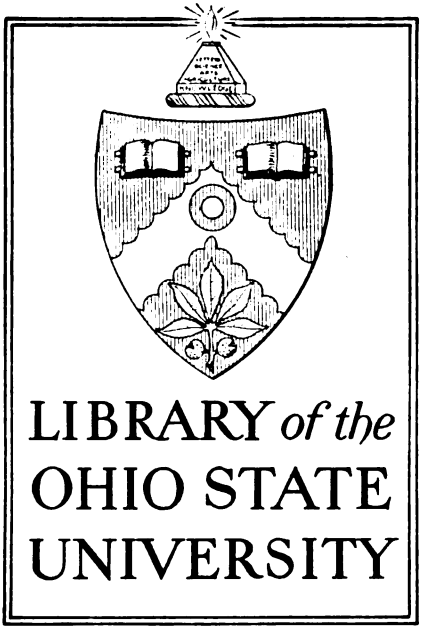
Twenty-fourth Annual Report
OF
The National League
OF
Nursing Education
1918



PROCEEDINGS

OF THE

TWENTY-FOURTH ANNUAL CONVENTION

OF THE

NATIONAL LEAGUE OF NURSING EDUCATION

HELD AT

CLEVELAND, OHIO

MAY 7 TO MAY 11, 1918

BALTIMORE
WILLIAMS & WILKINS COMPANY
1919

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Jewish Hospital Association
Logan Station, Philadelphia, Pa.

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, September 16–17.
President, Miss Keating; Secretary, Miss Dock; Treasurer, Miss Alline.
1902 Detroit, September 9, 10, 11.
President, Mrs. Gretter; Secretary, Miss Dock; Treasurer, Miss Alline.
1903 Pittsburgh, October 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.
1909 St. Paul, June 7–8.
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.
1914 St. Louis, Mo., April 23 to April 29.
President, Miss Noyes; Secretary, Miss Parsons; Treasurer, Miss McKechnie.
1915 San Francisco, Calif., June 20 to 26.
President, Miss Noyes; Secretary, Miss Parsons; Treasurer, Miss McKechnie.
1916 New Orleans, La., April 27 to May 3.
President, Miss Noyes; Secretary, Miss Stewart; Treasurer, Miss McKechnie.
1917 Philadelphia, Pa., April 26 to May 2.
President, Miss Parsons; Secretary, Miss Taylor; Treasurer, Miss McKechnie.
1918 Cleveland, Ohio, May 7 to May 11.
President, Miss Clayton; Secretary, Miss Taylor; Treasurer, Miss McMillan.

The Society has Affiliations with

American Nurses' Association.
The American Child Hygiene Association.
National Vocational Guidance Association.
American Social Hygiene Association.
National Association for Study and Prevention of Tuberculosis.
National Education Association.

PROCEEDINGS

OF THE

TWENTY-FOURTH ANNUAL CONVENTION

OF THE

NATIONAL LEAGUE OF NURSING EDUCATION

CLEVELAND, OHIO, MAY 7 TO MAY 11, 1918

HOTEL HOLLENDEN

Tuesday Morning, May 7, 1918, Business Session

The meeting was called to order in the assembly room by the President S. Lillian Clayton at 11.20 A.M.

Miss Clayton: Will the meeting please come to order? We will have the reading of the Secretary's report.

REPORT OF SECRETARY, 1917–1918

The proceedings of the twenty-third annual convention contain the minutes of the last meeting of the National League of Nursing Education and are in the hands of the members.

Five Executive Board meetings have been held as follows: Philadelphia, May 2, 1917; New York, October 12, 1917; New York, October 13, 1917; New York, January 18, 1918; Cleveland, May 6, 1918.

At the first executive meeting the standing committees for the year were formed and a special committee appointed to work with the Revision Committee in securing a charter in the District of Columbia under which the National League of Nursing Education could incorporate.

The committee was instructed to employ the same lawyer and proceed in a like manner to the American Nurses Association in securing its charter. The work was completed on April 20, 1918, and the National League of Nursing Education is now a corporate body in the District of Columbia.

The second executive meeting was called to discuss the appointment of an Interstate Secretary to jointly represent the Journal Board, the American Nurses Association and the League of Nursing Education. Suggestions were made as to how the Interstate Secretary could best advance the educational work in the various states and how she could best represent the National League of Nursing Education to the Local or State Leagues.

At the regular fall meeting of the Executive Board, held October 13, reports of the Committees were given and delegates appointed to attend the annual meeting of the Association for the Prevention of Infant Mortality and the annual meeting of the American Social Hygiene Association. Due to unforeseen circumstances it was impossible for any of the delegates to attend.

A great deal of time at this meeting was spent in the discussion of the present situation in training schools. Such topics as training of nurses' aids, the shortage of applicants, short courses and the pressure being brought to bear by the general public to break down or modify nursing standards to meet the present crisis, were major subjects of discussion.

It was felt by all present that if a better understanding could be given of what had been and was being done by the National Nursing Committee and Nursing Organizations to uphold standards and at the same time provide for the international emergencies, this would go far toward creating a more rational public opinion concerning nursing conditions.

The Secretary was instructed to prepare a letter defining the work already accomplished by the National Nursing Committee that should present some of the reasons why short courses at the present time were not a needful emergency measure, and that should indicate as far as possible by statistics what nursing personnel would be available, and that should state that the National League of Nursing Education would be ready and willing to meet at any time whatever emergency measures should be necessary. It was thought that this information proceeding from the National Educational body to the hospitals and training schools would give definite data with which to meet the pressure of argument from the general public and would help to prevent the disarrangement of Nursing Education in our schools throughout the country. About this time certain bulletins published by the Government

were released by the National Nursing Committee and these together with a letter from Dr. Franklin Martin of the General Medical Board, Council of National Defense, coöperating with and endorsing the work of the National Nursing Committee, together with a letter from the League were sent out to every training school both accredited and non-accredited to which access could be gained. In addition, these bulletins and letters were sent to State League Presidents and to influential persons interested in nursing education in every state. Over 2200 copies in all were distributed.

In order to secure the list of training schools, the Secretary wrote to each State Board and asked for a list of schools of nursing, registered and non-registered. A generous response made it possible to compile a list of about 2000 schools throughout the country which will be most helpful for future reference.

Of the 1800 or more training school superintendents in the country only about 300 are League members. A special letter of invitation was sent to each non-member stating the purposes and ideals for which the National League of Nursing Education stood, indicating membership qualifications and urging that she write to the Secretary for further information. Letters from about 200 superintendents have been received asking for application blanks, though only 60 have filed their applications.

About 1400 letters were sent to Superintendents of registered schools asking that a recruiting officer be appointed in each senior class to enlist nurses in the Red Cross Nursing Service. Several replies have been received signifying interest and willingness to comply with the request. A number of students have written personal letters stating that they were the recruiting officers and would use their influence in securing the enrollment of the students.

How to interest the states in forming State Leagues of Nursing Education was discussed at the Board meeting in January and the Secretary was advised to write a letter urging the formation of a League in each state. This was done and about 8 states have Leagues under consideration and 3 others are applying for affiliation at this meeting.

An invitation was received from the National Security League that three delegates be sent to represent the National League of Nursing Education at the National Public Service Congress to be

held in Chicago in February. Miss Wheeler, Miss McMillan and Miss Foley were appointed and will report the proceedings.

A request was made through the Journal for contributions of back numbers of League Reports from members having duplicate copies that certain library files might be made complete. As yet no replies have been received. A large number of reports of certain years are available while others are almost out of print. A list of these reports will again be printed that members may know what copies they may still obtain.

The Secretary would again take this opportunity of reminding members of the difficulty in efficiently carrying on the work of the organization without a correct directory and this cannot be kept to date unless the members will promptly notify the officers of a change in address. Frequenty several letters must be written to locate one member when notices or reports are being sent out.

During the year 60 applications have been received for individual membership and 10 members have resigned.

It is with regret we record the death of Miss Lauder Sutherland, Principal of the Training School at Hartford, Conn., for many years an active member of the League and for the past year a member of the Board of Directors. Miss Sutherland had not been well for some time, but her death from pneumonia came as a surprise and sorrow to her friends and associates.

The present membership of the League is as follows:

Honorary Members	8
Life Members	4
State Leagues	17
Individual Members	623

The past year has been an exceedingly active one. The correspondence has more than trebled that of the previous year, and though heavy it has been unusually interesting for it is intensely gratifying to note the dependence which training school workers are placing upon the League and its resources. Letters are being received with requests for help in every direction. In distress, Superintendents of Training Schools write "We wish to uphold the best things in nursing, but the work is crowded upon us. Where are we to get pupils?" And again, "We do not wish to open up short courses but how are we to avoid it with the pressure from our

Boards of Trustees and the public generally?" "How are we to plan affiliations when we have so few pupils, we cannot spare them from our schools?" "What can be done to create interest in our community in Training Schools?" "Send us helpful literature."

These and many other questions have come to the Secretary for solution and it is a constant source of regret that more time cannot be given to the study of each and all of these problems with a view to the solution of at least a few of them. This year more even than the previous one the Secretary has felt how impossible it was to follow up adequately and efficiently help those with problems similar to and differing from the above described.

Many requests are coming in for copies of the Standard Curriculum prepared by the Education Committee and it is gratifying that these requests have come not only from Superintendents of Nurses and Instructors but from physicians and hospital superintendents.

E. J. TAYLOR,
Secretary.

On motion of Miss Hilliard, seconded by Miss Lawler, this report was accepted.

Miss Clayton: Any one hearing this report cannot fail to appreciate the work that our Secretary has done during the year to establish a spirit of coöperation throughout the states and bring about a complete understanding of what is being done throughout the country in this time when so much needs to be accomplished.

We will now have the report of the Treasurer.

FINANCIAL REPORT OF THE TREASURER

MAY 10, 1917–MAY 1, 1918

Receipts

From Miss G. Nevins		$1,186.86	
From Miss M. W. McKechnie			
General Fund	$354.02		
Endowment Fund	197.40		
	$551.42		
Educational Committee	68.39		
		619.81	
Total receipts			$1,806.67

Receipts during period

Fees and dues (individual)	$2,117.89	
Fees and dues (state)	240.00	
Sale of reports	22.54	
Exchange on Foreign Checks	1.35	
Interest on investments	495.00	
Interest on deposits	17.81	
	$2,894.59	
Sale of Standard Curriculum	276.56	
		$3,171.15
		$4,977.82

Disbursements during period

Clerical assistance	$322.25	
Printing	1,123.73	
Dues (other societies)	28.67	
Check charged back by bank	.72	
Papers of Incorporation	25.75	
Lawyers' Fees for incorporation	100.00	
Expenses (officers)	407.19	
Salary (interstate secretary)	300.00	
Postage	254.11	
Telegrams	13.29	
Exchange on foreign checks	19.18	
Audit	10.00	
	$2,604.89	
Educational Committee $39.69		
Educational Committee Printing 700.09		
	739.78	
		$3,344.67
Balance		$1,633.15

EDUCATIONAL COMMITTEE

Received from Miss M. W. McKechnie, May 15, 1917		$68.39
Received from sale of Standard Curriculum		276.56
		$344.95
Disbursed for Educational Committee	$39.69	
Disbursed for Educational Committee Printing	700.09	
	$739.78	
Deficit in Educational Committee		$394.83
		$739.78
	739.78	

BANK RECONCILIATION

Balance as shown by Bank	$1,781.88
Interest of May 1 entered on Books on May 1	2.05
	$1,779.83
Checks outstanding	229.58
	$1,550.25
Deposit not made until May (April receipts)	82.90
Balance May 1, 1918	$1,633.15

This is to certify that I have examined the records kept by M. Helena McMillan, Treasurer of the National League of Nursing Education, and that I found them to be correct and to agree with the report attached.

FLORA ALFARETTA VORHEES,
Accountant and Business Specialist,
16 North Wabash Ave., Chicago, Ill.

Miss Clayton: You have heard the report of the Treasurer. What will you do with it?

On motion the report was approved and accepted.

Miss Clayton: Are there any comments to be made, any remarks or questions on the report? If not we will have the report of the Interstate Secretary, Miss Eldredge.

REPORT OF THE INTERSTATE SECRETARY

OCTOBER 28–MAY 8, 1918

Sixteen states were visited as follows: New Jersey, Maine, Rhode Island, Pennsylvania, Delaware, Maryland, District of Columbia, Virginia, Louisiana, Georgia, Florida, Texas, Colorado, Montana, Minnesota and Illinois. One hundred and thirty-seven addresses were delivered, including those to pupil and graduate nurses, college, high school and parochial school students, and open meetings. Forty-six conferences on League of Nursing Education, State Board, etc., were held and three State Leagues and six Local Leagues, one Hospital Association and Alumnae Association were organized.

A great deal of interest and much hospitality has been shown.

After attending the Executive meeting of the American Nurses Association and the National League of Nursing Education in

New York, the Interstate Secretary spoke to Christ Hospital Alumnae Association and to the Graduate Nurses Association at Atlantic City. She then visited Chester, Scranton, and Sayre, Pa., to establish a District League in Pennsylvania where there seemed to be a decided interest. There is in Pennsylvania, a Society of Superintendents of Eastern Pennsylvania, whose membership is not all eligible to the League, though including members who would prefer the League. The Interstate Secretary wrote to the President of the Pennsylvania State League, advising that membership in the State League would be stimulated by encouraging the formation of District or Local Leagues, but as yet has had no reply.

Delaware was next visited and a conference was held with superintendents of Delaware schools.

In Baltimore and Washington no particular work was done for the League.

Virginia. Richmond was visited at the request of Miss Rose VanVort of the Stuart Circle Hospital to assist in the organization of a State League. The Interstate Secretary talked to the Institutional Section of the State Association in this State. At Norfolk she spoke to Woman's Board of the City Hospital and at their request had a conference with the President of the Hospital Board on training school conditions and remedies for the same. She also addressed the Board of the Visiting Nurses Association of Norfolk and called attention to the need for more nurses and the help necessary for schools if this result is to be attained.

Georgia. At Savannah a conference was held with Superintendents on the establishment of local leagues, and the maintaining of a State League. (Georgia has a State League doing no work and not affiliated.) The president of the State League, Mrs. Hartridge at Augusta, felt that Georgia was not enough interested to maintain a League. At Atlanta two conferences with the Superintendents were held, and a local league was started. Many asked for application for membership in the National League. Too many small schools with lack of responsibility of Hospital Boards for educational development seems to be Georgia's difficulty. Superintendents are working splendidly and are most enthusiastic and have accomplished much. The Interstate Secretary spoke on standardization of schools for nurses to

a large meeting composed of members of medical and hospital staffs, and superintendents, called by Dr. Summerall of Grady Hospital, and a committee was appointed to establish an Atlanta Hospital Association, with the suggestion of equal representation from hospital, medical and training school staffs.

Florida. At Jacksonville a similar conference was held and at Pensacola the Sisters manifested much interest. An effort was made to interest the President of the Florida State Board who had had no experience in nursing work since graduation in modern methods of nursing education.

Louisiana. Conference was held with the Superintendents and also with the President and Acting Secretary of the State Board of Examiners. The latter urged modification of state laws to admit young women at eighteen, and thus prevent loss of those finishing High School at that age. The Southern Division at another meeting made preliminary organization of a State League. Miss Daspitt, Director of the Gulf Division of the Red Cross is to assist in establishing the League in the Northern Division, Sisters of New Orleans are members and interested in League development.

Texas. Houston and Galveston and the neighboring towns have established one League. A League at San Antonio has been established and will take in Austin. Dallas Superintendents and Sisters, with Sisters from Fort Worth met for discussion. The Sisters from Fort Worth offered to try to enlist support of the Superintendents of the Fort Worth Secular Hospitals. El Paso Superintendents were interested in forming a League, but its isolation makes this difficult, the hospital training schools being small. When the State Association meets (was postponed) these Local Leagues will come together to form a State League. Texas has made some advances in its training schools, but the City Hospitals in some instances have extremely bad nursing conditions. In one instance in a new building the entire accommodations for pupils consisted of one dormitory and one bathroom. The City Hospital in El Paso is desirous of information that will help in forming a training school on proper lines.

Colorado. Colorado has started a State League and was urged to establish District Leagues.

Montana. Montana will consider the establishing of a State League at its State Meeting. Conferences on this project were held with the Superintendents in Butte, Helena, Great Falls and Billings.

Minnesota. In Minneapolis the State League was addressed and at Rochester a conference was held with Dr. Henderson on the proposed short course at Colonial Hotel Hospital. At Duluth conference with Miss Smith of St. Luke's and Sisters on League development was held.

Illinois. At Springfield interviewed Professor Shepherdson, Director of Bureau of Education and Registration on Nursing Education. At Chicago addressed the Illinois State League and urged the formation of District Leagues.

In the following states the Interstate Secretary addressed students at Colleges and High Schools on "Nursing, a National Service:" Louisiana, Colorado, Texas and Montana. At Austin, Texas, she spoke on standardization of Training Schools to open meeting and held open meeting on "Nursing as a Profession," and at Temple, Texas held an open meeting with mostly mothers present on "Nursing, a National Service." In Texas and Montana spoke to students at Catholic Academies on same subject. At El Paso, Texas addressed the Woman's Club on the establishment of a Visiting Nurse Association and also spoke at a luncheon of the El Paso Medical Association against a bill to license nurses with one year's training. This bill was killed. The following suggestions were received, that the League in the course of the year's work there send out speakers who would hold an intensive two or three weeks' course in the teaching of nursing for superintendents and assistants, where distance could be overcome by members coming from adjacent territory and that list of textbooks approved by the League should be given out.

Conclusions. Where standards of entrance examinations were high, homes good and values received in education, there are plenty of applicants, and where the opposite, there are an insufficient number. Second, the best of the eighth grade pupils have gone into industry and the standards must be raised or take those mentally unfit for either. In the south the difficulties are too many small hospitals, insufficient money, and in some places overcrowding and consequently low standards educationally. In

some states central schools might solve the problem. The need of more thoroughly prepared teachers in schools is true of the whole country. Hospital standardization with resultant training school standardization will do wonders.

Mothers and the general public must be reached in an effort to make them understand that nursing is a suitable profession for their daughters. This might be accomplished through addresses to parents and teachers' associations, woman's clubs, church guilds, etc., letting the public know the needs as well as what the profession is, and that the psychological moment is now, and that there is a splendid opportunity for work on educational lines.

The six months' work certainly has proved that there is a big field with a splendid opportunity for educational work, though whether much has been accomplished the future will tell and we feel certain this work must be followed up.

ADDA ELDRIDGE,
Inter-State Secretary.

On motion the report was approved and accepted.

Miss Palmer: May I say a word here on the work of the Interstate Secretary? Those of us in the Journal office have been very much interested in the work of the Interstate Secretary, because as you know, we have to earn the greater part of the money that is paid to your Secretary. We, of course, expected very definite returns to the Journal, which we have had. There has been a trail of subscriptions right around the country wherever the secretary has been. They are still coming in. We have increased our subscriptions in greater numbers since the first of January than any time in the Journal's history. We have received many letters, every one of them speaking in the very highest terms of the work done in their communities by the Interstate Secretary. I want you all to know these facts and that the Journal Staff is very proud of the work Miss Eldridge has done.

Miss Clayton: There is no question, I believe, but that every state in the country having had a visit from Miss Eldredge will agree with Miss Palmer in all she has said.

We will now have the reports of the different committees. First the report of the Finance Committee.

Miss Nevins: This is very brief, so brief that I am going to read it, taking it for granted that you are interested in the finances of the association apart from the report read by your Treasurer. This represents the investments made by the association for the last few years, and they are as follows, representing $12,000. It does not look as though we should consider investments for the present year, although I had not seen the report of the Treasurer before I came this morning.

REPORT OF ENDOWMENT FUND

MAY 10, 1917–MAY 1, 1918

Bangor & Aroostock R. R. Wast. Ext. 5% due 1939	$1,000
New York Central Lines Equipment, 5% due 1918	4,000
Dominion of Canada, 5% due 1921	1,000
Potomac Elec. Power Co. Cons. Mtge., 5% due 1936	4,000
Lehigh & New England R. R. Co. Gen. Ser. "A," 5% due 1954	1,000
United Kingdom Great Britain and Ireland, 5% due 1918	1,000
	$12,000

Cash (received from M. W. McKechnie, May 10, 1917) $197.40

Receipts (interest on investments):

DATE	NAME	COUPONS,	AMT.	COM.	NET	
July 13, 1917,	Pot. Elec. Power...	4 @ $25	$100	$1.00	$99.00	
July 13, 1917,	Lehigh & N. Eng...	1 @ $25	25	.25	24.75	
Aug. 3, 1917,	Bangor & Aroost...	1 @ $25	25	.25	24.75	
Sept. 4, 1917,	U.K. Gt. Brit. & Ir.	1 @ $25	25	.25	24.75	
Oct. 4, 1917,	Dom. of Canada...	1 @ $25	25	.25	24.75	
Nov. 6, 1917,	N.Y. Central Li....	4 @ $25	100	1.00	99.00	
Jan. 5, 1918,	Potomac Elec. P....	4 @ $25	100	1.00	99.00	
Jan. 5, 1918,	Lehigh & N. Eng...	1 @ $25	25	.25	24.75	
Feb. 2, 1918,	Bangor & Aroost...	1 @ $25	25	.25	24.75	
Mar. 4, 1918,	U.K. Gt. Brit. & Ir.	1 @ $25	25	.25	24.75	
Apr. 3, 1918,	Dom. of Canada...	1 @ $25	25	.25	24.75	
						495.00

Interest from Illinois Trust & Savings Bank, June 1, 1917, to April 24, 1918 ..... 17.81

$710.21

Summary

Total invested funds	$12,000.00
Interest on Investments	495.00
Interest on cash at Illinois Trust & Sav. Bank	17.81
Cash received from M. W. McKechnie, May 10, 1917	197.40
Total, May 1, 1918	$12,710.21

By M. H. McMillan,
Treasurer.

Submitted to the Finance Committee

G. M. Nevins,
Chairman.

Miss Clayton: You have heard the report of the Finance Committee. What is your pleasure?

On motion the report was approved and accepted with the recommendation that it be placed on file.

Miss Clayton: Are there any comments to be made on this report?

Miss Palmer expressed surprise at this accumulation of funds and Miss Nevins explained for the Finance Committee that it was an accumulation of years, and stated that the expenditures had been less in some years than in others.

Miss Clayton: We will have the report of the Membership Committee.

Miss Taylor: The following applications have been received by the Membership Committee, of which Miss Riddle is Chairman, and are recommended for full membership.

REPORT OF MEMBERSHIP COMMITTEE

Individual Members

Adshead, Eva.....Instructor, Memorial Hospital Training School for Nurses, Worcester, Mass.

Alden, Maria Adelaide.....Red Cross Instructor, 2525 Euclid Avenue, Cleveland, O.

Barnes, Magdalen.....Professor Public Health Nursing, George Peabody College for Teachers, Nashville, Tenn.

Baylor, Martha V.....Superintendent, Sheltering Arms Hospital, Richmond, Va.

BAYNE, GLADYS M.....Assistant Superintendent, Instructor of Nurses, Presbyterian Hospital, New Orleans, La.

BECK, BERTHA M.....Assistant Superintendent of Nurses, St. Joseph's Hospital, Philadelphia, Pa.

BLACK, ISABELLE.....Superintendent of Nurses, Halstead Hospital, Halstead, Kan.

BROCK, NETTIE E.....Superintendent of Nurses, Iowa Methodist Hospital, Des Moines, Ia.

BURNS, HELEN JOSEPHINE.....Assistant Superintendent of Training School, City and County Hospital, Minneapolis, Minn.

BYRNE, A. ISABELLE.....Assistant Directress of Nurses, The Roosevelt Hospital, West 59th Street, New York, N. Y.

CHRISTIANSON, A. JEANETTE..Superintendent, Northwestern Hospital, Minneapolis, Minn.

CLAPP, EDITH LAWRENCE.....Superintendent and Director of Nurses, Engelwood Hospital, Englewood, N. J.

CLENDINNING, EDITH.....City and County Hospital, St. Paul, Minn.

COLE, MARION C.....Superintendent, Presbyterian Hospital, 719 Cawndelet Street, New Orleans, La.

CURRIE, MARY.....Superintendent, Riverside City Hospital, 12th and Walnut Sts., Los Angeles, Calif.

DASPIT, L. AGNES.....Director, Nursing Service, Gulf Division, American Red Cross, Post Office Building, New Orleans, La.

DEMUTH, MARGARET F.....Supervisor of Tuberculosis Pavilion, City and County Hospital, St. Paul, Minn.

DEXTER, ELSIE GIBBS.....Superintendent Training School, Women's Department, Church General Hospital, Wuchang, China

DOUGLAS, KATE S.....Instructor, Harper Hospital, Detroit, Mich.

DUNCAN, JEANETTE F.....Superintendent Delaware Hospital, Wilmington, Del.

FEEBECK, ANNIE BESS.....Superintendent Training School, Grady Hospital, Atlanta, Ga.

GERDING, IDA L.....Superintendent, Lutheran Hospital, Beatrice, Nebr.

GREENER, MARGARET LESLIE..Assistant Superintendent of Nurses, Flower Hospital, 450 East 64th Street, New York, N. Y.

GUINTHER, LEOPOLDINE.....Supervising Nurse and Matron, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

HAPPERSETT, CORNELIA W.....Superintendent Loch Haven Hospital, Lock Haven, Pa.
HOAGLAND, GRACE EMERSON...Superintendent of Training School, German Hospital, Brooklyn, N. Y.
HUNTER, NAOMI B.....Superintendent of Nurses, Greenwich Hospital, Greenwich, Conn.
IRWIN, (MRS.) MARY BYRNE..Superintendent, Peninsula General Hospital, Salisbury, Md.
JOHNSON, ALICE J.....Instructor, Nichols Memorial Hospital, Battle Creek, Mich.
JOHNSON, RETTIE.....Instructor, Baptist Sanitarium, 1516 Walker Avenue, Houston, Tex.
KAPLAN, REGINA H.....Superintendent, Leo N. Levi Memorial Hospital, Hot Springs, Ark.
KELLER, LYDIA H.....Secretary and Inspector of Training Schools, Minnesota State Board of Nurse Examiners, Minneapolis, Minn.
LAURIENNE, SISTER.....Superintendent of Nurses, Providence Hospital, Oakland, Calif.
LIDDLE, KATE.....Superintendent of Nurses, Columbia Hospital, Wilkinsburg, Pa.
LOVERIDGE, EMILY L.....Superintendent of Good Samaritan Hospital, Portland, Ore.
MCMENAMIN, CORNELIA.....Instructress, St. Joseph's Hospital, Philadelphia, Pa.
MEYERS, ROSE L.....Superintendent of Nurses, The Palmerton Hospital, Palmerton, Pa.
MINAHAN, ELIZABETH.....Superintendent of Wilhenford Children's Hospital, Augusta, Ga.
MOORE, LUCY M.....Superintendent, Knickerbocker Hospital, 131st and Amsterdam Avenue, New York, N. Y.
MUIRHEAD, EVA.....Base Hospital, Camp Lee, Petersburg, Va.
MUNNA, AMELIA.....Chief Nurse, Wyoming General Hospital, Rock Springs, Wyo.
OLSON, AUGUSTA C.....Superintendent of Hospital and Training School for Nurses, Grant County Hospital, Marion, Ind.
PERRON, SISTER M. A.....Superintendent of Nurses, St. Vincent's Hospital, Toledo, O.
PETERSON, MARY M.....Superintendent of Nurses, Moline Public Hospital, Moline, Ill.
PIERCE, ELIZABETH.....Instructor, University of Minnesota Hospital, Minneapolis, Minn.
POWELL, CHARLOTTE MAY.....Superintendent of Nurses, City Hospital, Minneapolis, Minn.

PRICE, EMILY.....Superintendent, Frost Hospital, 100 Bellingham Street, Chelsea, Mass.
PRINGLE, LUCY I.....Superintendent, Minor Hospital, Seattle, Wash.
REITZ, MINNIE C.....Assistant Superintendent, Samaritan Hospital, Troy, N. Y.
RILEY, SISTER J. TERESA.....Superintendent of Nurses, Samaritan Hospital, Troy, N. Y.
ROGERS, MARGARET ANNE.....Superintendent, Children's Free Hospital, Detroit, Mich.
REID, GRACE L.....Student, Teachers College, 403 West 115th Street, New York, N. Y.
SARGENT, (MRS.) CORA McC...Superintendent of Nurses, Sheppard-Enoch Pratt Hospital, Towson, Md.
SCOTT, FRANCES M.....Directress of Nurses, Harrisburg Hospital, Harrisburg, Pa.
SELBY, NELLE MARGARET.....Superintendent, Memorial Hospital, Pawtucket, R. I.
SHEAFFER, SUSAN V.....Acting Superintendent, Easton Hospital, Easton, Pa.
SHEEHAN, M. WINIFRED.....Superintendent of Training School, Mt. Carmel Hospital, Pittsburg, Kan.
SMITH, (MRS.) AGNES E.....Superintendent, Provident Hospital and Training School, 16 West 36th Street, Chicago, Ill.
SMITH, ETHEL.....Superintendent, Visiting Nurses Work, 300 West York Street, Norfolk, Va.
SNYDER, M. LOUISE.....Directress of Nurses, University of Pennsylvania Hospital, Philadelphia, Pa.
SOULE, C. BLANCHE.....Supervising Nurse, Philadelphia General Hospital, Philadelphia, Pa.
THOMPSON, ALICE TUELLA.....Instructor, Angelus Hospital Training School for Nurses, 517 East Washington Street, Los Angeles, Calif.
TINSLEY, ESTHER J.....Superintendent, Pittston Hospital, Pittston, Pa.
TURNBULL, JESSIE J.....Superintendent of Nurses, West Pennsylvania Hospital, Pittsburgh, Pa.
WEBSTER, CARRIE.....Superintendent, Wichita General Hospital, Wichita Falls, Tex.
WILDERMUTH, EDNA GATY.....Superintendent of Nurses, Bronson Hospital, Kalamazoo, Mich.
WINTERS, ANNIE D.....Superintendent, Bogalusa Hospital, Bogalusa, La.

STATE LEAGUES

Colorado Virginia Wisconsin

MARY M. RIDDLE, *Chairman.*

Miss Clayton: You have heard the report of the Membership Committee. What is your pleasure?

On motion the report was accepted.

Miss Clayton: This report would indicate that the Interstate Secretary had helped the Membership Committee also.

May we have the report from the Department of Nursing and Health?

Miss Stewart: Miss Maxwell is Chairman of this Committee, but Miss Maxwell is not here and I will read the report.

REPORT OF THE COMMITTEE ON THE DEPARTMENT OF NURSING AND HEALTH

Contrary to our expectations we admitted a large number of students at the beginning of the year, and counting all who have entered for both winter and spring sessions and including day and evening work we have registered 126 students. The marked increase is in the Public Health Division.

The war has become very real to us through the loss not only of several of our students, but of two important members of our staff. In January Miss Florence Johnson, Instructor in Public Health Nursing, was released from her duties at the College to become Director of the Atlantic Division of the Red Cross Nursing Service; and in February Miss Goodrich accepted the appointment of Chief Inspecting Nurse of Army Hospitals and was granted an indefinite leave of absence from the College. The loss of two such members of our staff could not be but severely felt, but we were glad that the privilege of contributing services of such inestimable value to the needs of the nation was given to the Department.

Two notable developments in work have taken place during the year. The first is the establishment of a relationship with the School of Nursing of the Presbyterian Hospital, which enables us to offer a combination of courses of study leading to the Degree of Bachelor of Science in the University as well as to the Diploma of the School of Nursing. The work covers five years and the time is about equally divided between the College and the Hospital. A small group of students has already entered for this training, and and it is our hope that in this close coöperation with a School of Nursing of the very highest standing we shall work out eventually

a good many of the practical problems which are arising as Schools of Nursing are struggling out of the apprenticeship stage and endeavoring to establish themselves on a sounder educational as well as economic basis.

The second step forward has been taken as our response to urgent appeals from all parts of the country for more public health nurses. In order to help in creating a larger supply of workers to be brought into the field at the earliest practical moment, the College in coöperation with the Henry Street Settlement has arranged to admit groups of third year students from Schools of Nursing for specially arranged courses of study. The work at the College covers four to six hours weekly and is combined with practical training occupying four full days weekly. The work is carried on under careful supervision in the District adjacent to the College known as the Morningside Training Centre. These students are in residence in apartments beside the College and a supervisor lives with them. A group of sixteen students coming from five Training Schools have attended the spring session, and will be replaced by new groups every four months. It is intended to enlarge the number of undergraduate students, and to open up new Training Districts as they may be needed.

There is obviously no way at present of meeting the growing need in the public health field except by reaching into our Schools of Nursing and urging that some portion of the three years be devoted to instruction and training in this branch of nursing, wherever suitable opportunities for such training have been properly developed. The experience of the past few years seems to show that the need for these workers can hardly be touched by the small number of graduate nurses who are able at the end of three years of training to afford either the time or the means for further instruction. Of course, this number will increase steadily, but for help in meeting the immediate need the Training School seems to be the one resource.

We are, as usual, quite unable to meet the demand from hospitals and various nursing organizations for help in securing superintendents, teachers and other trained workers. About 250 such requests have come during the past 10 months. By far the greatest present demand is for instructors in Training Schools, though that for public health nurses is also very large. Especially

and constantly are we appealed to for women who are qualified by education, special training and experience in life to develop, organize and direct new forms of work.

The problem of instructors is apparently so acute in Training Schools now that the Department is trying to find some way of helping to meet the need through the Summer School. It is offering a special group of courses for teachers and asking Training School Superintendents to look about among their graduates or students for those who have had normal school training or teaching experience before taking up nursing, and who could with a few weeks of special study get themselves ready to be of some immediate service.

One of the most interesting things of the year has been the successful working out of the Students' Coöperative apartment. The idea originated among the students and the plan was developed, financed and practically set in motion by the Alumnae, who selected and furnished the apartment and made themselves responsible for its maintenance. The eight students who have lived there during the year are unanimous in believing the experiment to have been highly successful. It has given them a comfortable home, and a happy social life, and enabled them very materially to reduce expenses, lessening the cost of board by about one half.

In connection with her college work one of these students made a very careful dietary study, the results of which were analysed at the office of the Federal Food Administration, receiving therefrom special commendation because of the adequacy, variety and low cost of their dietary. The Nursing and Health Alumnae hope at a later date to be able to establish other such apartments with the view of building up a comfortable home-life for our students, and at the same time of materially reducing their expenses.

The new appointments on the staff for the coming year are:

Lillian Hudson: Queens University, Kingston, Ontario; Johns Hopkins Training School and A.M. Teachers College.

Parmelia Doty: Pennsylvania Training School and B.S. Teacher. College; Instructor in Hospital and Training School supervisions

Nellie W. Howkinson: B.S. Teachers College, Instructor in Home Nursing.

May I say again what I have often said before, that it is the great wish of the Department to help our Training Schools in working out the many difficult educational problems which are being pressed upon them now and which must inevitably arise in increasing degree in the future. In their behalf we want to utilize in the fullest measure the rich resources of the College. There is nothing that lies within our power which we are not eager to do.

ANNA C. MAXWELL,
Chairman.

Miss Clayton: You have heard this very interesting report What is your pleasure?

On motion the report was accepted.

Miss Clayton: May we have the Educational Committee report?

Miss Stewart: Miss Nutting is very sorry that she cannot be here today to read this report. It is a very long report of which I shall read only portions, since much of the material will be brought in in other reports later.

REPORT OF THE COMMITTEE ON EDUCATION OF THE NATIONAL LEAGUE OF NURSING EDUCATION

There is very little to tell about the activities of the Educational Committe as such, this year. The chairman and most of the members have been so completely taken up with problems arising out of the war, that it has been impossible to undertake the two distinct pieces of new work which had been proposed—the reprinting in pamphlet form of the number of important papers and articles on educational subjects and a study of the whole problem of the training of attendants.

The committee is glad to report the completion of the Standard Curriculum, which has been in your hands for some time. The delay in publication was due to the urgency of the war situation last summer which demanded so much of the chairman's time and energy, and to complications in the printing office also due to the war. The same cause is responsible for the increased cost of publication, but we hope that the book will sell well enough to almost if not completely pay for itself. Some copies will be found at the book table and orders may be left there or with Miss Effie Taylor, Johns Hopkins Hospital, for additional copies. The cloth copy is sold for $1.00 and the paper cover 80 cents.

The letters which have been received from some of our Superintendents and teachers and other expressions of approval seem to indicate that this publication is going to be of a good deal of assistance to nursing schools. We should be glad to have the members of the League try it out as far as possible this year and be ready with criticisms and suggestions when we are ready to revise this edition.

It has been customary for the Educational Committee to present from time to time, a review or summary of recent educational progress which may be left in the records of the League to show the steps by which our work has advanced. It seems particularly fitting that such a record should be made of the educational issues and developments of the past critical year.

The outstanding features of the situation since the opening days of the war, were first the inevitable disorganization caused by the loss of superintendents, teachers and other officers of the training schools, who entered the military service, then the loud cry for more nurses which the training schools were somehow expected to supply, then the clamor for short courses with pressure again on the training schools to give the experience and training which was wanted, and finally the threatened scarcity of applicants which became evident as the short course idea began to sweep through the country. The whole foundation of our educational system seemed to be menaced, and it was not much wonder that our training schools with their already crippled facilities, were for the moment staggered by the new problems confronting them.

It was plain that some effort must be made to strengthen rather than disorganize our present tested and proven system of training, to provide for the needs of the future as well as the immediate emergency, and instead of flooding the country with untrained or semi-trained workers of low efficiency, to build up a nursing force which would really handle the situation, not only at the bottom where the rank and file were needed, but at the top where officers and teachers and organizers were needed and where we have always known that we were particularly weak.

