young women do not know anything about training schools.

From another contributor:

Two reasons for pupils leaving schools:

1. Improper housing conditions in many schools. In boarding schools and colleges, the dormitories are given special attention as to cleanliness and the comfort of occupants. Why should Training Schools for Nurses be any less particular, and even more so, because it is the only home the pupil nurse has for three years of her life.

2. Because so little attention is paid to the social welfare of the pupil nurse. As a general thing she must seek her own means of entertainment. The lack of direct personal and sympathetic association and especially the lack of at least some small social relaxation such as is needed by any normally constituted young person.

Reasons why eligible pupils do not enter schools.

1. Because nursing is pictured to the laity as a drudgery; the high school and the college graduate think only of the practical work, not of the possibility in it for teaching, and work in the many different lines now opening up to the profession.

2. Because as a rule eligible pupils are discouraged by friends who picture the life as one of confinement, with few social pleasures.

Another contributor writes thus:

I have had no experience in pupils leaving here for other schools, but have had many applications from pupils seeking to enter here, after spending some time in other training schools, and since we have had our laws regarding registration this number has increased.

The reason they give me when I question them is, "We are not getting what we expected nor what was promised us."

"Why did you enter that school?" "It was recommended to us by our pastor or our physician, and we thought it was all right, but we have since learned that it does not come up to other schools."

Reasons why eligible pupils do not enter training Schools: I believe that young women generally know very little about the work, its advantages, its usefulness, and where the education may be obtained. If we could have all applicants educated in the requirements of state laws, and a knowledge of the reputable schools, before they enter, and not leave it for them to find out in some round-about-way after they have been in school for from six to eighteen months, we might be able to keep out of our profession those who are now finishing in poor schools because they do not come up to the requirements of the better schools.
And here is another opinion:

I think the greatest reason why pupils leave training schools is principally due to poor selection on the part of the training school superintendent. I have found the number of dismissals, also resignations, much less since raising our standards.

As to the second question, I would say this applies to the raising of the standard of the training school.

Briefly speaking then, the first question could be answered by requiring a higher standard for pupils, and the second by demanding a better standard for training schools.

I quote from another Missouri Superintendent:

I must confess that the reason most frequently advanced for lack of pupils does not appeal to me, that is, the hard work and long hours. The work seems to me so much less hard and of a much more interesting nature, because of the more thorough theoretical training, and certainly the hours are not what you and I had.

I truly sometimes wonder if they are not given too much time for other things and thus fail to become absorbed in their work. I grant you it is a hard life and one becomes very narrow who has no outside interests, but has it not been your experience, that the nurse who goes out least and has fewest friends close at hand, is the one who is most satisfied in her work, as well as the one who is most satisfactory.

It seems to me that I have never found such difficulty in putting the nursing spirit into any group of girls as I have met with here, and taken as a whole I have never worked with a more intelligent group, but very few of them put much enthusiasm into their work. My explanation for this is that they have had too much time for outside things.

ANOTHER VIEW

1. Lack of ability to keep up with the work. Lack of desire to submit to discipline. Failure after the first year of training to develop in correspondence to their unceasing responsibility together with an inability to see the necessity of so doing. During the first year they retain their enthusiasm, submit to the necessary discipline, but after that time there seems to be an inclination to "rest on their oars" with the air of having accomplished their object, instead of realizing it has scarcely begun. Overwork, with too little regard for a nurses' health; undesirable quarters; insufficient, nourishing food; insufficient diversion during her "off duty," too much menial work; too long hours; lack of proper instruction.

The last contributor to this paper has this to say:

1. The probationary period. Too little attention is paid to the probationary period. A great many probationers who would have made excellent
nurses, have been lost to the profession because of lack of encouragement and attention during this period. A probationer should be made to see the better side as well as the more unpleasant.

2. Pupil nurse's service: In the course of the service of pupil nurses many things arise which discourage them, some for which they are at fault and some for which they are not responsible. Discipline should be administered with great intelligence and care. Expulsion from school should be reserved for extreme cases.

3. Age of admission: It has been the practice of training schools not to admit pupils until they are 21 years of age. This leaves a number of years between the high school and the training school periods during which habits of study may be changed. If the student could pass from the high school into the training school, this of itself would increase the effectiveness of the work, and would establish the importance of the service in the eyes of the public and of prospective pupils. Furthermore, under the present arrangement the way is open for the admission of pupils who have been failures in other walks of life or who enter the work in default of something to do.

4. Instruction. The approximation of the high schools and training school courses would make it possible to develop the modern tendency of more definite pedagogic instruction. The course could easily be lengthened, the didactic and laboratory instruction made more comprehensive and the time of the students' service be far better utilized in the direction of providing ample time for study.

Miss Krueger: One of the principal reasons is the expense. They come into the school thinking perhaps they will have resources and find they have not. The living, the environment, is another important factor. After they find that the environment is not as elevating and pleasant as they anticipated, they become discontented. Another reason is because pupils get discouraged.

Miss Milne: I think a good many pupils leave the training school because their preceding education has not been sufficient. There is rarely an examination at the beginning of the course in which one or more pupils do not fail, even those who come with High School experience. Later on in the course, speaking for my own school, there are a few who just want to try nursing. They persuade their parents that they would like to come and in some cases the parents allow them to try and then insist on the pupils returning home after two or three months. The training school has a preliminary course of six weeks, and one year's probation. The pupil can leave during the first year if she pleases and the school also reserves the right to speed her on her way if necessary
during that year. I think this is a very good plan, because I don’t see how any one could judge in two or even three months as to whether a pupil was going to be satisfactory or not. It is not easily found out at the beginning. This plan, however, deprives the hospital of senior nurses. Probationers are plentiful, but there is a deficiency in nurses. Still I think the advantage is greater as I have a better choice and more knowledge of the pupils before they are accepted.

Miss Lawson: Over a period covering 18 years we have had one nurse leave on account of discouragement. She contracted typhoid fever. There have been some dismissed from the school.

Miss Eldridge: I have been six years in charge of preliminary work, and I agree with one of the speakers, who said that the discouragement of the first few weeks, caused perhaps by previous lack of discipline (and the young women of the present day do not have discipline at all), also the fact that the parents want them to give up and try to persuade them to go home, accounts for some of those who do not finish. In the last few months, I think more nurses left on short notice, than ever before. It seemed like a disease, one went home and it influenced the others. Miss Nevins says she would not take a nurse back who had left. We have, several times, let a nurse come back, but she has had to lose all the time she had put in before. These have been some of the more enthusiastic and have perhaps done better work right straight through than those who have never given up.

Miss Noyes: In compiling statistics for ten or twelve years I have found that there are only 50 per cent of the nurses who graduate. That included all who voluntarily resigned, and a number who had been dismissed for reasons. I wondered whether my percentage was large. Afterward I met superintendents and they said they were glad to hear my statistics because theirs corresponded.

Miss McKechnie: As to having the preliminary course extended; if that is not less than four months it seems to me that at the end of that time any woman who comes in with an undecided eye about the work of nursing can decide whether she wants to continue. I have found that the superintendent could pretty well understand what qualifications the probationer had for the work and the probationer herself could pretty well decide whether she wanted to continue with it. It was a critical time at the end of
preliminary course, and I don't think that period ought to come before the end of four months.

*Miss Brown:* One nurse told me that she had been allowed to do exactly as she pleased all her life and she came in of her own will for the discipline of the training.

*Miss Arnold:* My experience has been in a rather small school. I think very often young women coming from the country sections have been told by the doctors to come into training school and study for a year or a year and a half and they will give them plenty of work and they go out as trained nurses in that community.

*The President:* We will now have some reasons why eligible pupils leave schools for nurses before finishing their course. Miss Burgar, we would like to hear from you.

*Miss Burgar:* I have had a good many applicants who did not know just what they needed and did not understand all that was expected of them. If they are deficient in education I advise them to continue school and advise them to go into work they are fitted for. My experience has been that girls who are really worth while, who come from their homes on the advice of the minister or doctors after having had a high school course will ask for and take advice and help. If training schools keep up the requisite standard I think no school will be short of applicants.

*Miss Glenn:* There is no work so demanded as the nursing work and there is no work that requires so much self-sacrifice. I think those of us who have been in the work a long time and have gotten a great deal of satisfaction out of it realize that it is very well worth while but the trouble is to make the young women who have not had discipline and who have so many other attractive openings to go into, to see that it is worth while.

*Miss Giles:* I have found nurses who were eligible and made desirable applicants, had consulted their physician and the physi- cian had said that nursing was hard work, that it contained a great deal that was unpleasant and "I think you had not better take it up."

*Miss Greener:* I would say that frequently when young women leave the high school at about the age of eighteen they are very much interested in hospital and training school work. Of course in the average hospital it is not considered advisable to take them under the age of twenty or twenty-one. The result is that this
eighteen-year old girl goes into some business occupation or may possible take some other course of study. Possibly she thinks she will go into the nursing field later but many things happen in the course of the next few years so that she becomes diverted and continues in the course she originally started. I think in the case of the young woman who could live at home and wait until she arrived at the proper age to enter a training school there is always a certain amount of discouragement from her family. I think one very great feature is the lack of social recognition afforded nurses. There are a great many families who do not desire to have their daughters go into work of that kind because they feel that instead of being a step upward it is almost a step in another direction. I think when we get social recognition we will get a better class of probationers.

Miss Nevins: When we get more of the right type of women we shall have more social recognition. [Applause.]

Miss Cleland: The family of the applicant and the family physician point out unpleasant points of nursing.

Miss Allen: I think the strenuous life led by young people today has made the young woman so dissatisfied with any discipline that we are bound to have very few applicants coming into the schools. I think they see the older ones pretty well worn out and tired and they are a little discouraged before they begin.