Such a plan of campaign was organized and launched early last summer by a small group of women representing the nursing profession. This informal committee was soon taken over and established officially as the Committee on Nursing of the General

Medical Board of the Council of National Defense. The policies of this committee have been largely educational policies, though at the same time directed toward the practical issues brought forward by the war. The principles which these leaders have stood for have been splendidly supported by the nursing schools of the country and by a large body of educators and citizens who have recognized the difference between the constructive and far-reaching measures proposed, and the temporary make-shifts and panaceas which the unthinking public has been clamoring for.

The activities of this committee are far too extensive to be given in detail here, but the main effort has been along the following lines:

1. To capitalize the patriotic impulse in women which was searching for a vital mode of expression and to turn this impulse toward the professional rather than the amateur practice of nursing. Especially to interest the better educated and more serious type of young woman in nursing.

2. To fill up the training schools to their fullest capacity, to enlarge training facilities wherever possible and to admit larger classes. To care for these larger numbers it was recommended that housing accommodations should be increased by renting or loan of adjacent buildings, by admitting non-resident pupils, and by affiliations in the senior year which would strengthen the training and at the same time provide for more pupils being trained and housed.

3. To push forward the training of these new recruits as rapidly as possible so that they might graduate at the earliest possible moment or at least be ready in case of urgent necessity to take over some of the work now carried by graduate nurses. With this end in view, several training schools took in extra classes last summer and thus gained at least three months of time for a considerable number of pupils. A good many also accepted at once the suggestion of offering as an emergency measure a somewhat shorter period of hospital training for college women who brought a good scientific background. It was felt that such students should master essentials of the nursing training more rapidly and qualify a little earlier for teaching and organizing positions. By pushing forward the training of all pupils somewhat, it would be possible in case of urgent necessity to release selected senior students for

duty in military hospitals or in other very necessary branches of nursing work. This has been done repeatedly in the case of medical students, and there is no doubt that from the educational as well as the practical viewpoint, such a measure is infinitely to be preferred to a wholesale use of untrained workers in military hospitals or a sweeping measure which would cut down the regular period of training.

4. To relieve the over-burdened training schools of any of their work which could safely be handled by other educational institutions, and to interest colleges and other reliable educational bodies in opening up their facilities for this teaching. This was simply an extension of the idea which has been gaining ground for some years—that sooner or later the hospitals must turn over some of this growing educational work to agencies which are better qualified to handle distinctly educational problems.

What have been the results so far, of these policies? It is difficult to measure some of them but certain definite facts seem to stand out.

1. The numbers of applicants to training schools have been considerably increased during the past year. This increase is most marked in the schools of recognized standing where special advantages are offered. There is still a lack of applicants in many of the smaller schools and even in some of the larger ones, but generally speaking over the whole country, numbers have increased, and the interest in nursing has been wonderfully strengthened.

2. The type of applicant has improved. A large number of college graduates have come in, and many schools which formerly were obliged to accept women of rather low educational standards are filling their new classes with high school graduates. Some local efforts have been made to lower standards of admission but these have not been effective so far as we have heard.

3. The number of pupils actually admitted for training was greatly increased last year, the returns showing often as much as a 25 per cent increase over the preceding year. What proportion of these are non-resident pupils is not known, but several schools seem to be trying out this plan.

4. The actual standards of nursing training have been somewhat affected by the changes in both medical and nursing staffs, but at the same time there seems to have been rather marked progress along some lines.

In spite of the war and probably because of it certain new features have been added to the regular training. One of the most interesting developments has been the extension of courses in public health nursing during the third year of training. In both Boston and New York provision has been made for the housing and maintenance of a much larger number of pupil nurses who are taking the four months' training in visiting nursing. Both the theoretical and practical work are being much better provided for and besides adding a very attractive feature to the training, the plan is helping to supply the loss of graduate nurses in visiting nurse associations, as well as adding to the total of pupils which the training school can care for.

Another development which promises to strengthen and enrich the nursing training, and to attract more thoughtful and ambitious women into nursing, is the combination professional and academic course leading to the Bachelor of Science Degree. Such a course was arranged last fall between the Presbyterian Hospital, New York and the Department of Nursing and Health, Teachers College, Columbia University. Already seven students having the two years of college training as a basis, have entered for this combination course, and more are planning to enter. Simmons College and the Massachusetts General Hospital have planned a similar combination course of five years to begin next fall.

But the most outstanding event of the year so far as the colleges are concerned, is the proposed Vassar Nursing-Preparatory Course, which has come about directly as a result of the war. The fact that Vassar chose to throw her energies into preparing real nurses and not into any temporary kind of war courses, and that she has succeeded in mobilizing already 300 (we hope soon it will be 500) college women for this field of service, is itself a tremendous contribution not only to the country's need but to the nursing profession itself. We cannot say too much for the fine spirit with which Vassar has thrown herself into this task. From the beginning the representatives appointed by the nursing profession have been consulted on every important step, and every effort has been made to meet our needs and to consider our point of view. The real enthusiasm with which the Vassar group from the president down to the last alumna, have taken up the work of recruiting, could not have been finer, and though there have been a few

inevitable errors in publicity, the results have been wonderfully good. If the idea works out successfully as we hope it will, it may give us the basis for a new kind of affiliation between a college and a whole group of training schools.

Already three other universities, California, Western Reserve, and Iowa, are preparing to follow Vassar's example, and inquiries are coming in steadily from other universities who wish to establish nursing schools in connection with neighboring hospitals. It looks as if the movement to transfer some of the early theoretical work from the training school to other educational institutions, would grow very rapidly, and the only danger at present seems to be that they may plunge in without careful study of the needs of nursing schools and may get started along wrong lines. We need a great many more highly trained women to undertake the development of such courses outside the training school.

5. It is interesting to note that in these new experiments in nursing education, the financial responsibility rests upon the educational institution and the pupil, not on the hospital. The appropriation of the sum of $75,000 by the American Red Cross for the Vassar Course, is especially noteworthy as being the first big gift for the training of undergraduate nurses. The Red Cross has also given a sum of money to the Henry Street Settlement to enable it to enlarge its educational work.

6. A problem which is at once an educational and a legislative problem has come up recently in connection with those states having a compulsory three year law. Some of these laws seem to prevent registered schools from reducing their course for college graduates, arranging for preparatory training in a university, sending their pupils out for training in public health nursing or releasing them for service in military hospitals. In some cases it seems to be possible to secure a liberal interpretation of the law which makes such adjustments possible, but in other cases the only way of securing greater flexibility is by passing an amendment. It would seem to be desirable to clear the way for all States to work together in meeting the war situation, especially where no lowering of existing standards is involved.

7. The old question of hours is still one of the burning issues in all our educational work. No real improvement seems to be evident, though it is hoped that with the larger classes it will be possible gradually to introduce the eight-hour system.

On the whole the educational history of the past year seems to be decidedly encouraging. We have passed through the first period of the war without panic or serious confusion. We have been able to adjust without sacrificing our educational principles. We have strengthened rather than weakened the general position of training schools.

It remains to be seen whether we can hold our ground during the more difficult years that are ahead. The great danger is that we will treasure the outworn tradition and lose sight of the principle, that in the pressure and confusion we will not be ready fully to grasp the big opportunities when they come.

ISABEL M. STEWART,
Secretary.

Miss Clayton: You have heard this splendid report of the Educational Committee. What action will you take?

On motion the report was approved and accepted.

Miss Jammé: May I say here that the University of California is limiting its admission to women who hold a college degree, who will take the course during the summer.

Miss Clayton: The Chair cannot let this opportunity pass by without making this remark, that our standards have been maintained throughout the past year is due largely to the example and the urging that has been set before us by the educational work of this committee. It could not have been done had not every superintendent throughout this country worked with this Educational Committee in trying to maintain these standards. And every one here recognizes most fully under just what stress this has been done. We can set our standards, we can work for them and we must do so. But we also want every superintendent to realize that the National League of Nursing Education realizes that it could not have been done without the coöperation of every superintendent and every member of the League.

May we have the report of the Isabel Hampton Robb Memorial Fund Committee?

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND

No meeting of the entire committee has been held during the year because it has been impossible to secure a quorum. Three meetings of the Executive Committee have been held, in October, 1917, and in January and May, 1918.

Five scholarships were awarded in May, 1917, and a list of six alternates was chosen. Four of those first chosen declined the scholarships for the following reasons: one felt she should take up training school work while the country is at war, two enrolled in the Red Cross, one has serious illness at home. The scholarships were then offered in turn to the six alternates, only two of whom could accept. Two had enrolled with the Red Cross, one was to be married, one had accepted a position she wished to keep. From this list of eleven candidates, the three who used the scholarships were Theresa I. Richmond, Grace L. Reid, Irene R. English.

After consultation with the committee members by letter, the chairman decided to open the list again from July 1, 1917, through August 15, which was done. Twelve applications were received and five scholarships were awarded. One of these was declined as the applicant could not maintain herself while studying. One took a six months' course at Simmons College, Lucy L. Walden. The three who used the full scholarships are Mary M. Marvin, Anne L. Beisel and Ellen L. Buell.

For the present year, seven applications have been received, four of them being later withdrawn because of war conditions. The Executive Committee decided at the January meeting to keep the lists open this year until July 15. The three now awarded are to: Martha E. Erdman, Mary K. Thatcher and Anna Scott.

There have been forty-nine inquiries about scholarships or the loan fund during the year. Rules for the McIsaac Loan Fund were adopted by the Executive Committee at the January meeting. Eleanor A. McI. Jones has returned the amount of the scholarship which was awarded her with interest.

KATHERINE DEWITT,
Secretary.

Miss Clayton: Will the Public Education Committee please give its report?

REPORT OF THE COMMITTEE ON PUBLIC EDUCATION

I hereby submit the report of the Committee on Public Education for the year 1917–1918.

Chairmen were appointed in New York, Michigan, Maryland, Missouri, Rhode Island, Ohio, California, District of Columbia, Pennsylvania, Minnesota and Illinois. The work of the Committee has been largely along the same lines as last year, and the following reports have been submitted:

CALIFORNIA

Talks

In Universities	2
In High Schools	17
Before Women's Committee State Council of Defense	1
Before Women's Clubs	3
Visits to High Schools where talks were not given	10
Visits to Colleges where talks were not given	2

Articles

In State Educational Bulletin	4
In Board of Health Bulletin	12
In Pacific Coast Journal of Nursing	12
News letters with circulation in 700 newspapers	3
Newspapers	4

Message, published by Committee on Nursing, reprinted and sent to 400 High Schools, 4 Colleges, and to numerous individuals.

MARYLAND

The Maryland State League has bought 500 copies of the pamphlet, "Nursing, a National Service" and is distributing it to all of the educational institutions, including hospitals and schools for nurses, throughout the state. In addition to this, several of our superintendents have addressed the high school students in their respective towns. We have asked permission to address every high school and woman's college in the State, but so far have been asked to speak at only a few.

MISSOURI

An article, "How the Educated Woman can Best Serve Her Country," was published in July, 1917, in the Home Circle Magazine Section. This is sold to country newspapers and has a circulation of 140,000. The papers are sold chiefly to Illinois and Missouri. Reprints of the article were purchased and sent to 1200 women graduating from Missouri colleges in 1917. Reprints of an article, entitled "Nursing: A Profession for Educated Women," were sent to 239 women graduating from St. Louis High Schools in June, 1917. Letter circulars, "An Opportunity for Patriotic Service," accompanied by a personal letter were sent to 2000 students in college this year. A letter giving information regarding the choice of a training school was prepared and is being sent out in reply to the inquiries being received for further information regarding the nursing profession.

Addresses were made to the women of the State University, Hardin and Stephens Colleges, Mexico and Cleveland High Schools. About 1200 women were so reached.

Summarizing the report, it will be shown that 144,639 pieces of printed matter have been circulated and 1200 women have been addressed.

The expense of this work has been borne by the Missouri State Nurses' Association and the Woman's Committee of the Council of National Defense, Missouri Division. Both of these organizations have coöperated splendidly. Special note should be made of the help given by Mrs. Frederick Roth.

NEW YORK

Under the direction of the New York City League a pamphlet especially arranged for principals of high schools, on Nursing as a Vocation for Women, was prepared by Miss Stewart of Teachers College. Between ten and twelve thousand of these copies were sent out. Later, the publication was taken over by the Nursing Committee of the Council of National Defense.

A publicity committee was formed with Miss Burgess as chairman. Miss Burgess prepared a pamphlet on "Opportunities Afforded in the Field of Nursing," which was published by the Education Department at Albany. She also addressed various high schools throughout the state.

In New York City a sub-committee of the Mayor's Defense Committee was appointed to consider nursing affairs. Miss Goodrich was appointed chairman. Through the work of the committee, letters were sent to high schools, private schools and women's clubs of New York City and Brooklyn, asking for the privilege of addressing them on the work of nursing, its opportunities and needs, and promising to supply speakers upon the receipt of replies. Many requests were received for speakers to go to various parts of the state, and local speakers were supplied from the various communities. Advice was given to prospective students concerning training schools, and addresses were made before Nurses' Alumnae Associations. At first the expense of the speakers from out of town was met by the Mayor's Committee. Later it was decided to ask the local leagues to subscribe to a fund for this purpose.

RHODE ISLAND

Articles on Nursing Activities have been published in the local papers. Considerable newspaper prominence was given to the work of the nurses in the Rhode Island Red Cross Relief Work in Halifax.

Miss Mary S. Gardner, Superintendent of the Providence District Nursing Association and a member of the Committee on Nursing of the Council of National Defense, recently addressed a public meeting on "The Nursing Situation at the Present Time." Other public health workers have stimulated public interest in nursing work by talks in different localities.

In conjunction with the State Association, the League of Nursing Education was active in the efforts to preserve the state registration law from injurious interference in the legislature. An amendment to the registration law is now pending, which provides for registration of college graduates after a course of two years and three months, during the period of the war.

A talk on nursing and a demonstration of nursing procedures have been given to the faculty and women students of the Rhode Island State College at Kingston, R. I. Efforts have been made to interest high school principals and teachers in national preparedness in nursing.

President MacCracken of Vassar College will give the address at the graduating exercises of the Rhode Island Hospital Training School of Nurses in May and on the following morning will address the students of the Woman's College of Brown University on the Training Camp for Nursing at Vassar College. In this state as elsewhere, the attention of the public has never been drawn as forcibly to the value of a nurse's work as at the present time.

MICHIGAN

The State League has combined with the State Nurses' Association in its publicity campaign. The committee reports 15 articles prepared by an expert who secured publication in about 100 newspapers throughout the state. The inspector of training schools in her itineraries, and many other individual members of the League in their respective localities, have devoted much time to instruction of the public in health conservation and in the value of nursing education. These various means have led to an increasing number of inquiries regarding courses of nursing in the accredited training schools.

The valuable literature prepared by the Committee on Nursing of the General Medical Board of the Council of National Defense is being used to good advantage by the League. These include: Opportunities in the Field of Nursing; Nursing, A National Service, by I. M. Stewart, R.N., M.A.; State Sources of Advice and Information, and the folder on Nursing. These are being distributed to principals of schools of nursing and of high schools, also to many young women and educators seeking information about nursing. This literature was paid for by the Michigan State Board of the American Red Cross, which is actively interesting itself in disseminating a knowledge of nursing and nursing education and standards through its 83 county chapters. The President of the Board, Mr. Sidney T. Miller, is in correspondence with the accredited hospitals of the State to ascertain their resources in nurses and their facilities for an increase. The results are not yet tabulated, but it is clear that there is a considerable shortage of applicants for the training schools, who have required education for entrance.

ILLINOIS

The article "Great Need for Professional Nurses" was published in the following publications: 16 different college bulletins, 25 high school bulletins, 7 religious papers (all national), 12 farm and trades papers, 42 newspapers and 5 educational magazines.

OHIO

The publicity work in Ohio has been done principally through the State and local Committees on Nursing of the Woman's Committee of the Ohio Branch, Council of National Defense the chairman of which was also the President of the State League of Nursing Education.

Seventeen counties have local nursing committees. These committees are in touch with 27 counties. The high schools in all of these 27 counties have been reached, or will have been reached by June 1, 1918.

Addresses have been delivered in 10 Universities and Woman's Colleges throughout the State. One thousand copies of "Opportunities in the Field of Nursing" have been distributed by these committees. Ten thousand copies of the nursing pamphlet issued by the National Committee on Nursing have been printed and distributed by these sub-committees on Nursing of the Council of National Defense. Fifteen hundred of Miss Stewart's pamphlet, "Nursing, A National Service" have also been distributed.

Several local nursing committees have issued pamphlets descriptive of their own schools of nursing, appealing to patriotic young women to enter the nursing work.

The State Board of Nurse Registration, at the request of the State Committee on Nursing has issued a list of the registered schools of nursing in the State of Ohio. These lists are being distributed by the Nursing Committees.

MINNESOTA

From October 1, 1917 to May 1, 1918

Talks to senior high school students	18
Talks to junior high school students	5
Talks to seventh and eighth grade students	10
Talks to women's meetings	46
Talks to joint men and women's meetings	9

Concerning the entering of Training Schools

Personal interviews with teachers (1-2 in each group)	30
Personal interviews with high school students (1-5 in each group)	22
Personal interviews with mothers, concerning nurses training for their daughters	15
Interviews with graduate nurses, concerning the Red Cross membership	15

Requested and had the promise of the printing of 18 articles given by Miss Powell.

In addition to the above work done by Miss Creelman, a member of the League who is working in the Extension Department of the University of Minnesota, copies of the article, "Great Need for Professional Nurses," were sent to all the colleges in the state, to the University and to the high schools in the Twin Cities, with a request that it be published in their school papers.

A talk on "Nursing as a Profession" was given at a vocational conference in the University and Mrs. Blodgett spoke of the Vassar Camp to the seniors of the University and also to a group of women in St. Paul.

LOUISE M. POWELL,
Chairman.

Miss Powell: I wish to mention one item not contained in this report. Under-graduate student nurses have given talks in the high schools from which they graduated with valuable result in obtaining recruits.

Miss Clayton: What will you do with this report?

On motion the report was approved and accepted.

Miss Clayton: No one can hear this report without realizing how far-reaching such publicity will be in its effect upon training schools. We can certainly look for splendid results therein next year.

Miss Powell: Miss Stewart asks me to make this announcement; that any of the material mentioned in Miss Powell's report can be obtained by applying to the Committee on Nursing, Council of National Defense, at Washington. A good deal of it is being distributed free of charge, and any one who wishes may obtain it by writing to Washington.

Miss Clayton: This literature does not have to be paid for in small quantities, but if wanted in larger quantities a nominal sum will be charged.

We have a report from the Revision Committee.

REPORT OF THE COMMITTEE ON REVISION

The Committee on Revision and the special Committee appointed to secure the incorporation of the National League of Nursing Education in the District of Columbia beg to offer the following report:

Acting on instructions received from the Executive Committee at the close of the Philadelphia meeting of 1917, steps were taken to secure the desired new charter. Mr. Eugene Jones of Washington, D. C., who had been engaged by the American Nurses Association for this work, was secured as legal adviser for the National League.

On April 18, 1918, the new certificate of incorporation was obtained and officially recorded in the office of the Recorder of Deeds.

A meeting of the incorporators of the new organization was called for April 20 in Washington at 915 Nineteenth Street. At the request of the Committee, the Secretary and Treasurer of the National League were present in order that necessary information concerning records or financial matters might be readily available. There were present: Miss Clayton, Miss Delano, Miss Noyes, Miss Taylor, Miss McMillan, Miss Greener and Mr. Jones.

On motion, Miss Greener was elected temporary chairman and Miss Taylor temporary secretary of the meeting.

The Constitution and By-Laws, as approved by the National League of Nursing Education at its annual meeting of 1917, with a few necessary modifications and changes, were adopted for the use

of the new organization. It was voted to change Section 1 of Article 13 reducing the number required for a quorum of the Executive Committee at its meetings, from five to three.

The officers and directors, thirteen in number, who were elected at the last annual meeting of our original organization, were elected to serve in the new organization until the election of their successors at the next general meeting of the League, which was fixed for May 6 to 11, to be held in Cleveland, Ohio.

On motion the following preamble and resolution were then unanimously adopted:

Whereas by a resolution duly passed by the National League of Nursing Education a corporation organized under the laws of New York, said New York Association determined to abandon its New York franchise, reorganize under the laws of the District of Columbia and transfer its assets and members to the new corporation.

BE IT THEREFORE RESOLVED that this Association hereby accepts the transfer of the assets of said New York Association and assumes its debt and obligations as of this date, and

BE IT FURTHER RESOLVED that all persons who at the date of the adoption of this resolution were members in good standing of said New York Association, shall stand enrolled as members of this Association, and shall be entitled to all the rights and privileges of membership herein, and credited with the payment of dues in the same manner, to the same extent and with like effect as said persons respectively enjoyed or were entitled to by virtue of their membership in said New York Association, and

BE IT FURTHER RESOLVED that until their successors are appointed at the next convention to be held in May 1918, the personnel of the standing committees provided for in the by-laws be constituted of those persons composing like committees in the New York Association.

The Revision Committee was requested by the Executive Board at its January meeting to take under consideration the matter of increasing the annual dues, on account of the constantly growing expenditures of the organization.

After discussion of this subject it was decided that as in future our general meetings will occur only biennially, thereby greatly reducing our heaviest expense, that of printing the Annual Report, and in view of the fact that many heavy and unusual obligations are being incurred by most of our members at the present time, it would be inadvisable to recommend any immediate increase of dues.

There being no further business the meeting adjourned.

ELIZABETH A. GREENER, *Chairman*.

Miss Greener: I have to say this for the work of the Revision Committee. We have been laboring three years very assiduously to secure reorganization in the District of Columbia and we have our charter now and a copy of the constitution and by-laws approved and ready for printing, chartered in accordance with the laws of the District of Columbia; and I will turn this over to the Secretary.

Miss Clayton: This has indeed been a strenuous piece of work for this committee. I am sure the committee is glad to have it ended. What will you do with this report of the Revision Committee?

On motion the report was approved and accepted.

Miss Clayton: A delegate was sent to the Congress of National Service. Miss Wheeler, of Chicago, was the delegate. Is Miss Wheeler here with her report?

Miss Wheeler reported that the Congress of National Service was held in Chicago, February 21. She stated that is was with regret that the Chairman must report that the members of the Committee appointed were unable to attend many of the meetings. The purpose of this congress was to formulate plans to extend the great work now being done in the way of patriotic education, and the resolutions as finally formulated included seven articles on the vigorous prosecution of the war, of general rather than specific interest to the League of Nursing Education.

Miss Clayton: The League of Nursing Education was represented in the National Educational Association in Portland last year and Miss Jammé probably knows more about it than any one else, and although not a delegate, perhaps she will tell us something about it.

Miss Jammé: It has been the consensus of opinion of this organization for some time that we should have representation at the meetings of the National Educational Association. Last year, though late in making application for a place on the program of their annual meeting, Miss Crickinger of the Visiting Nurse Association of Portland, Oregon, presented a paper which received enthusiastic attention as did also a paper on School Nursing presented at the same session. Had we been a little earlier in making application, we might have been given an entire section on their

program and I believe we shall eventually be able to have our own nursing section within this organization.

Miss Taylor: I would like to add to what Miss Jammé has said that the papers which were given by our nurses at that convention have been recorded in the proceedings of the National Education Association, so that the League is represented in their proceedings of last year.

Miss Clayton: It is very important that this organization form as many connections as possible with other educational bodies.

We will now have the reports of the state presidents. Have we one from California?

Miss Jammé: Madam Chairman, the state president is not here and I regret very much to say that the report from California has not yet arrived. I will attempt to give a brief outline of the report.

REPORT OF THE CALIFORNIA STATE LEAGUE OF NURSING EDUCATION

I am not authorized to give a report, but as a member of the California State League of Nursing Education I desire to have this League represented, as its work has been of value in the state during the past year.

The form of organization of the California League consists of two branches—Northern and Southern. This is necessary owing to the geographic situation in the State whereby the two large centers, San Francisco and Los Angeles, are widely separated. The president and secretary are elected usually with the view of having these officers together in one of the localities, the vice-president being in the locality where the president and secretary are not located. The president conducts the monthly meetings in her branch, and the vice-president the monthly meeting in her branch, which makes two meetings each month in the state. The minutes of the meetings are exchanged and read in both branches, thereby prompting unity of work and effort in the state.

During the past year, meetings have been held without any interruption. The programs have been arranged with the view of obtaining discussion with other educators. At one meeting in

San Francisco a member of the City Board of Education, the teachers of chemistry, biology and domestic science from the different high schools of the city were present. A very free and animated discussion was given to the subject of the preparation of girls in high schools for entrance to schools of nursing.

The League is represented on the Executive Board of the Women's Committee of the State Council of Defense, and a representative usually attends the meetings of this body. A committee has been organized in each branch for the purpose of carrying on publicity and to coöperate with the directors of the Bureau of Registration of Nurses in its publicity work.

The League is in strong coöperation with the Bureau of Registration of Nurses and is of great assistance in promoting and carrying out the required standard of education for student nurses and in developing courses for nurses in the universities of the state.

Miss Clayton: Does the organization wish to act on each of these reports separately or after they have all been read?

On motion the action upon the separate state reports was deferred until they have all been read.

Miss Clayton: You will find that all these reports indicate that the same high standards have been maintained throughout the country. You will also find that every state has some new point of interest to present. We will now hear from Connecticut.

REPORT OF THE CONNECTICUT STATE LEAGUE OF NURSING EDUCATION

The Connecticut State League of Nursing Education has held two general meetings during the year, also several executive committee meetings. At the November 1917 meeting Miss Lauder Sutherland was elected president. Upon the sad event of her death Miss Martha J. Wilkinson was appointed to fill her term of office. Miss Sutherland's plans for the May Meeting were carried out. A question box was one of the features also a paper entitled "Hospital War Economics."

1. There has been little difficulty in obtaining applicants, except in the smaller schools.

2. The Publicity Campaign has prepared a summary of the hospitals with training schools, which it distributes freely to the seniors of high schools, members of Y. W. C. A. classes or any other groups of young women whom the Publicity Campaign Representative addresses. From this summary they are given an idea as to the size of the hospital, its advantages, the requirements for admission as probationers, etc.

If a candidate has not the required qualifications for one school, she was given one of the summaries that from it she could see where she might qualify. The Publicity Campaign Representative gives advice in this matter also.

3. Our Representative during the year 1916–1917 visited most of the high schools of the state, and in some cases this meant senior girls only and in others the whole high school and in still others it was a neighborhood affair, everyone being invited. This year 1917–1918 a general tour is again being made throughout the state, Y. W. C. A. classes and Mothers' meetings, etc., are being addressed.

Many of the applicants tell us that they have heard our Representative and feel eager to take up nursing. The lists of all graduates of high schools who have heard our Representative have been distributed to the training schools so that in looking over them the Principal can get some idea of the work that has been done and of the results. The high schools have been asked to include in their course some studies which will be of benefit to young women contemplating taking up nursing.

4. As to Council of Defense, I can give no definite statement, but know that we are cooperating.

5. Nurses although a little slow at first, are enrolling satisfactorily for Red Cross work. New Haven, Bridgeport, and Hartford have sent a great many and smaller towns are doing their share. Hartford Hospital has 39 graduates in active war service, 22 more are enrolling, 23 more are enrolled though not for active service, but are doing work in recruiting. Eight graduate nurses have left the nursing staff of the hospital to enter war service.

Of the 39 enrolled in Active Service there are:

Overseas

Yale Mobile Unit	4
Red Cross Service	7
Canteen Works Corps	1
Canadian Army Medical Corps	4

Home Service

Navy Detachment	9
Red Cross Nursing Service	14

6. Short term courses have met with very little success. Only two hospitals took up the work. I think neither of them finished a term. Women were eager enough to enter the class, but soon tired of it, and when the financial conditions were fully realized, few wished to comply.

Graduates of colleges are admitted to take the regular course in 2 years and 3 months. The Vassar Training Camp candidates will be admitted, to take 2 years practical work.

7. An effort is being made to admit only graduates of high schools to the training schools, and this is being practically accomplished by the larger schools.

The curriculum outlined by the Committee on Education is being carried out.

Hartford Hospital has been enlarged by 27 pupils since May 1, 1917. Number of pupils May 1, 1918, was 165. Because of the greater number of pupil nurses now in the school, it has been possible to institute an eight hour night duty system and also to send pupils to the Hartford Isolation Hospital for a term of six weeks.

MARTHA J. WILKINSON,
President.
LIZZIE L. GOEPPINGER,
Secretary.

Miss Clayton: Is the District of Columbia represented? Illinois?

REPORT OF THE ILLINOIS STATE LEAGUE OF NURSING EDUCATION

Miss Wheeler: Illinois has had about four meetings during this past year of the general society and one in connection with the state meeting at Rockford, and the others have been at Chicago,

and we have had several Executive Committee meetings. We have 114 members only. There should be a larger number than that.

We have had for discussion at these meetings the general topics of the short course, the nurses' aid, the central school, post-graduate courses and one or two papers on educational standards, and the consideration of the number of applicants for admission to our schools, etc.

Our publicity has been taken care of in great degree by the Woman's Committee of the Council of National Defense. We have been very active in speaking to women's clubs, high schools, etc., and we have the word of some of the League members who sat on the committee that much credit is due the teaching center for directing a large number of women who came for short courses to the school of nursing for the regular three year course. At our last meeting we had Miss Major with us, who gave us a number of points for consideration in our plans for next year.

MARY C. WHEELER,
President.

Miss Clayton: For those who are not state presidents may we say that the association asked the state presidents to bring reports definitely stating the conditions in their own state regarding the securing of applicants, the publicity work that has been done, and whether they have any difficulty with the formation of short courses. These three points were to have been especially brought out. May we hear from Indiana?

REPORT OF THE INDIANA STATE LEAGUE OF NURSING EDUCATION

The Indiana State League of Nursing Education has held two meetings during the year. The following topics have been discussed: affiliations, the standard curriculum, the introduction of a credit system into the schools of nursing, a uniform allowance for student nurses throughout the state, and ways and means of securing new students for the training schools.

Plans were made for securing the coöperation of the Superintendents and teachers of the Public Schools, the parent-teacher,

clubs, not only to secure student nurse applicants, but also with a view to planning the curriculum of the high school, looking to the nurses training course.

EDITH G. WILLIS,
President.

Miss Clayton: May we hear from Iowa.

REPORT OF THE IOWA STATE LEAGUE OF NURSING EDUCATION

The Iowa League reported shortage of applicants for training schools soon after war was declared. Later the number of applicants increased above the usual number. The shortage seemed to be due mainly to the fact that every one wanted a short course, leading straight to France.

There is no Bureau of Information, but there is a Publicity Committee in the League. This Committee was unable to do any work because its members were sent into Service in France.

The State Committee on the National Council of Defense of whom Miss Helen Hartley is Chairman, has been organizing a publicity campaign. Miss Hartley did splendid work among high school girls and members of Women's Clubs. The State University has sent out bulletins on "Nursing as a Profession." An address was made before the students of the University, and now a member of the medical faculty is touring part of the state, in order to arouse interest in the nursing profession. The university is bearing the expense of this latter campaign.

There has been some difficulty in enrolling Red Cross Nurses. However, the survey shows that Iowa stands forth in the number of registered nurses sent into service.

During the last State Board examinations, the Des Moines nurses gave a banquet to all who appeared for examination, with the view of recruiting for the Red Cross.

Several attempts have been made to give short courses in nursing, one under the Social Welfare League of Cedar Rapids. As this course was advertised to give women a salary of $18.00 to $20.00 per week, and the object of the course was ostensibly to meet the needs of the poor, a protest was sent out by the State League. The course was to have been given by a non-registered nurse.

The State University of Iowa is planning to give a summer course frankly modeled after the Vassar plan. The University Hospital is asking that this course be given not only to college graduates, but to its regular applicants, who are required to have a high school education. It is hoped that this will be the beginning of a University preparatory course, and that it may eventually be of service to other hospitals as well as the University.

MARY C. HAARER,
President.

Miss Clayton: You are not trying to give a preliminary course to probationers for applicants who have just entered the training schools?

Miss Harrar: It is to be just the same as the preliminary course for the University Hospital.

Miss Clayton: Applicants who have already been accepted for the University Hospital?

Miss Harrar: Yes, instead of giving the work in the hospital we are going to try to give it in the University; in other words, going to try to establish a preliminary course in the University if we can.

Miss Clayton: May we hear from Maryland?

REPORT OF THE MARYLAND STATE LEAGUE OF NURSING EDUCATION

Not all, but many of the Maryland schools have had difficulty in obtaining applicants this last year. The reasons seem to be the demand for young women in well paid commercial positions, and the necessity of aiding in the family support because of the absence of male members who have gone in the service.

Our State Board of Examiners have been acting temporarily as a Bureau of Information and advice to applicants; they submit a list of the accredited schools and are also willing to give applicants a personal interview. The State League expects to appoint a Committee to act as a Bureau of Information for applicants at the May meeting. Several of the high schools have sent lists of their 1918 Classes who are interested in nursing and we are sending them information regarding the schools of Maryland.

We have addressed letters to the high schools several times and have offered to send a speaker at any time, but thus far, have had

very little response. We have also sent to every woman's Educational Institution and to all the accredited high schools in the State, a copy of Miss Stewart's Pamphlet, "Nursing, A National Service."

The President of the State League is a member of the Women's Committee of the State Council of National Defense. In connection with the Maryland State Association, we have had speakers from the Woman's Committee address the two organizations and we have been present and reported at their meetings.

Maryland has had no great difficulty in enrolling Red Cross Nurses and very little regarding short term courses. The Committee on Nursing of the Woman's Division of the State Council of Defense was for a time quite persistent in the opinion that short term courses were a necessity, but were finally persuaded by the Nursing Organizations of the State who were fortunately represented on the Committee, that the efforts of the Council should be directed to assisting the Maryland Schools to uphold their standards and that any other effort at this time would be futile. We believe that this coöperation on the part of the Council of Defense with the State Nursing Organizations, has been of mutual benefit, as it has lead to a much better understanding of Nurses and Nursing conditions by the public.

JANE E. NASH.
President.

Miss Clayton: Is Massachusetts represented? Michigan?

REPORT OF THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION

It is with regret that I report the resignation of the President of the Michigan State League of Nursing Education, Mrs. Mary Jenks Lovering, who was forced to resign on account of ill health.

The membership numbers 57, an increase of 11 during the year. Five members are in active war service.

The coöperation in health education effected last year between the Michigan Agricultural College and the Michigan State League brought the gratifying result of the appointment by the College of Elizabeth L. Parker, R.N., President of the Michigan State Nurses' Association, to the position of Health Specialist in their

Home Economic, Extension Department. Miss Parker's appointment has been of great value to the cause of nursing education in the state and her scope for usefulness has been increased by her recent appointment as State Recruiting Nurse for the Red Cross.

The State League has combined with the State Nurses' Association in its publicity campaign. The Committee reports 15 articles prepared by an expert who secured publication in about 100 newspapers throughout the state. The inspector of training schools in her itineraries, and many other individual members of the League in their respective localities, have devoted much time to instruction of the public in health conservation and in the value of nursing education. These various means have led to an increased number of inquiries regarding courses of nursing in the accredited training schools.

A very close coöperation was effected with the State Nurses' Association and the Michigan Woman's Committee of the Council of National Defense in securing the nursing survey and census. The Michigan Woman's Committee financed the state survey.

The valuable literature prepared by the Committee on Nursing, of the General Medical Board of the Council of National Defense is being used to good advantage by the League. These include: Opportunities in the Field of Nursing and Nursing, A National Service, by I. M. Stewart, R.N., M.A., State Sources of Advice and Information and the folder on Nursing. They are being distributed to principals of schools of nursing and of high schools, also to many young women and educators seeking information about nursing.

This literature was paid for by the Michigan State Board of the American Red Cross, which is actively interesting itself in disseminating a knowledge of nursing and nursing education and standards through its 83 County Chapters. The President of the Board, Mr. Sidney T. Miller, is in correspondence with the accredited hospitals of the State to ascertain their resources in nurses and their facilities for an increase. The results are not yet tabulated, but the fact exists that there is a considerable shortage of applicants for the training schools, who have had the required education for entrance. This applies especially to the small schools and to those connected with the State Hospitals.

This discovery prompted the Executive Board at its last meeting to recommend to the Michigan State League at its annual meeting in Bay City on May 23 that it establish a Bureau of Information, or a committee, to aid in giving advice as to choice of schools or in recommending students to schools where there is a shortage.

The advances that have been made by the University Extension Committee of the State League to the University of Michigan to establish a Department of Nursing and Health in connection with the University resulted in the formation of a joint committee of the Michigan State Nurses' Association, the Public Health Section of the Association and the State League of Nursing Education, to outline a plan to present to the Regents. This Committee has the satisfaction to report that the Regents favor the plan, and that a beginning is to be made at an early date for a special course in Public Health Nursing, which is the immediate and imperative need in Michigan. The condition made is that the nursing profession assume the responsibility of the salary of the Director for the first year in order to prove the experiment.

The Michigan State League of Nursing Education is endeavoring to work as a unit with every other organization that has allied interests in education and patriotism. It is deeply impressed with the ease with which coöperation is facilitated through the manifest awakening of the many leading educational organizations, to the fact that they have many more things in common with nurses and nursing than they ever before realized.

LYSTRA E. GRETTER,
President.

Mrs. Gretter: Madam Chairman, may I pray your indulgence for just a moment? I would like to announce that there is to be held in the City of Detroit next Saturday evening a unit commencement of the seven training schools of Detroit. The feature of this unit commencement will be the presence of Miss Nutting, Miss Baird, Miss Delano and Miss Goodrich.