Miss Parsons: I have found in most instances the parents object to their daughters taking up the work as well as the family physicians, when the daughters can pick and choose the profession they will follow. Back of that I found that they do not know the interesting lines of nursing work. They think only of private nursing and look on it as a slave’s life. I feel strongly that the nurses are a little remiss in their duty towards educating the public as to the kind of women nurses are. We get very much absorbed in our own work and do not make enough effort to appear in public with other workers. Look over the clubs in different towns and how many nurses do you find represented? The nurses are apt to think they cannot spare the time, but I believe it would be well worth the effort to show that nurses can be interested in other things and that the young woman who takes up nursing does not necessarily become an alien to all ordinary interests of life.
Miss McKechnie: Would it be in order for this assembly to put itself on record as approving the eight-hour day for nurses? It does not follow that everyone can follow it out. It is an ideal towards which we can strive. If nurses look worn and tired out, is it not because they have too long hours and too much work?

The President: Miss McKechnie has made the suggestion of going on record for eight hours in our schools. May we have a motion?

Miss McKechnie: I move that this Association go on record at this meeting as approving the eight-hour day for practical work in hospitals for pupil nurses.

The motion was seconded.

Miss Parsons: I would like to go on record as favoring the 56 hours a week because we must consider our patients, besides the method of nine hours a day with a half day once a week as well as on Sunday gives more satisfaction to the pupil than the classical eight-hour day. While I approve of the shorter number of hours for both day and night duty, I prefer the more flexible arrangement.

Miss Samuel: Does not the classical eight-hour day system include a half-day in the week? I know schools are giving eight-hour days to their pupils who also give the half-day. I give our pupils a half-day, because I found otherwise the nurses did not get out of doors enough.

Miss McKechnie: I would like to amend the motion, if I may, making the fifty-six hours a week, instead of an eight-hour day, making it much more flexible for any superintendent who wishes to adjust to hospital conditions, but making the maximum fifty-six hours a week which would be an equivalent of seven times eight.

Seconded.

The motion was carried.

The Secretary: The pamphlet on "Opportunities in the Field of Nursing," which has been published recently by the alumnae of the Department of Nursing and Health, Teachers College is now ready in this room, or can be procured at the Chalfonte.

Miss Stewart: This pamphlet has been published just recently, but we have been very much gratified by the demand for it. We have sent out copies to all the high schools and all the colleges where
women are students and a great many agricultural schools and the vocational guidance bureaus. They almost all say they are glad to know something about the profession because their students were asking questions and they did not know now to answer. The superintendents might do a good deal in their own communities by only speaking of it. In New York City the League of Education undertook to speak in all the high schools in New York City and we found a great deal of interest.

Meeting adjourned at 11:55 a.m.

AFTERNOON SESSION

Tuesday, June 24, 1913

Miss Riddle, First Vice-President, called the meeting to order at 2.30 p.m., and had the following names of new members read by the Secretary.

Miss M. Agnes Copeland, Miss Rye Morley, Miss Louise Eggert, Miss Ida Barrett, Miss Anna Keator, Miss Margaret Uglow, Miss Bertha Knapp, Miss Alice Fitzgerald, Miss Agnes M. Wood, Miss Mary Marcy, Miss Katherine Maper, Miss Nellie Hall, Mrs. Millicent Northway, Miss Margaret Dudley, Miss Carrie Hall, Miss Elizabeth Proctor, Miss Emily McLaughlin, Miss Eva Caddy, Miss Grace Beattie, Miss Ellen Drisko, Miss Jeannette Lyon, Miss Eunice Smith, Miss Martha Eakins, Miss Elizabeth Gregg, Miss Anne Sutton, Miss Helen Howes, Miss Hattie Lever- eau.

Miss Riddle called for the reports of the conferences held the previous evening.

Miss Watson presented the first on “Teachers of Preliminary Instruction in Schools for Nurses.”
REPORT OF CONFERENCE ON PRELIMINARY TEACHING

THEORETICAL INSTRUCTION OF THE PRELIMINARY COURSE

MISS AMY P. MILLER
Instructor, Massachusetts General Hospital.

Miss Miller says that there should be three points clearly in mind in discussing the subject:
1. The length of the course.
2. What it aims to cover.
3. The division of time.
This third heading was sub-divided for more detailed consideration.
1. How many hours a day shall be devoted to laboratory instruction?
2. How many to theoretical?
She concluded that one must be governed by the time allowed and the capacity of the pupil if mental indigestion were to be avoided. That laboratory work or practice needs more time than pure theory, the ratio about being 3:1.
3. How much time shall be allowed for study?
It should be adequate to prepare the lessons, and should come at a time when the pupil is not too tired to concentrate her mind.
It has been found beneficial in the M. G. H. to have such a period immediately after breakfast.
4. How much time shall be spent in the wards?
Two or three hours a day will serve to connect their theoretical work with the practical by providing illustrative material.
These general conclusions were illustrated in detail by the three months’ course as given at the Mass. General Hospital, where Miss Miller is theoretical instructor. This course has seemed to bring fairly satisfactory results.
One important advance is the emphasis placed by the Superintendent of the School upon the advisability of having had the pupils study science before entering, especially Bacteriology and Latin, requiring Anatomy and Physiology. Miss Parsons reported in discussing this point later that twenty-five of their school had taken extra work at Simmons.
Suggested improvements are the dissection of small animals, such as a cat, by the student, in order to get a clearer conception of things; and the methods of studying materia medica by having practical work in the pharmacy in preparing and dispensing drugs used on the wards. All time used in this course is for the benefit of the pupil.

As to the question of taking up some of the preliminary work in lectures later in the course, one must choose between the advantage of this good foundation for more complete work, and the danger of over-crowding the course.

This was followed by a paper on “The Preliminary Training of Nurses,” by Miss Grace Allison, formerly Superintendent of the School for Nurses at the Lakeside Hospital, Cleveland, Ohio, which was based on a previous one written by Miss Samuel, which considered what length of time should be devoted to this training and of what it should consist. It was exemplified by the outlined course used at the Lakeside Hospital School for Nurses, given by Miss Samuel and Miss Allison.

As to the length of the course, it was felt that six months is too long for the average school and student because of the strain on the pupil as to acceptance, the tendency to develop too much of a mechanical attitude toward the patient, and disproportioned length of time given to the drudgery with consequently vanishing ideals. Hence three or four months is better.

The object of the course is to prepare the student on entering the ward to care for the patient efficiently and to study disease intelligently. The first two weeks of the preliminary course at the Lakeside aims to start the pupil aright in caring for her personal clothing and room. This has been found necessary by the apparent lack of home training or domestic experience. During this time, three hours are spent in the surgical room, four or five hours in the Diet Kitchen, six hours in Practical Nursing, one hour on hospital regulations and discipline and two hours personal hygiene, one hour on ethics.

On the sixteenth day, the class is divided into sections, and work is begun in the Diet Kitchen, ward, supply rooms or dispensary. During the regular preliminary term from five to six and one half hours daily are spent in this way. Class work, theoretical and practical, averages two hours daily for the next three and one-half.
months, at the end of which time examinations are held and the
student, if accepted, enters the Junior Class.

The instructors should be one or more, while theory may often
be divided among several, the practical instruction should be given
by one person for sake of uniformity. The personality and ability
of the instructor counts for much in obtaining good results from
this course.

The first paper was discussed by Miss Sara E. Parsons, Supt.
of the School of Nursing at the Mass. General Hospital. In addi-
tion to answering specific questions about the preliminary course
given in her school, Miss Parsons stated that although not per-
fected, the course had proved valuable, because it had been found
that the more theory and class room practice at first the better
the later results which were shown in increased efficiency.

Miss Marie Louis, Supt. of the Training School of the Long
Island Hospital, in discussing the second paper, commented on the
difference of home training between the present applicant and
those of former years. Also upon the weakness of preparation in
common arithmetic. She agreed that too long a course became
irksome and believed interest could best be maintained by some
direct connection with the patient. She did not believe that any
subject could be satisfactorily completed during a three or four
months’ preliminary course unless it be History of Nursing. The
best instructor was one who had had special training for the work.

The work given in the Preliminary Course at the Peter Bent
Brigham Hospital, Boston, was presented by Miss Susan Watson,
one of the instructors. Her point was that laboratory work which
the pupils actually do for themselves, is more valuable than
demonstrations in which they watch some one else, and that
interest is maintained by the same means although the pupils do
not regularly go on to the wards. It is noticed that the more
education the probationer has, the more interest she takes in the
preliminary course.

In the general discussion provoked by these papers, the question
was raised of how small training schools could provide a suitable
preliminary course. It was suggested that if they were not too
much scattered, that they might share one instructor, or send their
probationers to some technical or normal school for a preparatory
course. If this were impracticable, the plan of having an instructor
for two or three months a year might be tried, several schools having
the same instructor. The entrance of probationers would be once
a year, determined by the time in which the instructor was due
at the school. Having one common instructor would tend toward
uniformity of teaching in that section of the State.

The meeting then adjourned.

Susan A. Watson,
Secretary.

First Vice-President: You have heard the report of this con-
ference which those of you who were privileged to be present all
agree was most interesting. Now it may occur to some of you that
you have questions you would like to ask. Will you please present
these questions, or if you have a word to offer in addition to what
has been said here we shall all be delighted to hear it.

Miss Maxwell: When the nurse is tested in her ward work by
whom is it done?

Miss Watson: The general opinion was that the nurse was tested
in her ward work by the instructor of practical nursing.

Miss Maxwell: We have tried in the Presbyterian Hospital in
New York to give two months to actual ward work at the end of
four months' instruction, and we have frequently found that those
who have done well in theory have not done well in practice and
it has not been possible always to accept them.