Miss Clayton: We certainly appreciate the report of the Michigan State Association. This unique idea of the combination of schools for commencement is a very good one, and we appreciate this example of unity of all forces in the community.

May we hear from Minnesota?

REPORT OF THE MINNESOTA STATE LEAGUE OF NURSING EDUCATION

The Minnesota State League of Nursing Education has held four meetings during the last year.

At the annual meeting in October officers were elected and a new constitution and by-laws was adopted as recommended by the National League. At that time $100 was contributed from the treasury of the Committee on Nursing of the Council of National Defense for the Publicity Fund. A $50 Liberty Bond was also subscribed for.

The membership consists of 32 active members, 11 of whom are already members of the National League and several others have applications pending.

Miss Creelman, a member of the League who is working in the Extension Department of the Agricultural College of the University of Minnesota, has done some splendid publicity work through the State, consisting of having published in many farm bulletins and local papers an article prepared by the Committee on Public Education of the National League, entitled Great Need for Professional Nurses. This article has also been sent to many high schools and to all the small colleges in the State with the request that it be published in their college publication. Miss Creelman's full report will be given under the Committee on Public Education.

Under the auspices of the League three meetings have been arranged for head nurses and heads of departments in the hospitals of the Twin Cities. In November a meeting was held for all operating room supervisors and surgical head nurses, in January for all obstetrical nurses, and in March for nurses in charge of contagious departments, medical and children's wards. There was much interest shown and this will continue, we hope, next year.

Committees have been formed in the League to work out a plan by which a number of schools may meet at one place for lectures in order to conserve the time of the physicians giving the lectures.

The League had the privilege of having at its April meeting Miss Adda Eldredge, Inter-state Secretary, who brought much inspiration.

The census of nursing resources made in Minnesota during the

past year showed 40 accredited schools, with the number of new pupils enrolled in 1917 to be 509. They reported that 860 could be enrolled in the fall of 1918. Through inquiry it was found that these schools, with few exceptions, have full spring classes, many of them having enrolled a larger number than usual.

The League has as yet not appointed a clearing house committee but this will be undertaken at the last meeting to be held in June.

When the State is divided into six districts, as it will be in the fall under the new organization, we expect to form local Leagues in these districts.

LOUISE M. POWELL,
President.

Miss Clayton: May we hear from the State of Missouri? New York?

Miss Stewart: Miss Caroline Gray is President of the State League of Nursing Education and she has asked me to present this report.

REPORT OF THE NEW YORK STATE LEAGUE OF NURSING EDUCATION

The twelfth annual meeting of the New York State League of Nursing Education was held on October 16, 1917, at the Hotel Arlington, Binghamton, N. Y. Eighteen applications for membership were accepted, 17 individuals and 1 organization. The total membership is 114 individuals and 6 organizations, viz., The New York City League, The Genesee Valley League, The Mohawk Branch of the New York State League, The Hudson Valley League, The Buffalo Nursing League and the Southern Tier League.

The New York City League has held regular monthly meetings with interesting programs. The average attendance at each has been over 100.

The Teaching Committee of the League has continued its work through the year and furnished an interesting program for two meetings.

The meeting in January was a joint meeting of the Manhattan Red Cross Committee and a mass meeting of the senior pupils of

the New York City registered training schools. The meeting was intended to stimulate Red Cross enrollment; the addresses made by Miss Clara D. Noyes of the Red Cross Nursing Service, Washington, D. C., and Captain Ingram, of the British Recruiting Office, were calculated to produce this effect.

The meeting in February was a joint meeting of the New York and Kings County Nurses Associations. The senior nurses of the registered training schools of New York were guests of the evening. The attendance was about 800. Miss Annie W. Goodrich, President of the American Nurses Association spoke on State Registration, and Mrs. Charles G. Stevenson made a report of the work done by the Legislative Committee in regard to the Nurse Practice Act. Miss Noyes spoke on the "Development of the Red Cross."

A "Representative Committee" of the League has attended the meetings of the Federation of Women's Clubs, the Council of Women's Organizations of New York City, the meetings of the Consumers League and other meetings of vital interest to the League, and all of the organizations with which the League is affiliated.

The Genessee Valley League has held monthly meetings and submits a program of lectures which is most comprehensive and progressive. This League reports that these lectures were made a part of each school curriculum and all the members of the senior classes met with the League each month. They felt that this has stimulated a great deal of interest in the Schools and has meant an opportunity for the pupils to hear and meet representative leaders in the nursing profession.

The Mohawk Branch of the New York State League has held monthly meetings. This League reports that discussion of various hospital and training school problems has helped the members of the League to bring about more uniform standards of work and teaching in the various hospitals which they represent.

The January meeting at which Miss Noyes spoke on her work in the Red Cross Nursing Service was a particularly interesting one and stimulated Red Cross enrollment.

The Hudson Valley League reports that they have held quarterly meetings and have discussed educational, professional and economic problems connected with hospital and training school

management. Their "Question Box" furnished most interesting topics for discussion.

The Buffalo Nursing League reports that they have held quarterly meetings, and have given special attention to the problem of introducing an eight hour day in their schools and to making such changes in their curriculum as will fit their pupils for the demands of government work.

The Southern Tier League reports that they have held quarterly meetings and have made a study of the "Act to Amend the Public Health Law in Regard to the Practice of Nursing."

At the annual meeting of the State League the report of the Educational Committee furnished the basis for the program. Miss Isabel M. Stewart, Chairman of this Committee, presented a "Suggested Curriculum for the Nursing Schools of New York State." This Committee had given much time and thought to the preparation of this curriculum and we felt that their work was a unique contribution to the cause of nursing education in the State.

A paper by Miss Grace Watson, Instructor, Bellevue Hospital, New York City, on "Teaching in Training Schools for Nurses" outlined the instructor's problem in putting the "Suggested Curriculum" into effect.

The discussion was opened by Miss Katherine Ink, Visiting Instructor, New York City, whose paper showed that even the small schools which were not in a position to have a full time instructor could comply with the requirements of the curriculum by availing themselves of the services of a visiting instructor.

An instructive paper on "Invalid Occupation," by Miss Susan Johnson, of Teachers College, New York City, was presented and discussed. Interest in this whole subject was stimulated by the very splendid exhibit provided by the various mental hospitals of the State.

CAROLYN E. GRAY,
President.

Miss Gray has appended answers to the questionnaire sent out, which I will not read.

Miss Clayton: You have heard the report of the New York State League. The Ohio State League.

REPORT OF THE OHIO STATE LEAGUE OF NURSING EDUCATION

The Ohio State League of Nursing Education held its annual meeting on June 8, 1917, in Youngstown, Ohio. A meeting of the Executive Committee of the State League was held in Columbus in March.

Ohio has four local Leagues of Nursing Education; these are in Cleveland, Toledo, Columbus and Cincinnati.

The Cleveland League has a membership of 39. Monthly meetings have been held throughout the year at which such topics as "Parliamentary Law," "Housing Conditions," and "Suffrage" as well as of problems of Nursing Education were discussed. The League has provided speakers for the Nursing Committee of the Woman's Committee, Council of National Defense for Cuyahoga County. The principal work which has been accomplished by the Cleveland League this year has been the planning and organization of a Central Preparatory Course for all the schools of nursing in Cleveland. This course is to be given at Western Reserve University. The course is to be financed by the Mayor's War Board of Cleveland by arrangement of the Nursing Section of the Woman's Committee, Council of National Defense.

The Toledo League has a membership of 43. Two meetings have been held during the year. Their members have been very active in the work of the Nursing Committee of the Council of National Defense and have provided speakers for various meetings.

The Columbus League also has given all effort to the publicity work of the Nursing Committee, Council of National Defense. Members of the League have addressed all the high schools in the County of Franklin and two groups of college women in Wittenberg College in Springfield, and Otterbine College at Westerville.

The Cincinnati League has a membership of 20. Monthly meetings have been held at which the "Keeping of Training School Records," "Affiliations" and other important topics have been considered. In Cincinnati as in other parts of the State, the members of the League were most active on the Nursing Committee of the Council of National Defense, the president of the League is chairman of the Nursing Committee. The Cincinnati League also has planned a Central Probation or Preparatory

Course for the schools of nursing of Cincinnati to be held this coming summer.

The President of the State League of nursing Education was made State Chairman of the Department of Nursing of the Woman's Committee, Ohio Branch, Council of National Defense. Other members of the State League were active in this Council of Defense work feeling that this opportunity to work with and through the Women's Committees in each county might do much for nursing education. Much recruiting of student nurses for the Schools of Ohio has been accomplished through these county committees; seventeen committees have already been organized in counties having the larger cities and through them recruiting is successfully under way. From December to May notable mass meetings were held in Cincinnati, Cleveland Columbus and Dayton. Eleven Women's Colleges and the high schools in over twenty-four counties were addressed and much literature distributed. The State Nursing Committee has estimated that between four and five hundred young women have applied for admission to nursing schools as a result of this publicity and endeavor.

LAURA R. LOGAN,
President.

Miss Clayton: Ohio has certainly been very active. May we hear from Pennsylvania?

REPORT OF THE PENNSYLVANIA STATE LEAGUE OF NURSING EDUCATION

The Pennsylvanis League of Nursing Education was organized in 1916, and is less than two years old. There are 68 active members with an associate membership of two local leagues, the Philadelphia League and the Pittsburgh League. Two other Leagues are in the process of formation at the present time. Pennsylvania has 169 training schools, many of which have less than fifteen nurses. The problem of the small school, therefore, is a very important one to us.

Two months ago a questionnaire was sent out to every school in the state requesting information in regard to their ability to secure applicants, the publicity work done, enrollment in the Red

Cross, short courses, and educational standards. Prompt answers were received from about seventy-five per cent of the schools.

The following summary was made from these reports:

The large schools in which the nurse receives a general training have had about the same number of applicants as they have had for the past three years. A few of the large schools show an increase of from 10 to 15 per cent.

The small schools are having the greatest difficulty in securing applicants, with very few exceptions. Several of these small schools write that heretofore they have had little difficulty in securing applicants with the necessary educational qualifications, but this year they have had very few applicants of any kind. This lack of applicants is attributed to the fact that large salaries are being paid to women who are willing to take commercial positions.

The State as an organization has done little publicity work. Much has been done, however, by the Philadelphia League and by individual schools. One school invited the girls of the graduating classes of the high schools to the Training School and had demonstrations by the nurses in bed-making, disinfecting utensils, bathing patients, etc. Afterwards they were taken through the school and the home and tea was served. A large number of the leaflet on nursing by Miss Isabel Stewart have been sent out to a large mailing list, and whenever the opportunity presented itself, representative nurses have spoken to classes in the high schools, Women's Clubs and Colleges. The Philadelphia League appointed a Committee on Publicity and has as a clearing house for nursing problems, the office of the Division Director of the American Red Cross. The Red Cross work and the nursing problems are dealt with there, and it is believed that the arrangement will be a very satisfactory one to both.

The nurses at first did not respond to the call of the Red Cross Nursing Service as they should, but this, I believe, was due to a failure to understand the imperative need for nurses. Great effort has been made to secure better home surroundings for the nurse, better educational facilities, shorter working hours, and more time for recreation and study.

In spite of the fact that the number of applicants to training schools is less than in previous years, I believe that the educational standards have not been lowered. This is due largely to the

very active work of our educational director. Short courses have been established in several schools in the State. In one instance the three-year course of a large hospital was changed to a two-year course, without raising the educational requirements. In Philadelphia there has been a great deal of agitation for short courses. Letters were sent out from the Committee of the Council of National Defense, requesting that short courses be started at once. The Philadelphia League got in touch immediately with the nursing committee of the Woman's Committee of the Council of National Defense, and the matter was dropped for the time being. Recently it is being agitated again, and short courses are being demanded by the public.

JESSIE J. TURNBULL,
President.

Miss Clayton: We have one more State to hear from.

Miss McKenna: South Carolina's constitution does not allow women to hold office. As a result our Board of Directors is composed entirely of doctors who have a pull with the School of Standards. Our state association came in under this about four years ago and we have been, until last year, fighting for representation on that board. We gained that representation through our state medical association, many local physicians realizing the fact that nurses were the ones best qualified to understand training school standards. Our state association was asked to appoint a committee of six women who would attend these practical examinations, which had never been held before, at their own expense. The state association voted to stand that expense, and this committee of six go up twice a year to be present at the examination, though not allowed to grade the nurses. However, we feel that a very large wedge has been placed.

Our other problem, which is a most serious one, is the fact that this same body of men have frowned down on the matter of affiliation of our small schools with larger schools outside the state. We consulted the Attorney General in this matter on the legal technicality, and we are going to fight this coming year and we expect to win.

Our great strength is the Federated Women's Clubs. South

Carolina has a strong body of federated women and our publicity in the state has been carried out by means of that body.

In regard to the Red Cross in our state, the enrollment of graduate nurses has increased to about seventy-five. Many inquiries concerning the short term course are received by the Nursing Service Committee. I am the only nurse in the state qualified to teach such a course and holding this measure of control, I have exerted every effort to bring before the women of South Carolina the true relation, both as to preparation and service between the short term course and the three year course in nurse training. The result of this teaching has been most satisfactory.

The problem of districting the state has been taken up this year by the State Association. I have been granted a leave of absence from our school to organize this work. In every district there is going to be a League of Nursing Education and a local Red Cross Organization. With three such working bodies we shall be pretty strong, after we have deluged the State Board of Examiners.

I also intend to introduce the new curriculum, which has already found favor with many physicians of the state and which I managed to put in their hands at the last state meeting.

Miss Clayton: Miss McKenna has given us a message we all want to take away with us. She has met her problems with a spirit of challenge that will succeed. If we can all take that message home with us from this convention I am sure we shall succeed as we believe South Carolina will.

Miss Clapp (New Jersey): I represent the State of New Jersey. I am sorry to have to admit that the New Jersey State League of Nursing Education is not yet a member of the National League. Our membership is on the way and I hope that another year I will not have to make such a confession.

But I do feel that New Jersey has made some progress in the way of nursing affairs this year, and if I may take a moment I would like to tell you something about it.

Our survey, which was undertaken by the nursing organization and entirely financed by the nurses, shows an increased number of applicants of decidedly improved personnel. The educational requirements are being met in a great many more instances and the number of pupils at present in training is the largest that the state

has ever known. The shortage of pupil nurses occurs almost without exception in the schools that have little to offer and in schools where the management has changed frequently. Some of our superintendents have spoken to the graduating classes of high schools with very good results. Our activity in the legislature has been the most interesting and vital factor of this year's work. The State Medical Society introduced a bill which practically abolished all educational requirements for entrance into training schools and we had a lively fight on our hands, which we carried very successfully and defeated their bill. One of the doctors who is on the legislative committee which introduced this bill is also a member of the State Council of National Defense. We felt that the publicity that would come to our ideals and ideas through this legislative campaign was very well worth everything that it cost all of us, even though we lost the amendment which we tried to put through for our state association.

The State Chamber of Commerce and the Citizens' Union, which represents about 2000 business men of the State of New Jersey, both volunteered their services in helping to defeat this bill. They gave us much publicity in their publications, and we felt that the help given to us by the lay speakers at the time of our public hearings counted for a great deal more than all the medical help that we could summon.

The President of the League has been appointed a member of the Educational Committee of the State Federation of Women's Clubs, and a concerted effort is now being made in New Jersey to address all the young women who are graduating from high schools this year in order to interest them in the nursing profession.

Miss Clayton: We all know something of the difficulties of New Jersey. We want to congratulate them on the work they have done.

Perhaps some other state that has not been called upon has a report to make.

Miss Boyd (Colorado): The Colorado State League of Nursing Education was organized February 23, 1918. A Constitution and By-Laws has been adopted and officers elected, but the selection of committees has been reserved for a later date.

The Denver League has also been organized and will be conducted along lines similar to the Red Cross Committees. The

State League Constitution and By-Laws will be used with slight modifications to meet the needs of the local organization and the officers will consist of a chairman and a secretary.

Miss Clayton: May we have some action on the acceptance of these reports?

Miss Hilliard: I move that they be accepted.

The motion was seconded.

A Member: Wisconsin should be heard from before these reports are accepted.

Miss Clayton: I do not want Wisconsin left out, because it has been doing important work.

REPORT OF THE WISCONSIN STATE LEAGUE OF NURSING EDUCATION

The League was organized October 1917 at the State Nurses' Convention with twenty-one Charter Members. During the past six months the membership has increased to forty-eight.

Regular meetings were held every two months and special meetings called as necessity demanded.

The League issued 100 copies of an address including the general information from the "Opportunities in the Field of Nursing" supplemented with a Patriotic Appeal for recruiting applicants. Copies were sent to the director of each district (the board of directors of the league includes a member from each district of the state), and the directors were requested to see that the address be presented to high schools, normal schools and clubs in their respective districts.

The Woman's Committee of the State Council of Defense also presented their address in the counties through their Speaker's Bureau.

The registration law has been amended to allow graduates of a standard two years school, who did not register during the waiver registration act, to become registered by taking the examination to be held in June 1918.

The law was also amended to allow college graduates who had completed certain Laboratory work to finish training in two years and three months.

A State Central Directory has been established with head-

quarters at the Nurses Club in Milwaukee. This was obtained through the efforts of the Sub-Nursing Committee of the State Council of Defense. An appropriation of $1500 was granted by legislature for the first year's work. This enabled us to have a salaried registrar. The Directory is composed of a Board of Governors. The chairman of the Board is a Registered Nurse.

Sub-Committees are to be organized in each county of the state for the purpose of conducting local directories. The chairman of these committees is to be a Registered Nurse. She will also serve on the Executive Board of the Woman's Council of Defense, thereby securing the coöperation of the public spirited women of the state. These local committees are to consist of a practical nurse, a nurse's aid and a retired Alumnae Nurse. Thus all phases of nursing activities will be coördinately directed. These county committees are active in recruiting applicants for Training Schools. The object of the Directory is to correlate the work of the various agencies interested in the care of the sick, and to provide a place where information regarding all nursing affairs in the state may be recorded and directed. Many opportunities in nursing affairs present themselves wherein the Directory may become effective.

We hope to make this a success and prove the necessity of such an organization with the ultimate vision of a Central School of Nursing being established. We feel that this is just the beginning.

ADELAIDE NORTHAM,
President.

REPORT OF THE RHODE ISLAND LEAGUE OF NURSING EDUCATION

Five meetings of the League and six of the Executive Committee have been held during the year. These meetings have been devoted largely to consideration of the present vital nursing questions.

The work of the Publicity Committee has been presented in detail to Miss Powell. In general the Committee has been active in keeping the work of schools for nurses and their needs before the public in various ways. No noticeable shortage in applicants has been reported. There have been sufficient applications for

the usual needs but not enough to meet the war situation. The prominence of the nurse at this time has apparently led to an aroused interest and the number of applicants seems rather to be increasing.

We have coöperated with the Rhode Island Section of the Council of National Defense in making a survey of the nursing resources of the state.

Through a committee we have secured subscriptions from nurses for the third Liberty Loan.

Our training schools are coöperating with Vassar College in placing students of the summer Training Camp.

We are making every effort to stimulate enrollment in the Red Cross, especially among the younger nurses as they graduate from the training schools. Considerable difficulty was experienced at first in obtaining enrollments for Red Cross service, particularly among private duty nurses. This may possibly be accounted for by the fact that the private duty nurse drifts out of touch with nursing affairs and often times becomes somewhat self-centered and lacking in esprit de corps.

The League has coöperated with the State Association in preserving the Registration Law from interference by the Legislature which would have entirely annulled its efficacy.

With one exception all the accredited training schools of the state were visited by Miss Eldredge, Inter-State Secretary. This opportunity of personal inspiration from Miss Eldredge, as well as that received from her in public meetings, was greatly valued and we look forward to her coming as we hope she may again next year.

INEZ C. LORD,
President.

Miss Palmer: All of these problems which you have been discussing come into the Journal office every day. Now I wish to say a word about applicants for training schools. A few years ago, perhaps, we used to have quite a number a month from isolated places asking us to recommend a school that would be satisfactory in every way for training. I am getting such letters now, anywhere from three to six a day, and the heavy part of my correspondence is answering these and advising them to the best of my

ability with regard to the choice of a school. College women are the latest group; many of them saying,"I have enrolled for this work. Will you please advise me how to finish my training?" I realize, since I have had ample proof, that the reason why some schools cannot get applicants, particularly the small schools, is because the rank and file of the intelligent young women over this country are having it impressed upon them through all of these different methods that you have discussed here today the difference between a good school and a poor school and the difference between the standing the nurse will have when she comes out of a good or a poor hospital and the importance of choosing the right kind in the beginning. It is up to the school to make itself so satisfactory in the matter of training that it can stand the public scrutiny and criticism of the rank and file of the young women of our country.

Miss Clayton: May we act on this motion that is before the house? It is moved that the reports of the state presidents be accepted.

The motion was seconded by Miss Lawler.

Miss Clayton: It is moved and seconded that the reports of the state presidents be accepted. All those in favor signify by saying aye: opposed. It is carried.

I would like to state that the object of the meeting this morning was to have just such problems presented as have been brought before us and that another meeting will be necessary in order that these problems may be fully and freely discussed. Within the next few days a time can be arranged and I hope you will all go remembering the statements that have been made this morning and read, and remember every discussion from every standpoint. We should have a full two hours to take up these matters.

We still have two or three important business matters before we adjourn. May we hear from the Nominating Committee?

NOMINATION FOR OFFICERS, 1918

President—S. Lillian Clayton.
First Vice-President—Anna C. Jammé.
Second Vice-President—Louise M. Powell.
Secretary—Laura R. Logan.

Treasurer—M. Helena McMillan.

Directors—Four years—Mary C. Wheeler, Annie W. Goodrich, Amy M. Hilliard, Helen Wood.

Directors—Two years—Mary M. Riddle, Anna C. Maxwell, M. Adelaide Nutting, Clara D. Noyes.

CAROLYN E. GRAY,
Chairman.

Miss Clayton: You have heard the report of the Nominating Committee. What is your pleasure?

Miss Eldredge: I move it be accepted.

The motion was seconded.

Miss Clayton: It is moved by Miss Eldredge and seconded that this report be accepted. You have the names to vote on nominated by the Nominating Committee.

The Chair will entertain other nominations from the floor.

Nominations for the various offices were requested. The only one offered was that of Miss Effie J. Taylor as Director for four years. On motion the nominations were then closed.

Miss Clayton: Now we have to appoint a Resolutions Committee. The Chair will entertain a motion.

On motion Miss Helena McMillan was appointed Chairman of the Resolutions Committee with the power to select her own Committee, also that the appointment of tellers be made by the Chair.

Miss Clayton: Is there any special matter that any member wishes to bring up at this time?

Miss Wheeler: In your publicity campaign, this list of accredited schools will help if you will place them in the hands of your women editors, in the general libraries of the city and high school libraries. They are for sale at the book desk, 45 South Union Street, and by your walking delegates.

Miss Clayton: The Secretary has some reports.

Miss Taylor: The report of the Program Committee.

REPORT OF THE PROGRAM COMMITTEE

The Program Committee in presenting this report begs to state that its work has been accomplished under difficulties. Miss Roberts was obliged to withdraw from the chairmanship when called for a special piece of work in connection with the war, and later Miss Trench also withdrew upon going abroad as chief nurse of a Base Hospital Unit.

Two formal meetings of the Committee have been held, both in New York; there have also been several informal conferences.

The present chairman wishes to state that she, too, during the past two months has been called to work in Washington, so that the burden of the work has fallen upon the remaining two members, especially upon Miss Clayton. It is through her efforts that we are today able to place the completed program in your hands.

ELIZABETH C. BURGESS,
Chairman.

On motion the report of the Program Committee was accepted and carried.

On motion the meeting adjourned.

JOINT OPENING SESSION, TUESDAY EVENING, MAY 7, 1918, GRAY'S ARMORY

The meeting was called to order at 8.15 p.m. by Miss Goodrich.

Miss Goodrich: Our convention will be opened by invocation from the Right Reverend William Leonard.

INVOCATION

Miss Goodrich: We have the honor of being welcomed to the City of Cleveland by the Chairman of the Cleveland Woman's Committee of the Council of National Defense and acting Chairman of the Woman's Committee, Ohio Branch, of the Council of National Defense, Miss Belle Sherwin.

ADDRESS OF WELCOME

By BELLE SHERWIN

Chairman, Cleveland Women's Committee, Council of National Defense

There could have been no time in the last fifteen years when Cleveland would not have given you great and instantaneous welcome; because during those years leaders of yours whose names are very well known to you and very well known to us in Cleveland have been leading us who live here into an ever widening knowledge and understanding of the magnitude of the contribution you make to needy human life, and of the fundamental quality that contribution has, what it gives to science, what it has given to public health, what it has given to safety in the life of a city. We have learned how progressive is your contribution, how, as we all stumble to shape our educational systems to meet the needs of our people, our boys and girls of our city, life in its changing forms, you, observant, watchful, have been shaping, pressing new forms of education with higher and higher standards for the vast number of graduates sent out every year. We have learned also, and very particularly, that group with which it has been my great privilege to be associated for fifteen years; we have very particularly learned in Cleveland, through your leaders, what it means to be a citizen of a great industrial city. We have learned what we ought to

know, we have learned a little about what we ought to be and we have not only been shown what we ought to do, but more than that, through the nurses and the nursing service which has been built around your first leaders here, we have begun to learn what are the bases of the things we must do in the understanding of all the people, all the conditions of the city and all the things you wish to have brought about. In other words, we know that the basis of a city department of health—and we know it through you —must be in the knowledge and belief of all the citizens, not the conviction of a few, and that the salvation of a city is not in the method of a few in the offices, but in the understanding of the people of the aims and the methods which public health nurses have taught and have brought to Cleveland and have become the cardinal faith of many of those leaders of public health who have been associated with us women here, and that through you.

Now for all those reasons we should have reason to greet you at any time in the past fifteen years with a sense of benefits received and with enthusiasm for your coming to us, with the promise of what you should leave; but today, when we have been a year at war, and all that year the nation, and very particularly women, have been bubbling in their eagerness but in their unfitness to find the best means of conserving the country, to whose service, for the first time in the history of the nation, women have been called, we women who are not trained have suddenly realized that you have the precious possession and that possession in a sense a shame to all the rest of us that we have it not. You are trained; you have the pattern for training; and we are learning that our first service in nation or state or city is to promote your number and to promote your number with quality. You in your nursing committees under the General Medical Board in the Council of National Defense have stimulated that sort of thing through the country. You have stimulated it in Ohio. There are today seventeen committees in Ohio at work on intensive methods of promoting the numbers of young women of good educational qualifications who are to enter hospital training schools this fall. Even last fall about 50 per cent of the nurses needed in the state were added to the number already enrolled through the efforts of the general committee before the seventeen committees were formed. Within the last month in the City of Cleveland 50 per cent of the nurses

needed for enrollment next fall have been added through a single recruiting meeting to which Miss Goodrich made an enthusing address.

Now you trained and we untrained, you ready and we only wistful to be ready, meet. You bring great promise to the City of Cleveland. The City of Cleveland turns to you with a welcome which it is my pride to bring to you. In the name of the women who will work with you and at your suggestion to do all we can to increase your number; in the name of the University which has made provision for a summer school to hasten the process of making more of you; in the name of the Mayor's Advisory War Board, which has made an appropriation to enable the University to do that service and which has in part created a scholarship fund that women in large numbers who might not otherwise be able to enter nursing training schools this fall may do so; in the name of the women of Cleveland who have learned many times of you and wish to learn again; and in the name of all of the citizens, who speak with you half in envy and wholly in praise as they think of you coming and as they see you here, it is with great pleasure that I welcome you then for all those men and all those women and all those institutions which in the past have profited by your leadership and which look to you now to sow seeds which shall bear fruit in this state as well as in the land.

Miss Goodrich: We are indeed grateful to Miss Sherwin and the City of Cleveland, this city that is so sacred to us through the memory of one of our greatest, perhaps our greatest nurse leader, Isabel Hampton Robb. No memorial that Cleveland could erect to her memory would ever mean to her, what these courses that are being opened in the University and these opportunities that are being made through the committee for young women to avail themselves of those courses, would have meant. And therefore it would be difficult, I am sure, for us to express to Miss Sherwin our gratitude, and through her to the City of Cleveland.

I will ask Miss Clayton, President of the National League of Nursing Education, to welcome you.

ADDRESS OF WELCOME

By S. LILLIAN CLAYTON

President of the National League of Nursing Education

There are many messages to be conveyed to the nursing profession at this time.

Never has it been necessary for us to so strongly emphasize the relation of the nurse to the war activities with her inevitable responsibilities and opportunities for service. How best to meet the problems will be brought forward in our program from day to day.

Therefore, in my welcome, I will not review the year's accomplishments, or set forth the plan for future work—I would but place one thought before you.

If we are to get the greatest inspiration from these discussions, such as shall make for progress in the work, we must think upon the meaning of unity in our effort; unity that comes from a developed mind; that understands the meaning of the international mind; this will furnish the opportunity to do a greater service.

Once the members of the clans found it difficult to think in terms of the tribe, and later, the tribal mind suffered many strains in its effort to meet national dimensions, and now we find it difficult to think of ourselves as citizens of the world.

There has been nothing so indicative of spiritual progress and national efficiency in the pages of history as the two words "Allied Unity" in their relation to the allied armies operating in France. Mr. Balfour has said that no greater proof was ever given to a common cause than has been given recently by President Wilson and the American government in allowing the troops of America to fight, not as an American Army, but with the British and French troops, as one great Army. It is not to be recorded in history that here the American Army stood, there it was forced to yield ground, but history will record that we fought for the national independence, the fine civilization of the allied nations, the federation of the world. Nothing else is of the least importance.

There must be coöperation to meet the needs of our country, and for the good of mankind.

The whole nation must organize, civilian and professional groups alike. Both must understand each other, and through unity of purpose and organization attain the highest working standards and maximum output.

In cases where a full understanding does not exist, there must be a thorough search for the cause. The tasks of today are too large for any one group to plan and execute alone, without serious harm to this ultimate "fine civilization," for which all forces of the world should be allied.

Someone has said, the first question to be answered by any individual or by any social group, facing a difficult situation is whether the crisis is to be met as a challenge to strength, or as an occasion for despair.

In any unrest, weakness will find an opportunity for dismay. Courage will see only a challenge for greater service.

Throughout the past our profession has rendered service of which we are justly proud; much of our pride has been based upon the fact, that largely unaided, we have met our responsibility, have seized our opportunities; but, we realize that a parting of the ways has come, and we must intelligently choose our course.

We shall meet this great world need, because it is our responsibility to do so, just as it was our predecessors' responsibility to meet those of years ago.

If we shall see our duty in terms too small, we shall not see this international service revealed by the war, and accept the new opportunity for habitual thinking and working in terms of the coöperation of professional and non-professional forces.

Let us learn to drop old prejudices; to hold on with confidence to our ideals of education, social ideals, and to all the things that are enduring. Non-essentials let us forget, and let us remember that the greatness of the whole nation is so inextricably bound up with its individuals, that individuals must work together as one great unit.

May each of us now say, "This means me, it means my life, my best self, my highest ideal, my work, if this magnificent opportunity of the times for coöperation is to be realized."

Miss Goodrich: I have the honor of introducing Miss Beard, President of the National Organization of Public Health Nursing, who will add a welcome.

ADDRESS OF WELCOME

By MARY BEARD

President of the National Organization of Public Health Nursing

To work, to be busy at something which needs our work, is a universal craving. To be very much wanted, to feel that others are dependent upon us for care and protection, for sympathy and understanding, is a desire common to almost all women and perhaps even more than to others, to women who have chosen the profession of nursing.

When the history of these days through which we are living, comes at last to be written, surely the great connecting link in that history will be the universal response to this great call to work, a call which has sounded in each of the countries at war. It is truly a call to the colors, and it appeals directly to every man and woman and child in the nation.

"Work will win the war. Help wanted." These are signs to point the way in every trade and in every profession. The defeat of Germany definitely depends upon the will to work to be found in the minds and hearts of the men and women behind the men who are fighting at the front. No good work is produced without good will. It takes both right sentiment and sound intellect to produce good work. Stevenson says "All those who have meant good work with whole heart have done good work," and only that sort will defeat the frightfulness of Germany. It is the soul of a Nation that wins or loses a war.

There is only one means by which we can strengthen the soul of our own great Nation in this time of her need, and that means is to pour out our own lives in work for her. Only if we put our country first and ourselves last shall we be able to determine how we can be of greatest service to her.

There are three great forms of service open to American nurses today and our minds and hearts must be bent unflinchingly upon them until we know beyond a question in which of these services our country most needs us. Also we must make this decision in the searching and pitiless light of a resolution to put our country first and our own inclinations last.

We must have nurses for teachers first because without them there will be no reserve nurses. As many officers, who long to

fight must stay at home and teach soldiers, so must the teaching force of our schools for nurses be maintained at the sacrifice of all personal desire to go to France.

We must have nurses and nurses and nurses for our wounded men in France and here when they come home.

And, we must maintain our home defenses. Frank Parker Stockbridge writes in a current article called "Health at Home to Help the Army."

It is not the croaking of a pessimist to allege that the United States is facing—may confidently expect this year and next, in fact—epidemics of cerebro-spinal meningitis, diphtheria, measles, pneumonia, trachoma and virulent smallpox of an extent unprecedented, that endemic diseases like typhoid and malaria will sweep through communities that have heretofore been comparatively free from them, and that there will result such a reduction in the efficient man-power of the Nation as seriously to threaten our success in this war.

At a special meeting of the War Council of the Red Cross called last summer in Washington to consider matters connected with nursing affairs, a policy was formulated maintaining the principle that "no public health nurse shall be permitted to leave public health nursing work (being necessary both here and abroad) for other war nursing." Let us see to it that we have the true spirit of service in ourselves.

It is here that we must stop again, we public health nurses, and say "My country first, myself last. If I desert now who will take my place?"

Perhaps we do not know quite clearly how much our country needs us nor that each little obscure and often locally unappreciated Tuberculosis or Child Welfare or School or General Visiting or Industrial nurse is actually fighting a winning, not a losing battle against a great force which is menacing our strongest defences. To quote from the same article,

At any time the prevalence of unchecked disease is a serious matter. At this time it is the concern, the direct, vital, personal concern of every American that every individual worker be guarded against illness that will impair his capacity for labor and reduce the output of our factories.

Do you know how much your work counts? It is not "playing the game" to consult our own preferences as to where we will work. The *need for each one of us* must determine that. Unless every

American plays the game to the utmost we cannot defeat Germany, and thereby save all that we value in life.

"Whosoever loses his life shall find it," and to lose our life applies not only to those who die a death of sacrifice for a cause. That hard saying also applies to that which is sometimes the hardest of all sacrifices, losing our lives or submerging them or absorbing them in an honest effort "to do good work with our whole hearts" where *our good work will count most*, not where we may choose to prefer to do it.

May I speak now directly to the Public Health Nurses who are here? Our country needs us for our own special field of work. Shall we desert her now? If we do who will step in to defend her? Think in your own special town or city or country place, who will, who *can* take your place if you leave it and go to France to do the surgical nursing in which if you are honest with yourself you know you are a little rusty? Do you not know that each of you is part of the great winning game, dependent, however, upon you for its power to continue to be a winning game? As an Industrial nurse what a great opportunity you have. To quote again from this same article.

> Let me paint a picture of conditions in one industrial centre, it would not be fair to the community to tell its name. Enough that it is known the world over all as the centre of one of the great world-industries, that its principal product, the output of many enormous factories, is essential to the winning of the war, Three years ago this city had a population of about 70,000. Today there are living within its borders, drawn hitherto by the urgent demand for workers in the factories and the high wages, nearly as many more. They have come from every part of the country, mainly from cities farther east, where similar lines of industry flourish. They are constantly going and coming, the labor turnover in this town has for the last two years averaged above 200 per cent annually. Many of them are "floaters," but a large proportion bring their families with them, expecting and intending to remain.
>
> Those who stay, or most of them, find it impossible to get living quarters except under crowded and insanitary conditions. Those who travel to and from the town do so in crowded day coaches, filled with other workers and their families, moving from place to place. There is no surer means of spreading any communicable disease than to crowd a hundred people into a car intended to seat sixty and introduce among them a single individual infected with disease, or a "carrier" who may not himself be infected. Add to this the exhaustion of the physical reserves through long journeys and little sleep, with cars frequently inadequately heated

and always insufficiently ventilated, tiresome waits in drafty, crowded railroad stations with inadequate sanitary facilities, washing in public basins with common towels, it is not to be wondered at that when travelers who have journeyed under such conditions arrive at their new homes infections break out and epidemics spread through the crowded and insufficiently guarded communities.

That is what happened and is happening in the city I have referred to. It is what is threatening in every industrial centre where the pressure of war work has increased the population and multiplied the labor turnover.

Saving the babies may seem a monotonous routine in contrast to nursing wounded soldiers, but what of the soldiers whose babies will die if you desert them?

Miss Julia Lathrop, in her annual Report for 1917 says:

Great Britain achieved in 1916 the lowest infant mortality rate ever recorded for England and Wales; a fact made more remarkable by the rate for 1915, the first war year, which was higher than that for several preceding years.

The understanding is growing in the United States that permanent success in reducing infant mortality can be achieved only in connection with the protection of mothers.

A program for the United States should include no less than—

1. Public-health nurses, who shall be available for instruction and service as are the public-school teacher and other public officers. Many hundred municipal nurses are already thus employed in the principal cities of the United States, a few are already at work in the country, and the specialization necessary for the protection of mothers and infants would only extend a system already approved.

Miss Lathrop places first in the Essentials for a War-time Program for the protection of mothers and saving of babies, "public health nurses and suitable medical attention."

In Boston during 1917 it was found that the infant mortality under two weeks old was 11.90 per 1000 births. This figure refers only to the babies born of mothers who had received the prenatal care given by the Instructive District Nursing Association. The corresponding figure for the City referring to babies whose mothers had not received such care was 34.19 per 1000 births, making an actual saving of life of 33⅓ per cent.

The Child Conservation Supervisors employed by the Child Conservation Committee of the Department of Health of Massachusetts have stimulated so great an interest in saving baby lives that we are facing at this moment the need of supplying twenty

public health nurses and in a very short time we shall be obliged to supply twenty-four more.

Think then in all earnestness what your work really counts for. What is victory worth, if it comes to a country that has failed her own helpless and unprotected homes at the moment when those homes most sorely needed the defense and up-building that can be given them only through us, the Public Health Nurses of our country? The war is being fought because the world believes in the protection of the weak by the strong. It is almost absurd to enter upon our solemn responsibilities as nurses in the greatest moment in history by violating those very principles at home.

We can see more clearly than we could a year ago and we must act more wisely. We may not go into the trenches, nor even into the munitions works because our training and experience have been, morally at least, commandeered by our country. We may, indeed we must, lose our lives in the eager service of our country wherever she calls us to serve. Let us see to it that we have the true spirit of service in ourselves. Our country first—Ourselves last. We must ask who will take my place if I desert it? We can not win this war unless we all do this.

ADDRESS OF WELCOME

By ANNIE W. GOODRICH

President of the American Nurses Association

We have come together in the most momentous period not in the history of this country but in the history of the world, to consecrate ourselves anew to the service of humanity through our chosen profession. No other purpose would justify our turning for the briefest moment from the various fields, the demands of which not less in one field than in another, cannot today be adequately met.

As, in our desire to render our fullest service, we fix our eyes upon the overwhelming tragedy into which the world is plunged and, in some measure is borne in upon us its unutterable anguish and despair, its superb endurance and renunciations, its marvellous scientific achievements in the destruction and construction of the work of God and man, how infinitesimal, how almost inconsequential and trivial does any individual contribution seem. But

even as the tiny mountain streams growing ever mightier and ever mightier in their consolidating strength find themselves at last in a vast ocean through which they present an overwhelming force, so our puny individual efforts through unification of purpose becoming a greater and greater factor in the conservation of human life have merged into an army that has been called to take its place with the greatest army that has ever been brought into existence. For the first time in the history of our country included in the military establishment is a division of women in an almost definite ratio to the number of men: 1,000,000 men, 10,000 nurses; 4,000,000 men, 40,000 nurses. Upon this body whose function is the conservation of life not less than the body whose function is its destruction is imposed a service that no personal sense of inadequacy permits of escape. Such service as can be rendered must be rendered by every member of our profession today, that through the forceful hands of men and the healing hands of women a purified world may be prepared for the generations that are to come.

It is therefore our highest duty during the few days when, gathered together from all parts of the United States, we meet for the consideration of each aspect of the situation in which we are involved, to prepare a program of work that looks to the most far-reaching results in every field, that leaves no stone unturned to treble, not alone in numbers, but in efficiency, our nursing strength.

Through simple and effective organization we must make it possible to carry to the most remote corner of each state our message to every member, that each and every member may make her full contribution of nurse power. Our organization was indeed timely. The effort of the National Organization to decentralize, throwing back upon the state the burden of its responsibility is in strict accord with the policy of the Federal Government and as in contrast to the policy pursued at the time of the Civil War in such matters as the draft and other similar measures. Little did those whose vision brought these great associations of ours into such early existence, providing them with an official organ, dream of the public service they would be called upon to render and through these means only could effectively render.

Through ever closer and closer coöperation with all sister organizations, must the woman power of the country, so increasingly great, be brought to strengthen our hands so overfull and still so

pitifully weak. Ours is essentially a woman's problem and therefore theirs to understand and aid us in.

To the institutions of higher education already responding to our needs must go a stronger and more far-reaching appeal that the interest of our girls be aroused and not alone to the dramatic element of the nursing field at this time but to the great verities of its service to civilization: its potential contribution to the happiness of the race through the conservation of its health; its potential contribution to its spiritual and mental development so dependent on the normal body: the part it may play in the diminution of or even the eventual abolishment of those institutions that are as much monuments to the defects of our social state as are our institutions of learning and religion to its virtues, i. e. our institutions for dependents, for incurables, our prisons, penitentiaries and jails whose heavy doors have closed and are still closing not only on the men and women victims of our social system, but on the children blotting the sunshine out of little lives that can only reach an efficient maturity through its rays. Of whom should we expect a more penetrating vision, a broader social interpretation than those in whose hands is placed the shaping of the thought and through thoughts the lives of the citizens of tomorrow, and those whose thoughts have been shaped. I would not think that there would have to be a war to call our students to the nursing fields or to make faculties perceive their social values. Inspired by visions of their usefulness, equipped with tools through which to reach their goal these nurses of tomorrow should break down walls that we of today have never tried to scale.

There is another group that we must reach and make our call ring in their ears for their own sake not less than for the sake of those who need their services, the young women who through the fortune of environment are not compelled to earn their daily bread, until they take their place beside their sisters who have always toiled, sharing in their renunciations and rendering a service so complete that they shall not suffer the after smart of undeserved applause but reap the benefits that accrue to those who have demanded of themselves a full conformance to the requirements for a chosen field.

And last ourselves, what is our program for ourselves, the army of trained workers called to the side of these men, picked men, men

that it was planned or so we thought, should build through years of healthy, happy manhood, our democracy? Never in our history have we been so under fire, never perhaps again will there be such a period of testing. With all the strength we have, with all the undreamed of strength we can summon, in every manner of which we can conceive, through every avenue of service we can find we should seek to raise the standard of nursing so immeasurably above the service rendered in all previous wars, in the military field today, in civil life, that after this ghastly struggle is over, freed, through a record of high service, from commercial uses, the hamperings of social prejudices, the limitations of inadequate preparation, our profession may contribute in fullest measure to the restoration of this crippled, scarred humanity. *This is our sacred legacy of labor from the young fathers of the country that their supreme sacrifice may bear fruit through a fair unblemished manhood of tomorrow.*

I wish, if it would make my message stronger, that I might have come to you with knowledge gained first hand, not alone from our camps of preparation, but from those under fire; but what I have seen leaves me in no doubt as to our attitude or action at this time, whether as part of the military establishment or serving our country through some other field. And in my conception of this service the military system plays no small part. In this establishment we have through the unification of forces, a body of labor that gives the greatest return in the shortest period of time. A system of control and direction that establishes simply and incontestably the authoritative voice. Its demand that all accessories that consume space, time or thought that are not needed for its own design shall be abandoned, commands a maximum of individual services. Through it was achieved the greatest engineering and sanitary feat of the century if not of the ages. However short it may have fallen of its own or the communities' desired achievements at this time, its great accomplishments already justify its methods and commend its system for situations where concentrated effort, and concerted action are required.

The official bulletin for April 8, reviewing the first year of America's participation in the war, states as follows:

The outstanding feature of the first year of war has been the sudden transformation of America's young and able manhood into an army that

today numbers 12,380 officers and 1,528,924 enlisted men, whereas one year ago today the total actual strength of this uniform force was but 9,524 officers and 202,510 enlisted men.

Gathered from every walk of life, accustomed to an individuality in thought and action through citizenship under a Government that has not heretofore expressed itself in terms of autocratic control, this great army is uncomplainingly learning its rapid and rigid lesson in the subordination of self to the machine. For it and in no small measure through it, plains have been converted into cities and the great hospitals scientifically equipped have arisen almost overnight. Here we have been called to take our place but with no stern exactions, rather with all the considerate thought that could be given in this time of stress and strain, and to render not a new and unchosen service but one of our own election. In order that we may discharge our tasks more heavily weighted with responsibility than appears on the surface, we are asking the device whereby authority in the military system is universally recognized. It should be given us, it has not been denied. Its accordance may mean a conformance to its customs and traditions not hitherto required. I think such conformance should require no military action. Is it too much to ask, I wonder, that we who have seen life at such close range, that have been privileged to come close to its great truths with all its foolish trappings stripped away, should of our own accord demand of ourselves a strict observance of these military customs so that in every way we shall promote and not retard the efficiency upon which so much depends? Is it too much to require of ourselves that as long as this war lasts, we conceive of our service wherever it is rendered as our recreation and our recreation as a service. Such an attitude of mind would find no hours too long to devote to the accomplishment of its self-imposed tasks, no heretofore diversion would have power to attract and no time and space consuming customs of dress be tolerated. The service to be rendered by our profession in these great camps even as in our cities is only limited by the vision of those who perform them, and nursing procedures are not the only items on the list. With minds purged of all selfish interests, intent alone upon the consummation of a gigantic task, let us perform our part. The manhood of our country has been called to undergo a testing not less cruel and searching for soul and mind

than body; are they to emerge triumphant by our hands or hindered by our presence? Pray God that in this crisis of the nations we nurses may not fail.

Let us therefore tonight consecrate ourselves and our services anew for all the days, the months or years if need be of this great struggle even as that master voice who too has learned of life "from the inside" has consecrated his song.

To the men of the tattered battalion which fights till it dies
Dazed with the dust of the battle, the din and the cries
The men with the broken heads and the blood running into their eyes.

Not the ruler for us but the ranker, the tramp of the road
The slave with the sack on his shoulder pricked on with the goad,
The man with too weighty a burden, too heavy a load.

. . . . . .

Others may sing of the wine and the wealth and the mirth,
The portly presence of potentates goodly in girth:—
Ours be the dirt and the dross, the dust and the scum of the earth.
Theirs be the music, the colour, the glory, the gold;
Ours be a handful of ashes, a mouthful of mould,
Of the maimed, of the halt and the blind in the rain and the cold.

. . . . . .

To these shall our service be rendered. Amen.

A Consecration—JOHN MASEFIELD.

Miss Goodrich: We have the very great privilege of having with us today one of England's women who knows perhaps more of the service that English women have rendered than almost anyone else, and we are going to have her tell us something of that service. Miss Fraser.

WOMEN'S PART IN WINNING THE WAR

BY HELEN F. FRASER

National War Savings Committee, London, England

Printed in the *American Journal of Nursing*, August, 1918.

Miss Goodrich: To be distinguished speakers means to be very busy people and always catching trains and we have another speaker who also has to catch a train.

Things are very tempestuous some days, and they are very shaky in these times; but since I have been in Washington there

have been two great stable supports; on the one hand there has been the obelisk, untouched by the heat of summer and the storms of winter, and on the other Colonel Smith, who has been as stable as the obelisk concerning the standards of nursing education.

HOW NURSES ARE MEETING THE PRESENT NEEDS

By LIEUT.-COL. WINFORD H. SMITH

Printed in the *American Journal of Nursing*, August, 1918.

Miss Goodrich;: I am sure that you all will agree that we have had a wonderful opening meeting, and I hope the band is still here and will play "The Star Spangled Banner" and if not we will sing it in our hearts as we go home.

AMERICAN NURSES' ASSOCIATION

LEGISLATIVE SECTION

Wednesday, May 8, 1918, 9.15 p.m.

Miss Jammé: This is a day of great mergers and it has been thought wise, in view of the legislative aspect of both sections, the Legislative Section and the Mental Hygiene Section, to have them merged; because our work touches upon our legislative work, both in mental hygiene and in our own broad branch.

I will ask Miss Thomson, who is Chairman of the Mental Hygiene Section, to take up her business meeting now, and following that we will take up the business session of the Legislative Section.

Miss Thomson: The Mental Hygiene Section, while it has been in existence two years, has had a most informal existence. We have been discussing it this year and I think it should have a registry of members, because I have been more or less embarassed to know who might be interested in electing new officers. I think the only way we can meet that situation this moment is to ask all those in the room who are interested, not necessarily directly in mental work, but who are interested in the problem of mental nursing and mental hygiene, to rise, and we will consider them our membership at the present moment. Those interested in mental nursing please rise.

I know you are all interested. May I ask that before you leave, those who are interested sufficiently register at the information desks as members of the Mental Hygiene Section.

Business considered. Nomination and election of officers of the Mental Hygiene Section. Miss Thomsom elected chairman, Miss Taylor, secretary.

(Miss Jammé resumes the chair.)

Miss Jammé We will now go on with the business meeting of the Legislative Section. First I think it interesting to the members here to have a roll call of states, and if you reply "Present" we will know then how many states are represented, and how many Boards of Examiners are here. I do not care for the names, as you have already registered at the information desk. I will ask the Secretary, however, to call the roll of states.

Secretary DeWitt called the roll of states and the following answered present: California, Colorado, Connecticut, Georgia, Illinois, Indiana, Iowa, Kentucky, Massachusetts, Maryland, Michigan, Missouri, Nebraska, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Utah, Virginia, Washingtom, West Virginia, Wisconsin.

Miss Jammé: It is fine to see such a large representation of the states. I do not believe that at any former convention we have had such a good representation from our Boards of Examiners.

Before continuing with our business this morning I believe we will have a brief explanation of why the Legislative Section was called into existence last year. Previous to the meeting in 1915 in San Francisco we found that we were struggling greatly with the question of reciprocity between states. The laws have been applied in very nearly every state. The requirements were diverse and when it came to the question of reciprocity we found ourselves, just like our medical brothers, in a very bad condition. We called a round table meeting of the Boards of Examiners at the San Francisco meeting and it was so well attended and there was so much enthusiasm and interest expressed, we asked Miss Goodrich if it would not be possible to appoint a committee from the Boards of Examiners to consider these very vital questions and to bring about greater uniformity in the requirements between states. Miss Goodrich rather hesitated to create any more committees. At first she thought such a committee unnecessary. Later, after

we had held a session where she was present, she found that it was necessary and created what was called the Legislative Committee and asked me to take charge of the committee, which I did, and we appointed members from the different parts of the United States; Lauder Sutherland, from Connecticut; Jane Hitchcock, from New York; Mary B. Ayre, from Colorado. These with California represented we felt that the far east, the middle west and the far west were represented. I should have said also that Anna L. Tittman, Inspector of Schools of Nursing in Illinois, was also on that committee.

The first year's work constituted gathering and tabulating data. We presented our results at the meeting in New Orleans in 1916. At that time it seemed necessary, far more than it had in San Francisco, to get our minimum requirements, and the message that came out of the meeting in New Orleans was, that the Committee should work on a tentative draft for minimum requirements for the different states, something on which we could build our work. Therefore the following year the committee labored hard on that and you had the result presented at the Philadelphia meeting. Of course it is a very difficult proposition to outline the minimum requirements that will fit into every state and that will fit into the average school. The discussion at Philadelphia before the general assembly was not altogether satisfactory, as the larger and the better equipped schools were on their feet continually.

In its work the committee I think kept in mind continually the average school. We did not wish to put it down to the lowest denomination, as it were, but we wanted to bring it up to the average and put in something that the schools could follow in Texas, Oklahoma, Missouri, Idaho, Alabama, Florida—in every state. There was a great deal of diversity of opinion in Philadelphia as to these requirements which were merely accepted by the Board of Directors, and we were told to work some more, which we have done this last year.

In Philadelphia before the meeting ended we requested the American Nurses' Association to create a Legislative Section. The Board of Directors agreed and named me Chairman, with power to select a Vice-Chairman and Secretary. Miss Friend, of Ohio, was asked to be the Vice-Chairman and Miss Tittman, of Illinois, the Secretary. The Chair felt that the need of a good

working committee still existed, so the members who had worked on the committee before were asked to continue, with the exception of Miss Sutherland, who requested to resign as her health was not very good at that time. Miss Albaugh Inspector of Nursing in Schools in Connecticut took her place. Therefore the committee during the past year was Miss Albaugh of Connecticut, Miss Hitchcock of New York, Miss Tittman of Illinois, Miss Friend, ex-officio, of Ohio and Miss Mary B. Ayer of Colorado, and myself. We have worked on the Curriculum.

I do not think we will take your time at this meeting, because we have other important things. We will rather go into the manner in which we carried on the work in the requirements this past year at our round table on Thursday, and will then take up the curricula, or the requirements, more specifically than we can do here.

Here the question of our work for the coming year comes up. We are in a very critical period as we understand perfectly that our legislative laws are under tremendous pressure. We want to know if it be wise for us to open up our laws, to go before our legislators again in order to meet the demands that are coming upon us. We have got to stand pretty firmly, we feel, in the question of legislation. It may be our only stronghold. We can hardly see from month to month what the situation will develop. It would seem unwise for us, in my opinion, to rush into further legislation in connection with our own registration laws or to present them before a legislature that may upset what we have already obtained.

We have been working now for a good many years on this question. We have created machinery in each state and we have created some very effective machinery. In some instances the machinery is not particularly effective, but this is probably due not so much to a failure of our own work as to the circumstances in the individual states. In some states we can utilize our machinery to very great purpose. We can make it do far more than possibly our laws seem to indicate. In other states we are held back by our laws and cannot go forward. All of us know what it means to go before a legislature. I think the thing we would dread most of all is to go again before these bodies, and we do not know what would happen to us.

I think in the meeting today later on it might be well for us to take up this question, shall we open up our laws again and accommodate ourselves as it were to existing conditions? Then again, how shall we strengthen our machinery and how can we interpret our laws in order to meet the present condition? These I think are questions that we must consider.

There seems to be a great tendency now towards having attendants trained. You remember that for many years we fought the idea of having two classes of workers caring for the sick. We only wanted one class. Conditions are changing tremendously and it may be that we will have to establish another group, probably called trained attendants, and license them. It would hardly seem to me safe to put in workers of this type unless they were safely licensed, both for their own protection, and for the protection of the public.

Those I think are the two big questions that should come up before us in our deliberations. It may be that there are other things that you think should be considered, and we will be very glad to hear from you a little later on these. The organization of our section this year will probably be the same, I believe, as during the past year, a chairman, a vice-chairman, a secretary and a working committee.

We will now take up the question of the election of officers, and if you will consider the election of a chairman for the coming year, we would like to have some nominations for that office.

Nominations and elections with the following results: Chairman, Miss Jammé; Vice-Chairman, Miss Friend of Ohio and Secretary, Miss Tittman of Illinois.

Miss Allyn (North Carolina): Do you think we had better enlarge the committee?

Miss Jammé: I think your suggestion good. That same thought has occurred to us. It might be a very good thing to have a member of each Board of Examiners on this committee. I think, before we nominate the Chairman of the committee, the plan of work might be outlined as follows: A member of each Board of Examiners be represented on the committee, that the Chair should appoint the committee on the suggestions of the Boards of Examiners because in each state the Board of Examiners knows perfectly well who is best fitted to do the work. The Chair does not always

know that. Therefore it might seem a good suggestion that the Chair write to each Board of Examiners asking it to suggest someone for the committee, and make her appointments accordingly. Each month there should then be a report from this member to the Chair stating what is going on in her state that would conflict or relate in any way to the administration of the law. A letter could then be mimeographed that would reach each board for its monthly meeting, if a monthly meeting is held and keep them acquainted with what was going on in every other state. This would seem to me a very good plan for organization for this next year. That committee would also work on the matter of opening up the laws if necessary, amending or creating new legislation and would consider whatever came up in the respective state board meeting, that it would seem necessary for other states to know about. In this way we could be kept closely unified during this coming year and know exactly what was going on in every state. Through this committee we could get publicity in the American Journal so that the whole country would be kept in very close touch with all legislative work. I would like to have an expression from some one as to the advisability of having a committee of this character. Would the member who just spoke about the committee give me some opinion, Miss Allyn?

Miss Allyn: I think it a very good idea but it would be a tremendously large committee, something like forty members,

Miss Jammé: Yes, it would make a large committee. Possibly from that we could create an Advisory Committee which would be smaller. The Advisory Committee might be the officers.

Miss Allyn: I think that an excellent idea.

Miss Jammé: You think that would be a good plan?

Miss Allyn: Yes.

Miss Jammé: My idea is to bring the states as closely together as we possibly can, take up the question of examinations and grading papers and all the things that are so vital and so necessary and on which we need so much help.

Can I have an expression from some one else about this? It is very important to know how to create our machinery for the next year. Pennsylvania is represented. Pennsylvania is a large state.

Miss Matthews: Through each Examining Board each state is represented and each state knows its own needs. It seems to me it would be a good plan.

Miss Jammé: It would not be hard for Pennsylvania?

Miss Matthews: No.

Miss Jammé: New York is another large state. Is New York represented here?

Mrs. Grant (Buffalo): We need a great deal of work done in Buffalo. I have been in the work for ten years and in looking back I cannot see that it has progressed. We need such help more than we have been able to give it.

Miss Jammé: Is Michigan represented? How about Illinois, another large state. The Nurses' Board of Examiners? I will call on Miss Thomson. We want your opinion too, on the question of a large committee.

Miss Thomson: Illinois does not want to shirk any responsibility which is hers, and I am sure Illinois would be only too glad to become a member of this large committee.

Miss Jammé: Illinois has always, like any other state, coöperated very generously in all our work, and I am sure will so continue. The large states, of course, are hard to handle; the smaller states easier, and yet it is just in the smaller states where the schools are scattered over large territory that we need strong unity. Now I would like to put the matter of this committee to a vote. Are you in favor of drawing this committee from the members of the Boards of Nurse Examiners on the whole, supplemented by an Advisory Committee?

Miss Allyn: I move that that be the case.

(The motion was seconded.)

Miss Jammé: All those in favor of creating this committee, with an Advisory Committee which will consist of the officers of the section, please signify by saying aye; those not in favor. The motion is carried.

Are you also in favor of having this committee appointed by the Chair? May I have a motion to that effect? Or would you rather have the committee appointed by the Chair on the suggestion of the Boards of Examiners?

Miss Rose: I move the committee be appointed by the Chair.

Miss Allyn: I think it was your suggestion that the boards appoint their own members, because they knew better than the Chair would who could be the members.

Miss Jammé: Yes, that is the idea, that the board suggest.

Miss Allyn: I should like to have that amended or changed.

Miss Jammé: Well, I think that need not be changed, because the Chair will write to the Boards of Examiners asking them to make the suggestion and then it will appoint. Is that satisfactory? That settles the question of reorganization for the coming year.

They tell me that the motion was not voted upon for the appointment of the committee by the Chair. All those in favor of that motion, that the Chair appoint the committee on the suggestion of the Boards of Examiners, signify by saying aye; those opposed. The motion is carried.

Therefore our organization is complete for the coming year. There are no minutes to be read as we have had no formal meetings. The Secretary has a very short report, as there was not a great deal of work done from the Secretary's office.

Miss Anna L. Tittman: I rather like to report that this being the formative period of the Legislative Section, a large part of the constructive work fell to the lot of the Chairman, which she did most splendidly. I have no formal report to make except that I did arrange for the principal speaker on the program. I would like to have the credit for that!

Miss Jammé: I think Miss Tittman has done a very great service in securing the principal speaker on the program. I have much pleasure in introducing Dr. Shepardson.

THE CIVIL ADMINISTRATIVE CODE OF ILLINOIS AND THE NURSES' LAW

By FRANCIS W. SHEPARDSON, M.D.

Director of the Department of Registration and Education of Illinois

See *American Journal of Nursing*, August, 1918.

Miss Jammé: I am sure we feel most grateful to Dr. Shepardson for coming to us, especially today, from Springfield, to show us the administration of the Nurses' Registration Act in Illinois under such a machinery. I think that we have been watching the

experiment with great interest, and even now in its experimental stage I am sure we feel happy to see this subject so much in purpose, to see so much stiffening up all along the lines for the school, for the examinations. The very fact that Dr. Shepardson is proud shows the strength of the administration.

On the program, Miss Friend, the Nurse Inspector of Ohio, is going to take up the discussion, and I hope we will have further discussion later. Miss Friend.

Miss Friend: I did not have the pleasure of reading Dr. Shepardson's paper. I have, of course, read a copy of the law and I followed up the work with very much interest. We all know the splendid work that has been done in the state of Illinois in Nurses' Registration, a fine clean-cut piece of work, the splendid reports that were issued, itemizing so many details. This report has practically served as a textbook for nurse examiners and Boards of Nurses' Registration. So we really wondered how the work could be improved on.

I think the point that Dr. Shepardson makes of centralization of some activities necessarily must be very helpful. It must give a greal deal more force to certain of the requirements. That can very well be done through the central body. And the issuing of blanks and such routine work can be done through a central body with much more efficiency and economy.

There are certain special functions, as he also pointed out, that could only be exercised by qualified people such as nurses because it seems that nurses only are acquainted with all the problems peculiar to nursing. I think we have all been impressed at this time with the tremendous demands made on nurses, in so many forms of activity. And at the same time we have been impressed with the fact that nurses' education had been practically left to what you might call private institutions; that is, schools of nursing which are maintained as conveniences and which are somewhat educational, more or less depending on the part of the institution that had the schools of nursing. It does seem at this time, when we have such tremendous demands made on nursing and the state feels it has the right to demand qualified nurses' service that some sort of provision might be made toward state education of nurses.

There is one point I would like to make in connection with Dr. Shepardson's paper and that is the evolution of the schools of

nursing. It has been my experience (of course, we have had more or less a state of chaos the last two years) that you might have several changes in the staff of a single school of nursing in a short time. When we have this change the instructor probably takes with her what material you have given her, and then you have to begin all over again. It really ought to be possible for an educational director to get into schools much oftener than once a year

Now in California they have made provision for that sort of thing. You will find that there is a director of the Bureau of Nursing and of the State Board of Health, and she has ample office force and then, as I hear, two assistants, or a second will soon be provided, to assist in this very important work. It is exceedingly difficult as the thing now is to obtain affiliation for schools of nursing. My personal experience was to find no records that could show you anything, and I have labored two years and I am still not finding the records, so that I can make affiliations.

Then, too, we have a shortage of teachers and have always had, because we have only lately prepared that kind of officer for the school of nursing. Consequently we have rather to take what we find and try to help her out; and as our work is now on that basis, it seems to me that inspection or educational direction of schools is very important and should be largely arranged for.

We do not have normal school training for teachers, as, for instance, they do in the public schools. We are now approaching a minimum requirement for schools of nursing which will be some guide. I think we have been interested to notice this year from Wisconsin and Minnesota already curricula have been issued which correspond somewhat with the national curriculum.

I am sorry that I haven't anything better to give you. Dr. Shepardson's paper was so very full though that I think he has explained to us any points that we would not understand from reading the law.

Miss Jammé: I think, without doubt, probably you will agree with me that we have strengthened our laws very much from year to year, that we are having a better system of inspection under the laws of our state and that our administrative machinery is getting stronger. But at the same time, now that the pressure is upon us very strongly, we will have to strengthen still more. We come here, we have come together once a year with our various

problems and in the few hours that we can get here I think we should have the advantage of every moment. Now that we have Dr. Shepardson with us I am sure he will be very glad to answer any questions we may want to ask with regard to the effect of the administration for Illinois. How has it affected the very small schools? What has been the attitude, probably, of medical societies and of physicians who are in control of small schools? In our own state in California where we have we think, a pretty good administration, a man who was in control of a small hospital said to me the other day, "I am coming to see you at the beginning of September, when your hospital requirement goes into effect; because we are not going to get students sufficient for our training schools." And I invited him to do so, because I thought that would be the very best thing that could be done, as it would bring publicity and show up the condition.

Dr. Shepardson: There are two or three things that have been suggested here in the last minute or two that I want to speak of. Has anybody a natural right to be a nurse? Is a restriction made by an organization something that is working against natural right? I have had quite a bit to do during the last year, and in a painful way, with some medical schools which were developed by the last State Board of Health and found not to be in good standing in the State of Illinois, and this year again they have come around to me about the difficulties in the way of poor boys wanting to be a doctor. No poor boy has got a right to be a doctor. What the law is for is to protect two kinds of people; one, the person that comes under the care of the doctor or the nurse, and the other the person that wants to be a doctor or a nurse. And there is not the slightest bit of doubt that there are lots of places in this country that are taking money from young women on the theory that they are training them to be nurses, when they are giving them nothing at all.

Now something was said here about credentials. The other day it was my good fortune to work with the Surgeon General of the United States Army in the inspection of a certain medical school. It was in good standing in the State of Illinois. We went to the records yesterday and 260 men in that school who have been studying medicine, enlisted men in the United States Army, have been taken away from the school, and the Surgeon General has said it

is no longer in good standing with the United States of America. Why? Because the records of credentials were faulty. They had rubber stamps, names signed with rubber stamps. As one man said,. "they will let anybody in the school, they never let anybody go out of the school as long as he has got money to pay for tuition." The whole system was at fault. And the Surgeon General finally said to me, "In the inspection of a medical school (and I think the same thing is true of the inspection of nurses) 95 per cent of the inspection is on the records." Now the record is kept correctly. Has the person who wants to be a registered nurse a sufficient background to make that person sufficiently able as a nurse to make it worth while for me to trust my life in her hands? Or, more significant, to send her over there to the battlefields of Europe to care for the wounded or the dying who are fighting for you and me? I know what you would do with that doctor. I would tell him, "You ignore the standard set up in the law and we will have the law on you so quick you won't know what hit you."

The Nurses' Law in the State of Illinois is a legislative enactment and the law gives the Examining Committee the power to make over additional rules and regulations; and that matter has been decided in the courts again and again and the courts have always held that where the power is given to the Examining Committee to make additional rules and regulations, if the committee does make such rules and regulations, as are reasonable (of course that is the great test in all these matters, whether they are reasonable) those rules and regulations will stand the test of the courts.

Now there is another thing about the doctors who have come to me. Several doctors said,"Oh, your Nurses' Law in Illinois is a joke." I said, "Why is it a joke?" "Well," they said, "because it has no punch to it. It does not require that everybody who is going to go into professional nursing shall be a registered nurse."

Now it will take a little bit of fighting to get that sort of condition, and I am pretty sure hat is what we are after, to get the law by a fight. In these laws you will find if you start de novo that you have got to make a kind of concession at first. You have got to go on the principle that half a loaf is better than no loaf at all; and then after you work on that way a while, get a little more

power and get a little more power, and by and by so stamp your work on the committee that they will give you all the power you want.

Now I am firmly convinced, after a good many years of educational work, that nobody has a right to be a doctor, a dentist, a barber or anything else except if you regulate and say, "Those professions like nursing are for the skilled. If you can fit yourself for service in that profession you can enter it and if you cannot you may not." And if those poor wretched girls are shut out by the law from being nurses, the thing for them to do is to go to high school somewhere and get the preliminary training so that they can.

Miss Jammé: From what Dr. Shepardson has told us in regard to the law and what I have just read you from this medical society I am sure there are problems arising in each of our states about on the same level. Is there someone here who would like to take up this discussion a little further and give us some idea of what is going on in her own state in regard to the requirements and if she is finding that the poor girl, as the poor boy in medicine, who was present formerly, is still very much in evidence? It does seem to us that the poor girl is not our question at all because it is usually the poor girl who can find her way through high school and who comes to us. It is the lazy girl and the lazy boy who does not want to do it. Can we hear from someone else or has some one any question she would like to bring up for discussion at this moment?

Miss Pindell: I would like to mention my experiences that have been a tremendous help as a superintendent of training schools. In Ann Harbor, Michigan, where I was superintendent of nurses for two years, we referred doubtful applicants to the head of the department of education at the university and accepted his judgment as to the selection of candidates. In New York City I found similar action a great help, since the Secretary of the State Board of Examiners had an office in the city, and it has occurred to me that if in the state some representative of the State Department could be reached, in other words, if the superintendent had this opportunity of referring doubtful candidates to some one in the department, it would be a very great help.

Dr. Shepardson: I would like to say that most of the laws in Illinois, most of the practice acts, provide that if a person has not had the preliminary training he may never pass an examination before the State Superintendent of Public Instruction, who is the officer corresponding to the one you have mentioned undoubtedly. The Nurses' Law does not have that. The other department is trying to have such examiners attached to its staff.

I have been full of indignation—that is the word, over the other point that was mentioned, where cases have come to me where people have deliberately, I do not think there is any other word I can use, deliberately lied to persons who came into their schools, and I am not thinking of nurses' schools alone, when they were not prepared for admission, have taken their money for training and then let those poor people discover, after they have had a whole course of training, that they are not eligible for examination and for license under the law. I think that is a very unfortunate condition.

Miss Jammé: I think that point is very good, that we have taken into our training schools young women whom we know are not prepared, and after giving them six months' training turn them loose again. That thing has been done and that is the thing that we want to try to remedy.

Miss Lawler: In the State of Maryland we have an inspector of applicants who is on a salary and he passes on every applicant from any of the training schools of the state, and this applicant can go to him in his office before she makes application to any school. We are finding that a great many of the applicants who come to us have in some way learned of this and have been to him before they take up the school in the first place. If they have not the high school diploma, they have outlines of work they want to cover before they can qualify, and we find that nurse students, not only in our own state but states at a distance, correspond with him directly and he tells them the number of units they are required to make up and he gets in correspondence with the teacher in their home towns. Sometimes he gives an examination and they can qualify in that way. This has worked out very well.

Miss Jammé: Do you say he belongs to the Department of Education?

Miss Lawler: No, this inspector is employed and paid for by the Board of Examiners. The nurses themselves have nothing to do with the law, you see.

Miss Jammé: Does he issue a certificate to the applicant?

Miss Lawler: Yes, every school in the state demands such a certificate and when we send out the papers, we send this blank which is provided by the State Board of Examiners of Nurses, and when it is returned to us it is sent on to this examiner, who passes on it, and we accept no certificate unless it is returned to us O.K.'d by this preliminary examiner.

Dr. Shepardson: That point is one thing that occurred to me this year. My mind is fully made up that just as soon as the law will allow me to do it I am going to require that an applicant for admission to any professional school, before being matriculated, shall present to the authorities of the school a state entrance certificate; that is to say, he will evaluate the credentials before the person goes into the school and then that point is settled for ever because the head of the school keeps the certificate signed in our department.

Miss Hilliard: Madam Chairman, that is done in New York. We have issued by the State Education Department what is called the nurse student's certificate, which is required in most schools from all candidates before entrance. The students have correspondence with the State Education Department and if their credentials are satisfactory, a nurse student's certificate, which admits them to any registered school in the state, is issued.

Miss Jammé: Miss Hilliard, may I ask if you hold entrance examinations to schools of nursing?

Miss Hilliard: No, we consider that is all done by the State Education Department. We correspond and they issue the credentials, and if that certificate is issued by the State Education Department we accept the statement that is upon the application before us.

Miss Jammé: I think in connection with this association it would be interesting to know which if any states are holding entrance examinations before issuing certificates to a school of nursing.

A Member: In Maryland and New York it is a matter of legislation. Is this examiner appointed by the nurse examiners?

Miss Hilliard: You mean if it is required by the board, or a ruling of the board?

The Member: Yes.

Miss Hilliard: In New York it is regulated. The Regents of the University of the State of New York administer our bill. That is a department measure for all schools that require admission certificates. We just merely come under their ruling.

Miss Jammé: Maryland, Miss Lawler.

Miss Lawler: What is the question?

Miss Jammé: Whether the question of admitting students on admission certificate is included in your law or a ruling of your board.

Miss Lawler: No, the law requires that they shall be high school graduates or have the equivalent. The schools themselves feel that they do not want to be the ones to decide whether they have that equivalent and the Board of Examiners appoints this examiner themselves, simply so that the schools should have some one to refer that question to. And then they insisted, of course, that the credentials of all applicants should be submitted to him before they enter the school at all. It is a ruling of the Board of Examiners, not of the law.

Miss Jammé: Because that is written in your law, that every applicant shall have a high school education?

Miss Lawler: Yes.

Miss Friend: May I state that in Ohio it is written in the law that before matriculation the student shall show evidence of having one year or four units of high school work.

Miss Jammé: I would like to ask Dr. Shepardson if in his acquaintance with the laws he thinks it possible to hold this examination if the requirements for entrance, the education requirements for entrance, are not specified in the law.

Dr. Shepardson: I do not see how you could unless the law says that the committee or board might make rules perfecting the standard. I think there would have to be some such thing as that.

Miss Jammé: Are there any further questions?

Miss Squire (New Jersey): The power and burden of determining the equivalent of one year of high school was placed upon the board by statute, and no provision made at all or suggested for any one who would enter the school, only for a graduate. Consequently

we were treated with the same form of credential that Miss Jammé has just read of perhaps two months in high school or six months as a nurse maid, possibly the sixth grade of the grammar school as equivalent to one year of high school for training school admission. The equivalent is determined in many instances by the superintendent. We feel that the only equivalent for one year in an approved high school is a school approved by the department of education. In instances where registered schools are not giving us that, we have insisted upon it that an instructor who is recognized both in New York and in New Jersey and qualified, shall be placed in the school and that an education shall be given to the pupil nurse who has been defrauded, at the expense of the school, and her academic credentials earned before she goes to the State Board of Examiners or else the school will no longer be approved.

Miss Jammé: Now on the question of opening our laws, which I thought we would take up for discussion here, if you think proper. Is there any state who has found it necessary so far to go to the legislature again and reorganize their laws in order to meet the present situation? It is a great question, of course, where the law demands a three year course in the hospital, whether we can give credit for work outside or not. Would anyone like to have any information on this question?

We have been hearing a great deal in our meetings and before we came to our meetings of the possibility of introducing courses in certain hospitals for training attendants. There seems to be a movement in that direction. Now comes the question of the licensure of such workers. In Dr. Shepardson's paper he made mention of the barber downstairs who is not licensed. In many of our states, in fact I think in most all of our states, we now license barbers and bakers and chiropodists and all workers in public health or wherever they touch the public in any way.

I think the question comes up to us very strongly at the present time, when the question of short courses is presented, of the danger in those courses, the danger later on of women not qualified to care for the sick getting into the field of nursing. I believe in this gathering it would be very well to consider for a few moments the licensure of the trained attendant. I am going to ask Miss Goodrich if she will give us some of the ideas which I am sure she has accumulated on this question.