Miss Watson: That is the way they have done at the Peter
Bent Brigham.

First Vice-President: The point brought out in the report
that it is a good plan to allow during the preliminary course some
little time in the ward for work with the patients seemed a good
one, lest the work become too mechanical. I am very sure that
those who have had experience in the work would bear out that
theory. Is there anything further? If not, we will pass on to the
next conference, that of Standards of Admission to Schools for
Nurses. The Section conducted by Miss Flaws and reported
by Miss Sutherland.

"Standards for Admission to Training Schools" was the subject
of the next conference and Miss Sutherland read the report of
the conference, also a report by Miss Powell, of the University of
Minnesota.
Members of the National League of Nursing Education and Guests:

The topic on the programme, "Standard of Admission to Schools for Nurses" was a little enlarged upon when it was given to me by the Programme Committee to seek some information on the subject and read "The Standard of Admission to Schools for Nurses." The Minimum Standard, what allowance can be made for advanced standards, college work?

In order to obtain definite information concerning this subject, a number of questions were sent out, and much interesting information obtained which we hope will be enlarged upon in a free discussion.

In answer to question (1): "What is the educational standard of admission to your School?" We find that thirty schools ask for high school work, fifty-three for one year in high school, six for two years high school and nine for grammar school work.

To the question (2): "Do you make any allowance for advanced standards?" came the almost invariable answer: "No."

A few exceptions were given in answer to (3): "Do you make any allowance for college work or work along special lines?"

1. The University of Boulder, Colorado, has made a proposition to the Minnequa Hospital, Pueblo, California, and the latter has agreed to allow a nurse who has taken a course at the University, six months. There have been no applicants yet.

2. The City and County Hospital, of Denver, Colorado, have arranged to give six months' credit for work done in the Preparatory Course for Nurses at the State University, Boulder, Colorado. But they have had no applications as yet.

3. Several schools say they have never been asked to make any allowance for purely academic work, but would certainly consider the matter if they were asked to.

4. The Milwaukee County Hospital of Wanwatosia, Wisconsin, says they have made allowance for college work, but give no particulars.

5. Still another school allowed one year on account of one year's preliminary work at Pratt Institute. The student did not compare favorably with the student who had three years in the hospital.

6. The Children’s Hospital, Boston, make allowance for college work. Nurses who have taken the Nurses’ Course at Simmons
College have not been obliged to cover same ground in Training School.

7. One of the New York hospitals excuse college women from certain classes if they desire. An instance where an allowance was made. A student having a High School diploma and taking the preliminary course at Teachers College.

8. The University of North Dakota gives a year preparatory course for nurses. It was established in 1910; so far seven nurses have taken the course. Three of them are at present at the Presbyterian Hospital. In this instance the diplomas given to the student nurses are from the University of North Dakota and not from the school in which they receive their practical training. They will be graduates in nursing from the University of North Dakota.

In answer to question (5): “How does the standard today compare with the standard of five years ago?” the almost unanimous answer was, that it had been raised, and the means taken to raise the standard have been diverse and interesting.

The following are the answers:
- Establishment of a preliminary course with good instructors.
- Employed paid lecturers.
- More classes, systematic instruction in theoretical work and supervision of practical work.
- Addition of hospital equipment and better facilities for teaching and demonstrating.
- Affiliation with special hospitals to secure obstetrics, children’s and contagious diseases.
- By giving a special course in massage, gymnastics and cooking.
- By addition of a course in District Nursing.
- Conforming to State Board and Registration requirements.
- Raised the standard of education for admission.
- More care taken in the selection of probationers. Rejecting all applicants and probationers who do not promise to be a credit to the profession.
- Dropping at the end of the first year those who had not proved satisfactory.
- Dismissing all incompetent and undesirable pupils.
- Required better social qualifications.
- Introduced the eight-hour system.
Shortened the hours of duty.
Hold lectures in the day-time.
Awarded scholarships for advanced work.
Offered rewards to best pupils in different positions.
Given places of responsibility to senior undergraduates.
Lengthened the period of training to three years.
Improved living conditions. Gave better food, comfortable rooms and a higher type of social life.
By employing maids to do maids' work.
Experienced women as heads of departments.
To question (8): "Are the number of applicants adequate for your needs?" Answers in affirmative were 59 and answers in negative were 37.
To question (9): "Do you notice any marked difference in the quality of work done by a probationer who has had a high school or college education and one who has had a grammar school education?"

The following quotations seem to convey the general impression:
"Education does not make the nurse. If she has natural fitness with education she will do well. Education without natural fitness will never make a good nurse."

"The work depends more on the personality of the individual, upon her home training, upon her earnest endeavor to do careful conscientious work."

"Granted that the probationers are otherwise fairly well balanced, naturally, the one with the best educational equipment and mental training makes much the best nurse, and it is the one with the superior education, who later on goes into broader fields, with credit to herself and to her school."

To question (10): "When you speak of accepting high school work or its equivalent, how is the equivalent determined?" The following are accepted as equivalents:
Business training, domestic science course, travel, home advantages, any course of study along educational lines, music, art, night school, a knowledge of two or more languages, private school, private tutoring, boarding school, responsibility and experience. Competency in any position of trust requiring intelligent work.

The equivalent is determined by:
Consideration of the standard of the private school and the time spent.
By examination at the end of probation period.
By the Board of Education.
By personal examination by some members of the faculty.
By personal interview.
By considering each individual case.
To question (11): "Are a certain number of desirable candidates kept away by admitting pupils who are below what ought to be the standard (i.e., high school education)?" The answer to this was "No" in a very large majority of reports. ("Yes," 15; "No," 50.)

Also, "On account of so little theoretical work being given and so much practical work?" The answer to this also was almost unanimously "No." ("Yes," 10; "No," 43.)

To question (12): "How many pupils are there in your school, of these, how many are college graduates, high school graduates, and how many have had a partial high school course?"

In a total of 4701 pupils, there were 258 college graduates, 2205 high school graduates, and 1928 with a partial high school course. College graduates, 6 per cent approximately; High School graduates, 47 per cent approximately; partial high school graduates, 41 per cent approximately; leaving about 6 per cent of pupils with grammar school education only.

To question (13): "Should such qualities as a pleasing personality, evidence of good home training, more than average intelligence be taken into consideration when the applicant has not had the specified education which is technically required for admission to Training Schools?" Almost unanimously answered in the affirmative. ("Yes," 80; "No," 6.)

When I told this society two years ago in Boston of the work we were trying to do in the University of Minnesota to raise the standards of training for nurses, I felt that it was an experiment that might not justify itself for several years. Today, after less than three years, I feel that it is going to be a success.

The following experience I am going to relate to show that high standards can be maintained even though it costs money. In September, 1911, we moved into a new hospital building with a capacity of one hundred and twenty beds, with fifteen pupil
nurses. During the previous summer we had had applications from nine nurses who had graduated from St. Mary's Hospital, Rochester, Minnesota, for a year of work, principally in Medicine and Obstetrics, in order that they might be permitted to take the State Board examinations and register in Minnesota. We granted this, and in view of the fact that we had so few nurses, and that it was doubtful whether we could keep these nurses only in these departments, and give them just what they came for, I suggested that we pay them ten dollars a month, but reserve the right, if the course was a success, to offer it another year without remuneration. These nurses came, got what they came for, and passed the State Board Examinations.

In 1912 we offered the course without other remuneration than furnishing the uniforms as we do for our own nurses, feeling that it was not fair to pay nurses of other schools during their third year when we did not pay our own students. The result was, we had no applications from Rochester, and only four from other small schools. As eight of our fifteen pupils had graduated we found ourselves in September 1912, with a staff of fifteen nurses to take care of our one hundred and twenty bed hospital—not a very cheerful outlook for our eight-hour system.

What did we do, throw down the educational barriers, and say, we will take in anyone who applies, whether they have a High School Diploma or not, whether they will take our Preliminary Course or not, and give up our eight-hour system? Not at all. The School for Nurses, being a department of the University, the requirements and promises must be adhered to. The University must look out for the rights of the students and not sacrifice their education in order that the work of the hospital may be done. This, to my mind, is one of the greatest advantages of a University affiliation.

In this particular case the faculty authorized us to employ as many graduate nurses as we needed until such time as the school could take care of the hospital. Fortunately, at this time, a larger class entered the University for the Preliminary Course than we had ever had, which was encouraging; however, these nurses would not be available in the hospital until February. We, therefore, employed eleven graduate nurses at $50.00 a month, in addition to our regular staff of nine graduates, from September
until February, and retained as many as we had room to house until our probationers were able to take up the work in the wards.

I feel that this is worthy of note because it shows the attitude of the University towards its students, even though these students are nurses.

Our classes are beginning to grow larger: The class accepted in 1909 was 8; in 1910, 7; in 1911, 4; in 1912, 14.

I am much pleased with our health record, which I think is unusual, and which I believe is partly due to the fact that these girls are taught the principles of hygienic living, and their responsibility for the proper care of their health, before they come into the hospital, during the Preliminary Course; partly to the shorter hours of duty, and partly to the good food which I insist they shall have. During 1910–11 among 19 nurses, 50 days of illness, average 2.6 days. During 1911–12 among 33 nurses, 122 days of illness, average 3.6 days. During 1912–13 among 35 nurses, 65 days of illness, average 1.8 days, the last being for six months, only. In the first class of eight, there were five nurses who did not lose one day from illness in three years.

I feel that the High School Diploma is an arbitrary regulation, that should be modified in some cases. There are many women who have natural qualifications that would fit them far better to take up this work than a High School Diploma would, but the education and training given in our modern high schools certainly lays a fine foundation for the future training of nurses. These students have formed the habit of study, they apply themselves well, and grasp things more quickly than the woman who has not had this training.