Miss Goodrich: Of course this is a very important problem for us to face. I have been discussing it for really, one might say, many years. There seems to be a growing opinion that there has to be two classes, a class of attendants and a class of nurses. Just exactly how we are going to discriminate between these two is a very difficult problem. It seems comparatively simple on the face of it, but it is not. However, our growing conviction seems finally to have more or less reached the point where in New York State, for instance, we were very definitely considering putting a clause into our bill, had it gone in this year, for an amendment relating to attendants, and I think perhaps that is the simplest way for me to present the subject.

Our bill was to require that no woman should practice as a trained graduate or certified nurse who had not upon the completion of a course approved by the Regents taken an examination and been registered as a nurse. Now of course it all harks back to our several years' attempt, or an attempt extending over several years, to provide for the licensing of nurses. If we really did the simple and clear thing we would just as much license a person for the practice of nursing as a person is licensed for the practice of pharmacy or medicine or any of those other professional fields for which a license is required. The distinction we would then make would be to provide another class that would be licensed as attendants and that class would be prepared to do the simpler procedures and would be required, perhaps, to have in addition a very elementary amount of theory, which embraces a course in hygiene, anatomy and physiology and such nursing technique as would be understood to relate to the less important procedures, and then to have at least a year's experience in hospitals such as the chronic or convalescent hospitals, where the care was mainly that which was required for the giving to the patients their food and their baths and those simpler procedures which are really not necessarily given by a nurse, but which for many years were given in the household by the mother, sisters, etc., now so frequently no longer at home.

Now it seemed that if the public knew that there were two grades, that there would be many times when people, perhaps of even great means, and certainly the people of moderate means, would get nurses for the more seriously ill cases and for periods of

serious sickness and that after that was over they would obtain the services of an attendant for the convalescent period. Now that would seem to be a perfectly simple procedure. It may not be a simple procedure nor is it a safe procedure until our laws make it clear to the public what they are getting. And I have said so many times in the legislature that I am ashamed to say it again, that the great trouble today is that the untrained attendant is quite frequently practicing as a trained nurse, and that that is the danger of the situation. That it is not what is paid the attendant, it is that the person that is paying should know what he is paying for; that the trained attendant may ask $50 a week and if one wished to pay for that type of service the $50 a week that is not our affair but that we were submitting the health of the community to very great risks unless it knew that that person had not had a proper training in the care of seriously sick cases that they should know that that person was not prepared to take care of serious illnesses.

I do not believe that the person known as an attendant should ever be trained in the wards of a hospital in the care of actively sick cases. I can see her rendering valuable services for the ambulatory cases in such hospitals as I have mentioned, for the chronic and convalescents in many of the tuberculosis hospitals. That kind of care is a different care. Not the acutely sick tuberculosis. Wherever there is an acute illness I again would have to emphasize that I do not see the trained attendant there. I do not see the trained attendant caring for the mental cases that can be restored to a good mental condition. Not for one moment can I see that person there, not on record as an attendant.

I can see that there are a large group of cases that are incurable, that need the most kindly care, watching them and not allowing them to sink too low, and all that sort of thing, which is expressed in custodial care. I hate the word so, that I dislike to repeat it, but it is a fact that there are a large number of mental cases that require mainly intelligent custodial care. That I suppose might be the function of an attendant. But not for one moment do I see a case that has any hope of recovery being again left solely or mainly to that group of persons.

I do foresee it that there might be given certain conditions that a young woman would enter as an attendant and would later com-

plete her education to qualify for admission to a nurses' training school but I do not see her as getting credit for her work as an attendant. I do see that training as being very useful to her and I also see her as being there in the school of nursing and taking her service there. I think it would be equally right, and to my mind it would be strictly analogous if it were said that by virtue of a course of nursing a nurse could be licensed as a physician and that physicians allow her experience as a nurse as part of that medical training. Then I think we should look to it very carefully as to whether we would not allow that period of training as an attendant as part of the nursing course.

I would be very glad to answer any questions. I was not expecting to speak on this subject and I am not at all sure that I have made it in the least clear.

A Member: What do you suggest for the course?

Miss Goodrich: We propose a year's course, wasn't that it, Miss Hilliard?

Miss Hilliard: Yes, for the attendant.

The Member: How many hours for the course?

Miss Goodrich: I am sorry to say that I can not tell you that.

Miss Hilliard: Miss Burgess is in the audience. I think she could state as to that.

Miss Goodrich: How many hours in that outline of curriculum for an attendant? How many hours did that cover for the course, do you recall?

Miss Burgess: I don't recall, but I think it was over 200. I am not sure of it.

Miss Goodrich: Miss Burgess replies it was over 200. Miss Burgess is Inspector of Training Schools, or was, I think, when I went into the War Department, and that curriculum was drawn up in conference with some of the superintendents of training schools.

A Member: I would like to ask would such action eliminate all those women who are trying to do practical nursing because their physicians have told them that that is the only field open to them to earn their livelihood.?

Miss Goodrich: The law that we spoke of?

The Member: Yes.

Miss Goodrich: I do not know. I remember that the former commissioner, Dr. Draper, says somewhere in one of his articles that good legislation is educational and good legislation brings education. I presume that this whole question is a matter of legislation. If we educate the public in the value of having intelligent nursing care, we shall find that the situation settles itself. I cannot conceive even any other purpose in it. We cannot legislate badness or goodness into people. We can by good legislation show the people what we think is right. When the majority or a large enough number of people have reached the conclusion that certain standards are good, they manage to get a law on the statute books, and then by virtue of continually calling attention to that law they educate the people gradually to live up to it. Is that the way? I don't know.

Miss Eldredge: I think that the question that was asked is "Would it shut out the present practical nurses from nursing?"

Miss Goodrich: I do not imagine that you can prevent any one from caring for a sick person, but it will prevent attendants from practicing nursing as nurses. They cannot hold themselves out as such. For instance, we have often used this example. You might order a dose of castor oil for a child. If you did it as a lay person, and the person who accepted it took it knowing that it came from a lay person no one could say anything to you; but if you held out your shingle as entitling you to order castor oil you would be liable under the law. Would that answer your question? The same thing would hold good of an attendant or nurse. If she did certain treatment as a nurse or attendant after such a law was passed, and she was not a nurse or she was not an attendant, she would be liable under the law. There has been a long discussion about nursing in respect to these things and it has been taken up with a desire to prove that it is illegal. The medical men, some of them, are opposed to it and some of them are in favor of this clause.

A Member: In my own city, in Detroit, and I suppose every city in the United States has had the same trouble that we have, so many, many women think that the only way they can earn their livelihood is to nurse. Of course their family physician nine times out of ten has told them that that was the field for them to enter, and when they come to us we find that they have no training, no

experience other than having taken care of some member of their family, perhaps through a last recent illness. That is the kind of people that we would like some way to control because if we do not they will go out to nurse anyway and demand whatever salary they can get, or the physician gives them the privilege to charge.

Mrs. Warner (Tennessee): Has Michigan a compulsory law?

Miss Goodrich: No, there is no compulsory law in Michigan. You see it is a curious fact that it is very difficult for us to get a compulsory law, really, in nursing.

Miss Powell: There isn't any law on earth which could regulate a woman whom any physician wanted to employ as a nurse.

Miss Eldredge: I do not think that we ever want to entirely do away with the fact that people can take care of their sick even though they are not trained.

Miss Jammé: I think the law would read that no one could practice nursing as a business for hire unless licensed by such a body.

A Member: One of the attendants would like to ask a question as to the educational requirements for the entrance course.

Miss Jammé: I think the State of Virginia has recently passed a law. Is there anyone here who can give us any information about the law? Miss Van Vort, will you come to the platform, please, and tell us how it is administered?

Miss Van Vort: First I would like to say that the only clauses in this bill were made, and a few left out, to meet certain conditions existing, as the committee that was elected to draw this bill knew that unless this was done it would meet with a great deal of opposition. We had as patrons of this bill men in the House and Senate, and each patron was made to feel that he was its particular champion and that it was his duty to father and protect this bill. It passed both houses without any opposition whatever. As it was put in the form of a woman's measure there was only one woman who was lobbying in this cause. Miss Randolph is a great lobbyist, it is true. Being a great granddaughter of Thomas Jefferson she inherited the political genius, I am sure.

You will notice that this bill, which I will give you in a short while, is in the hands of the State Board of Nurse Examiners. This had to be done because the new Governor approved most heartily of a civic administrative code, and we knew he was opposed to the enactment of any bill whatever that carried with it the creation of a new board.

Further, this bill, although much time and thought was given to it, had to be rather hastily presented, because one-half of the time had already passed for the time of the meeting of the legislature. In a measure it was absolutely necessary that some steps be taken to safeguard the profession. We knew that several doctors, fairly good doctors but excellent politicians, were endeavoring to lower the standard of our profession by reducing the length of training of the school; but worse still, they were planning to train women in a sort of rapid transit style and we knew that this would be harmful unless it was under the control of the Graduate Nurses' Association of Virginia.

These same doctors had already, with the coöperation of the graduate nurses, started a six weeks' course in public health nursing for graduate nurses. We have broken this up by starting the affiliation of senior pupils of the training schools with that of the School of Social Work and Public Health.

As to the attendant, we have not given it any publicity yet, but to the numerous attendants to whom we have spoken regarding this bill, the better classes have been pleased. We have with us a great many morally unfit and otherwise. This class of attendants or undergraduates or whatever we might call them, have simply sprung into existence in the last few years, with the passing of the old black mammy.

Now as to the law itself:

To provide for the training and licensing of attendants for the sick under certain conditions.

Whereas, by reason of war conditions a serious shortage of nurses is threatened; and

Whereas, it is imperative for the public safety that the standards of professional nursing shall be maintained:

Be it enacted by the General Assembly of Virginia:

1. The State Board of Examiners of Graduate Nurses may in its discretion authorize the establishment of centers of training for attendants for the sick, [*It does not say we must do it. It simply authorized the establishment of centers of training for attendants for the sick and for the admission of persons applying for such training*] provide the kind of training thereunder, the examination of persons completing the prescribed course and the licensing of such persons to do such kind of nursing, public or private, for the period of one year, as such license may designate.

2. The license fee at the first issuance of said license shall be $2.50, to be paid to the State Board of Examiners of Graduate Nurses. The said license may be renewed by the State Board annually and the State Board

may revoke any license for cause, after notice to the holder thereof and opportunity to answer any charges that may be preferred against such person.

3. The State Board of Examiners of Graduate Nurses shall have general supervision of the attendants licensed by it and may make reasonable rules and regulations for the conduct and employment of such attendants.

4. Any person who shall show to the satisfaction of the Board that he or she was engaged in the practice of the care of the sick as an attendant under a graduate nurse, under a registered nurse or in any capacity other than that of a licensed trained graduate or registered nurse at the time of the passage of this act, may be granted, at the discretion of the State Board a license as a licensed attendant without passing an examination; provided application therefore shall be made within six months after the passage of this act and that such application shall be accompanied by credentials and character and extent of training or experience.

5. All persons who have duly received licenses in accordance with the provisions of this act shall be known and styled as licensed attendants, and it shall be unlawful after six months from the passage of this act for any persons to assume or advertise the title of licensed attendants, or to use the abbreviation L.A. or any other words, terms or figures to indicate that the person using the same is a licensed attendant; and any person violating the provisions of this act shall be deemed guilty of a misdemeanor and punished by a fine of not more than $100.00 for the first offence and not more than $200.00 for each subsequent offence.

6. This act shall be effective only until the 1st day of July, 1922, at which date all the licenses granted hereunder shall expire. [*You see it simply gave us the privilege for three years. If we find it is satisfactory of course we hope we will be able to renew it.*] This act shall not be considered to affect existing laws in relation to the examination, registration and licensing of licensed professional nurses, nor apply to attendants at any state hospital, prison or other state, county or city institutions.

7. An emergency existing in the present state of war, this act shall be effective from its passage.

We are going to make it most emphatic to the lazy woman attendant, we are going to make it most emphatic to the attendant that it is a vocation, it is a means of earning her living. It is not going to be a profession. We are going to make that most definitely understood and plain.

Miss Jammé: It is now 12.15. Probably there are many here who want to make other appointments. Shall we go a little further into this discussion or shall we wait and take it up later on at our round table?

Miss Giles: I should like to ask if there is any definite way in which we could get all the information that we have gained this morning for each Board of Examiners and the institutions?

Miss Jammé: I think as soon as the proceedings are put into shape we can have that arranged.

Are there any further questions? If not we will call the two sessions adjourned temporarily until we go into session later on.

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

Joint Meeting

Wednesday Evening, May 8, 1918

The meeting was called to order at 8.25 p.m. at Gray's Armory by Miss Clayton of the National League of Nursing Education.

Miss Clayton: In preparing our program to-night on "How the Public and the Nursing Profession Are Combining to Supply Nursing Needs Before and After the War," we acted with the distinct feeling that no one group of people to-day can meet this great need alone. During the days of our convention the reports that have come back to us from all over the United States as to the coöperation of public and nursing profession are wonderful. Therefore we are particularly disappointed to-night in not being able to present to you the first paper on the printed program, as the speaker could not respond. We particularly wanted the point of view of the layman at this time. Not being able to get that view we are indeed glad to introduce to you Dr. J. E. Cutler, Professor of Sociology of the Western Reserve University, who will talk to us from the standpoint of the educator looking toward the future.

Dr. J. E. Cutler: Madam Chairman, members and friends of the National Nursing Organizations: I would suggest that you look at that program again and see how large that subject is. I count it fortunate for me that I am expected to discuss but one phase of it, and that I am to discuss the subject exclusively from the standpoint of the educator.

HOW THE PUBLIC AND THE NURSING PROFESSION ARE COMBINING TO SUPPLY NURSING NEEDS DURING AND AFTER THE WAR

Approach from the Standpoint of the Educator Looking Toward the Future

By J. E. CUTLER, M.D.

Western Reserve University, Cleveland, Ohio

This is a time when remarkable changes and readjustments are being made with incredible rapidity. What past experience has seemed to fix and determine for all time is suddenly found to be inadequate and unsatisfactory. We find ourselves face to face with new conditions and new requirements. New methods, new standards must be adopted at once. What many intelligent and thoughtful people mistakenly believed could never happen again in the history of the world is happening today. War is being used as a method of settling human differences. The brotherhood of man and peace on earth wait upon a decision to be proclaimed by the roar of cannon and the rattle of machine gun.

Industries must take on government contracts and go over quickly to a war basis. The various professions and the standards of professional training which have been adjusted to peace times must likewise undergo a thorough reorganization. The nursing profession is compelled to make a quick adjustment to war nursing. New demands are thrust upon nurses. It is a time when the training of nurses must be reconsidered.

There are certain general facts about the present situation, to which I wish first to direct your attention. They are pertinent to a discussion of this question of supplying nursing needs during and after the war, and likewise pertinent to the discussion of other social problems requiring most serious consideration at this time. We speak of this war as a reversion. Perhaps it is a reversion as regards certain barbarities which are incident to it; but we must remember that this war marks a new era in human history. There has never been anything like it before on the face of the earth. The number of nations and of peoples involved, the organization and the coöperation which are pro-

ceeding on a scale hitherto scarcely dreamed of, wellnigh world-wide in extent, the size of the territory affected, the number of men under arms, the casualty lists, the use that is being made of physical and chemical forces in the form of new types of machines and of high explosives, the tremendous cost; these facts about it all indicate the error of those who look upon it as a reversion to more primitive methods and a more primitive state of existence.

When properly understood, this war is an episode in social evolution, far removed from the primitive. You will find this interpretation ably set forth in a book entitled *Through War to Peace* which has just come out from the press. The author is Albert G. Keller, Professor of the Science of Society at Yale University. A primitive type of organization is worth nothing today. What is of supreme importance is the best that civilization has yet produced. Knowledge, skill, courage, altruism and morality of the highest order are at an extrordinary premium today. The power of organized human efficiency is being demonstrated as never before, even though it be devoted to an ignoble purpose and be guided by a false philosophy of human welfare. In our reaction against everything that is German and of German origin, we shall make a tragic mistake if we minimize the importance of trained professional skill in the administration of our community affairs and if we underestimate the inherent strength which comes from a proper organization of each and every one of our human interests, be they those of capital, or of labor, or of business, or of the professions.

One of our chief difficulties at the present moment is a disorganized labor market. There is said to be a shortage of labor, and this has disorganized the market for labor, but, in reality, it is the same labor problem that we have had for years. The additional labor supply which came to us by way of immigration has been suddenly cut off and we are now forced to deal frankly and squarely with the question of adjusting labor to the introduction of additional units of power-driven machinery. The labor supply of the country has not yet been seriously affected by the withdrawal of men for the army. The situation calls for labor dilution, as it has been called in Great Britain, and for labor readjustment. For a lack of a general understanding of these facts and of action in accordance with them, the production of essential war materials is being seriously retarded.

Not all of the issues involved in this war have yet been formulated in unmistakable language. The issue of political autocracy is clearly stated. We know what we are fighting for as regards political autocracy. But the issue of industrial autocracy is not clearly stated. The attempts which have been made thus far have failed. Yet it underlies the other. It is present here in Cleveland, as well as in Russia and Germany and Great Britain; it is a part of our war-time conditions. The battle-lines are drawn between capital and labor. Spies are used by both sides and there is plenty of camouflage. The strikes and lockouts in industrial warfare are quite the counterpart of modern raids in military warfare. Neither side is ready to sign the terms of industrial peace. This is one of the main reasons why I think the end of the Great War is not near at hand. Even if the Central Powers and the Allies agreed to a declaration of peace tomorrow we would, by no means, be out of the muddle in which we now find ourselves; the tragedy would not be ended.

The point I wish to emphasize is this. War-time conditions in this country, particularly so far as we stay-at-homes are concerned, are the normal conditions of our existence turned into a more acute form. The problems which we have been facing in a half-hearted fashion for a number of years are now suddenly assuming tremendous proportions and they are right in front of us. Our normal difficulties and perplexities have suddenly been raised to the Nth power. For example, to use another illustration, we have known that the housing conditions of factory workers are lamentably detrimental to their health and their general welfare; we have known that these conditions should be a matter of general concern and that they required concerted action. The real awakening is coming with the effort to get maximum production in our munition plants.

As in the industrial field so also in the educational field, it has been recognized for years, at least by most of the educational leaders, that the boys and girls are not getting in the schools all that modern conditions of life require, their time is being wasted by ill-used vacation periods, they are dropping out of school at various points along the way almost wholly unprepared for the particular work which they will be required to do. The public school system is planned chiefly for those who graduate, but the

results are not wholly satisfactory even for them. There is a commencement for them at the end of the eighth grade, another commencement at the end of the high school course, still another commencement at the end of a college course of four years. At the age of twenty-two they find themselves still *commencing* and still unprepared to do anything in particular. There may be a place for this kind of leisure-class education in an autocracy, but surely there is no place for it in a democracy, if the schools are public and maintained at public expense.

The basic elements in the school curriculum have been derived from the curriculum of the university, which in turn was largely fixed centuries ago and has come down to us from the days of monarchs and privileged nobilities. In our efforts, during the past twenty-five or fifty years, to reorganize the undergraduate curriculum in the American university, the college course of study, we have chiefly succeeded in merely adding new subjects of study to the list of those already there. At the present time the college curriculum is made up of a large number of subjects of study, of specialized fields of human knowledge. The members of the faculty are specialists. No one man, not even if he happens to be the president of the college, undertakes to teach natural science, philosophy and history. That combination is only to be found now in some of the old American college catalogues. Today each member of the faculty must be a specialist. No reputable college selects a man as the head of a department unless he is a specialist.

The college student, however, has an intellectual interest of a very general nature. It is not his purpose to study mathematics for the purpose of becoming a mathematician, nor chemistry to become a chemist, nor philosophy to become a philosopher, and so on. The student must pick and choose from among those specialized departments and get out of each what he can, hoping ultimately to secure a sufficient number of credit hours to meet the requirements for a bachelor's degree, enabling him to participate in a college commencement. So students and instructors go through the various college courses together and what they do together is regarded as having but little significance other than for the purpose of graduation from college. Work in the college and life outside the college are but poorly correlated at the present time, either in the mind of the student or of the instructor.

Do you wonder what all this has to do with the subject under consideration? It has this to do with it. The argument is advanced that nurses' training schools should grant a year of credit to women college graduates and that this will induce more college women to enter the profession of nursing. A "Woman's Plattsburg" at Vassar College this summer is put forward as a great recruiting agency for college women for the nursing profession. The mere fact that they are college graduates is sufficient, according to the argument, for requiring of them one less year of hospital training.

If my diagnosis of the situation is correct the college curriculum needs a pretty thorough overhauling before much can be expected of the plan to effect a satisfactory correlation between the college and the hospital training schools. The "Vassar plan" may serve a useful purpose at this juncture of events and the exemption for one year of service in the hospital, through its appeal to the college woman's vanity, may add somewhat to the number of recruits so greatly needed in the nursing profession; but from the standpoint of the educator looking toward the future these movements do not seem to be sufficiently fundamental to promise large results. College instruction needs adaptation and re-direction, to make it of the utmost interest and value to young women preparing to enter the field of nursing. The nursing profession is likely to be disappointed if a plan of combination is adopted—a five-year plan or any other—which accepts the college curriculum and instruction at its present catalogue value.

But on the other hand, what about the hospital training school as an agency of nursing education? How satisfactorily does it meet or can it be made to meet the nursing needs of the present day? Much might be said with regard to this aspect of the situation. The time allotted to me will permit scarcely more than some very general observations.

First, let me say that we have had a nursing education problem on our hands for a number of years, and the hospital training school has been at the center of the problem. As the hospitals have been increased in number there has been an increasing demand for eligible young women to enter their nurses' training schools. Many of the hospitals have been unable to obtain as many candidates for training as were desired. In accordance with

the demands of the public and of hospital and medical authorities, the nursing profession has been gradually raising the standards of training in these schools for entrance to the profession. It has been assumed, however, that each hospital must have a nurses' training school; without pupil nurses the cost of giving proper care to the patients in the hospital would be prohibitive. The standards set up by the nursing profession are, therefore, held to discriminate against the smaller hospitals and the hospitals in the smaller communities. The rural districts are thereby left without the services of the trained nurse and of modern hospital facilities.

There is also, if I am not mistaken, among the young women entering nursing, a growing dissatisfaction with the hospital training course of three years. It seems to many of them much like a three-year apprenticeship in a particular hospital, at the end of which time they are discharged to practice their profession outside of that hospital, and of all hospitals, for that matter, as best they may. With more or less definiteness they feel that the training given does not adequately prepare them for what they want to do in the practice of their profession, for, if I am correctly informed, a growing proportion of the pupil nurses prefer not to do private nursing. They wish to continue in hospital work in an administrative position, or to enter some form of public health nursing. I am reminded of the analogy of the apprenticeship system for young men as a means of learning a trade and entering industry. That method, admirable and indispensable at one time for young men entering industrial pursuits, no longer meets modern requirements and has almost entirely disappeared. Perhaps the individual hospital training school should now be replaced by a new agency of nursing education; perhaps it has in general completed its term of usefulness and is entitled to the respect and veneration due any agency which has served well its day and generation.

It is clear that the hospital is indispensable for the training of competent doctors, but no one today thinks of medical education as a means of taking care of the patients in the hospital, or as a part of the work of the hospital as such. Medical education is given in schools of medicine in affiliation with the hospitals. The clinical material and clinical facilities are provided by the hospitals in return for services rendered and the teaching is done in a centralized school.

The growing importance of the nursing profession, the recognition now accorded to organized nursing as a health agency, the tremendous need for an adequate trained-nursing service for our armies at the front and for our navy, point to this as a propitious time for putting nursing education upon a new basis. The hospitals themselves are coming to have a recognized social function as health agencies in the community. They can better meet their new responsibilities, if they are not burdened with the maintenance of nurses' training schools. I was told recently by an experienced hospital superintendent that modern hospital administration practically requires the elimination of the training school for nurses. The time has come when we may well consider the organization of a school of nursing, in affiliation with a number of hospitals, as an agency of nursing education much superior to that of the individual hospital training school.

There is another factor in the situation which must not be overlooked. As I have already intimated, the nursing profession itself, quite like other professions, is undergoing a noteworthy transformation. The professional training and the code of ethics governing the practice of a profession, have long centered almost exclusively around the private practice of that profession. Emphasis is now being laid on the *organized* service which a profession should give to the community. "Preventive medicine" and "organized medicine," two terms rapidly coming into use, are undermining some of the characteristic features of the old profession of medicine. This change is stimulated in this case, not only by advances in public health and hygiene, but also by the differentiation of specialties and the multiplication of specialists. An era of specialization must necessarily be followed by an era of organization and coördination of effort. In a similar way, nursing as a profession for private practice is being undermined. Organized nursing is replacing unorganized private nursing. The hospital can take its place as a community health agency only as adjustments of this nature occur in the work of both the medical profession and the nursing profession. The modern community health program involves a degree of team-work and organized professional efficiency which can only be described as a goal not yet attained. We may confidently expect, however, that along with our efforts to carry this war to a victorious conclusion, we shall make very

substantial progress in this direction and approach very much nearer to this goal. Successful military and naval activity means the acquisition of the art of team-work.

It is difficult at a time like this to get any perspective of our tasks and responsibilities. We are overwhelmed by the multitude of adjustments that we are compelled to make all at once. Our fixed habits of living are receiving a decisive interruption; what the national food administrator does not ask us to do, the shrinking purchasing-power of the dollar compels us to do. Our fixed habits of thinking are under attack. We have been thinking habitually in terms of thousands, where we must now strive to think in terms of millions and billions. If we would emerge from our difficulties at the present moment, we must divest ourselves of much that has become fixed in our ways of thinking and of doing things. We must accomplish in one year what ordinarily would have taken ten, twenty or fifty years to accomplish. That is the win-the-war program in a single sentence, so far as this country is concerned. If we would effect a combination to meet nursing needs more adequately, especially if we intend to build for the future, we must bring about at once a thorough readjustment, involving probably the abandonment of some of our firm convictions and generally accepted standards. It has been a long road, beset with many difficulties, over which we have come to secure our present standards of education and training for nurses. The requirement of a three-year course in a training school, maintained by a general hospital with a minimum capacity of fifty beds, is a fixed standard not lightly to be set aside. Yet the time has come perhaps when this standard must be revised, not abandoned, nor lowered necessarily but revised.

For the purpose of illustration, let me cite the case of the teaching profession. This profession is also involved in a crisis. A demand for teachers in the public schools is bringing out into the open a situation which has for years deserved public consideration, i.e., consideration outside of the profession itself. Normal schools have undertaken to train teachers, but it has become evident that their standards and their curricula requires revision, notably as regards the preparation of teachers for rural schools. More than one state has recently taken action to provide one-year courses of training for rural teachers. It is clear that there must be further

differentiation and classification of the members of the teaching profession. One grade of certificate for teaching, nor even two or three grades, fails to meet modern requirements satisfactorily. It is quite possible that the time has come when we may advisedly set up more than one standard by which young women whose qualifications and training differ somewhat, may secure recognized positions in the nursing profession. The important and essential thing is that they have definite training for something in particular, so that they may be able to participate in team-work effectively.

In conclusion, perhaps I can best summarize by stating concretely what might conceivably happen here in the city of Cleveland. Suppose that the College for Women of Western University should establish a department of nursing. It now has only departments of subjects of study. Suppose it should establish a department offering definite preparation for a profession, for example, nursing. Suppose that the leading hospitals of the city should discontinue their individual nurses' training schools and become closely affiliated with this department of nursing, so far as the training of pupil nurses is concerned, making it in effect a central school of nursing for the city. Suppose that the high school girls entering upon this type of college course had their time, including the long vacation periods, apportioned, from the beginning to the end, between the college and the hospitals and certain nursing agencies of the city. At the time they began their college course they would also begin their hospital training. The field work training which we now give to graduate nurses in the University Public Health Nursing District would become an integral part of the course. Suppose that the college faculty specialists should teach their subjects to the students in this course, only as directly related to the profession of nursing. For example, the work given by the Department of English to the nurses would not consist of specialized courses in Old English, Shakespeare, Chaucer, the English novel, the English essay, Famous Biographies of Famous Englishmen, etc.; preferably it would consist of courses in English composition and theme writing, somewhat different from those now given to college freshmen, and courses in American literature and public speaking, perhaps. Suppose, also, that the medical subjects should be taught by members of the faculty of

the School of Medicine and busy practitioners should be relieved of this responsibility.

Suppose further, that four years of this kind of training, of correlated study and experience under supervision, should lead to what would be the equivalent of a first grade certificate in nursing, preparing the candidate for practice, at once, either in the field of public health nursing or of hospital administration, and that this four-year course should be so arranged, by putting more emphasis perhaps on surgical nursing and bedside care, that at the expiration of a shorter period, two years possibly, the candidate might receive what would be the equivalent of a second grade certificate in nursing, entitling her to enter at once upon the private practice of her profession. A further differentiation might conceivably be made for the training of nurse attendants.

Visionary, you say; nothing but a dream! Perhaps it is true that this sketch of some possibilities in combining to supply nursing needs during and after the war is only a dream—a mere collection of vain imaginings and fancies which have been precipitated by the request of your program committee. I would much prefer, at any rate, that you label it a dream, rather than a prophecy. If I should want to modify it somewhat at a later date, I desire perfect freedom to do so. One can always dream a new dream. Prophecies, on the other hand, have an ugly way of remaining fixed and unalterable just about the time when it becomes clear that they will never come true.

It is for all of us, through our joint discussions and conferences and by our action at this time in the effort to meet nursing needs, definitely to determine what value there is, if any, in these random suggestions, all of which I have put before you with no conviction whatever as to their finality.

Miss Clayton: I am sure those of us who wanted to be stimulated to think concerning these problems for the present and the future have received much food for thought from Dr. Cutler's paper.

Our next speaker has been our friend and leader for so many years that we need only speak her name—Miss M. Adelaide Nutting, of the Teacher's College.

HOW THE NURSING PROFESSION IS TRYING TO MEET THE PROBLEMS ARISING OUT OF THE WAR

By M. ADELAIDE NUTTING

Professor of Nursing and Health, and Director of the Department of Nursing and Health, Teachers' College, New York City; Chairman; Committee on Nursing, General Medical Board, Council of National Defense

The problems in nursing which have moved in swift procession to confront us since we entered the war are many and various. It would be difficult even to rehearse them. They are, however, in reality not many problems but one and are but integral parts of our great vital question. How shall we meet the needs of our country for nurses in war time?

And by country we mean the whole country and are thinking of the needs of our homes, hospitals and training schools, as well as of the requirements of our army. We have had to realize how mutually dependent these are, and that the weakness of one part will make the weakness of the other. Our real problem is not only how to mobilize enough nurses for our army, but how to mobilize our whole body of nurses for the wants of all the people. And that is going to be no easy task. Probably very few of us saw clearly what ought to be done during those early weeks of the war. The usual wave of anxiety as to the supply of nurses swept over the country and we pointed with much pride to the foresight with which the Red Cross had built up its nursing reserve of several thousand nurses all enrolled and ready for active service. There were certain time-honored methods of supplementing nurses in military hospitals by briefly trained volunteer workers, and these had been adopted by the Red Cross, approved by the NationalAssociation of Nurses, and with the coöperation of many leading training schools had been carried on for some time before war began.

But when many varieties of short courses in nursing for volunteers began to crop up in schools and colleges throughout the country we felt it better to urge the restriction of such efforts to this one body, the Red Cross, already conducting them and authorized to use their products. The uses of such volunteers in time of war has the sanction of long years of custom and tradition. In countries such as France, for instance, where the modern system of trained nursing is not yet developed, they are necessary to sup-

plement the work of the sisters and other helpers. In England, where there is a very large supply of admirably trained nurses, the uses of volunteers, who are usually women of influence, wealth and position, is an accepted thing. So much so in fact that at times in the beginning of the war such volunteers were given responsible nursing positions in army hospitals while expert trained nurses were offering their services in vain.

The question which very soon pressed itself upon many of us was this: where does the full acceptance of this volunteer plan lead us? Is it the best way of meeting our problems at this time? Can we afford to divert from their regular work of teaching and training pupil nurses any of the energies of the meager supply of training school teachers and supervisors, to this particular work, at this stage of affairs? What will be the effect of offering such short courses upon the flow of applicants into our training schools? And if it reduces them, as seems likely, what will be the ultimate effect upon the whole nursing situation?

The war might last many years—no one could foretell—and it might call ultimately for millions of men, as it is now doing. Any policy it seemed to us which permitted our country to be continuously drained of its best trained and skilled nurses without safeguarding the future by beginning at once to create more skilled and trained nurses to replace them would be indeed short-sighted and unstatesmanlike, and in the long run suicidal.

And it was finally concluded that the essential thing to do was to fill our schools, fill them to the utmost and put every ounce of our energy into creating something that would be a genuine and permanent asset to the country and to nursing. Acting on this belief we set diligently to work to increase the upply of applicants. We appealed to colleges, high schools and private schools, both to principals and to their graduates, to interest themselves in nursing. We wrote, published and issued articles, leaflets and pamphlets in thousands. We carried on an enormous personal correspondence with inquirers, and we sought and got much help from other bodies, both men and women, in our crusade on behalf of the schools. There was much valuable local effort going on steadily all over the country. And then we appealed to training schools to enlarge their classes and make every possible effort to receive and train as many applicants as met their requirements.

Just what the results of all this combined effort will be is not yet known, but from recent statistics it would appear that we have succeeded very well. The statistician of our Committee on Nursing presented me with figures a few days ago showing that about four thousand new students in excess of the usual number were admitted in 1917, and that over three thousand have been admitted so far in 1918, making the whole number of new students admitted since war began something like seven thousand. Some small training schools report an addition of two to four students to their regular number, some larger ones went as high as thirty to forty. But the spirit of coöperation was the same in both and the effort proportionately, possibly, as great in the small school as in the large. So large a response is somewhat beyond our expectations and it is most encouraging to our future efforts. For we shall keep right on. For it is evident that while we have succeeded we have not done enough.

There are still a good many schools unable to secure enough students to carry on their work in any satisfactory way. We must find some way of helping these schools and unless there are inherent difficulties in their situation which they are powerless to remove, they should benefit from the general increase in applicants which has begun to take shape. While over three hundred training schools report that they are very well supplied with applicants, about the same number are not.

The readiness of our training schools to assume heavier burdens and to do their share in adding more largely to the nursing resources of the country should be long remembered. And this leads me directly to our next problem, which is the serious effect upon our training schools of the loss of so many of their highly trained executives and teaching staffs to enter the service of the army. Of such persons there has never been anything like a satisfactory supply, and there is no way whatever of replacing most of these women. "Schools do not run themselves," writes a perplexed young assistant of an important training school whose head has been several months in France, and when on the other hand a very genial chief nurse in France writes that she has on her staff more nurses who are "able executives" than she knows what to do with, and intimates that she wishes some of them could be called to places where their talents could be more fully utilized and that

what she really longs for is a "pupil," we feel entirely sympathetic and wonder if something can't be done to ease up the situation.

The efficiency of the army service as well as of our training schools might be greatly furthered if a good way can be found to bring back some of these specially trained officers to posts now so sorely needing them. They are certainly out of place doing a junior nurse's work anywhere, and such waste of ability and skill should be avoided if possible. A year ago I would have said, and in fact did say, that I did not see how such careful sifting and selection of nurses for army service could be carried out. But this war has been a steady process of education for me, and noting the satisfactory way in which the Red Cross has been handling some such special problems in Public Health Nursing during the past few months confirms me in my belief that some practicable plan can be evolved which will insure keeping at their posts in our teaching hospitals an adequate number of those upon whom the training of teacher nurses depends. Not a single trained instructor of nurses should at this time feel that there is any national service she can render which is comparable in value to that she can give in teaching nurses. At best we have a mere handful of nurses trained for such work.

The time may come when we shall need for active army service every nurse who can be secured, no matter what is left undone elsewhere, when we shall call for every volunteer, partially trained or untrained, but that time does not appear to have been reached yet. When it comes, everything will probably be so dreadfully clear to all of us that we shall not need to spend any time in discussion.

Now the one great outstanding fact for us is that we must keep on training more nurses, and to this end we must keep up at the highest point the strength of our training schools, which are the power-house of our line. It is on them that the very life of nursing depends. It is in them that methods are perfected and ideals and standards are kept living, upon which the work of nursing, wherever done, must rest.

What is important for the preservation of our training schools is equally vital for the salvation of our public health work. The valuable body of workers in this field should be kept up as near as possible to full strength.

It is some months now since England decided that no more nurses ought to be drawn from public school work, because their loss would be disastrous to the children.

But taking them all together these two groups of training school and public health workers form a comparatively small part of the nursing profession, not more, it is estimated, than about twenty to twenty-five per cent. The remaining seventy-five to eighty per cent, made up of private nurses, is obviously the field which must be heavily drawn upon, since in numbers it so greatly exceeds all other branches combined. And this is the one branch in which it is possible to use other workers instead of nurses. Trained attendants and practical nurses are pretty generally available and there is a large supply of them. There were about 115,000 recorded in the census of 1910 and of course these numbers have since greatly increased. The nursing resources of this country are not small, they are very large indeed. We do not know exactly how many registered nurses there are because from no source have we been able to secure absolutely accurate data. But Miss Wheeler's report says 98,000, and two expert statisticians advise us that ten per cent, considering the recent data of the large number of registrations, is enough to allow for disability, retirement, death, etc. So I think we may venture to assume that we have about 88,000 registered nurses in this country, and we have 17,000 trained graduate nurses who are not registered. And we have also, cheering thought, a small army of about 14,000 young nurses graduating during the year 1918, bringing to the healing of some at least of the sorrows of this troubled world, youth, energy, vigor, and fresh from their hospital training eager for service, they are indeed a precious asset to our ranks.