I think, on the whole, what we give our nurses after they enter is really more important than what they have had previously, though of course, the more education and training a woman has, other things being equal, the better nurse we can make of her.

I hope that each year the members of this society will accomplish more and more in spreading the gospel of higher educational and ethical standards for nurses.

Louise M. Powell, R.N.,
Superintendent, School for Nurses,
University of Minnesota.
First Vice-President: You have heard this most interesting report upon the standards of admission to the training school. Is there any other word to be added to this? I would like to ask Miss Goodrich if she has any particular truth which she feels she would like to make more emphatic than was made last night.

Miss Goodrich: I am afraid I have not, excepting it may be for making a motion upholding the requirement for one year of high school. It is only because we believe so many of the hospitals still are unable to go beyond that, and that we would rather some of us—and perhaps we may be in error—hold up to that until we could demand the full high school than to do what has been suggested, and perhaps more judiciously, make a full high school requirement, and pay attendants for the supplementary staff. As conditions are in our schools and with our weak and inefficient laws permitting anyone to practice as a nurse, I think our better effort would be to require one year of high school, or definite equivalent, and in 1915 to raise it to two years and stand for it as a body, than to attempt to demand a high school course which we cannot put through. I think before this discussion is closed that some members should speak from the floor.

The following resolutions regarding educational requirements for admission to Training Schools were read.

It was moved by Miss Goodrich, seconded by Miss Isabel Stewart, that this conference recommend to the National League of Nursing Education, that the minimum requirements for entering a training school be one year in high school, or a definite equivalent. Amended by Miss Isabel Stewart to read that in 1915 the minimum requirements will be two years in high school.

The motion was carried as amended.

Acting on a suggestion of Miss Palmer’s, it was attempted to learn how many superintendents present felt they could meet the requirements of the resolution as put. Those who felt that they could do so rose, but no count was made. The vote when taken was unanimously in favor of the resolution.

Miss Nutting presented the report of the Education Committee, prefacing it with the resolutions sent for use at the meeting at the Academy of Medicine.

Resolution sent for use at the meeting at the Academy of Medicine, December 19, 1912.
WHEREAS, it is clearly shown that there is a wide divergence of opinion among physicians, hospital authorities and nurses concerning the education and training of nurses, and also concerning their duties, responsibilities, and status, and WHEREAS, the present system makes the training school also the nursing staff of the hospital, and therefore a peculiarly important factor in hospital administration, and the centre of many interests other than educational, thereby causing confusion as to the purposes and functions of the school, and

WHEREAS, it is of the highest public importance that the education of this large and necessary body of public servants be properly conducted, and that for the public good, conditions be removed which are destructive of harmonious and efficient cooperation in this matter between hospitals, training schools, physicians, and nurses,

Therefore be it Resolved, that this question be referred to the Council of the Academy of Medicine, urging that body to cooperate with other suitable agencies in bringing about a full investigation of the entire situation in order that the facts may be ascertained, presented and studied, and may serve as a basis for remedying existing abuses, for defining and establishing the function of the training school, and for a better adjustment of the relationships between training schools and hospitals.

REPORT OF THE COMMITTEE ON EDUCATION

This Committee has had these lines of work in its hands during the year.

1. To continue its efforts to secure through the Carnegie Foundation or some other suitable body a thorough investigation of Training Schools for Nurses.

2. To begin work on a standard curriculum for general use in Training Schools for Nurses throughout the country.

3. To watch, note and report progress in the education of nurses. (In reference to the first line of work your chairman begs to call your attention to her report in the transactions of this society at its last annual meeting where it was shown that we had not been able to obtain from the Carnegie Foundation any promise of help in solving our problems, but that in our effort to do this, we had aroused interest in another quarter which finally led to the appointment of a special committee of the Academy of Medicine upon which two nurses, Miss Goodrich and your chairman, were to serve. The study of this situation made by this special committee led to the presentation to the Council of the Academy of the following resolutions (read). The Council has acted upon them by urging such an investigation as we suggested in Boston
two years ago, and by asking our aid in securing it. A letter
from the Council to that effect will be presented to all three of
the nursing associations meeting here this week. Your committee
feels therefore, that it is able to report progress in its efforts to
secure the needed study of Training Schools in their relation to
hospitals. Realizing the enormous benefit to medical education
resulting from the investigation of medical schools by the Carnegie
Foundation, the committee is confident that similar benefits must
result from such an investigation of our much more complicated
educational problems. In regard to the curriculum the committee
is only able to report some progress, owing largely to the fact that
the year has proved unexpectedly busy and difficult for the chair-
man of the committee and for three of its members.

The following work has been done:

The committee has been enlarged by the addition of six members.
The general plan and scheme of work has been arranged; a large
body of necessary material has been collected, such as curricula
from a large number of training schools; laws relating to Nursing
Education from all states; courses of study recommended by
Examining Boards; and a gift of $200 for the work of this special
committee has been secured from Mrs. Jenkins.

The piece of work undertaken is difficult, important and likely
to occupy some time. It will call for a good deal of work from
every member of the committee to consider and adjust in a
serviceable way our manifold educational and practical problems
but we hope to report substantial progress at the next meeting.

In regard to the education of nurses the committee desires to
report that it is finding encouraging evidences of improvements
and advances going on steadily in training schools throughout
the country. The trend in that direction is well-defined and
unmistakable.

The sources of supply of pupils are enlarging, due probably to
several causes,—first to intelligently directed efforts to interest
high schools and colleges in our work, second to a larger public
interest in nursing, through the entrance of nurses into Public
Health work and third to obvious improvements within the
schools.

A very large number of letters from heads of Training Schools
in different states say emphatically that applicants and good
applicants are increasing in number.
In quality, an interesting body of evidence at hand shows improvement. There are more both high school and college graduates entering our Training Schools than ever before, more schools requiring a better educational standard for admission; and more hospitals ready to cooperate with their Training Schools in efforts to secure them. For instance, the Training School of the University of Minnesota was supplied with a number of paid graduate nurses because there were not enough pupils measuring up to the required educational standards. The new school of the Peter Bent Brigham Hospital supplies a large staff of paid graduate workers to enable it to carry on its educational work. Bellevue Training School adds steadily to its graduate staff to avoid admitting unsuitable applicants.

The Pennsylvania Training School, out of 72 pupils, has 65 high school graduates.

The Johns Hopkins Training School, out of 79 students entering this year, had 36 who had gone beyond the high school, and had some college work, and 7 with full degrees. The Training School of the Massachusetts General Hospital tells the same story, and the City Hospital in Minnesota says that three-fourths of the students are high school graduates.

The whole question of supply of applicants is greatly affected by the way the hospital utilizes its pupils. If it puts a pupil in charge of every ward, does all or most of its private special nursing with pupils, and includes as training an undue proportion of the simplest unskilled domestic labor, it will call for a very large supply of applicants, and may have to forget all about quality to secure quantity. If on the other hand the hospitals are far-sighted enough to see the suicidal effects of such a policy and will pay for a reasonable amount of hospital work, there will be less need of admitting such large numbers of pupils who ought not to be admitted, who later give poor service to the sick and who serve to drag down our profession. The committee records with satisfaction that such an effort to pay for work is going on, that pupils as heads of wards and other hospital departments are being replaced by salaried and properly qualified graduates. Out of a very large number of letters from all over the country only one tells of the removal of head-nurses and the substitution of pupils. That experiment was tried out by many of us years ago, it was weighed
in the balance and found wanting. We do not deal fairly with pupil nurses, when we put them under other pupils to be trained. Bellevue and at least one other hospital (perhaps more) have a staff of paid nurses to act as relief nurses during the summer vacations. Most of the hospitals of high standing do not employ their pupils for special nursing among private patients to any large degree but the custom is widely prevalent, has a very definite bearing upon the education of nurses; and forms one of the growing abuses which needs to be vigorously dealt with. A quotation from a California paper shows a superintendent boasting that her nurses earned a thousand dollars a month for the hospital. But we do not need to go to California to study this problem. The uses of pupils for such work needs to be rigidly limited now, and eventually possibly done away with altogether.

The payment of graduate nurses for work of various kinds in the hospital, official and special, is vital to the maintenance of good standards in the Training School. No other one measure will prove so permanently helpful. It will leave the School freer to reject unsuitable applicants, it will enable it to shorten hours of work, will free the pupils from too heavy responsibilities while pupils, and from the long hours or irregular hours of special nursing which interfere so greatly with a proper system of teaching and study.

The long hours of work have for years kept out of our schools many highly eligible and desirable women, who did not dare undertake work they wished to do and were suited for in many ways, because of the long hours and severe physical strain. In this respect the committee sees new forces at work destined to effect marked improvements in this feature of Training School work.

In California the Governor has just signed a bill for the protection of working women which provides for an eight-hour day, and applies to pupil nurses in hospitals. It does more. It provides for a 48-hour week, and thus for the first time in history that class of working women known as pupil nurses will have one day off in the week. Somewhat similar legislation is, we hear, pending in Pennsylvania. Several schools are reporting the adoption of an eight-hour day, and it is interesting to see new schools start out with it as a matter of course. There are some stirrings of conscience as to the rightness of keeping pupil nurses on duty 12 hours
at night, and the beginnings are seen of an effort to pay graduate nurses for night work in some of the more difficult wards.

Other conspicuous signs of improvements are in new buildings providing better teaching facilities, than we have ever before known about. The new Peter Brigham School in Boston writes of three class rooms, and of equipping a demonstration room and class room. A school in Minneapolis writes "One entire floor of the new school building has been planned for teaching purposes and contains class and lecture rooms, demonstration rooms and library." Trained teachers are being secured in greater numbers, and more thorough and careful teaching is naturally following, especially is this true of the teaching of practical nursing. Salaries are improving in all of the higher grades of work in hospitals and Training Schools, and even more markedly in these forms of Public Health Nursing where well-educated women are required.