There is a place where there is always a shortage, and it lies among those specially trained bodies of workers, teachers, administrators, whom it takes years to create. There is no immediate way of filling these places, but we have done what we could to provide for them in the future by trying to establish some connection between our schools of nursing and women's colleges which would draw into our ranks a much larger number of soundly educated women. We are bringing into our training schools a substantial increment of such mature women whom we ought to be able to prepare readily for the more difficult and responsible posts in our

work. As a result of our efforts begun last summer to interest college women we now have the Vassar Training Camp with, I understand, over four hundred students already registered and also somewhat similar opportunities opening up in three prominent universities—the Western Reserve of Cleveland, State University of Iowa, and University of California. In our every effort in this direction we had the cordial and complete coöperation of the college authorities and are just learning to look to them for helpful understanding of our problems.

If the war continues it may be necessary for us—I think it will be—to apply the principle of conservation to our nursing resources in some such way as the food and fuel administration conserve and authorize the uses of their precious commodities. Surely the time is passing when nurses will be employed by wealthy households when their professional services are hardly needed at all. Surely the nurse's good skill and knowledge should be taken from the person who does not need it and applied to the sore need in the families of our men at the front, where many a mother is struggling unaided with sickness and care.

Here is where we as nurses can go only a part of the way. The healthy sentiment on the legitimate uses of nurses in the service of the individual in war time must grow in the minds of the public and be strengthened by the wise attitude of physicians in this point. I think in looking back over the past year that the nurses of this country have made a worthy record, and have lived well up to their best traditions. In so far as meeting the needs of the army are concerned they have been on the whole far ahead of the need. Nurses have been mobilized and available for duty in large numbers weeks and even months before they were assigned to their posts. There were a few days ago well over a thousand in and about New York City who had in some instances been waiting many weeks to be sent to their destination. And here I think we should pay a tribute to the first great achievements of the Red Cross, the Army and Navy Nursing Service, for these thousands of nurses have been brought together in detachments as called for, organized, equipped, uniformed, assigned to posts and sent to remote quarters of the globe with an ease and quiet efficiency and an avoidance of publicity and the spectacular that should receive our full appreciation. A fine response indeed to the call of duty have nurses so far made.

While we strain every nerve to see that this fine record is unbroken, we need the help of the public in the efforts we are making to keep our training schools full, and to make wherever called for such changes and improvements in them as will draw to their doors a continuous supply of our educated young womanhood and will develop in them a love for their work, and a respect for their schools. The public can encourage its daughters as it has its sons to give themselves to the work that most needs them.

That is half-hearted patriotism that will only stir one to do the things she wants to do, at her own time and under her own conditions. No country stands up on that kind of service. It is not good enough to offer in this hour of great need.

For us as nurses the thing that seems to me to be of the utmost importance is that whatever we undertake to do shall be done, not upon a basis of impulses and opinions, but upon as careful a study of the facts as we know how to make. We are on trial before the country, being tested, not for our zeal and devotion, but for our judgment and good sense and knowledge of our own situation. We are trying to do our best and we need your understanding, your faith in the integrity of our motives, your confidence in our ability to work out the various nursing problems as they present themselves and your support in our undertakings.

Miss Clayton: I regret that Miss Nutting, as Chairman of the Nursing Committee of the Medical Section of the Council of National Defense, could not have been with us during the past two days, in order that she might have heard from the nurses to just what extent the states are supporting the work of this committee. Not only is the support coming from the nurses, but it is coming from the lay people; again and again we have received word from the nurses of the wonderful support these people are giving them. This is one of our great problems, to teach the people what we are trying to do.

We are very glad to have with us Dr. Goldwater, of New York City, Chairman of the Hospital Board of the Medical Section of the Council of National Defense. Dr. Goldwater has brought to us his ideas concerning the nursing situation in a paper called "The Nursing Crisis."

Dr. Goldwater: Madam President, Miss Nutting, ladies and gentlemen: I am very glad that the great teacher authorizes us to love

our enemies. I am sure that when Miss Nutting greeted me a little earlier in the evening by that beautiful ebullition, it was not because she and I happened at the moment to disagree, perhaps, as to the method or as to some of the methods by which the aims and the ends that she and you and I share are to be accomplished, but because I am sure Miss Nutting knows that I am one of those who for years have stood by her in sympathy and support in trying to raise nursing standards throughout the country, and because of what she and her associates have done for you, for nursing and for the country at large, I have given her my unstinted esteem and admiration and affection.

THE NURSING CRISIS: EFFORTS TO SATISFY THE NURSING REQUIREMENTS OF THE WAR

A WAY OUT OF THE DIFFICULTY

By S. S. GOLDWATER, M.D.

Superintendent of Mount Sinai Hospital, New York City; Service Committee, American Hospital Association; Chairman, Committee on Hospitals, General Medical Board, Council of National Defense

Two million Americans are under arms. For the first time since war was declared, American troops are reported to be engaged in active hostilities in large numbers. Immediate preparation must therefore be made for the medical and nursing care of large numbers of wounded men, as well as of the sick. Medical units, with nursing auxiliaries, have been assembled in France, in anticipation of this need; many of these units have thus far had little work to do, but their days of idleness will soon be over.

The Surgeon-General plans to set up not less than 200,000 hospital beds in France, 100,000 beds have already been established or provided for in this country, making a total of 300,000, a number approximately equal to the total number of beds heretofore available in the general hospitals of the United States for the care of the civilian population. Meanwhile it is reported that the government will soon put another million men in the field, bringing our total armed forces up to 3,000,000, and necessitating the establishment of 150,000 additional hospital beds at home and abroad. It is the task of the government to obtain a nursing

organization of between 40,000 and 50,000 women, to serve over 400,000 sick and wounded. This must be done. How to do it is a question which has not yet been conclusively answered.

During the past year the Army and Navy, with the help of the American Red Cross and the active support of hospitals, hospital committees, and nursing organizations, have been endeavoring to enroll a number of nurses adequate to the need. The number thus far enrolled is reported to be a little over 9,000, or approximately one-fifth of the total required.

The army now announces a new drive. An effort is to be made to enroll "not less than 1,000 graduate nurses monthly." This proposal is all very well, but the expectation that the actual enrollment of graduate nurses will reach any such figure is not justified, in the light of the experience of the past year. *The truth of the matter is that the country can not spare the number of graduate nurses that the army requires, nor can the training schools produce new graduates in sufficient numbers to satisfy the needs of both the military and the civilian population.*

For a year the country has been scoured for graduates, and 9000 have been enrolled! Many of the nurses who have enrolled with the Army and Navy have been drawn from institutions. Some were public health nurses. The remainder were engaged in private practice. Nine thousand in a year equals 750 per month. Is it likely that the pace can be quickened?

"In spite of the fact that only 9000 have thus far entered the military establishment," says a report on the nursing situation, issued by the Public Health Committee of the New York Academy of Medicine, "a shortage of nurses has already become apparent in the hospitals, especially in the smaller ones, and in private practice. The American Nurses' Association has looked into the matter of the shortage and reports that until several months ago most of the registries had available nurses, but that since then all of the nurses are busy all of the time." In New York recently, it took forty-eight hours and the combined efforts of several registries to produce two graduate nurses for a desperately sick patient and this is not an isolated case. Letters from all parts of the country tell the same story. The flow of nurses from civilian occupations to military hospitals will continue, and should be encouraged but urge as we may, the stream will diminish and not

increase in volume during the months to come. It cannot be otherwise. From this source the needs of the army will not be supplied in full measure.

If graduates are not now available in sufficient numbers, why not produce more? The suggestion is not new. The efforts of the military authorities, of the American Red Cross, of the Nursing Committee of the Council of National Defense and of coöperating local committees have not been confined to the enrollment of ready-made graduates. A heroic attempt has been made to increase the graduate output, or, at any rate, to prepare to increase the future output by augmenting the undergraduate enrollment of the country's 1,500 training schools. Those who believed that this effort would meet the necessities of the case did not subject their program to a sufficiently critical analysis.

To catch up with the military program, the enrollment of nurses for military service hereafter will have to be nearer 2,000 than 1,000 per month. Older graduates are not obtainable. What can the schools furnish? The number of pupils now enrolled in the training schools of the country is reported to be approximately 40,000. Of this number considerably more than one-third are probationers and juniors, about one-third are intermediates and considerably less than one-third are seniors or near-graduates. The schools cannot be expected to turn out more than about 11,000 or at most 12,000 graduates annually. What will become of these?

Of the year's 11,000 graduates some will marry and will be lost to the profession; a certain number (more than in pre-war days, when attractive business opportunities for women were fewer than they are today) will take up gainful occupations other than nursing; some will enter the field of public health nursing; a group will remain in hospitals, where they are needed to take the place of graduates now in the military service; a large proportion will engage in private duty nursing; and the remainder will enter the military service. Is it reasonable to suppose that the Army will succeed in winning over more than one-third of the total number of newly-made graduates? My estimate is one-third; the average estimate of three experienced training school principals is one-fourth. The principal alumnae associations in New York recently made a concerted and a successful demand for an increase in nurses'

salaries from four to five dollars per day. Economic conditions justified the increase, but the increase will retard rather than stimulate army enrollment.

The insufficiency of the available supply of graduating students is generally conceded, and as I have already said efforts to increase this supply have been made. What are some of the measures that have been tried or recommended?

First and foremost is the direct appeal to the young women of the country to enter the ranks of the nursing profession as a patriotic duty. This appeal has been made over and over again during the past year from the platform and through the press, but the results have not been satisfactory. Now as heretofore a small proportion of the training schools of the country are receiving applications in excess of their capacity. This fact has led to the suggestion that the training schools increase their capacity by renting additional houses for dormitory purposes, as if the capacity of a school for the thorough training of accomplished bedside nurses could be definitely and satisfactorily increased without adding hospital beds! It is true that the hours of hospital duty might be somewhat shortened and the pupil's tasks lightened, but there is a minimum below which it would not be wise to cut down the practical work of the pupil who is being fitted for the serious and responsible task of Army nursing.

Is it really worth while in any broad consideration of the problem, to place so much emphasis on the demand for additional housing facilities, when the majority of the schools of the country are unable to obtain even their normal supply of pupils? In March a questionnaire was addressed to 1,500 training schools. Among 706 replies, only 113 reported that a lack of housing facilities prevented the possible enrollment of additional pupils. With in two months, the superintendent of a prominent training school in New York had been importuned by not less than fifteen training school superintendents in and about the city, to direct to them her rejected applicants! The *New York Times* has published some illuminating letters from smaller hospitals that are in desperate need of probationers, with none in sight. The Young Women's Christian Association reports that its "graduate trained attendants are in demand to supplement a shortage" in the hospitals.

In November 1917 a statement issued by the Committee on Nursing of the General Medical Board of the Council of National Defense credited the training schools of the country with an increased enrollment of 2,600 over the previous year—this, after more than six months of actual war, during which period persistent and intelligent efforts were made under the direction of some of the ablest women in the nursing profession, to increase the number of pupils in every part of the country. By all means, let these efforts be continued and accentuated but in estimating the probable results, let us not forget the general condition of the country, and the opportunities that are opening up for women in every direction. Two million men who have formerly been identified with business and industrial interests have joined the colors; another million is to follow. Many new industries have sprung up in consequence of the war. The gainful occupations that are open to women are more numerous than ever before. Industry, business and the professions during the coming year will compete with training schools as never before, for the services of women who wish to be self-supporting.

In brief there is not the remotest prospect that the problem will be solved by a suitable increase in the number of pupil nurses unless the prevailing standards of admission and of training, laboriously built up through a generation of effort, are deliberately broken down and cast aside. On such terms pupils in sufficiently large numbers can be acquired and on no other. But if the number of pupil nurses were increased during the next twelve months by as much as 50 per cent, or 20,000, this would offer no solution of the problem, unless 20,000 advanced pupils now in the schools could be safely delivered over to the military service. This has been proposed and there may be some way of getting it done, but if there is the censor has seen fit to keep it dark. Most superintendents having parted with a large proportion of their supervisors and graduates have a very natural inclination to hold their senior pupils. If the seniors can be eliminated without injury to nursing standards, then the three years course is an imposition. I, for one, do not think it is; I believe the third-year pupils are still learning.

Two extremely perilous proposals have thus far been made in this connection. The first is that the established requirements for

admission to the training schools be temporarily lowered or suspended. I will not argue against this; I will merely say that I am against it. The second is that the Army add to its payroll a sufficient number of "practical" nurses or attendants. Such women, without full professional qualifications have a perfectly proper place in the scheme of civilian life—a place which unfortunately has not yet been plainly marked out for them by law, but which should be, and I trust, soon will be; but the Government can ill afford to accept them as nurses, not only because of the bad effect their acceptance would have on the morale of the medical and nursing departments of the Army, but because of the position that their service in the Army would give them, the claims that it would enable them to make, after the war. Send 20,000 or 30,000 such women into civilian life from the Army hospitals after the war, and the difficulty of maintaining nursing standards would be immeasurably increased.

It has been suggested that the Medical Department of the Army inaugurate training schools of its own. At first glance, the scheme is attractive. On closer analysis it loses much of its charm. If the Army school or schools could succeed in enrolling 10,000 pupil nurses per annum, what would be the effect of this enrollment on the existing training schools? It is a question to what extent Army training schools could attract women who would not otherwise consider entering the nursing profession. The diversion of any considerable proportion of the normal supply of probationers from civilian to military hospitals would be disastrous to the civilian hospitals and the civilian population; besides which, as I shall presently show, the Army could secure raw material of a special kind at considerably less expense and without danger to the 1500 schools now in existence.

How would a huge Army training school with branch schools in all of the cantonments affect nursing standards during and after the war? An Army school could hardly promise training as thorough as that which is given in schools connected with representative general hospitals—the clinical material of the Army is too limited. The faculties of the Army training schools would be hastily improvised, and would probably be less efficient than those of the civilian hospital training schools which have been developed gradually over a period of years and through many vicissitudes.

There is food for thought too, in the possibility of the sudden cessation of hostilities. Under such circumstances what would be the fate of the Army training school pupils? How many of the enrolled thousands would secure admission to non-military schools for the purpose of completing their professional training? What welcome would be accorded to them? What allowance would be made for such training as the Army might have been able to give them? How many, without more ado, would plunge into private practice? If many adopted the latter course, would not the effect on nursing standards and on the economic status of graduate and registered nurses be deplorable?

There is danger in the suggested Army training school, viewed from any angle. If the Army schools succeeded in attracting the number of women required to staff the military hospitals of the country during a long war (and it must do this if it is to succeed in any large sense, *without diverting probationers from the civilian hospitals*), there would be an excessive number of professional nurses, in the community immediately after the war, competition would be intensified, and professional standards would be endangered. If the large numbers that are expected to enroll were not an *additional* supply, but were merely drawn away from the civilian hospitals, the civilian hospitals and the civilian population would suffer immediately. On the other hand, if the number of enrollments were small, the whole project would fail to satisfy the Army's pressing needs. These were undoubtedly some of the reasons that led Surgeon General Gorgas to declare, in an official memorandum dated January 24, 1918, that "the plan of organizing training schools in connection with Army hospitals is not believed to be practicable."

I come finally to what appears to me to be the safest and best way out—in fact, the only way out, namely, the training of a large number of non-professional, voluntary war nursing aids, enlisted for the period of the war only, and composed of a class which will not take up nursing professionally under any circumstances, but which is willing to give gratuitous hospital service during the emergency.

Such women can be obtained quickly, in large numbers. They can be carefully selected. They can be uniformly trained without expense to the Government. Civilian hospitals stand ready to furnish the necessary training facilities. War nursing aids

should be trained in civilian rather than in military hospitals, because not all applicants, however well meaning, will qualify; and by entrusting to competent and practiced superintendents of established training schools the duty of weeding out the unfit, the Government will save expense and trouble. Here is a patriotic service worth doing!

A standard course of training for nursing aids or nurses' assistants has been devised by a group of the best known and most competent training school superintendents in the country. The American Red Cross has already given part of this course, consisting of fifteen preliminary lessons, arranged to precede the practical ward work, to more than 10,000 women, who have been been registered at a dozen or more training centers in the larger cities. In New York City alone, nearly 500 have finished the practical as well as the theoretical course, and about half of this number are now actually engaged in some form of hospital work. Two thousand other women who have completed the preliminary course stand ready to enter hospitals in New York City, as soon as the hospitals are opened to them.

Among the 1,500 training schools of the country, there should be no difficulty in finding 300 which are capable of training and which can be trusted to train twelve nursing aids or nurses' assistants per month, or say, 150 per annum. With the moral support of the Army, the hospitals of the country can easily obtain and turn out 25,000 nurses' assistants before the end of the present year, or 40,000 by July, 1919.

The women that I have in mind belong wholly or almost wholly to the leisure class. They are now contributing nothing to the efficiency of the nation or to the success of the war; yet they are strong, healthy, patriotic and willing. *They are the only labor reserves that the country possesses, and they can be brought into the nursing field without lessening the available supply of workers for any essential industry.* They want to serve the nation, and they should be permitted to do so. The same class is giving valuable service in England—England would be lost, and we shall be lost, without them. When the war is over, the nursing aids will melt away into private life, strengthened and chastened by their experience, leaving the nursing field in the hands of professional nurses. They should be prepared now, for in no other way can the war nursing problem be solved.

Miss Clayton: We have heard Dr. Goldwater's plan for increasing our nursing forces. This is the fourth plan we have heard in two evenings. We shall be ready to discuss these plans at a later meeting.

Miss Nutting has one word she wishes to say.

Miss Adelaide Nutting: There are two or three little points in Dr. Goldwater's very interesting discussion which I perhaps did not fully understand. I understood him to say that it was rather absurd to make the matter of housing student nurses determine the question of increasing the number of students, unless you increased at the same time, the number of hospital beds. Surely Dr. Goldwater knows that in the State of New York there is, so far as we know, but one hospital that has established an eight hour day, and that hospitals can safely add to the number of nurses in their schools for some time yet, with the existing number of hospital beds, until the hours for students are made to conform to modern standards in the working world.

Surely Dr. Goldwater knows that there are hospitals in New York City where the clinical facilities are excellent, and ample, but where it has been impossible to get reasonable hours for student nurses. The hours of work are conditioned upon what? Usually upon the housing capacity. It has not seemed possible in certain hospitals to get anybody among large boards of wealthy trustees willing to take enough interest in their schools of nursing to provide sufficient accommodations to bring the hours for student nurses down to eight hours a day. The clinical facilities are in most hospitals and especially in the large teaching hospitals, such that they would not need any addition if the number of students in the schools were quite substantially increased.

There was one other question that Dr. Goldwater brought up, and I ought to have brought it up myself, because it was part of our own argument for increasing the number of students in the training schools. We were called twice to Washington last summer to find out what could be done to increase nursing resources, and ensure an adequate and continuous supply. We advised that if necessary we could turn to the senior classes in our own training schools which were composed of young women who had already had two years of training and that this would be infinitely better than bringing into military service young women who had had but one or two months of training.

Later on I visited Miss Thompson, the superintendent of Army nurses to find out what steps might be taken if it should seem advisable to recommend this measure. I felt that we could not appeal to the training schools to release third year pupils until we found out how they could be brought into Army Nursing Service, but I found from Miss Thompson that there did not seem to be *anything* that could be done. I had been holding very great hope that there would be some way provided by which there could be sent out from the principal training schools a part of their senior classes with two years of good training behind them, and I believed that by sharing the great student body between civil and military service we would come pretty near to meeting the situation and perhaps that may work out yet.

And then Dr. Goldwater brings forward another question—and I hesitate to take this up, but nevertheless in the interests of accuracy it should be done. Let me say that some of the V. A. D's in England are giving a good deal of trouble as they come back from France. They want to get registration not on the basis of study and training but because of their war experience, and it looks very much as if they were going to get it. They have the advantage belonging to the "leisure class" and frequently have title and wealth and position. We do not know classes in nursing; at least I hope we do not. And that is one of the serious objections to the whole "aid" question. Let me say this, however, that if the time comes when we see no other way of handling our great problem of caring for the sick in our own military and civil hospitals, then I think we should have open minds and very willingly and cheerfully do our best to give some preparation to these young women. And if the war goes on, it is among the possibilities that we may have to come to something of that type and kind. But our energies should not be applied at this time to possibilities. They should be devoted to dealing with real, urgent and certain needs.

Miss Clayton: Our nursing organizations have placed themselves on record as being willing to meet any needs when the need arises, and we are still planning to do so.

We hope that you will all come to the discussion of these different points of view to-morrow morning.

NATIONAL LEAGUE OF NURSING EDUCATION, NATIONAL ORGANIZATION OF PUBLIC HEALTH NURSING IN ATTENDANCE

READJUSTMENT OF THE CURRICULUM TO MEET WAR NEEDS AND ITS EFFECT UPON THE HOSPITALS

Thursday Morning, May 9, 1918

The meeting was called to order at 9.15 a.m. in the Ball Room by Miss Clayton of the National League of Nursing Education.

Miss Clayton: Our program is a very important one this morning —"The Readjustment of the Curriculum to Meet War Needs and Its Effects upon the Hospitals." The subject will be taken up from four points of view, and will be presented as a whole by Miss Elizabeth Burgess. Detailed discussion will follow.

We are very glad to introduce to you Miss Elizabeth Burgess.

THE READJUSTMENT OF THE CURRICULUM TO MEET WAR NEEDS AND ITS EFFECT UPON THE HOSPITALS

BY ELIZABETH BURGESS

In placing this subject upon the program it seems to the Program Committee that at this meeting where there are assembled the heads of the Public Health Nursing activities, the Boards of Nurse Examiners, and the principals and other representatives of the nursing schools, including the leaders in nursing education from all sections of the country, we should discuss very freely and fully the means and methods by which the curriculum of our nursing schools is to be adjusted to meet the needs of the war.

It seems of the utmost importance that we should leave these meetings with as clear an understanding of these adjustments as possible, and go forth with the unity in purpose and effort which is essential to our success.

We must realize first that these adjustments are not made to meet a need of a few months or a year, but very probably to meet a need extending over a period of much greater length.

In order that we may provide the best possible care for the sick and wounded of the Army and Navy and adequately meet the

needs of the civil community in both hospital and the home not only must every graduate nurse who can be spared be enrolled for the service but thousands of women must be trained as nurses.

During the past year we have been led in our efforts by the work of the nursing committee of the Medical Board of the Council of National Defense, and we shall continue to look to that committee for guidance. Our main efforts up to the present have been directed toward keeping our schools filled to capacity, and the extensive campaign of publicity carried out by the Nursing Committee resulted in an increase in the fall classes of about 20 per cent. Graduates during this time have been responding to the call and the number enrolled for active service is steadily increasing.

In response to a recent request for information concerning the number of applicants to schools, some interesting replies have come. Miss Tittman, inspector of training schools in Illinois, says: "The high type schools are having more applicants than they can possibly admit, while some of the accredited schools which have a less enviable reputation are complaining of a shortage of material. The increase is attributed to war publicity; the decrease to the fact that there are so many clerical positions open to women." Miss Friend, nurse examiner of Ohio, states 1151 entrance certificates were issued to schools in the state in 1917 and 1918, an increase of 464 over the year 1916 and 1917. "Some, not all small hospitals," she says, "are suffering for lack of students, at least, are asking for more." Miss Murray, educational director in Pennsylvania, says, "The majority of training schools are suffering from lack of applicants of the required qualifications. This condition has increased since the war, but existed before." The superintendent of a well known school in Pennsylvania in explaining their lack of applicants, says, "Many of the applicants whom I have on my list have gone into industry and business because of economic reasons in their own homes. This I believe to be a growing tendency, and the hospitals which have heretofore called their nurses from the high schools and from middle class homes are bound to suffer from the lack of applicants, for it is such young women who must care for their families financially now that the men are called away." Miss Creech, president of the Board of Examiners of New Jersey, reports: "Notwithstanding a reported shortage in

students, the recent census shows that New Jersey has more pupils in training than at any time in its history." Miss Albaugh, secretary, Board of Nurse Examiners in Connecticut says: "All our training schools have materially increased the number of pupils in training and we have found no shortage in material except in instances in which we consider the courses offered responsible."

Statistics gathered in New York for the months of June to February, 1917 and 1918, as compared with the statistics of corresponding months of the previous year show that during these eight months, there were accepted in the nursing schools 2423 students, an increase over the previous year of 496.

86 schools reported an increase amounting to 666 students.
37 schools reported a decrease amounting to 170 students.
7 schools doubled their enrollment.
2 schools trebled their enrollment.
51 schools have increased their housing capacity within the last few months.

Some of the reasons to which the principals of the schools attribute the increase in students are as follows: publicity, war, strengthening of the course, better instruction, granting of nine months credit in time to college graduates, affiliation with the Department of Nursing and Health, Teachers College, efforts of the American Red Cross and of the Council of National Defense. One attributes its increase to state registration (the school having been registered within a year's time). Others attribute it to new homes for nurses, and to the effort to maintain high standards and to shorten hours; another to the demanding of high school graduates, and one to the affiliation with Syracuse University. One very small school states they have more applicants than they require.

The decrease in applicants is attributed by the principals as follows. One attributes it to the decrease in patients and changing of superintendents, another to somewhat isolated situation and the effort of city schools to get large classes. Another states they have many ineligible applicants and another says it is impossible to secure desirable young women. Five attribute their shortage directly to the war, while one says "Many opportunities open to women with no special training on account of war conditions." Another states the cause of shortage as unknown unless larger hospitals and shorter courses elsewhere attract probationers.

Of the reasons given for the decrease in enrollment, that which states the usual type of applicant to the training school is now obliged to care for her families financially and is therefore lost to the schools seems possibly to be the most serious. It is of course a direct result of the present conditions in the country, and is a condition over which we will have no control. But there are other conditions which are detracting eligible young women from the schools of nursing to which I particularly desire to call your attention.

In Pennsylvania where the lack of students seems to be acute there is said to be a great deal of agitation over short courses in nursing, three months in length, and it is reported that eight schools at least have offered such courses. Intensive courses are very popular just now and there is no doubt that nurses as well as those in other lines must be prepared as rapidly as possible, but the value of a three months' course in nursing is questionable. Some of the heads of our schools must believe it is good or they would not give them. Is there, however, any connection with the short course and the lack of applicants to the regular courses? What is becoming of the graduates of the short courses?

A letter came early last summer to the Education Department, New York, from a graduate nurse in a small town which stated that a large group of girls and women in the town had taken the course given by the Red Cross in Home Nursing and that now the local hospital which, by the way, conducts a registered school for nurses was planning to take a certain group of these young women for a three months' course. It was also stated that the women who were planning to enter were not of a class who would be able to volunteer their services later; also that some of these would not have been educationally eligible for entrance into a registered school. The matter was investigated and the hospital notified that such a course could not be given. In this case there was no interest on the part of the hospital in preparing women for a patriotic service. The hospital saw in this method a means of securing unpaid service. That this would eventually deplete their school of applicants for the regular nursing course, and would give them a poor substitute for but a few months had not apparently occurred to them. I have no doubt that many of you have noted similar instances. There has not come to my attention one

short course established with a view of preparation for patriotic service. There are few hospitals which could bear the burden of proper instruction for the short period of training without a return in services.

Last year at these meetings we listened to several papers which told of the preparation and use of a group of women as attendants. I hope someone here can tell us of the development of these courses, and whether on longer trial, they are proving satisfactory. Such courses provide a means for caring for chronic cases and for assistance to the nurse which might be of great value in releasing the graduate for the service for which she is so much needed.

The most prominent objection to the training of attendants is the present lack of legislation whereby they may be licensed, for in the establishment of such courses we run great risks that against the one carefully planned course, taking in the proper type of women, teaching them thoroughly the things they should know, there will spring up ten courses turning loose on the community a person only partially prepared in the very ways we have in mind when talking of training her, prepared once again merely for the temporary benefit of a hospital which looks no further than the need of today, and is thoughtless in regard to its responsibilities toward the women and the community.

In referring to these so-called short courses I do not include the aids which at the request of the Red Cross have been given 72 hours of experience in institutions about which Base Hospital units were being formed. Large numbers of young women have received this experience in many of our foremost hospitals. Some hospitals have gone to expense and trouble in furnishing instruction for them. Some after the instruction of 72 hours was over have continued to use this volunteer help for some hours daily.

What effect has the training of this group had on pupil nurses, what adjustments have had to be made? Has it affected the enrollment? And would such a group as a whole be of sufficient value to justify their preparation?

There is a popular desire on the part of the lay women of the country to nurse the soldier. With a certain group it is sentiment, but with another it is a genuine desire of intelligent and earnest women. Many have proven themselves ready to do as disagreeable tasks as ever were conferred on a probationer, and many are

ready to volunteer their service for as long a period as they are needed. If there were no Nurses Aid Courses, and no short cuts to attain their end, it is the opinion of many that these women would be in the schools of nursing today, preparing for a bigger service than they can ever give as aids, and obtaining something which no matter how hard they work, how long they serve, they will as aids never have—professional recognition. And they will want it after such service, just as the V.A.D.'s across the waters want it now.

Assistance of the kind which would be given after short preparation would of course be valuable at times. Who has not welcomed the greenest probationer as a help in getting the empty beds made and the bath-room cleaned, but we would not welcome the woman who remained always the probationer, and never could be used for more necessary service. And the question looms up—Is it right to sacrifice such material?

That women of education are interested in a well planned, regular course of training has been demonstrated by the enthusiasm over the opportunity given college graduates to enter the course of nurse training in two years, a movement put into effect by some of the leading schools in the country during the last several years and recently strengthened by the splendid action of Vassar College in establishing the Vassar Training Camp. The Vassar Training Camp course has probably made the requirements and opportunities in nursing known more widely than has any other campaign of publicity. It is bringing into the schools a distinctly well prepared group, women who will be particularly well adapted for such work in the nursing field, as executives, as teachers, and for the various positions in Public Health Nursing. It relieves the schools of the burden of the preparatory instruction with its bulk of theory, and will give them in the fall a group ready for immediate ward service.

Another preliminary course which is causing such interest is that to be given at the Western Reserve University for the Cleveland Schools of Nursing. The Cleveland League of Nursing Education is planning the work with the university, and I am told it is financed by "a friend of Cleveland's Schools of Nursing." Any school in Cleveland may utilize this course for its preliminary students, as the requirement is but one year of high school, which is

the minimum educational requirement in Ohio. The outline as given in the National Curriculum will be adopted, covering courses in Chemistry, Foods and Cookery, Bacteriology, Hygiene, Anatomy, Physiology, Hospital Economics and the Historical and Social Aspects of Nursing. An appropriation of $2500.00 has been made for desirable candidates in need of financial assistance.

Again in California is found an interesting relation with not only a college and a normal school, but the high schools as well, which in view of the fact that it has involved a change in the requirements for admission and graduation to the schools of nursing under a special ruling of the State Board of Health is of much interest to those schools, at present prevented from making adjustments in the third year because of the legislation requiring that the full three years shall be spent in a hospital.

In an introductory note to the new requirements, Miss Jamme says:

> Conditions brought into existence by the war and which have affected education in general, have made it possible that a certain portion of the instruction hitherto given largely by the hospital can be obtained in a secondary school, junior college, or college, namely the fundamental scientific subjects, which such schools are eminently fitted to teach.
>
> The need of a larger number of nurses by our government demands change in the arrangement of the course of instruction whereby the work may be pushed forward during the first and second years of the professional training, leaving the third year somewhat free for those who will be admitted on a basis of advanced standing and also in view that the government may during the period of the war require students in their third year to be assigned to military hospitals to complete their course of training.

Science courses are to be introduced into the high schools as distinctly preparatory to nursing, and nursing schools may send their students to the high school for this particular part of their course.

The University of California is preparing to give a course in that part of the basic sciences fundamental to nursing to college graduates and the state normal school to high school graduates. Six months' credit in nursing schools is given to the student who enters holding a certificate from an approved secondary school, showing a minimum of two years in English and the preliminary science training. Students not able to present such a certificate are examined

in English, Arithmetic and History, and are required to take the preliminary course while in the hospital. One year credit may be given to the college graduate, but she is also required to show by examination that the science work has been covered, or take the theoretical preliminary course.

In Illinois, one of the states where a three year law would seem to prevent any adjustment whatever, either for the preliminary course or in the use of the third year, the committee of nurse examiners has granted the following privileges. Schools may grant three months' credit for the Vassar Preparatory course, and they may send their senior students to military hospitals for a period of three months, providing the nurse signifies her intention of continuing in military work. (This latter privilege is of course dependent upon whether the government should at any time decide to make use of the third year student).

In New York, the education department has notified the schools giving a three year course that should they have students desirous of shortening their course for the purpose of enrolling through the Red Cross for service with the Army or Navy, such students may take their examination for registration within six months of the completion of their three years. Service in the special departments, obstretics, pediatrics, dietetics and operation room must have been completed before the examination is taken. Having passed the R.N. examination the school will then be allowed to graduate at once such seniors as pledge themselves to service. The names of such students together with their Red Cross enrollment number are to be filed with the Education Department in order that students may not abuse the privilege and that the Department may have a record of this war service. Very satisfactory responses were received to this appeal, and a number of institutions are taking advantage of the opportunity.

In New York the three-year schools may give nine months' credit to students holding the B.S. and B.A. degrees from approved colleges, providing the nursing school is known to give a thorough course of instruction. Another adjustment is that made between the Presbyterian Hospital, New York City and Teachers College which enables the student to secure the degree of B.S. from the college, and the diploma in nursing in a period of five years following the high school course.

The student at the completion of two years of college work enters the Presbyterian Hospital School for the three year course, at the same time she matriculates at Teachers College. During the three years she completes 32 points of work at the college, which is definitely outlined by the Department of Nursing and Health. The college credits the work done at the hospital and at the completion of the five years the degree and diploma are given.

Each one of these courses means a definite readjustment, just how difficult to make can only be told by those who have accomplished it. The theory of the first and second year must be heavier, for it is by no means the intention either to shorten the theoretical work or make it less thorough. The practical experience must also have very careful consideration. In making these practical adjustments I am hoping that two departments of nursing long neglected in the training of the student nurse will be given attention. They are mental nursing and nursing in contagious diseases.

It has not been a simple matter to enroll a sufficient number of qualified nurses for a psychiatric unit to intelligently care for cases of shell shock. Our camp hospitals must care for many cases of contagious diseases, yet in instance after instance, it is the first practical experience in the nursing of contagion that the graduate nurse placed there has had.

In those schools increasing their student nurse bodies many changes without doubt must be made. Careful planning and oversight must be exercised that these additional students be properly used. There is no comparison between the value of the adjustment made by one school, which upon having an excess of students promptly placed them on 24 hour special duty, and that made by several schools who are at length finding it possible to have an eight hour day.

Valuable courses in public health nursing have been introduced by some schools in the third year which aside from giving the student nurse an insight into this interesting phase of nursing have aided in the care of the community and increased the recruits for public health service.

Much seems to hinge on this proper use of the third year. It has been suggested that all schools reduce their course of training to two years. Would not this be an error? While there are but

a few schools that will not gladly take the particularly well educated woman and prepare her for service in two years and three months, I believe there would not be many that would wish to be obliged to take the girl whose mental training has in many instances not advanced beyond the first year of high school and in some states not beyond the completion of the eighth grade and equip her in two years time to take her stand in the ranks of professional women.

Possibly I have not touched fully enough upon the effect of all this on the hospitals. It places upon every training school the burden of properly caring for the larger groups of students and it would seem to draw applicants to the large school situated in the city rather than to the obscure school in the small town. But that the small school may not necessarily suffer from lack of applicants has been shown by their statistics. The situation seems largely to hinge on the ability to provide the student nurse with adequate preparation for her future work.

Every superintendent should ask herself, "What can I do to make this course valuable and attractive, and so do my share in caring for the people of this city or town and at the same time add to the number of properly prepared nurses for national service?" She should not only ask this question of herself, but she should make her Board of Directors ask it of her and then be prepared to answer.

Miss Clayton: We will have this subject taken up in formal discussion, according to our program. The first point to be discussed is the special preliminary courses, by Miss Isabel M. Stewart, of Teachers College, New York.

Miss Stewart: I was asked to discuss the special preparatory course and I understood that to mean the preparatory course given outside of the hospital. Now this separate preparatory course is not really new. We have been trying that out for some years, because you all know, that at the University of Minnesota, the preparatory course is given in the university, and the students do not go into the hospital until after the preparatory course. Then there is still the older example, I think, that of Simmons College which has given the preparatory course to students from the Children's Hospital for some years, and there have been several other attempts to take some of the training from the hospital and give it under the auspices of the educational institutions.

Now it seems to me that the idea is sound. The college or the university has certain facilities which can be utilized in the hospital. It has its well equipped laboratories, it has its trained teachers, and as universities and colleges are beginning to get a proper idea of their functions I think they are beginning to feel quite an interest in nursing and are very anxious to adapt any facilities they have to meet the needs of nursing. That is our experience anyway within these last few years.

Besides that, of course, we know that the hospital has no very extensive facilities for the teaching of science particularly. The hospital can teach the clinical subjects as no other institution can. I think the practical subjects can be better taught in the hospital. But we find it pretty hard to get facilities for teaching science well in the ordinary hospital training school.

Of course there are preliminary classes too in other types of education. We find that the domestic science students, for exstance, do their work entirely in the college; and there are a great many other rather practical professions or vocations where it has been possible to adjust the facilities of the university or the college to meet that special need. So there does not seem to be anything quite hopeless about it.

Now in connection with the present conditions, it seems to me that this is the time when we should be considering this rather specially, because the war conditions have brought about a great scarcity of teachers. Miss Burgess has already referred to that and we ought to economize our nursing teachers just as far as we can. If we can turn over some teaching work to teachers of the sciences thus releasing our own teachers, it would be a very great help to us in the training schools.