Preliminary work increases and a course of one academic year, 8 months, preparing for entrance to Training Schools was offered in 3 universities last winter, and another university is planning to extend its short course to a year soon. While the number of pupils is very small in each instance, it cannot be doubted that many students will prefer to have that first difficult year free from any hospital requirements, to devote to securing a good solid foundation for future work. The generosity and cordiality with which universities are responding to our appeals for help in improving our educational work, is encouraging beyond expression.

Abroad we learn from Finland that the most prominent Training School is making some arrangements with the University of Helsingfors, while a really highly important educational advance is the establishment of a college for women at Leipsig, offering courses to graduate nurses on somewhat the same lines as those offered at Teachers College, to prepare them for future institutional, educational and social work. Sister Agnes, who has been instrumental in bringing this about, writes that there were 8 nurses there during the first term.

Quite outside the field of actual education are interesting evidences of progress. The degree conferred by Mount Holyoke on the distinguished nurse, Lillian Wald, and the medal for service by the National Institute of Social Sciences, the fact that in three states nurses have been appointed on commissions of importance
by the Governors of those states, that the Governor of New York recently appointed a nurse as delegate to the International Conference on School Hygiene, are evidences of educational progress concerning nursing by the public.

A further signal evidence of progress is the fact that the doughty champion of good nursing and friend of nurses, Dr. John Ross Robertson, of Toronto, has undertaken some highly educational work exposing the methods of correspondence schools in his widely circulated newspaper. In this he is cooperating with the Graduate Nurses' Association of Ontario which is making something in the way of an educational campaign. The whole movement forward is stimulated by the healthy desire of graduate nurses for more knowledge. Last winter in the School of Civics, Chicago, there were nurses as students, 1 regular and 3 summer students, and 48 part time. In New York 4 regular, 13 evening, and 18 part time, probably as many in Boston School of Social Work of which we did not secure statistics.

A survey of the year's work therefore shows that things which would have seemed impossible a few years ago in our Training Schools are actually happening, and that a new spirit of courage, energy and hope is pervading many of our schools.

The committee wishes it could leave the report with you at this stage with the comfortable assurance that things are going on well. The progress recorded is real, it serves to show what may be done, but it is as a drop in the bucket to what still needs to be done. There are many and serious situations to be met, and it is the belief of the committee that the League can in no way better use its strength than by direct and definite efforts as a body to improve certain conditions which need to be remedied. It believes that a suitably framed letter or resolutions setting forth some of the more widespread abuses, and, showing their results, and asking for greater support of the superintendent of nurses in her efforts to uphold good standards and to make needed improvements might, if sent directly to the President of the Boards of Trustees, or to the Training School Committee, be productive of good results. The committee recommends that something of this nature be done.

[SIGNED]

M. ADELAIDE NUTTING,
Chairman.
First Vice-President: Not because of any motion, but by reason of its very completeness and the vast amount of food for thought given in this report, I would like to ask the members present if they have any questions to ask Miss Nutting. Possibly some question regarding this letter occurs to you.

Miss Milne: I would like to endorse that suggestion that a letter be sent to the Training School Committees of the various hospitals. I think it is exactly what we need. I have obtained the privilege of sending my prospective assistant to the Columbia College for the summer course. The hospital is paying the expenses of the candidate as well as giving her the time off to do that.

First Vice-President: This is all most encouraging, may we not have other testimonials along this line?

Some of the superintendents say that in asking the graduates of high schools, except they take them at the age of 18 or 19, so many of them take up other work that they lose them. Is anything being done to meet the age limit?

Miss Nutting: I do not of course like to think of placing heavy responsibilities upon young girls of 18 years, though in some instances they are about as likely to meet them well as girls of 28 years. Our system of training was established with mature women in mind, as the former age limit, 25 to 40 years clearly shows. We are now applying that system to applicants of a different age and type, and under very different economic conditions. The young woman of today who leaves school at 18 years of age, cannot wait two or there years to begin her work. She must now frequently begin it at once, and if the Training School is not open to her there are now many other kinds of useful work which are open.

We must all feel, I think, that 18 years is very young for our particular work, and that we cannot as a rule place a girl of that age in the difficult and responsible places (such for instance as night duty) in which it has been our custom to place the older, more mature pupil. What we need to do now, is to try to make some adjustments in our system of training, so that it will be more nearly within the capacities of the younger applicants, whom apparently we shall inevitably have to consider, in some measure at least. And we might consider also what branches of study
would suitably occupy the time between leaving high school and entering the Training School. We shall not make any headway in dealing with this problem, except through the most thoughtful and serious study of the whole educational situation.

Miss Parsons: I have had the experience of admitting a small per cent of nineteen year old girls, who had superior qualifications in the way of home training, high school education and some supplementary work like the four months at Simmons College and have found during the preliminary period that I could estimate very well whether they were mature enough to be admitted as pupils to the school. My statistics show that probably of the younger probationers a larger per cent prove not to be satisfactory, but those whom we have accepted have been perfectly satisfactory in their deportment, interest in their work, enthusiasm, judgment, and so on, but we have distinctly recognized that having younger women than we used to have we should give them closer supervision and have increased the graduate staff of supervisors by day and night.

Besides that we are very particular in having men nurses to care for the men and thereby our nurses are not subjected to many things that they would be in hospitals where they had to do all sorts of things for men patients. I should like very much to hear what the substance of the letter would be that Miss Nutting suggested.

Miss Ahrens: I wish to say a word on this question of age before discussing this question of the letter. I cannot resist and cannot help reminding you all again of what Mrs. Robb would do with all these young women who come in. "Supposing they do give us good service, is it right to accept a young girl of eighteen or nineteen and ask her to assume the responsibility of a mature woman?"

Miss Parsons: I must defend my position on this subject because I know of so many young women who are maturer at nineteen years of age than others at twenty-five. That is the time when their ideals are high, their enthusiasm great and I know from observation of the work of several trained and graduated that if they are well selected after their preliminary training and trained under suitable conditions, they are all right.

During the three years of training we do not thrust upon them
the full responsibilities of the work. They are under observation and direction and teaching all the time. It is not until they are graduated that they assume their graduate responsibilities.

First Vice-President: I would like to support the words of the last speaker far enough to state that I believe what she says regarding young women of nineteen years of age is all true.

Now in regard to this letter. A question has arisen as to what it might possibly contain. I am very sure that Miss Nutting has an outline of a letter of that kind.

Miss Nutting: I have not really outlined such a letter, but there are certain points which I think it should cover. It should, for instance, urge the advisability of placing salaried graduate nurses instead of pupils as the responsible heads of wards and other hospital departments, showing how this strengthens both hospital and school. And it should further urge the employment of more paid graduate nurses in other capacities, in night duty, for instance, and particularly in special duty with private patients. In doing this, it should point out the grave abuses at present existing in the prevalent and widespread utilization of pupil-nurses for long periods of special duty, a clear exploitation of pupils for the sake of their earnings, and one of the most pernicious and deep-rooted evils with which we have to contend.

We should also call attention to the long hours of work, a 10-hour day still prevailing in about 50 per cent of all our hospitals, and a 12-hour night being practically universal. (Six to eight months of night duty are usual during the three years of training.) These long hours are not only a wrong to the pupils, but they rule out many of the most desirable applicants, educated, thoughtful women who do not dare enter Training Schools for three years under such conditions.

Such a letter might further speak of the advisability of encouraging educated women to enter our schools, by giving some credit in time to those who bring superior qualifications. The woman who has had the energy, ambition and ability to go successfully through four years of college work, can hardly be expected to enter on the same basis as the young girl who may not even have had a full high school course. Where certain subjects required in our schools are provided in the college, we might find some way of giving credit for all such work previously done by an applicant. We greatly need
more college women in our work, and I am pretty sure they will come when we have more reasonable hours, a better grade of teaching, and fairer entrance standards. And we might further, perhaps, urge that the Superintendent of Nurses needs frequently better protection and support than she receives; that there are obvious efforts made in places to belittle her office; to impair her usefulness by unwise restrictions and limitations of her province; to hamper her in her work by failure to provide common necessities for that work; it might be right to beg a greater appreciation of the importance of her office, the heaviness of her responsibilities, and of the need of providing her with powers sufficient to enable her to meet them.

A Member: I would like to move a vote of thanks to Miss Nutting and her committee and also that this matter of the letter be left to the Educational Committee.

This motion was seconded and carried.

The First Vice-President called on Miss Nash for the report of the Conference on Affiliations, after which she asked Miss Noyes for further remarks on the topic.

SECTION ON AFFILIATION

CLARA D. NOYES, Chairman

Short papers were read as follows:

"Affiliation from the Viewpoint of the Large General Hospital," Miss Lawler of Johns Hopkins School for Nurses.

"Affiliation from the Viewpoint of the Special Hospital," Miss Celand of the Butler Hospital, Providence.

"How Affiliations May Be Made of Greater Value to the Pupil Nurse," Miss Louis of the Long Island College Hospital, New York.

There was a general discussion of each paper. Questions of discipline, arrangement of curricula, exchange of pupils between special hospitals, responsibility, etc., were asked. The conclusion to which the Section came was that while there are many distinct disadvantages, especially to the hospital sending the pupils, the advantages far outweigh them; and that the greatest advantage is to the pupil herself, contact with other pupils and training with
another superintendent under entirely different conditions making her a broader, more resourceful nurse.

From the discussions it would appear that, considering how comparatively new affiliations are, decided progress has been made.

Jane E. Nash,
Secretary.

Miss Noyes: It is rather difficult to give a résumé of a conference which is held in such an informal way. There were several short papers, about eight or ten minutes in length. Each one of them was discussed. It was interesting to us who were there, but to give an interesting or valuable résumé is rather difficult to do. I cannot say that any new matter was brought up. The question of affiliation, though old in one way, is more or less new in many schools. It is still in the embryonic stage and we are all struggling with the problems concerned therewith. When I first went to Bellevue, I think Miss Goodrich had formed fourteen affiliations. Now we have twenty-four. The most satisfactory affiliation we have is that with the second year pupil. The same problems I found when I went to Bellevue I am still struggling with, for example, the problem of adjusting class work, the interference to class work, and the difficulty of establishing any definite course of instruction owing to the constant changing of pupil nurses. We have done a little with it, especially in the outlying hospitals where we have not the additional question of a training school to deal with. We can devote all our time and attention to the visiting pupil. One important point made last night was, that in these schools dealing with affiliations, where there is a sufficient number of pupils to justify it, a paid instructor should be employed to devote herself solely to the affiliated pupils. The pupils may come from a small school to a big one and are unfamiliar with the ways of the hospital, with the discipline, and with the routine. The teacher should take them the instant they arrive and drill them in the minor points, such as rules governing the house, etc., and thus prevent the embarrassment and homesickness which is so apt to exist. If we can do anything towards securing instruction for the affiliated pupil it is our duty to do it. This was the only important point that was made.

Miss Charlotte M. Perry’s paper on “Nursing Ethics and Discipline” was next read by Miss Annabelle McCrae.
The system of ethics which has obtained to a greater or less degree in the profession of nursing has come to us through a long heritage. By ethics we mean those rules which govern action relating to the whole field of professional duty, including discipline. The type is set in the Hippocratic oath, of which there are many variations. But even those who are most awake to the need of these modifications to meet the constant flux of social life know that for the nursing body the principle has always existed. There are those who inveigh against a too restrictive idea of the subject; who believe that when we begin to codify ethics we impede the way to a high and noble interpretation of professional law. When we come to teach professional ethics, one of the greatest difficulties lies in the confusion of mind which exists on the part of those who train the young in social ethics. Manifestly we must have some clear conception of the scope of professional ethics as it has been taught in the past, and of its present application, if we are to direct the vast army of nurses and institutions for the care of patients. If we confine ethics to social or professional customs which have become established by law or by the concensus of opinion; of, if we look at it from the moral standpoint, i.e., from human standards of right and wrong, we narrow its significance, though many will be content to stop here. But it can be shown how large an influence was exerted by religious bodies, especially in Germany and England upon our professional standards. It was from religious orders that the strictest system of ethics and discipline emanated. It is in religious belief and experience that we find the true exposition of morals as received from the Divine Lawgiver. In the evolution hospitals, history records the recognition of the ethical principle and of authority with its response in obedience (often self-imposed) from those taking upon themselves the care of the sick. There was the conventual system, when religious communities turned their houses into asylums or hospitals, or sent their religious out to care for sick and wounded. Religion formed the background. If one could not be cured, he could be enabled to die well. The obligation common to all with respect to the sick in these days is expressed in the Church's "oremus pro afflictis." Her prayers for her afflicted ones reveal the neighborly and truly social desire to help those in trouble. And there is no real conflict between the strict discipline which has been a marked feature in the profession of nursing and
the motive which every individual should entertain to spend and
be spent for others. Our sense of duty is bound up with respect
for authority.

In the changed social conditions of the present day, what is
noticeable is the defective teaching in the homes of young women,
many of whom, after arriving at the suitable age, feel drawn to
the calling of a nurse, but who come to us unprepared and without
those essential qualifications which might have been nurtured in
the home. The benefit of early home training can hardly be over-
estimated. The laying of foundations is always important. The
best preparation for the vocation of nursing is found in a wholesome
development and right education of young life. So that although
precedent has much to do with the formation of standards, the
corollary of this is just as true, that times change, bringing new
conditions which require alterations or fresh adaptions of rules.
Superintendents of training schools are keenly alive to these
changes, if not always mindful of the force of precedent. There
has been wrought into our experience the sense that discipline is
necessary for frail humanity—discipline in the early years, implying
respect for parents and teachers; discipline in the formation of
chacter, in the development of mind, and in the struggle to be-
come masters of any line of work which we wish to make our own.
The country at large is awaking to the serious bearing of the
neglect of child-nurture, as is evidenced by the springing up of
social organizations designed to secure more effective coöperation
between the home, educators, boards of health and legislators,
with the hope that their efforts may result in better citizenship,
happier homes, in the health and efficiency of the individual. It
has been plainly seen that the up-bringing is different from some
years back, in a harmful sense. Parents have not exercised the
authority it is their duty to exert. Young women are not only
encouraged to choose their own course of study long before a right
judgment is formed, but are allowed a large margin of freedom in
their manner of life and dress. Pleasure and indolence often now
rule the day where instruction and practical knowledge in the home
management were given and acquired. Habits of neatness and
economy were exacted from the child—and who will not see in this
the better way?

As a consequence of this failure in child-training, certain diffi-
culties confront our administration. There is not the hardihood, endurance, nor perseverance to work upon. In the absence of this framework of character, the ethical points which need insistence are too slowly absorbed into the personality of the nurse. This re-acts alike on teacher, pupil and patient, but most of all upon the latter, who, as Mrs. Robb so forcibly put it, is susceptible more than we appreciate to impressions often unconsciously made by the nurse, and who feels the lack of that "spiritual and mental development or change taking place within us" as a result of our training. There must be certain attributes on the part of the person taking up the vocation of nursing—qualities of heart and mind; and this in addition to the practical preparation she receives in the home and through education. Unless the candidate has cultivated, or is capable of being taught some of these distinctive traits, it is but lost labor to persevere in the training. There are some forms of service involving great responsibility, recognized by Church and State, in which failure or laxity entail heavy loss, or bear weighty consequences. Persons filling such positions must be reliable; must have proved their metal. It must be conceded that accountability is attached to some vocations above others. And we are assured that the observance of the ethical principle is necessary to our professional organization; in fact, a basic principle of the human race.

It may be well for us that we do not comprehend all that is required of us when we appear at the bar of acceptance as a candidate for the Training School. The ethical field is wide, the subject matter large, and relations to others complicated. The category of desired characteristics forms a long list—truthfulness, obedience, neatness, punctuality, respect for superiors, thoughtful manner, control of the tongue, gentleness, dignity, self-respect, business capacity, good judgment, tact, quiet observation, and the like. The selection of candidates has much to do with successfully instilling ethical ideals. If the education could but begin early in life, such preparation combined with what the boards of education are doing for us in some states, anticipating subsequent vocational training, would provide a larger number of suitable candidates. There are in thirty-six states Parent-Teacher Associations which are doing a good work in this direction. Such subjects as "The Vital Relations between the Home and the School;" "The Educa-
tion of Girls;" "Character-building by Parents," and others are discussed with far-reaching results. These organizations unite with the schools in giving preparatory education, and would doubtless join us in the endeavor to impress on those who look forward to nursing the noble side of the work—the opportunity for self-sacrifice—the fostering of a true sympathy for the sick.

There has been a great diversity of interpretation as to the application of ethical laws educationally as well as professionally. Educational systems have changed so frequently as barely to outlive the education of one pupil. A generation ago, high schools were dominated by colleges, and the course greatly restricted, with little or no reference to the work which was to follow. But the excellent advance made during the last decade has secured for us legislation, whereby our training schools have been taken into account, their interests studied, requirements more clearly outlined, and some undesirable elements of the past thrown out. Not only has education been planned in regard to general foundation, but has been arranged with special life-work in view, whether that be vocational or commercial. This has had a great deal to do with defining our professional regulations. Educational legislation has taught us our duty towards the pupil-nurse, as well as her duty towards hospital authorities, the medical profession, and the community. We give more because more is required of the pupil and of the graduate nurse after she leaves the hospital. Thus, education has stood for the good of the people. Such an educator as Dr. Eliot of Harvard sees in the existence of colleges and schools a higher purpose than that of mere culture. The college life must stand for moral leadership.

This superior aspect of ethics leads to the question of the application of discipline. A too repressive discipline is incompatible with that spirit of consecrated service and willing endurance which it is desirable to encourage in the nurse. It is also opposed to the idea of self-government which some schools practice, as may be the case where the nursing staff is composed of mature and cultivated women; although there are some who are of the opinion either that we are not ready for self-government, or that it is impracticable. The older interpretation of ethics and discipline have been compared with the present day attitude for the purpose of enlightenment. Changed social conditions and the educational systems of
the day necessitate a study of the subject. It is a vast one. The educators of the country are engaged in a thoughtful investigation of general principles involved. In our professional dealings a few of these principles might be accentuated. The exercise of discipline should not be too autocratic. The personal element should be dropped out of sight. And though we exact an unquestioning obedience, and expect all discipline to be accepted in a military silence, there should be a court of appeal through which the offender may ultimately secure justice. This court of appeal may be composed of a training school committee which shall be representative, including trustees, doctors on the staff, and the superintendent of hospital and training school.

Before, however, we can have a universal standard of ethics, there must be a return to first principles, each educational unit represented by the classified schools must follow certain well defined laws of organization. In other words, each military campus must preserve its original system of rank, of authority vested in recognized heads. Florence Nightingale, in a letter written to Dr. W. G. Wylie, one of the founders of the Bellevue Hospital, enunciated the true principle that in the nursing and for nurses full control should rest with the superintendent of nurses. She speaks of the contrary custom in Germany as giving rise to a deplorable condition. She says that the kind of internal management which she recommends could not possibly result in any trespassing on the doctors' sphere, because superintendents of training schools are most careful to teach the right relation of the nurses to medical men, and to avoid confusing the two duties, medical and nursing. That nurses are taught that they are there solely to carry out the orders of the medical and surgical staff. That nurses are in no way under the medical staff as to discipline, but under their superintendent, who should be thoroughly trained. What she calls the hierarchy of the higher grade should know the duties of the lower grade better than the lower grade does itself; otherwise they will be unable to train. And every department of hospital corp, whether assistants, head nurses, night nurses, and the help, should be under her direction. Otherwise, discipline becomes impossible.