There is at present a very great pressure of work in the training school, on account of the members of the institution who have been called away and very often on account of the additional work. I feel, too, that there is, as I said before, a great increase of interest not only on the part of the public but on the part of the universities themselves. We have had letters from the representatives of the universities all through the country this last year, and it seems that within the last few weeks they have been rather pouring in asking what they can do. Very often these are universities supported by the state. They have ample funds and excellent

facilities for that line of teaching. Their students have fallen off to some extent on account of the war and they are saying, "What can we do that will be of the greatest assistance to the nation at the present time?" They know that we need nurses; they know that they cannot train nurses in the university, but they say, "What can we do to help you train those nurses?" And I think the interest aroused among educational institutions generally within this last year makes it possible for us to get a kind of response from them that we never would have had at any other time.

All these things indicate that where possible we should try to take some of the work of over-burdened hospitals and our already over-burdened instructors and put it under such educational institutions as are willing to adapt their methods and adapt their facilities to meet our needs.

Such action, moreover, I believe will undoubtedly tend to attract more well qualified women into the profession. I have been seeing a great many instances within the last year, during which time many who have come in to ask about nursing, and most of them were college students, or women who are interested in college work, that the very fact that a part of the training is given under the auspices of a university or an educational institution seems to them to give a guarantee that the work is of a particularly good character. Now that may not be so. I always tell them that I think the preparatory course given in the university is much the same as the preparatory course given in the best training schools; but the fact that it is in the university seems to indicate to them that it is of a rather better character on the whole, and they seem to be more willing to take up nursing, when the work is put on that basis.

Another very important point is that the expense to the training school is practically eliminated, is taken over entirely by the university, borne in the university or the college by the pupils. If it is a state university, where the fees are very, very small, of course the instruction would be given practically for nothing. The fees are exceedingly small, and the students would have to be responsible for those fees. Such an arrangement takes a pretty large financial burden from the hospital.

Where could such courses be given? The universities and

colleges would of course be available, but they would be available only in the large centers and for the schools that are near by. There is one university in the State of Washington where they think they may be able to put in a course which will help to supply the needs of the hospitals of the state. How far that will go we don't know as yet but as a rule the universities have simply proposed to have a preparatory course which will meet the needs of the hospitals in their own vicinity.

Besides the colleges we have, of course, other educational institutions. We have a large number of normal schools, I am not quite sure how far the normal schools can take over the training course because they are subsidized for one purpose, the training of teachers; where they can give the course easily I do not think there will be much difficulty in getting the preparatory course put in for our schools. Then we have agricultural colleges, and they are usually well adapted for that kind of work. They are not so well equipped, necessarily as their educational standards are probably not so high in some respects. But for certain groups of students I think they would serve admirably. Finally, the high schools are doing more and more along these educational lines. I am not quite sure that the high schools have the facilities right now for taking care of a group of nursing students. I believe that we would have to be careful in selecting our high schools. I think that they would have to be trained up to it, but I think they have in many cases very excellent facilities. In the small cities and towns where they have good technical schools I think there would be a good chance, especially to teach chemistry and probably biology and hygiene and nutrition and cookery and certain other preparatory subjects. It just remains to work out and to see how far those facilities could be used.

The next point was what such a course should cover. I think as the A, B, C of the nursing course the subjects should be anatomy, biology, and the third chemistry. They are the A, B, C really of nursing work. And then I think we have hygiene. And I think that those fundamental sciences should go into any preparatory course—anatomy, physiology, bacteriology and chemistry, with hygiene and sanitation.

Then we have certain practical subjects, such as elementary nursing, cookery and nutrition, materia medica, that is, the ele-

mentary materia medica which is largely on the solutions, and bandaging might be included. And then the hospital housekeeping. There is another subject which we have neglected in many of these preparatory courses, and that is the history of nursing. I think it is important to get the history of nursing in early, so that students get the right point of view about their work. It does inspire them, there is no question about it. When the history of nursing is taught by a person who is herself enthusiastic and who has splendid ideals about nursing it will in itself serve to focus the student's attention on the work and to give a point of view that you would not get otherwise.

Now the length of the course. We have recently had given us a plan in the University of Minnesota. It has worked out quite satisfactorily. In connection with the Vassar course we are trying to do a certain amount in three months and then it is expected that there will be another month given in the hospital. That month will be practically a probationary period and it will be devoted particularly to the practical side of the training, which it will be impossible to give as fully as it should be given in the preparatory course.

One question I wanted to bring up here was whether the practical subject should be included in that preparatory course or not. In discussing that point we felt that there were some very good reasons why the practical nursing should be included, and some reasons why it was less advisable. I am going to give you first of all the disadvantages about trying to give the nursing course in that preparatory period.

First of all, you will find most universities or colleges have very little equipment, they have not rooms or facilities, and it is pretty expensive to put in equipment that will enable one to teach practical nursing properly. Then there is this difficulty, that we have so many different schools to consider, and each school has its own methods and whatever you might teach in the preparatory course could not possibly apply to all the different schools to which these pupils would be sent.

But it seemed to us that there were a great many advantages, on the other hand. First of all it does help to arouse more interest among the students. They want that practical work. It makes them apply better the scientific work they are getting in the other

courses. I am afraid that when we turn over anatomy and physiology and chemistry and so on to teachers who are not nurses, it is going to be a little bit difficult to get these subjects as well applied as they have been by teachers in the training schools. So it is more than ever necessary that some nurses be there to help make them see the connection between anatomy and chemistry, etc., and nursing.

Then it seems, too, that if they have some idea perhaps of nursing they are going to be better able to go straight into the hospital and adapt themselves to the work in the hospital. Now for that reason we have simply put in the course all the principles of nursing, with the more fundamental procedures. It is assumed that the hospital will itself take over the responsibility for seeing that they get the hospital's own methods, and see also that they have supervised practice for a certain period of time before it is considered that their preparatory course is entirely through.

I have covered very briefly the courses that we think are essential. However, I just simply will say that a good many people think we are overworking the group. Probably the curriculum is somewhat heavy, but it is assumed that a great many of those students will have had some science work and that they will, therefore, be exempt from part of the curriculum.

Miss Clayton: The next subject of interest for formal discussion is the use of the third year, which will be introduced by Miss Louise M. Powell, of the University of Minnesota.

Miss Powell: Madam Chairman, I have not come here to tell you what to do with your third year; I have come here to find out what to do with it.

It is obvious that before discussing the third year, the following facts must be determined. What are the fundamental subjects in nursing, the amount of time necessary to cover these subjects, what is the minimum practice essential in the hospital and of what does it consist? We have here this morning almost the full faculty of Teachers College and superintendents from Training Schools all over the country. I feel that together we must reach some conclusion as to how many months clinical nursing practice is absolutely necessary for any student nurse, whether she be a college graduate, a high school graduate or has only completed the eighth grade.

This being determined we will then know how much time we have left and can then try to get some light on the best way to spend it.

I have put on the blackboard the plan as it is now apportioned in our hospital. This is not ideal by any means and does not include the clinical material that many of your hospitals have, but it gives us a starting point for discussion. We have given the preliminary course six months, university four months, preparation in the hospital two months. I wish to say that preparation is not spent all on one floor. It is divided up into periods of two weeks, trying to get the students in different parts of the hospital, with men and women patients, and under as many supervisors as possible, so that I may have some basis for judging of their quality.

	months
Preliminary course	6
Surgical, including Gynecology, Special Senses, Dispensary and Night Duty	6
Medical, including Nervous, Skin, Dispensary and Night Duty	6
Pediatrics, including Dispensary	4
Obstetrics, " "	2
Operating Room, including Dressings	3
Vacation	1½
Tuberculosis, including Dispensary	3
Diet Kitchen	1
Vacation	½
	33½
Electives.	
Contagious, Public Health, Social Service, Infant Welfare, Visiting Nursing	2½
Total	36

What we want to do is to reduce the various services to a justifiable minimum, so that the essentials of practice may be acquired in two and a half years or possibly less, and then carefully consider how best to utilize the months open for other work.

I am now going to ask and invite discussion, unless Miss Clayton would rather have it later.

Miss Clayton: The subject of "The Attendant" will be introduced by Miss Anne Hervey Strong, of Simmons College, Boston.

Miss Strong: Ever since I have been a nurse I have heard discussions of the attendant. For many years we have said that there is a certain amount of unskilled work in nursing and that this work might very well be executed by a group with much less training than the graduate nurse. The particular group, loosely referred to, has been classified as the trained attendant. Up to the present time this worker has been regarded somewhat in the light of an evil, but in all events as a necessary evil.

In Cleveland and in a few other places, the use of an attendant seems to have gone beyond the experimental stage. We have made some progress, but the attitude still seems to be that perhaps the attendant is a necessary evil. I am inclined to think that I should personally be most unwilling to spend six months of my life in learning to be an evil of any sort, even necessary. I could not look forward with great enthusiasm to go into training to be an evil. I believe that if this whole attendant situation is to clear up at all, it will have to be handled more vigorously and on rather a different plane from what it has been in the past; that is, we have got to accept it more positively and not inject so many negatives in our discussion of the attendant.

I am not in a position to decide whether we shall have attendants or not; but granted that we are going to have them, I think that the attendant has got to be told the value and the nature of her work, and be made to realize for her own self-respect that she is doing a work of necessity and service. She must be taught to see very clearly her limitations and also to welcome supervision, and must be made to understand that registration or licensing, or whatever it may be, by the state is not a form of finger prints for catching her if she gets away. I think that is very much the impression that some women of that sort get when this subject is discussed. She should be made to understand that it is because the state recognizes the value of her work, the need of her work and its importance in the community, that it should be safe-guarded, and limited where it must be limited, and that for this reason she is entitled to this recognition.

I am inclined to think that the whole situation comes down very largely to the question of attitude on the part of the attendant and of morale. Any one who has ever administered a large institution or in fact any institution realizes that a certain amount

of attitude and morale will be communicated from the leader, but a greal deal has to be deliberately fostered and encouraged, and the training has to include that very carefully. Therefore we have to include in this six months training a certain amount of technical information and skill, and also establish an essential amount of right point of view and right attitude if the attendant's work is going to be really useful. This is not an easy thing to do in six months. It is a very definite educational problem.

I believe that the crux of this whole situation lies with the people who are going to administer the training of these attendants because it is a specially hard problem. It requires all the skill of the trained educator. I am inclined to think that if the type of woman will undertake the training of attendants who now is found demonstrating and teaching in our best training schools the problem of the attendants will be to some extent solved. It will be a work of sacrifice. If it is a necessity in this crisis to have attendants it is surely an honorable piece of work to do and a kind of sacrifice that the nurse educators will undoubtedly be willing to undertake.

Miss Clayton: Our next paper for discussion is "The Red Cross Aid Versus the Short-Term Course," by Miss Jane A. Delano.

RED CROSS AID VERSUS THE SHORT-TERM COURSE

By JANE A. DELANO

Director, Department of Nursing, American Red Cross

Since the topic assigned to me really drifted into my consciousness I have never been able to quite understand what was the ground that I was supposed to cover, as it seems to me that in our minds the two things are rather connected than opposed to each other. So that I have taken the privilege of perhaps drifting a little afield from the subject really assigned to me, and will review as briefly as possible the development of the nursing aid question in this country and the part of the nursing organization in the development of this service. A good deal of this is ancient history and I think perhaps it may be rather desirable to have it clearly understood at this time. After all the discussions that you have heard in regard to nurses' aids I cannot hope to add anything new to this subject, only to review, perhaps, briefly the past history of the movement.

It seems rather unnecessary to state that the whole development of the Red Cross service grew out of war experiences. The beginning of this movement came about, as you know, following the battle of Solferino, when the first organization of Red Cross nurses was organized by General Durant, for the relief of the wounded and suffering on the battlefields. And this corps of women consisted almost entirely of peasant women whom he found there adjoining the battlefield. He was so overwhelmed with the needs of war that he continued agitating the question of establishing some organization to meet this need and mitigate the sufferings of war and finally, not long after the battle of Solferino, the Red Cross organization came into existence. The primary object of the Red Cross organization from that day until our own American Red Cross was organized was to coördinate and really develop the volunteer service of the world.

Now it is impossible in one generation or by arguments and discussions to undo or to modify greatly the traditions of the world. This was the traditionary attitude of the Red Cross; and when our own American Red Cross was organized we believed that a better service could be rendered to the armies of our own country by an organization of the nursing service. This country had of course, the finest schools in the world; we had probably the largest bodies of trained women in the world; and we believed that we could render a far more efficient service to our country and organize this professional service to meet the needs of war.

I confess that this attitude of the American Red Cross was viewed with more or less suspicion by many of the countries signatory to the Geneva treaty. It was an innovation. Other countries had developed the nursing service, the Japanese country service, for instance, and it was a body which the great mass of Japanese women organized also to coördinate and relate their work to the nursing service. Therefore we believed this was the desirable plan, and the American Red Cross, as you know, nine years ago accepted it without question and without modification, and gave us the right to develop its nursing service as we considered desirable.

About five years ago there was held in the city of Washington an international conference of the Red Cross organizations of the world. I had the honor to be a delegate to that convention.

Nursing questions were discussed more or less throughout the entire convention, because the supplying of the service of nurses in time of war was always recognized as the chief function of the Red Cross. The supplying of nurses to meet the needs of war were mentioned in some of the original articles of the Geneva treaty. So that has always been recognized as one of the chief functions of the Red Cross. The fact that we built the service up entirely on professional service, which is of necessity expensive, and which is restricted in certain ways, as it deprives the women of the country of the service which they have considered from time immemorial their right, this plan of ours was viewed with more or less suspicion, especially by the women of France, who believed that their plan was far superior to ours.

I was placed on a committee to decide as to the awarding of the Nightingale medal for service in time of war; and I assure you it was no easy task for me to convince the other members of the committee. I believe I was the only member representing this country, but at any rate I was the only one that spoke for nurses alone; and it was no easy task to convince that committee and work out plans for awarding of this medal—that it should be given only for the actual care of the sick and wounded; and second, that it should only be awarded to women that could qualify as graduate nurses. We were in session for part of two days before I convinced them that I was right that this medal, the Florence Nightingale medal, should be given to graduate nurses for service in the actual care of the sick and wounded. That eliminated absolutely from any possibility of securing this medal women who were engaged in organization work in any of the countries of the world. It eliminated any woman who might contribute large funds to the organization of the nursing service in the time of war. It pinned the award of that medal down absolutely to a graduate nurse. And it was my great pleasure to recommend one of your own Ohio state women, to offer her name for this special medal. At that time we could only suggest one, and I suggested Mary E. Gladwin, and I hope that eventually she will receive the Florence Nightingale medal.

In this international conference the American Red Cross—not the nursing department but the American Red Cross of the United States—asked itself whether it had done all that it should do to

provide for the needs of war. I did not know the discussions that were rife at that time, because I had no part in them, but an officer of the medical corps of the army assigned to the Red Cross service was sent to Europe that summer following the convention to study the nursing service of the European countries, especially England. He came back in the late summer and recommended to the Executive Committee of the American Red Cross that an organization of women should be built up in this country along the same lines as the volunteer aid detachments in England. The course was planned out, a circular concerning this work was printed and the whole thing was laid out, put into operation in this country, building up definitely with the American Red Cross an organization of voluntary aid detachments. I felt that our nursing standards were absolutely threatened, that our nursing service would be of no avail if groups of women unrelated to us, organized by physicians, taught by physicians, called possibly into service by physicians, serving under their guidance, their own leaders, whoever they might be, quite similar to the plan in England, that our nursing service was seriously threatened and that our nursing standards might all go by the board.

I called at once a meeting of the National Committee and invited to that meeting a complete representation of the nurses of the country, and I believed then as never before, and I believe now as never since, that I called the best judgment, the finest women of the United States. I wrote down the names from memory this morning and consulted with a few who were there. They are in the minutes but the minute book was not available. The following persons were there as members of the National Committee: Miss Maxwell, Miss Tice, Miss McIsaac, Miss Palmer, Miss Wald—there may have been others, but those are the ones I distinctly remember representing the Red Cross, and Mr. John Glenn representing the Local Committee. The whole question of the organization of the voluntary aid detachment was discussed at length, and I stood then positively opposed to it. I told the Red Cross that if this plan were put through that I should at once sever my connection with the Red Cross; that I believed that every member of the National Committee and every member of the state and local committees would go out with me. That to the Red Cross at that time was an unanswerable argument, and it was, I assure you,

a very difficult thing to bring the Red Cross, to convince them that they had definitely committed themselves to this work; after they had selected the people to organize it, after they had printed their literature, after they had their text-books for the instruction of these women, ready to go to them, perhaps, it was a difficult thing to convince them that all this plan should be set aside and they should turn it over bodily to us to develop. We took from them that day the responsibility for the development of the Auxiliary Nursing Service for the American Red Cross. Now I consider that practically a pledge; a promise; and for five years we have developed that auxiliary service. We have built up every step of the way, detail after detail. We never had one single interference or one word of suggestion from the Red Cross regarding the work. Absolutely no pressure has been brought to bear upon us to modify or to change or to alter one iota or one tittle of the plan. It has been our plan. For good or for evil, it is our plan. It was indeed the plan of the Red Cross, and in every step that I took in the development of the service I was guided absolutely by the National Committee, representing first the American Nurses' Association and second equal representation from the three national organizations of nurses. Even the name, which now seems to have more than a limited use, Volunteer Nurses' Aids, was selected by the committee after careful discussion, and out of the whole world of words we ourselves selected this. Now I have a stronger word myself. I did not myself have very much to say about that. I think I had something else in mind—I don't remember what it was. But at any rate we selected those words. They were not thrust upon us. And more than that, the women of this country accepted our leadership.

Now that is true. You may question it here and there, but in the main all over these United States the women of the country said, "We are willing to follow the graduate nurses of America. We believe they are the finest body of women that have ever come into existence in any country," and "they have said to us we are willing to work under your direction, we are willing to work under your supervision and we are willing to accept you as our leader."

Those are facts. Then I considered the development of some course of instruction which should qualify these women for service, not in time of war, because then we really hardly

thought of war—but that should take the place of the course that had been planned, and which we ourselves could control. And we worked out in fear and trembling, I want to assure you, and helped in working out a plan for that first text-book which I believe Miss McIsaac and I produced, really with a whole lot of trouble, because it had to be done. There was then an emergency to meet every step of the way, and we were guided by the advisory committee; and every question of whether we could put that in or leave that out was discussed pro and con. So finally we reached that stage where we had this course prepared. Then came the European War, then came the decision that we were only going to supply the needs of the war with the best nurses. And again without interference from the Red Cross we decided to organize these women in small groups for our base hospital units, and of course the organization of the hospital unit is familiar to you all. And how much we could give was discussed at great length. I remember the meeting at New Orleans, and we asked everybody to come, any base hospital unit, to help us, and everybody that was interested in nursing, interested in this question, we asked to be present at that discussion, and it was discussed in the greatest degree. We reached a decision then and we put our decision into operation and we authorized these aids in connection with our base hospital units.

Now I hold no brief for nurses' aids as such, but I do hold a brief for your obligations and giving your word and then standing by it. For I am absolutely in sympathy with any plan that will help meet the needs of the country today. The Red Cross stands ready to coöperate in any way possible, in any plan which the Surgeon General adopts to meet the needs of the military hospital today. I feel that this is no time for a divided allegiance or divided front. This is our country and we must do what is best to be done; and if any one of you can suggest a plan that will help meet the thing I am sure that Miss Thompson and Mrs. Higbee and the Red Cross would be perfectly willing to consider the plan and adopt anything that was practical to work out at this time of great need. But I do not believe that any plan suggested now would relieve us of the obligation which we definitely assumed five years ago, and I believe that the nursing profession will stand reproached by the people of America if they repudiate the responsi-

bility which they fought to secure. I have expressed myself as entirely willing to put all the resources of the Red Cross—and the resources of the Red Cross today are not insignificant. We have in my own office in Washington bureaus for the conduct of the various activities, our Bureau of Service Enrollment, Publication Service, a Bureau of Town and County Nursing Service. We have in the thirteen divisions of this country representative nurses in charge of the work there with an office and an office staff and all of the facilities for efficient work. We have sixty-five people employed at the Red Cross headquarters alone, with some of the finest nurses in the United States there coöperating with myself in the work. We are willing to place all of these at the disposal of the army. We are willing to coöperate in any plan that the Surgeon General brings forward. We shall go forward with just as much zeal and help in securing a staff for training schools, if this should be thought necessary to be done, as we were in trying to provide aids for this service after the demands.

It is not at all a question for us of one thing as against the other. We are willing to help in any way we can, in any way we possibly can. And I shall never, so long as I stand at the head of the Red Cross Nursing Service, repudiate the solemn obligation we have assumed. We must speak frankly, because this whole question is open for discussion, and the only way we can reach the conclusion is to speak frankly.

Personally I do not believe that the establishment of a training service will meet the needs. I do not believe it can be put into operation quickly enough and promptly enough to meet the need when our troops who are now in service are brought back to this country. I do not say by that that I disapprove of the idea of a training service or trying it. I think it is worth while to try anything that will meet the emergency when it comes, because it is surely coming.

Now if it is a school in carefully selected places, I say let's try and get students for them. I feel that it is for the Nurses' Association and those who are more familiar with the influence of training schools today to decide whether this question of the army training schools is going to be a greater menace than the selection of the nurses aids for training. I do not pass upon that. It is a technical question. I fear from the number of applications you are

receiving too many will be withdrawn. Superintendents of the small hospitals will deplete your forces more than by the use of some of your staff for the instruction of aids. It is our question and I think that the nurses of the country must consider and determine that when a conclusion is reached they will all be willing to abide by it. But I do feel that there is a place in the small hospital for hands and for feet more or less trained. I do feel that if I had a man in the service—and I regret that I have none—but if I had a man in the service I should far rather that a reasonable, sensible woman should give him a drink of water when he was crying for it than that no one should be there to give it to him.

I think that it has somehow not come to us that this country is actually at war, and that if we do not win the war that it will not make very much difference whether we have any training schools or not. If we do not win this war I do not care whether any of us are here a year from now. And it seems to me that we are getting ourselves sort of wrought up over things that are—I do not mean non-essential, because we have fought and we have bled and almost died for our nursing standards, and I do not believe that there is a nurse that has ever worked with me or looked at me today that does not believe I would safeguard those to the last ditch, unless I felt that there was something more important, even, than our training school standards, and I think the subject and recognition of it is the most important thing in this world. We talk about service flags and we talk about service stars—I read in a little magazine the other day, and I wish I had brought it down with me, because it really is beautiful; because I do not believe that the whole heaven is too big to shine as a service flag for our men that are in France today.

Some one said in the train the other day that the success of the war depended not upon the activity of the battle line but upon the depth of the battle line; and unless that battle line reached back into the hearts of the people in the last region of the country sending its soldiers to the front, that the battle line would surely break.

Now what I want today is for the nurses of the country to forget everything except the importance of the need at this time. If we can meet it one way let's move heaven and earth to meet it that way. If that is not enough let us be broad-minded and meet it any way we can.

There are sides to this question that were not touched upon last night at all. First of all the question is this. Now we are talking about whether we can get enough graduate nurses to meet the need; and some say, "We know we cannot," and others say that we can. Whether we can or cannot nobody on our earth can tell. But if we are but ready to get nurses enough to meet more military hospitals, if we are but ready to take out of this country nurses enough to provide a nursing corps which is adequate for our soldiers, if we are but ready to withdraw from the civilian pulse the last nurse to carry the last glass of water to the last man in the war in a military hospital; if we are but ready to do that. We say that nurses are assigned to posts and duties to meet their ability. I know that is true. I know there are nurses idle in France. But don't let us deceive ourselves by stories of the idleness of the nurses in France. Who would want us to leave our troops in France without an adequate nursing personnel, sitting there if necessary for months, waiting for the great drive, when men will be brought back wounded and broken? You know and I know that we cannot get transportation to France to meet the emergency; and I consider it very forehanded of this government to send those nurses ahead of the great drive which came this spring. And what matters it if we have had to do it with sacrifice if when the need comes we have the women there to meet it? And, thank God, we have some of the best women in this world sitting there waiting for those soldiers to come back from the trenches. I say that because that has been so many times brought up, that the nurses are not fully occupied. And I thank God that they are not fully occupied; because if they had been it would have meant that our men were dead and dying, being brought back from the trenches before they were ready to go into the trenches.

There are phases to this war to which we are blinding ourselves. We are speaking of our nurses in our military hospitals and whether they are going to meet the need. No one speaks of the able-bodied men in the hospitals. Nobody tells you that today there are 115,000 able-bodied, strong men in the army hospitals alone doing work for which they are not in any way fitted or trained or prepared—115,000 able-bodied men doing very hard duty in military hospitals, running and waiting on patients more or less efficiently. We are talking about 10,000 that we have in the army hospitals,

but we forget that for the 10,000 women we have 115,000 able-bodied men. The Surgeon General in my office the other day spoke about that very question. He said he was anxious for the number of able-bodied men serving in military hospitals instead to be out learning how to fight. Now that is another phase of it. And those men are the pick of the nation. They are all young, able-bodied, strong, ambitious men, like a lot of running horses tied down to drawing a cart. It is not right. Those men we have, I believe, should be replaced by women. The women are the only people in these United States today that can improve that waiting in military hospitals.

Now I say let us provide the supervision of the finest women we can find and let us supplement that force with women trained or in process of being trained, so that these 115,000 men, or at least a large proportion of them, can be sent out to training and commissions. Doesn't that sound reasonable?

I could tell you tales and I suppose you have read them, but I sometimes think that a story that comes to you direct makes far more impression than something you hear from the newspapers. A man came into my office the other day and told me of his own experience in a base hospital. Now there is no disguising the fact that we often had hardly nurses enough in the base hospitals. Sometimes it was the fault of the quarters not being ready. It was the usual thing to build the hospital and then build the quarters after the hospital was built. That is not peculiar in the army; it often happens in well regulated civilian hospitals. But a man in my office told me the other day that he was called suddenly to a southern camp—and he said this without heat and without any special rancor. His son was dying of pneumonia, this boy and two others who were lying either side of him in beds also with pneumonia. He stayed there with him about two days, and he told me that he had seen brought to the bedside of these pneumonia patients trays with full diet, set on a stand, left there for an indefinite time and then the man would come in and carry them out. Now I believe that, because the man told it to me himself and without any special animus except that he thought some one ought to know it.

Now I cannot believe that we should use at this time the services of our graduate nurses to sit down and feed our helpless men in

the war; I believe that women of common sense or judgment, a student or aid, or whatever she be, could do those services acceptably, and that a very grave responsibility will rest upon us if ultimately we prevent from drawing into the hospitals a sufficient number of women, trained students or aids, to meet the military needs.

As far as the Red Cross is concerned, we have nothing to recommend. We stand ready to coöperate with any plan brought forward by the Surgeon General. The only point that I think important and I will make is that we are not fair to the women of this country if we say absolutely, after five years of building up a service for them, and they are yet not accepted today, if we say, "We will have none of you." I think we have prejudiced our profession in the minds of the public by this attitude more than anything that has ever happened. I have heard things that might never come to the ears of others, and I know that there is underneath, in the spirit of the women of this country a feeling that they have been dealt with most unfairly; and I assure you that I will not take part in anything that eliminates absolutely the women of this country whose loved ones are serving in France. I believe that they have the right to share with us in the care of the men they have borne; not necessarily of their own kin, because that the War Department does not approve of. A woman came the other day, a woman past forty. Her husband had been an army officer and he died. She had one son at the front. She had broken up the home because she had no one to keep the home for and she was absolutely free. And she talked to me and she said, "I can't take care of my own boy but is there any place I can go and do something for the boy of some other mother?"

The question of class distinction in our nursing work was also brought up last night, that there should not be class distinction. Now I do not recognize any intrinsic or material difference in the heart of the woman who has millions or in the heart of any working girl in this country. We are all women. I do not think we are rich and poor, and bound and free, and all the rest of it; we are all women. And I think under the circumstances that surely an accident of wealth and an accident of social condition, do not materially change a woman. I am convinced of that in the splendid work that some of those women are doing. We have very little

experience in this country with titles and I am glad of it. But I want to tell you one incident that convinced me that I am right in this. I have had volunteers in the last four years in and out of my office. I have had all sorts come in. Last summer, during the hottest summer I ever saw in Washington, a woman came to my office every day as regularly as any clerk. She stayed like a watchdog outside my door. She interviewed tiresome people so no one could get in. I think I would have dropped dead if I undertook it. She was a woman of great social experience; she had for many years been a leader in Washington society. She gave up her summer home, kept her city house open, stayed there the entire summer and never went away from that office a half a day without asking permission, far more perhaps than clerks, because they would stay home and say nothing about it. Really last summer I believe that woman almost saved my life; because from morning till night she saw an army of visitors, and not only those that wanted to see me but many that didn't know where they wanted to go. Unfaltering and uncomplaining, without any special place, she was simply a watchdog outside of the door. And really her attitude to me used to be very tiresome sometimes, because she would come to my desk and in a serious manner announce some one to see me; and if you were there and saw it you would suppose she was almost a well trained butler. Today she is one of my best friends in Washington. This year we have an information bureau with six or eight in charge, and I do not believe they do the work better than she did all by herself, even when the pressure of work came so rapidly. I established a volunteer table and then added two or three tables to it, because the letters used to come into that office until we ran four or five or six hundred a day and then stopped counting. And there have been days that working all day and piling my desk and other desks, the pile would be larger at night than in the morning, and I could not find the people quickly enough to meet the need. I found a young woman who had never done anything in her life but dance and go to parties, but she was a woman of good education and knew practically everybody in the city; and I said, "Can't you come here and organize a desk where we can utilize volunteers?" She came on and sat at that desk during the greater part of the heat of last summer. She indexed the volunteers that would come for work from morning

till night, and thousands of letters used to come and she brought out suitable form letters which we had to have multigraphed or we never would have gotten through with the correspondence. And they did the volunteer work of folding letters, getting them in the envelopes and stamping them and getting them ready to go out. One day the woman in charge of this volunteer table came up to my office and she said,—(I have been down there day after day at the volunteer exchange and I make no special note of them. I know one time we had the daughter of the post-master general, and I stood next to the clerk and never knew where she was or who she was. I went down every day to see how things were going and never knew who was there because they would come to work one group in the morning and another group in the afternoon, and she came up and said),—"Madame, a French woman, is very anxious to meet you. We call her Madam but she is really a Countess." Well, I assure you, I never had time to meet that Countess and never did meet her. I don't know how long she did come nor did I ever know her from the other workers. Now that makes you believe that there are not such great social differences or differences of wealth. We would rather believe that at heart we are first, last and all the time women.

They just found the line that I read in the magazine coming over yesterday. I think the first two lines are beautiful.

SERVICE STARS

All through the troubled night the service stars
Of God shine through the windows of his heaven;

Miss Clayton: Major Smith announces that there were plans to establish an army School of Nursing. Miss Goodrich is here to tell us the details of those plans. Before Miss Goodrich begins we would like to announce that a Metropolitan Nurses' meeting is being held in the Lounge.

THE PLAN FOR THE ARMY SCHOOL OF NURSING

BY ANNIE W. GOODRICH

In order that it may be clearly understood why the suggestion was originally made that an Army School of Nursing be created, I beg to make the following statement:

On Monday, February 18, I assumed my work in the Surgeon

General's office. On Friday or Saturday of that week I was informed through Miss Gardner, then acting as secretary during the absence of Miss Crandall on the Committee on Nursing of the Council of National Defense, that a notice was about to be issued stating that aids were to be employed in the base hospitals at $30 a month. This information, I believe I am correct in stating, came from Philadelphia. In order to verify the rumor, I went at once to the Red Cross office and was informed by Miss Delano that a statement from the Surgeon General's office to that effect was to be published in a bulletin relating to aids, which was then in the hands of the printer, or already printed, I am not sure which.

I at once took the matter up with Colonel Smith in the Surgeon General's office begging that the Red Cross be asked to withhold this announcement until Miss Burgess and I had time to study the situation in the base hospitals and could make some recommendations. It was my opinion then, and this opinion has not changed, that no step could be taken which would more greatly deflect young women from entering schools of nursing. A request to withhold this announcement was made to the Red Cross and Miss Burgess and I went out on a tour of inspection. These inspections led us to believe and later inspections have only confirmed this opinion that it would not only be possible to place regular students nurses in this field but that under the instruction and supervision that it was proposed and possible to supply, and with good standards of admission, i. e., the completion of the high school or an educational equivalent, such a scheme would immediately and markedly improve the nursing care of the sick in the military hospitals, the care which is now to a great extent rendered by hospital corps men, constantly changing and the convalescent patients. It was felt that it would utilize the aids as regular students instead with the greatest justice to the sick, to themselves and to the nursing profession, and upon our return from our first tour of inspection we recommended the establishment of an Army School of Nursing. A conference was called at which were present the following officers and medical men: Colonel Monorief, Colonel Ashburn, Major Longcope, Major Chas. Mayo, Lieutenant Colonel Smith, with Colonel Noble presiding.

There were also present Miss Delano, Miss Thompson, Miss Clayton, Miss Burgess and myself. As a result of this conference

the following committee of three, Miss Delano, Miss Thompson, and myself, was appointed to draw up the plan for the Army School of Nursing which a motion provided should take the place of the aids. The plan was presented to the nurse members of the nursing committee of the General Medical Board of the Council of National Defense, the following members being present, Miss Nutting, Miss Crandall, Mrs. Higbee, Miss Thompson, Miss Delano, Miss Clayton and myself, and the details were gone over. The plan as presented provided that the school to be known as the Army School of Nursing should be located in the office of the Surgeon General in Washington, that through the central school the enrollment of the students would take place and all matters relating to its general management be dealt with. The faculty presided over by the dean of the school was to determine all questions relating to the course of instruction, the general administration of the school being entrusted to the dean. It was suggested that an Advisory Council be appointed composed of members of the Medical Department, the Superintendents of the Army and Navy Nurse Corps, the Director of the Department of Nursing of the American Red Cross, the President of the American Nurses' Association, of the National League of Nursing Education, and of the National Organization for Public Health Nursing, the Dean of the Army School of Nursing, and other members of the nursing profession conversant with the problems of nursing education, to make recommendations concerning the appointment of the faculty, the relation between the military and civilian hospitals and other matters relating to the general policy of the school.

It provided that the course of training should be given in the various base hospitals assigned as training camps, each one of which was to be a complete unit having its director, its staff of lecturers, instructors and supervisors and its teaching equipment. These units will be developed as rapidly as the needs of the service demand. The directors and such members of the teaching staff as should be determined upon should be members of the faculty.

It provided that the course leading to a diploma should extend over a period of three years. The experience in the military hospitals was to provide surgical nursing including orthopedic, eye, ear, nose and throat, medical including communicable and nervous and mental diseases, while experience in children's diseases, gyne-

cology, obstetrics and public health nursing was to be provided through affiliations.

It provided that the course of instruction should be based on the standard curriculum for schools of nursing recently issued by the National League of Nursing Education.

It was further stated that the nurses so trained would be eligible for state registration, for membership in the American Nurses Association, the National Organization for Public Health Nursing, enrollment in the nursing service of the American Red Cross and for advanced courses in the teaching, administrative and public health fields.

This plan received the approval of the Surgeon General and was referred to the War College from which it has not yet been released. Whether this delay is due to opposition from some outside forces, I am not in a position to state. We do know that very great pressure is being brought to prepare and use aids. It is difficult to conceive that anyone should not see the desirability of the method of using the aid as a student through the proposed school. I believe that the shortage of candidates for schools of nursing which was reported by Miss Clayton and others, can be directly ascribed to two facts: First, that the young women who have to be self-supporting must at this time, in order to supply the deficiency arising through the absence of the male support of the family, at once enter upon some remunerative occupation many of which are now offered and at higher salaries than ever before. Secondly, it may be ascribed to the diversion from the schools of the young women who are in a position to volunteer their services by the promise of the use of their services in the military hospitals after two or three months, or, in one instance we understand, one year's experience, that is being offered by many of the civilian hospitals. I beg again to repeat that this will work an injustice to the patients in both civilian and military hospitals, to the young women themselves who may desire to continue in the nursing field and will deflect from the nursing field most desirable material. The proposed Army School of Nursing would through the requirement of affiliations, for the experiences not obtainable in military field, eventually throw back into the civilian hospitals a large body of soundly prepared students and would also eventually greatly increase the number of highly qualified graduate nurses.

I believe that to throw aside this plan and to accept the plan as presented for the care of the sick through aids would be one of the greatest errors that has yet occurred in relation to the nursing care of the sick.

To summarize: We have been hearing for many months of the necessity of rapidly and greatly increasing the enrollment of nurses for the care of our sick and wounded men over seas, and in this country. We have also been hearing of many thousands of young women free to give their services to the country who desire to render this service in the military hospitals.

The school makes this opportunity immediately possible, but in contra-distinction to the opportunity offered through the services of aids which has been so popular in England, in accordance with the traditions of our country it requires an educational standard for admission and provides a course of training that will insure to those rendering this nursing service, a preparation that will make them increasingly competent and if successfully completed will entitle them to a diploma in nursing and through it professional recognition.

That is in brief the history of the school which Colonel Smith mentioned the other night. It is my own very strong feeling that we could render no greater service to the young women who want to give their services as aids, and I think the age is entered in the bulletin, is it not, 31 to 35? And the age for the students admitted to the school was 21 to 31. It was proposed also that the application should be made through the division directors of the Red Cross, and that those aids who qualified for admission should be given special preference.