If the words of our illustrious pioneer are true, surely any undermining of authority works disastrous. Each grade should exer-
exercise only to a proper degree the delegated authority entrusted to it. In preparing women for the management of institutions, the error of overstepping rank should be emphasized more than it has been in the past. It is instruction which should be included in the course of training. Taking as an instance the first mentioned rank below the superintendent, the position of assistant is helpful in furnishing the actual experience in the duties which pertain to the office above it. If the relation of assistant to superintendent is clearly apprehended, there will be no tendency to teach independently, to weaken the superintendent’s authority, to harbor wrong ambitions of preferment; and the military principle of observance of rank will result in harmonious working of the whole staff.

Again, there should be perfect comradery and good faith between the executives of the hospital. Otherwise pupils cannot be taught to render respect to whom respect is due. The medical and hospital staffs alike should be loyal to the superintendent of the institution or training school of which she has been placed in charge. Her credentials have been accepted, and idle rumors and criticisms should not be too quickly picked up and believed. There is an honorable and direct way of dealing with the difficulty of change of position. Evidence of unfitness for office ought never to be sought nor received from the pupil nurses, nor from ranks below the superintendent. This is a rule which will be readily acknowledged by those who have followed the same in ordinary social life. In the case of complaints coming from the offending party of too severe discipline, great care should be taken to submit the same to a properly constituted committee. The action of the superintendent should not be discussed in the presence of the governed. No chief executive of good standing would object to having her work scrutinized by those to whom she is responsible; even as a good bookkeeper desires at all times to have books open to investigation.

Thus in analyzing our difficulties we become conscious of certain defects in our social and educational systems, and in our internal management which affect our standard of ethics and discipline. There has been a lack of moral tone which we do well to rectify as far as in our power. We may ask, are we progressing toward a more perfect system, and are the imperfections noted due to the absence of clear teaching? The importance of the early years has been dwelt upon as affording opportunity for better preparation for the
work of life, especially when that of nursing is in view. The inculcation of right principles it is hoped will awaken that quality so essential to the maintenance of ethical standards, viz., that reverence of which it has been said "it is deeply rooted in the heart of humanity: you cannot root it out. Civilization, science, progress only change its direction, they do not weaken its force."

First Vice-President: Inasmuch as the time is passing we will omit discussion on this paper unless there may be someone ready to very briefly offer it.

Miss Nevins: We have heard that an assistant has been arranged for in the Department of Nursing and Health. The good fairy to whom we are indebted for this and other gifts which made the Department possible is with us, and we hope that we may have a word from her.

Mrs. Jenkins: Miss Nevins is more than kind in the way in which she introduced me. Miss Goodrich is going to help us out at Teachers College and I know just what it means to you and what it means to me. That does not mean that Miss Nutting is any less necessary, or that Miss Stewart is not needed as much. We think we are very fortunate people. I am very interested in what you people are trying to do. I think as registered nurses you are much more recognized in the last few years. As a lay woman I can say that. You are going to be still more so. I love the nurses, but when I get hold of one who is off standard—I don't love her at all. I think that nursing is a marvelous profession and I think there is not too high a grade of nursing that you can aim for.

As there were no further remarks the meeting adjourned at 4:30 p.m., to meet Wednesday morning at 10 o'clock.

WEDNESDAY MORNING

January 25, 1913

The meeting was called to order at 11 a.m., by the President, Miss Mary C. Wheeler. Applications for State League Membership from Ohio, Minnesota and New York were accepted into full membership.

Four applications for individual membership from Miss McCrae, Miss Wakefield, Miss Friend and Miss Riley were also accepted.
The President called for the Report of the Resolution Committee, which was given by Miss Sutherland as follows:

Your Committee on resolutions begs to subscribe the following:
That the members of the National League of Nursing Education extend their thanks and appreciation to the hostesses who have so generously contributed their time, energy and interest to making these meetings a social success.
We would also gratefully thank the committee on arrangements for providing the facilities for carrying on our meetings so successfully.
To the several special committees and delegates who have so ably presented the results of their research investigations and observations we are deeply grateful and wish to express our indebtedness to them.
We wish to thank the Atlantic City Publicity Bureau for so kindly making it possible for us to enjoy the advantage of holding our meetings on the steel pier.
To our retiring officers, particularly to the President and Secretary we wish to express our high appreciation of the magnificent services they have rendered during their two arduous years of incumbency.
We wish to thank the New Jersey State Nurses' Association who have added to the attractiveness of our surroundings by the generous supply of flowers and ferns used for decoration.
Whereas our League during the past year has suffered the loss through death of one of its valued members, Miss Florence Black, of the Flower Hospital, New York City, and a graduate of the Homeopathic Hospital, Rochester, N. Y., be it resolved that expression of our sympathy and sorrow be extended by the Secretary to her family and to the Alumnae Association with which she was connected, also that a copy of this resolution be placed upon the minutes of the meeting.
Respectfully submitted,

LAUDER SUTHERLAND,
Chairman.

The resolutions were accepted.
The following officers were elected for next year:
President—CLARA D. NOYES, R.N., Bellevue Hospital, New York City, New York.
First Vice-President—Louise M. Powell, R.N., University Hospital, Minneapolis, Minnesota.
Second Vice-President—Helen Scott Hay, R.N., 164 North Hudson St., Pasadena, California.
Secretary—Sara E. Parsons, R.N., Massachusetts General Hospital, Boston, Massachusetts.
Treasurer—Mary W. McKechnie, 420 West 118th Street, New York City, New York.
Auditor—A. Lauder Sutherland, R.N., Hartford Hospital, Hartford, Connecticut.

No new members were added to the Council as the Presidents of the affiliated State Leagues serve in that capacity.

Miss Wheeler next invited Miss Noyes to speak.

Miss Noyes: I am afraid that I have very little say to except to thank you for this honor. This one thought, however, is uppermost, that we as a body are certainly poor in material when so reduced in your choice that you were obliged to select me as your President. Some one may say that my work in City and State League has prepared me for this larger work. Let me say that what little success may have followed my work there was due to the interest and cooperation of the individual members of those organizations. I shall hope for the same from the members of the National League, nothing less than this individual assistance and interest will make our National League a success.

Thereupon Miss Noyes took the Chair.

The list of officers was then read by the President, Miss Noyes.

The President: Miss Lawson holds over as a member of the Council, being gradually replaced by the Presidents of the State Leagues. I urge every one to go back to their states and organize State Leagues. The strength of this organization rests upon the County, City and State. If we wish to make a strong organization, we must first of all build up our States and our Counties. Please be exceedingly careful that the membership in the local leagues meets the requirement of individual membership in the National League. If there is no further business we are ready for a motion to adjourn.

Miss McKechnie made a motion to adjourn.
This motion was carried.
Adjourned at 11:20 a.m.
LIST OF MEMBERS

HONORARY MEMBERS

BOARDMAN, Miss MABEL T.  
CLEMENT, Miss ANNA G.  
JONES, Mrs. M. CALDWALDER  
KIMBER, Miss DIANA C.  
RICHARDS, Miss LINDA

ACTIVE MEMBERS—INDIVIDUALS

AHRENS, Miss MINNIE H........157 W. Adams St., Chicago, Ill.
ALBAUGH, Miss R. INDE........34 Chartre Oak Ave., Hartford, Conn.
ALLEN, Miss BERTHA W..........Newton Hospital, Newton, Mass.
ALLINE, Miss ANNA L...........R.F.D. 2, Edgewater, Colorado.
ALLISON, Miss GRACE E.........Polyclinic Hospital, New York City.
AMY, Sister MARGARET.........St. Margaret’s Hospital, Boston, Mass.
ANDREWS, Miss MARY A........ Waterbury Hospital, Waterbury, Conn.
ANDERSON, Miss LYDIA E........109 Green Ave., Brooklyn, N. Y.
ANDERSON, Miss LYDIA W........Children’s Memorial Hospital, Chicago, Ill.
ANDERSON, Miss VICTORIA......Maryland General Hospital, Baltimore, Md.
APTED, Mrs. R. C.............40 Ransom St., Grand Rapids, Mich.
ARMOUR, Miss AMY A..........New Rochelle Hospital, New Rochelle, N. Y.
ARNOLD, Miss IDA DUNHAM......Philadelphia Gen. Hospital, Phila. Pa.
ARNOLD, Miss LOUISE F........Samaritan Hospital, Troy, N. Y.
ASHBY, Miss ALICE.............Madison, Wisconsin.
ASSELTON, Miss ELIZABETH A...Ryburn Memorial Hospital, Ottawa, Ill.
ATKINSON, Miss WINIFRED W....Grace Hospital, Richmond, Va.
AYERS, Miss EUGENIA D.........Elizabeth General Hospital, Elizabeth, N. J.
AYERS, Miss LUCY C............Woonsocket Hospital, Woonsocket, R.I.
BAKER, Miss GRACE E..........St. Luke’s Hospital, Cedar Rapids, Ia.
BALCOM, Miss HELEN...........115 W. Carrillo St., Santa Barbara, Cal.
BARKER, Miss JANE M..........New England Hospital, Dimock St., Boston, Mass.
BARNABY, Miss MARIETTA D....Henry Haywood Mem. Hospital, Gardner, Mass.
BARRETT, Miss I. M............U. B. A. Hospital, Grand Rapids, Mich.
BATH, Mrs. CARRIE E...........St. Luke’s Hospital, New York City, N. Y.
BEARD, Miss MARY..............Boston Inst. Visiting Nurses’ Asso., Boston, Mass.
LIST OF MEMBERS


BEATY, MRS. F. M. ............... 1220 Hamphill St., Fort Worth, Texas.

BEECROFT, MISS LAURA A. ......... Minnequa Hospital, Pueblo, Colorado.

BELL, MRS. MARY ................. Rochester State Hospital, Rochester, N.Y.

BERRY MRS. JENNIE S.............

BIDMEAD, MISS R. ELIZABETH .... F. F. Thompson Hospital, Canandaigua, N. Y.

BISHOP, MISS FLORENCE A......... Mission Hospital, Asheville, N. C.

BLOOMFIELD, MISS H. I........... Evanston Hospital, Evanston, Ill.

BODINE, MISS MARY H............. Long Island College Hospital, Brooklyn, N. Y.

BOWEN, MISS S. A................. Lowell General Hospital, Lowell, Mass.

BOYD, MISS LOUISE C............. City and County Hospital, Denver, Colo.

BREEZE, MISS JESSIE ............. 3518 Congress St., Chicago, Ill.

BRENNAN, MISS AGNES S........... 9 Livingston St., New York City, N. Y.

BRINK, MISS CARRIE J............. Bellevue Hospital, New York City, N. Y.

BROMLEY, MISS ELIZABETH M...... Galt Hospital, Lethbridge, Alberta, Can.

BROUSE, MISS CLARA F........... 15 Rose Ave., Akron, Ohio.

BROWN, MISS CHARLOTTE A....... City Hospital, Boston Mass.

BROWN, MISS ELEANOR B......... St. Anthony's Hospital, St. Anthony, Nfld.


BROWN, MISS KATHERINE .......... Hospital of P. E. Church, Phila., Pa.

BROWN, MISS MARIE SCHLEY ...... Wagoner, Oklahoma.

BURGAR, MISS DONNA L........... Noble Hospital, Westfield, Mass.

BURGESS, MISS CHARLOTTE ...... Cook Co. Hospital, Chicago, Ill.

BURGESS, MISS ELIZABETH C..... Michael Reese Hospital, Chicago, Ill.

BURNS, MISS JOHANNA S......... St. Luke's Hospital, Spokane, Wash.

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BUSHNELL, MISS LOTTIE .......... Watertown, N. Y.

CADDY, MISS EVA R.............. A. O. Fox Memorial Hospital, Oneonta, N. Y.

CADMUS, MISS N. E............. Manhattan Maternity Hospital, N. Y.


CAMPBELL, MISS M. C............ Adirondack Cottage Sanitarium, Trudeau, N. Y.


CASEY, MISS NELLIE E........... Marquette University, Milwaukee, Wis.

CATTON, MISS JESSIE E.......... Springfield Hospital, Springfield, Mass.

CHISHOLM, MISS ETHEL L......... Union Hospital, Terre Haute, Ind.

CHURCH, MISS E................. Gen. Hospital, Braddock, Pa.

CLARK, MISS RUTH GARDNER ....... Hudson City Hospital, Hudson, N. Y.

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CROFT, Miss FLORIDE L..........Blackwell's Island, New York City.
CROSSLAND, Miss NELLIE F.......Germantown Hospital, Germantown, Pa.
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JOHNSON, Miss MARGARET E ... St. Luke's Hospital, Chicago, Ill.
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KELLY, Miss Helen W. .......... 381 Kenilworth Pl., Milwaukee, Wis.
KERR, Miss Anna W. .......... Dept. of Health, New York City, 426 E. 26th St.

KINNEY, Mrs. Dita H. ..........
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KNAPP, Miss Bertha L. .......... Wesley Hospital School for Nurses, Chicago, Ill.
Koch, Mrs. Emma E. .......... Lying-in Hospital and Dispensary, Chicago, Ill.

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LEHMANN, Miss Margaret .......... Visiting Nurses Society, 1340 Lombard St., Philadelphia, Pa.

LEVEREAU, Miss Hattie ........ Elgin State Hospital, Elgin, Ill.
LEWIS, Miss Adelaide M. .......... Presbyterian Hospital, New Orleans, La.
LEWIS, Miss H. L. .......... Montreal Maternity Hospital, Montreal, Can.

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LIVINGSTON, Miss N. G. .......... Montreal Gen. Hospital, Montreal, Can.
LOBB, Miss Elizabeth V. .......... Medico-Chirurgical Hospital, Philadelphia, Pa.

LOGAN, Miss Laura R. .......... Hope Hospital, Fort Wayne, Ind.
LOKER, Miss Margaret E. .......... St. Marys Infirmary, Cairo, Ill.
LOUER, Miss Carrie S. .......... 16th and Yates Sts., Omaha, Neb.
LOUIS, Miss Marie .......... Long Island College Hospital, Brooklyn, N. Y.

LORD, Miss Inez Clark .......... Rhode Island Hospital, Providence, R.I.
LOWRY, Mrs. L. F. .......... Bellevue Hospital, New York City, N. Y.
LURKINS, MISS FRANCIS L........ Laura Franklin Hospital, New York City, N. Y.
LYMAN, MRS. W. S.................. 292 Somerset St., Ottawa, Can.
LYON, MISS JEANNETTE.............. Provident Hospital Tr. School, Chicago, Ill.
MACMAHON, MISS AMY E............. Johns Hopkins Hospital, Baltimore, Md.
MADDEN, MISS KATE................. Hamilton City Hospital, Hamilton, Ontario, Canada.
MADEIRA, MISS EDITH.............. 320 Walnut St., Philadelphia, Pa.
MAPER, MISS KATHERINE............. Toledo Hospital, Toledo, Ohio.
MARRY, MISS MARY M.............. House of Mercy Hospital, Pittsfield, Mass.
MARKER, MISS IDA M.............. State Hospital, King’s Park, L. I., N. Y.
MARTIN, MISS SARAH F............. 1123 Fidelity Bldg., Baltimore, Md.
MASON, MISS MARY F.............. Newark Hospital, Newark, N. J.
MAY, MISS LOUISE................. Boston Lying-in Hospital, Boston, Mass.
MATTICE, MISS BRENDA F........... Massachusetts Eye and Ear Infirmary, Charles St., Boston, Mass.
MAXWELL, MISS ANNA C............. Presbyterian Hospital, New York City.
MAYOU, MISS EDITH............... Lake View Hospital, Chicago, Ill.
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MCLELLAND, MISS FLORENCE....... Jewish Hospital, Louisville, Ky.
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MCWILLIAM, MISS M. H............ Presbyterian Hospital, Chicago, Ill.
MILL, MISS I. C.................. Presbyterian Hospital, Philadelphia, Pa.
MINNIEGERODE, MISS LUCY........ Savannah Hospital, Savannah, Ga.
MONTGOMERY, MISS ALICE M......... Ingleside Hospital, Canton, Ohio.
MOORE, MISS JUNE E.............. Mercy Hospital, Iron River, Mich.
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Sinclair, Miss Helen C. State Hospital, No. 3, Nevada, Missouri.
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Smith, Mrs. F. E. 914 E. 8th St., Kansas City, Mo.
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Stanley, Miss Mary L. Victoria Hospital, London, Ontario, Can.
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Stewart, Miss Alice E. Tuberculosis League Hospital, Pittsburgh, Pa.
Stewart, Miss Ellen. Bishop Clarkson Memorial Hospital, Omaha, Neb.
Stewart, Miss Mary C. Henrotin Memorial Hospital, Chicago, Ill.
Stewart, Miss Isabel M. Teachers College, New York City, N.Y.
Stewart, Miss R. L. Unknown address.
Stimson, Miss J. C. St. Louis Children's Hospital & Washington Mem. Hospital, 2221 Locust St., St. Louis, Mo.
Stowe, Miss Emma L. New Haven, Conn.
Struble, Miss Mary B. Hebrew Hospital, Baltimore, Md.
Struthers, Miss Florence. 133 Dublin St., Guelph, Ontario, Can.
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WHEELER, Miss Mary C. . . . . Superintendent Ill. Training School, Chicago, Ill.
WHITE, Miss Regine . . . . . . . Johnson Emergency Hospital, Milwaukee, Wis.
WHITE, Miss Victoria . . . . . . Naval Hospital, Brooklyn, N. Y.
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WILLIAMSON, Miss Anne . . . . Glenville Hospital, Cleveland, Ohio.
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WOOD, Miss Agnes M........... Middlesex Hospital, Middletown, Conn.
WOOD, Eleanor................ Chambersburg, Pa.
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WRIGHT, Mrs. Helen L......... Mill Valley, California.
YOUNG, Miss Zaidee F......... Montreal General Hospital, Montreal, Can.

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MISS LOUISE DARCHÉ........................ Died June 1898
MISS FLORENCE HUTCHINSON.................. Died December 26, 1902
MISS EVA MARY ALLETON..................... Died January 5, 1907
MISS ELLA UNDERHILL....................... Died August, 1909
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MISS A. A. CHESELEY......................... Died November 7, 1910
MISS CONSTANCE V. CURTIS.................... Died December 12, 1910
MRS. J. E. SNODGRAS........................ Died April 20, 1910
MISS CORA OVERHOLT........................ Died July 25, 1911
MRS. CHRISTINA BANKS WRIGHT.............. Died November 30, 1911
MISS LUCY ASHBY SHARPE.................... Died March, 1912
MISS FLORENCE BLACK....................... Died March, 1913

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FLORENCE NIGHTINGALE....................... Died August 14, 1910
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Taylor, Miss Effie M.

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Barker, Miss Jane M.
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Pratt, Miss Laura S.

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SMITH, Miss Eunice

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BURNS, Miss Johanna S.

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