It seems to me that if we had the candidates, and I believe we have a large group of young women who are willing to give their services, we should put in such a course in justice to these young women who perhaps themselves do not know today how valuable it would be to them to have a good training, and in justice to the sick. And here I wish to emphasize the fact, in justice to the sick in military hospitals, it is proper that these nurse students should be supervised and instructed that we shall perhaps remove a good deal of prejudice in families about trained nurses. If they are going to send their young women in they should send them in under the best auspices and if those young women render the service that they can render they should be given all the benefits that accrue to those who render such services.

There is, I understand, increasing dissatisfaction in England because no such provision has been made. I believe that we can through such a school do for the military hospitals what has been felt to be the best way of doing for the sick in civilian hospitals. We have found that the school with graded students makes the very best arrangement. And it is a fact, I wish to say, that I do think in these small hospitals we have the opportunity, not of doing a better thing, but of doing a very good thing. They already understand and accept and feel rather different.

They have in those hospitals simple but nevertheless good scientific equipment, laboratories that are quite remarkable, X-ray rooms and you heard the number of beds that were being planned, between 90,000 and 100,000. They have extraordinarily good experts in communicable diseases and in nervous and mental cases. We have drawn into those hospitals many of our graduate nurses who have hitherto held positions as head nurses and in some instances instructors, and whose services in the process of grading and staffing these schools might be very well utilized. If this war ceased tomorrow it would not throw back into civilian hospitals too many pupil nurses or if they went back into the community without having completed their training I imagine that they would make better mothers or fill better whatever position they had to fill in life.

Now I submit that this plan needs your very careful consideration. If we think it a good plan to care for the sick in a civilian hospital with a group of students with the highest educational qualifications that it is possible to obtain and under a group of supervisors and teachers surely none of us could think that the other way would be better for these small hospitals with a somewhat difficult situation.

The housing conditions that would be required for aids will be required for the students. A student or an aid will only occupy one bed each, but one bed each they will occupy. I therefore think that if that accommodation is to be met for one group it will have to be met for the other.

I am not going to discuss this any further now, but if there are any questions that you want to ask that I can answer I shall be very glad to do so.

Miss Clayton: We have so many interesting points to bring out this morning for discussion. In order to do so in an orderly fashion we shall begin with the first topic on our program and go back to the preliminary course. Those of the audience who are interested in the preliminary course will please ask any question they wish. The meeting is now open.

Miss Palmer: I want to ask Miss Goodrich if this plan of training school in the military hospital is simply for the period of the war or if it is to be a permanent thing in the army after the war is over.

Miss Goodrich: That I could not say. I don't know. It might cease at the close of the war, or I presume, it might go on. If it was found to be a good thing and a good method of training nurses, preparing them for war service, it is quite possible that the school would continue. A school of any large area I should not think would continue. I cannot see how they would ever want to continue to carry on a school beyond their needs.

Miss Palmer: Isn't there a danger in this plan of the same conditions arising, providing it does continue after the war, that we have had to contend with always in our civilian hospitals, a cheap nursing service to the government?

Miss Goodrich: Miss Palmer asks, and she will correct me if I do not repeat it correctly, if there is not the danger in this plan if it continues after the cessation of the war, of the hospitals accepting a cheap nursing service. That is the question. I can only answer it according to my light. I do not believe that it will be done on a cheaper basis than the best hospitals do it. I believe myself that not any more than you can put an expert engineer at work digging trenches without a loss to the community through the loss of the services of an efficient man that you can put a nurse back to the work which is done by the pupils in our hospitals. It would seem to me therefore that the army school might very well be considered after this war ceases. I think Miss Thompson will tell you more accurately than I can the number of graduate nurses that were in the Army Nurse Corps at the beginning of the war.

Miss Thompson: 373.

Miss Goodrich: 373. Now that was the total number of graduate nurses, and I submit that supposing you only had graduate nurses enough to be at the head of the wards and teach and supervise in these military hospitals, with their very splendid scientific

equipment and with the sick soldiers; they are not different persons when in bed sick than men in civilian hospitals, being cared for by a student body who were on duty eight or seven or six hours a day; this could be well done in military hospitals, and these student nurses could be learning accurately under a correct military system, and I wish some of us had kept up our military system for ourselves longer than we have; these things would not harm any young woman. I think it would make her a more splendid person, even if she went back into civilian life, among the nurses there because there is one clause here which provides for what shall be done with a student when she graduates and awaits her turn on the list of nurses eligible for enrollment in the Army Nurse Corps that she shall be called according to the vacancies. Consequently those young women might fall back into civilian life and most of them do prefer to remain in civilian life doing work in that field in which she was particularly equipped. In another war we shall have not only those thousands of women that conducted the army offices officially, but we shall have hundreds of young women who understand the military system and would be better for preliminary training in that school.

I do not believe the army would ever carry schools which went beyond their definite needs. That question has not been taken up at any length. It is purely my own idea of what might happen. But I also believe that nursing is a woman's profession, and that while this thing may not do well to run an orderly service with, let us have it, just that service which we require in the civilian hospitals in the men's ward, and let us not use the man power either in peace time or in war time for the work that is essentially the work of a woman.

Miss Clayton: Are there other questions?

Miss Kelly: Is there not something in the law that was passed during the Spanish-American War that says army nurses shall be graduates? Would that interfere with the use of pupil nurses?

Miss Goodrich: As I understand it, and I hesitate to answer any questions with the chief of army affairs in the audience, but she must correct me if I make a mistake, The student is one thing and the nurse is another. That has not been so in our usual hospitals. That is one of our greatest errors. Some of you have heard me say that until you never want to hear me say it again. A man is not

a physician until he graduates from a medical school. A nurse is a nurse from the day she puts on her uniform, which is all wrong.

Miss Greener: Is it not true that if we limit the age of pupils who go into military schools from 21 to 35 that we would eliminate a very great many of the women who are offering their services at the present time? Is it not a fact that a very great many of those who are most free to give service and most desirous of giving service as an aid are above the age of 35, between that and 45, also would not such a course of training be very attractive and seriously affect the general hospitals of the country? The best schools have the same requirements, of course, as the army hospitals will have.

Miss Goodrich: Miss Greener has brought up a very important question. The question of using such aid of elderly women is a very natural and pertinent question, of course. We have not thought that it was the best thing to do in the civilian hospitals. For various reasons I think these women leave home and if we were going to render such service these elder women I believe would be better at home, where they could take care of their own, whom they were more or less used to by many years of life. It is a good thing to have a young body if you can have the mind directed well. Youth can cover a good deal of ground, and I believe is a pretty valuable asset in our civilian hospitals. I am thinking personally in presenting the thoughts in this whole question of these two things. It is constantly said that we must give our best to the men in the military hospitals, our soldiers, our sick in the army. If we are to give our best, then let us look around in civilian life and see what is our best there in the hospital. That is the only answer I can make.

Now as to the second question, and it is one which I think is a serious question, I have no hesitation in saying that that is a thing that we must handle not with gloves, but with our bare hands. It is quite possible that it will deflect women from entering the civilian schools of nursing. There are all the safeguards thrown around the students that can be found. In the first place, it is a full high school course or educational equivalent. In the second place, there is an allowance given. In the third place, it is a three years course.

Now the schools, many of them that have a shortage, do not show many full high school graduates in their student body. The

schools that have the greatest number have demanded for some years the full high school. It is a curious fact that several of the women who are at the heads of these schools have said that they would be willing to divert their excess number to these military hospitals. But I also want to submit the fact that you are deflecting that same material if you take it in as an aid with these conditions; that at the end of the war that young woman won't be very much better off and she may be very much worse off, and the civilian hospitals won't be any better off, for they won't have had her through the affiliated courses or any other way. Consequently, I believe that it is the best thing for civilian hospitals, not less than the military hospitals, that this plan should be accepted. May I say that it would be quite possible to make exchanges in various of the hospitals with these students who qualify for an army certificate, say with the third year student and the younger student, etc. It would be a criss-cross, which would very effectively serve both the military and civilian hospitals. I cannot say that that would not work out very wonderfully. Most of these camps are near great cities.

Miss Powell: May I say I do not believe there is any school in the country that will suffer probably more than mine. Our curriculum covers a three-year course. Our students are required to pay at least $150 in money and have a full high school graduation. It is quite possible that if those women can go into an equally good school and pay no money they will go. And I must say I have that absolutely proved already, but nevertheless I shall try to meet the situation. I believe there are a large number of the best schools in the country that feel just the same way and will support this plan.

Miss McMillan: May I say as one of the members of the nursing profession who has known nothing about this scheme until the last day or two that it seems to me a very wonderful presentation, a very wonderful thought. Of course there are possibly some disadvantages. There are many details that have not yet been worked out and that will have to be worked out but will be solved. But surely we can leave it to the wisdom and the discretion and the loyalty of the profession to give some wise decision on all minor points to these women, Miss Nutting, Miss Goodrich and Miss Delano, and the other women who for years have

been working and working so hard, and by whom we are glad to be guided and directed. And it does seem very essential that today, as Miss Delano says, we should get together and have some uniformity of opinion. We all have little schemes of our own and the trouble with these schemes is that they are worked out in a heterogeneous way all over the country, perhaps a dozen different methods in some states and perhaps a hundred different methods in the country, each method being worked out by some more or less inexperienced woman, some of them being worked out by men who are not members of the nursing profession. It is surely safer for us to follow the directions and the voice of this body of representative women who have been our guides right along. I am strongly in favor of endorsing this presentation of the army school of nursing as presented by Lieutenant Colonel Smith and explained today carefully by Miss Goodrich. I am willing to do everything that is possible to coöperate and I do trust that all the women assembled here today will support and help and endorse this effort. It is unnecessary to say what these women mean to us, Miss Delano and Miss Goodrich and Miss Nutting, who are giving their lives, who are spending their nights staying awake thinking out plans to carry us through this terrible situation, so that we may do our duty to the country and to the men and still maintain our high standards of education. And it would seem that the right and the wise thing for us to do today is to accept their advice, accept their suggestions and endorse them unanimously and heartily.

Mrs. Bolton: I don't know whether it is out of order for one who comes from the leisure class to say a word on the situation as it is presented by Miss Goodrich. I had some aid training a year ago in the rush, and I would like to express unofficially for my class, and I want and I would like to eliminate the word class, we are standing together as much as we can. We are all untrained, and we look to you to tell us what to do. I am not speaking officially at all. I am speaking quite unexpectedly, because I cannot help it.

We are ready to stand behind that plan, to go into any plan that is decided upon by the heads of the nursing profession. We want for our men all over the country the best we can give them, but also we have felt far more than a professional person can possibly know, the lack of training in our lives. If in some way this prob-

lem can be worked out in such a way that it will give to those girls who, because of their position by chance in the world, the training of which they are deprived by that very chance, it will mean more to this country than anything else possibly can if after this war is over there might be a different feeling between those of us who have been unable to get training of any sort, even for the training of marriage and motherhood, I think that that in itself would be a contribution to the country that would be well worth while.

We want training and we have felt the need of it more keenly in the last year than you can possibly know. We need it. And if it is the members of the nursing community to whom we must look for the word in solving the problem in some way we are only too ready to take our part as directed and if the war stops before our course should be over we will do as you tell us at that time, and if it continues longer and we are able to finish the three or four years course then we will go, I am sure, many of us, into the profession of nursing with glad hearts and thankful spirits that we have been given something of which we have been deprived.

Miss Nutting: I am not on this program, but like Mrs. Bolton I could not help asking to be allowed to speak. In the first place let me say two or three words in answer to Mrs. Bolton.

Mrs. Bolton represents one of many hundreds of women who have drifted into our office during the past few years, depressed and disappointed in life because they were untrained women, because their education and their lives had fitted them for absolutely nothing that they knew how to offer the world today. And I am pretty well convinced, and I think a great many women who have watched the education of women are pretty well convinced, that perhaps one of the great things that this war will do, will be to bring a new point of view and a new attitude to women who have not felt it necessary to train themselves for anything in life, as their brothers have felt it necessary to be trained.

I should like it, I should think it a good world where there were no women who could call themselves women of the leisure class. And I am not prejudiced either, against the leisure classes or any other body, but I do not think it is a good world where the work is not better distributed, nor do I think it wholesome for anybody who has not her regular difficult task to give that the world needs.

Now let me say one or two further words. I always feel that

way when Miss Delano talks. Miss Delano and I do not agree upon every point, but I always feel something go as soon as she begins with what she says, and I am carried along with her. Then I find myself asking a few little questions. And bear it in mind now, that I am glad of this public opportunity to say that there is no woman in the whole profession who has a more cordial and warm appreciation of what Miss Delano has done for nurses and for nursing. From her beginning of the work in the Red Cross she has been, as you know, essentially a volunteer. She has given her service without stint and without measure. She has worked day and night and has upheld most loyally, saving under circumstances where she was opposed by people and she was only one side of it. I only heard of this indirectly, but I know well enough what a problem Miss Delano must have met while trying to maintain standards. But she has attained her ideals for nursing standards which we have been fighting for and which must ever be maintained. And our debt of gratitude should never be forgotten.

But I think there are one or two little questions to ask. The question of nurses' aids is something we have not studied quite as much as we should. But this we do know: that volunteer workers in nursing were created, to begin with, at a time when we had no professional body. I think we must bear that in mind that there wasn't anybody else but the volunteer in the original days when the Red Cross took over so much nursing work, and if there had not been volunteers there would not have been anybody to take care of the sick except the sisterhoods, who, from time immemorial have rendered service heroic upon the battlefields.

Miss Delano reminds us of our obligation. We should not forget the pledges that we have made, we should not forget that whatever we have promised to do we should faithfully do. But when she asks us not to change our point of view, then I cannot agree with her. And what sanction do we have? We elected the president a few years ago, on what ground? That he would keep us out of war; but he has changed his point of view. I think it is understood that our amiable, as Mr. Roosevelt calls him, Secretary of War, is changing his point of view. I believe that as long as we live in a living, growing world, and circumstances change and conditions change, we must change our point of view. What

are we in war for? Because a nation with whom we are at war cannot change her point of view.

Now I have no hostility to aids, I do not think the heavens would fall if we had 5,000 of them or 10,000 of them in the country, not at all. I like many of the aids. Some of my own people have had a great deal of help in this war from aids. It is not a personal question or a question of like or dislike or any of those things. The point is, is that the best that we can do with our present knowledge and in the present state of affairs? Is there a better thing for us to do? And such is I think the scheme which I should say is Miss Goodrich's. Other names are connected with it, but I think you should know that Miss Goodrich worked that out herself and it is her own plan; the only plan our committee suggested was the use of the third year. Miss Goodrich has built up a whole school. In support of that I rush back to the third year affiliation again as a very good thing. I have not enlarged my point of view on that, although I may. I believe if we had had good coöperation from the training schools and army service, that there would have been many thousand young women released after that two years service and it would have operated. Whether we are going to meet this situation through their going or not we do not know. We do not know how many men are at the front and we don't know how many are going. All we really know is what we have done and what we are doing and what we hope to do.

If eventually we cannot work out our problem through any sources with which we are now struggling the practically sensible thing is to fall back on the next best, and the next best will be and is necessarily volunteer persons, trained or untrained.

Now to me what is the outstanding thing of all this is that you can train aids and gather together a large number and put them in the service in a very short time. The fact that you can prepare hundreds of them in quick succession in a few months is my argument for leaving it until the time when it seems more necessary than it does today, and not at present divert our strength and our energies from something which seems better.

That is all the common sense which I can bring to bear upon this subject at this moment.

Miss Clayton: This body has shown its approval of the Army School of Nursing. The Chair would like to entertain a motion

that this body endorse the military school and send this endorsement to Washington.

Miss Burns: May I ask a question? The word "now," it is merely a word, but "now" every paper in this country is ringing with the call for 10,000 nurses per million men for "now" not three years from "now," but right "now." In the army today a hundred thousand men are training. We accept everything available. The women of America who have given their sons, their husbands, their property are willing to serve as privates now under officers as nurses, four privates to one nurse. The call is "now." The dream that Miss Goodrich and our talkers have is a wonderful dream and it will come true. But what are you going to do now for the 30,000 and the other 10,000 that are needed? Are you going to turn down the private? Because by the private only will the war be won, and only by privates and more privates and more privates. And the women of America, whose children and whose men have gone over there are not dodging that thing. We have no moral, ethical or spiritual right to say, "You shall not serve as privates in the care of our men."

Miss Palmer: Something in me rebels against Miss Goodrich's plan. I think it is more from feeling than from reason. I do not like the idea of taking the young, unsophisticated, romantic girl straight from her home and putting her into the environment of a camp of 50,000 men. You cannot compare it with a hospital in a city, with a civilian hospital in anyone of our centers, large or small. That is my principal objection. It is based upon feeling and upon sentiment more than upon reason, and I cannot get beyond it. I think it is something you should consider. That is my first reason.

My next reason is that if all the people who are so anxious to be trained and to give three years training to help the situation are really sincere in that desire, there are thousands of places all around where they can enter. And more than that, Madam Chairman, I do not admit that the nurses of this country have failed at this moment.

Miss Clayton: Miss Goodrich, who has visited the cantonments and knows exactly what the conditions are under which these young women will be placed, will perhaps speak.

Miss Goodrich: I have read the history of nursing and I have lived the history of nursing. The history of nursing has always been this kind of a struggle. "You cannot put nurses into Bellevue," said those first persons who were approached concerning the use of the nurses; and a lot of women came, as Mrs. Bolton has come today, and said, "We will put nurses into Bellevue; we will put students and we will teach the young women and we will take them from our educated class and we will give the care to the sick that we have never given before." And there is a little history concerning the efforts of those women to get women nurses in the care of obstetrical cases at Bellevue. I beg you to read Mrs. Robinson's, *Recollections of a Happy Life.* It is not a happy episode when she had to go before a group of men and say how she was treated there, and her friends were down there too, and she said, "My friend cried all the way home to think anyone could have so brutally spoken to us when we were striving to take better care of the sick in this way."

Now may I say that I have seen the struggle to put some nurses into the military wards. That is being done. May I say that the man in that military hospital is a civil man, incidentally. There is usually one man there who is a full-fledged man in the Army and he is the commanding officer. He seems to be the most elastic person that I have come across. He rather approves of this, as far as I have had an opportunity to talk with him; but never mind that is a mere minor matter.

The medical men in these military hospitals are civil medical men and the nurses are civil nurses. Now I don't know that there is very much difference between a military and a civilian hospital. But suppose there were. You have all accepted the fact and you know that I have made the statement that aids were to be put into these military hospitals, that the aid was even to be paid who was put into these military hospitals, that those aids were of a young age. I am not at all afraid of putting any young woman in these military hospitals. I have no fear except for one thing, and that is that they shall be put in without the proper control, supervision and instruction. And I do contend that it needs a carefully selected faculty and proper equipment. I conceive that there would be no better way to take care of the group that is going there to care for the sick than in a properly managed school of nursing, and I believe

it would be as good for the souls of the young women as for the souls of the young men and older men to have the scheme worked out in that way, a good deal better than any other way it can be worked out.

But my mind is not kaleidoscopic enough to jump from one fire to the other. One minute we may not possibly get nurses enough and the other minute we do not need the aids and we can get nurses. I believe it is true that we cannot get graduate nurses enough, with justice to the sick in the civil community and the sick in the military hospitals. I feel quite confident that is the case. But let us suppose that we can get enough nurses for the military hospitals, I come back at you and ask you this: Will we not be rendering a better care, judging from my long experience in the civilian hospitals, for those military hospitals if we take this graded type of service from the younger student nurses and older student nurses? I think I have made that point clear; that we should take note of the standard of military hospitals existing and have the civilian hospitals give their services wherever needed. In that way we could get a better result for the sick in the military hospitals and incidentally for the sick in the civilian hospitals.

Now I cannot do anything but stand for this plan which Miss Nutting so kindly calls mine. If it is a success I would dearly love to have it called mine, but if there is any doubt about it being a success then I want to say that it is their plan just as much as it is mine.

Miss Hilliard: Miss Nutting touched on the plan of affiliation between the army hospitals and the civilian hospitals. I do not think that that plan has been very fully presented to us. It seems to me that the civilian hospitals will suffer very greatly with the army school plan. Now I may be wrong and I certainly do not want to be an obstructionist. I have a very deep conviction on this point. I do feel very strongly that if some plan could be devised by which every one of these women must go to the army hospital through the civilian nurse training school, both situations would be conserved. If at the end of one year's training in the general civilian hospital, the pupil nurse can go into this military hospital and then go back and finish in the general hospital, the plan which is now in operation for affiliation with so many schools

throughout this country, it seems to me, would be less dangerous than competition of the two schools, the military and civilian. I would like Miss Nutting to touch on this point and present it a little more fully before the question is put to a motion.

Miss Nutting: There is nothing further to present on that subject, because it is included in the scheme which Miss Goodrich has worked out for the army school. The affiliations, of course, are not worked out in detail; but there is no doubt whatsoever in my mind, and I assume there is not in Miss Goodrich's, that a wide number of affiliations will be established and that Miss Goodrich will stand ready to consider in every possible way such relationship with civilian hospitals as can be satisfactorily built up. Does that answer it?

Miss Hilliard: That plan of affiliation is included with the other plan. I spoke of a separate plan whereby the army school was alienated and affiliation takes its place.

Miss Nutting: What I was mentioning was the original plan which we talked of last year, but which could not be worked out, because the army nurse service could find no way to receive any such pupils at that time. I think that is correct.

Miss Hilliard: What is the difference between those pupils and the pupils that they are going to take in other schools?

Miss Nutting: Now there is a question of a different organization and a school actually accepted by the government. At that time there was nothing of this sort considered.

Miss Goodrich: I think the point is, if it is a question of needing a large number of people, Miss Hilliard, those can be at once supplied. It is a question, and I have tried to make that very clear, of actually believing that we are going to use the aid, and suppose we were not going to use the aid, let us concede that for a moment, I do not think the civilian hospitals, and I know them pretty well, are actually prepared to give the aid a preliminary course. The army has more to do and would use them four to six hours a day on those wards. There are many who know that we use our junior nurses very aptly in certain simple services for the sick. Those were the services that the aid is expected to render. Now our point is, I think, in this scheme that we can take enlarged numbers, you heard the figures that Dr. Goldwater gave last night of 100,000 aids in the military hospitals. Now it is possible and probable

that all of those will not be used by a few sick persons; but there is a big uncovered service which is rendered now by hospital men and the patients themselves, but which is going to be covered by aids or student nurses. My proposition is that it is better to use those aids meeting adequately the requirements as student nurses, if they are given to us, that that is the best way to use them and it is justice to them and to the sick and I feel will throw a much larger body of trained women into the civilian hospitals, partially trained, and again a much larger body of highly qualified women into civilian life. That is patriotic service, is one which we know thousands of young women desire to render, and we are not going to lose it by getting a superficial, short service, but by making the very greatest use of it, both for now and hereafter, the most enduring use of this young, if you like, or older service of these nurse aids.

A Member: As I understand it, there are thousands and thousands of women all over this country ready to do this work, and it seems to me it would be a very big mistake for professional women to stand in their way. I have always said for years that every woman before she becomes a wife or mother ought to have a nurse's training to fit herself for wifehood and motherhood; and here is the opportunity of our life, and it seems to me it would be wrong for us to dampen the ardor of these young women. The spirit is here and we ought to meet it. It is an opportunity to get all these women interested in our work and make better mothers, and stronger men will be the result. We are talking about child service, and there is another opportunity. And if they can get a military school and train, as Miss Goodrich has planned, it seems to me it would be a splendid thing, not only for our profession but for the women of the country as well.

Miss Logan: I should like to ask if this plan in any way establishes that the young woman who decides to enter a civilian hospital may have the privilege of looking forward to service in a military hospital before the end of her third year of training?

Miss Goodrich: That is a question which we have answered by saying that we can make a very close affiliation, and it seems to me that that is the way the third year student would come in. There are many possibilities of working it out, and that is what that advisory committee was suggested for.

Mrs. Tice: (Asked a question which was inaudible.)

Miss Goodrich: The plan did not provide that, and for this reason; because it makes one control of the plan of preparation of those women, which is really a necessity on account of the large numbers which would be deflected. This is a scheme which provides for an easy, constant increase according to the needs of the sick over-seas and in this country in the military hospitals. It is to be elastic, and yet it must be controlled through this central school. The plan that was fought did not do this.

Miss Powell: I move, Madam Chairman, that the Army School of Nursing as planned by Miss Goodrich be endorsed by the three organizations. I should like to make that motion.

Miss Delano: Before that motion is put may I add one word? I did not expect to have the honor of closing the argument, but I was waiting for a long time to have my chance. But I must at least explain one statement of Miss Nutting. I never opposed the idea of a school for nurses. I have coöperated with it. I was on the committee sitting while Miss Goodrich planned it out, and am entirely in sympathy with the idea. Now I question whether it would meet the whole need and I question very seriously whether by approving of this plan, we would not absolutely eliminate all possibility of aids for service, even though we find that the training school does not meet the needs and does not satisfy the women longing for service. Do I make myself quite clear? I am very glad to see the experiment of a school for nurses tried in military hospitals. I have realized that there were dangers connected with it, dangers perhaps to the applicants for schools, dangers perhaps all along the line. But is there any way of carrying on a great war without danger? I think not. We must accept the dangers. And I feel very strongly that in adopting this plan we must not adopt it as an absolute substitute for the plan to which we are already pledged.

It was not necessary for me to change my mind in regard to the ideal of the school in military hospitals, because it had never occurred to me that a school in military hospitals would be considered or that it was practical. But I was entirely in sympathy in trying it out as an experiment. I question whether it is equally possible to establish a school in all the cantonment hospitals. I question whether it will meet the needs, not of the cantonment hospitals, but whether or not after we have gotten all the students we can

afford for all the schools we can establish, whether there will not still be a need uncovered. That is the point.

So in my mind that is my idea, and I hope that this group of nurses, representing the nursing education of the country, will also endorse the plan to which we have already pledged ourselves.

If I could have the exact wording of that motion I should like to amend it.

(The motion was repeated by the stenographer.)

I think that endorsing the plan, it would be perfectly well to leave that as a question to go as a motion, if it does not imply in the minds of the people making this motion that it is a complete substitute for the other question. Now I do not want any misunderstanding on that, but I should be sorry to see go through any plan providing that the Surgeon General's Office does not request volunteer nurses.

Miss Powell: May I change this motion to read, instead of, "by Miss Goodrich," "As planned by the committee?"

Miss Goodrich: May I say that I am really embarrassed to call it my plan? It seems to me that those here who know Miss Delano know that she would not sit by and sign her name in any way to my plan. Now that plan was drawn up and signed by three persons, Miss Thompson, Superintendent of the Army Nurse Corps, Miss Jane A. Delano and Annie W. Goodrich. I am sure that it would not have appeared in the splendid form it did if it had only been the creation of Annie W. Goodrich's brain.

Miss Delano: I have no wish to disclaim my responsibility. My name stands to that paper and I am ready to the utmost to back up that piece of work and it will be found from other sources that our commission stands for those schools. But my name also stands to another agreement which I am unwilling to repudiate. Now if that is perfectly clear in your minds, that I am still trying to carry out this plan to which we originally pledged ourselves if requested to do so by the Surgeon General, and I cannot hasten it, and that I want to feel that I have the approval of all this organization. If that is perfectly clear in your minds I am ready to vote with the rest of you.

Miss Stewart: I do not think there really is any friction between these two plans. When I was in Canada last year I visited a number of convalescent hospitals. Now the patients in those hospitals

were not ill at all. Many there were ambulating patients. They were using the volunteer aids in those hospitals simply to keep the wards tidy and help to serve the meals and many of those things that need not be done by trained nurses. It seems to me convalescent hospitals are not good places to train nurses at all. They could not be used by the training schools, and it would be in such hospitals that the aids could be of some use. Those would not be organized in some places until the men come home. So the time for organizing these hospitals we would be perfectly safe in assuming could be postponed until we are ready for them. This plan simply covers this one hospital. Many, many other plans will come up which will be necessary to come before you.

Miss Clayton: You have heard the motion.

The motion was seconded by Miss McMillan.

Miss Clayton: All in favor of this plan as proposed say aye; opposed no. It is carried.

Miss Goodrich: The sick are going to thank you and these little would-be aids that are going to be splendid nurses later, will thank you.

Miss Clayton: We still have many questions that have not been touched upon, but our time is at an end and we must adjourn.

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Possibility of Using Attendants as Red Cross Nursing Aids in Public Health Nursing Fields

Thursday, May 9, 1918

The meeting was called to order in the Ball Room at 3.45 p.m. by the Chairman, Mary S. Gardner.

Miss Gardner: I think this large audience sees the interest that is being felt in this particular subject, that of the care of the sick in our cities and in our rural communities throughout the country, what now is known as the care of the civilian population. How we are going to do it with our depleted ranks has been for the last year a distinct question, which is likely to grow more and more acute. In several parts of the country an effort is being made to solve the problem. There are tentative efforts, I think, in other

instances, but I believe a full discussion of the situation will be decidedly helpful to all of us.

I think it will be as well to have the three papers read consecutively and allow the discussion to take place after the third paper rather than to interrupt the papers by discussion at the end of each.

The first paper is by Blanche Swainhardt, who certainly needs no introduction in this particular city. Public health nurses all over the country have turned to Cleveland for a great many years, not only for inspiration but for practical details. I know we have in my own city and I think we are no exception, that Cleveland in this, as in other things, has led the way in making the experiment towards the solution of the difficulty.

Miss Swainhardt: Madam Chairman and members: I am sorry that the program states "The Cleveland Experiment." It really should be "The Supervised Attendant Service in Cleveland." The work as undertaken is following an example that has been set in several other cities but carried out in a little different detail in those cities, so it is not really a new thing. I do not want to give a wrong impression.

THE SUPERVISED ATTENDANT SERVICE

BY BLANCHE SWAINHARDT

The Supervised Attendant Service in Cleveland was first organized in March, 1915, by the Cleveland Graduate Nurse Association, and conducted for an experimental period of five months as the Household Nursing Service of the Graduate Nurse Association. At the end of that period the Graduate Nurse Association realized that it would be a long time before the public could be sufficiently educated to appreciate the value of graduate nurse supervision; that until such time came the expense of supervision must be carried on by a private organization; that an organization purely professional in its undertakings could not well collect money to carry on a project indefinitely; and therefore at the end of a five months' period the Graduate Nurse Association asked the Visiting Nurse Association to assume entire responsibility for the work—to organize, finance and direct it, as seemed wise.

Inasmuch as both the Graduate Nurse and the Visiting Nurse As-

sociation had been jointly interested in developing nursing service for all homes in Cleveland, it was quite logical to turn to the Cleveland Visiting Nurse Association to establish a new department. The advantages in asking an already standardized society to assume a new responsibility are obvious. In the first place it saves the time and overhead expense of a new organization; secondly, it takes advantage of the prestige established by an older society; and thirdly it places with an organization already well acquainted with conducting experimental work, the responsibility for money to carry on a new project.

An estimate of the expense of a Supervised Attendant Service for the initial year was made as follows:

Supervisor's salary	$1,100.00
Vacation substitute (one month)	75.00
Printing and advertising	125.00
Equipment and office supplies	25.00
Telephone	15.00
Record files	30.00
Moving expense	2.00
Carfare	50.00
State insurance and possible license	100.00
	$1,522.00

After very careful consideration the Board of Managers of the Visiting Nurse Association assumed the task, and the Household Nursing Service became known as the Supervised Attendant Service of this Association. A guarantor for this year's expenses was then secured and the work was transferred from the Graduate Nurse Association October 1, 1917. With the transfer of the work, Miss Bentley, the nurse who had been in charge since its organization as Household Nursing Service, and who was formerly a Visiting Nurse and knew the Association's desires as regards development and service, continued in the position of supervising nurse. After a few weeks' adjustment the advantages of organized effort became very evident to the supervisor, who had encountered many difficulties while working with a board of nurses who were equally as busy as herself. She found that to work with lay women whose minds and time can be devoted to nursing problems and who can support their ideas with financial backing was distinctly more satisfactory and helpful.

During the early period of the work the supervising nurse was obliged to spend valuable time in doing clerical work, typewriting, mailing out bills, making reports, etc., which should have been cared for by a clerical force. After completing the first year's work with the present organization she feels the many advantages which come from the contact with and the support of an organization such as the Visiting Nurse Association.

The supervisor of the Attendant Service is expected to establish coöperation between the family and the attendant and the Association, as well as a standard of professional conduct toward the physician in charge. The supervisor has regular office hours in the Association rooms—8.00 to 9.00 a.m. and 2.00 to 3.00 p.m. daily. Here she does the necessary professional telephoning, arranges the placing of attendants on cases, and devotes the hour from 2.00 to 3.00 to interviewing attendants who have been already employed and to those wishing to make application.

On visits of supervision the supervisor always notes whether or not the family are happy and satisfied, ascertains the cause of any dissatisfaction, observes the condition of the home and the patient, and the condition of the rooms as to cleanliness, order and ventilation, etc. She also notes the attendant, learns whether any adjustments are necessary regarding her hours off duty for rest and recreation, whether she has comfortable sleeping quarters, and whether or not she is neat and clean in her appearance, also, what sort of records she keeps and how systematically she performs her duties.

FINANCIAL STATEMENT

In order that we might know exactly the financial standing of the first year's experiment, a separate checking account was arranged for, which shows the following handling of funds, October 1, 1916, to October 1, 1917:

Cash on hand, October 1, 1916			$63.97
Receipts			
From patients	$8,277.35		
From patients	149.00	$8,426.35	
Loan from Neighborhood Nursing Committee		90.00	
Special donation transferred through the Visiting Nurse Association		1,000.00	9,516.35
			$9,580.32

Disbursements

Current Expense:			
Attendants and salaries	$8,463.72		
Visiting Nurse Service	33.50		
Rent of class room	5.50		
Payment of loan	90.00	$8,592.72	
Special Expense: (included in estimated cost)			
Supervisor's salary November 15, 1916, to August 15, 1917	820.00		
Printing and advertising	17.83		
Record files	61.15		
Equipment (supplies)	52.20		
Moving	1.50		
Supervisor's carfare	37.61	980.65	$9,573.37

Balance on hand, September 30, 1917 ..... $6.95
Bills payable, supervisor's salary, August 15 to September 30.... 137.49
Bills receivable (including lost accounts, $111.21)..... $677.19

Note.—Much of the material used in the rules and regulations has been copied from or suggested by the Brattleboro and the Boston Associations.

COPY OF RECORD

Patient's Information Card

Date: 3-7-18.
Patient's name: Mrs. Ames.
Address: 1633 K St.
Telephone:
Doctor's name: Dr. Ketcham.
Address: Longview Ave.
Telephone: M. 5783.
Diagnosis: Confinement 10th day.
Nursing: General Care.
Duties—Household: Whatever may be needed.
Number in family: Patient, babe and 2 children, 3½ and 6 years.
Attendant sent: Mrs. Cain.
Time went: 4 p.m.
Attendant to Receive: $15.00.
Charge to Patient: $16.50.
Call came from: Family.
Remarks: Miss S.—former patient referred patient to V. N. A.
Call taken by: Grace Bentley.

PAYMENT OF BILLS

The general policy established by the Association was that the family employing the attendant should pay the Association, and that the Association in turn is responsible for the salary of the attendant. The families are requested to make payments promptly each week, and owing to one or two outstanding bills we found it necessary to establish the policy of discontinuing service if no definite effort to make payment regularly is evident. Families calling for the services of an attendant fully expect to pay for such services of an attendant and when circumstances develop which make it impossible for them to do so they are referred to the Visiting Nurse Pay Service for part time care. Our system of collection has in most instances proven satisfactory, the largest outstanding bill being one which came to us with the transfer of the work.

In addition to the points regarding the care of the patient we now require a statement from the family as to the person to whom we shall look for payment of bills. Quite frequently it is the person who makes the request for service who is responsible for the payment of bills.

RECORD OF ACCOUNTS

An account card is kept with the following data for each case, and the card system which we have installed is so far working satisfactorily.

Account with: Jones, Mrs. J. C. Case No. A 51
Address: 1001 Blank St.

SERVICE BEGAN	NAME OF ATTENDANT	BILL SENT	AMOUNT	DATE PAID	AMOUNT	AMOUNT AND DATE PAID ATTENDANT	SUPERVISION
10/15/17	Mary Brown	10/22/17	$16.50	12/1/17	$16.50	10/23/17, $15	$1.50

LETTER TO PERSONS EMPLOYING ATTENDANTS

In order that we might set before our patients definite policies regarding the attendant service and payment of attendants, the following form letter is sent to all families, with the rendering of the first bill:

MRS. J. C. JONES,
1001 Bank Street, City.

My dear Mrs. Jones:

The Visiting Nurse Association has realized for a considerable time the difficulty with which a reliable attendant may be secured when needed. To meet this difficulty a supervised attendant service has been added to the Association activities, the purpose of this department being to supply a reliable attendant under the direction of the Association and the supervision of a graduate visiting nurse.

For this supervision and for the maintenance of this department a charge of $1.50 per week, over and above that paid by the department to the attendant, is made to each individual obtaining an attendant through our Supervised Attendant Service Department.

This department is comparatively new and has been created to serve you well at a minimum cost. We shall welcome your coöperation and support, and shall attempt to promptly adjust difficulties, which should be taken up with the office rather than with the attendant.

Very truly yours,

.....

Superintendent

SUPERVISION CHARGE

The charge of $1.50 a week additional is made for supervision by the graduate nurse. This charge is based on our cost per visit, and provides for two visits each week by the supervisor. In some instances two visits are not necessary, and in others more are required. This charge is never waived in families where the financial conditions warrant the payment, no matter how little need there seems to be for the visit of the graduate. In homes where financial conditions are strained we have at times made no charge for supervision.

Unless a considerably large fee can be exacted from the public for supervision, the Service will have to be subsidized to the amount of a supervisor's salary for some time to come. As the work grows the Association expects to carry the supervision in the already established districts by the regular district nurses, rather than by adding supervisors for this particular service. However, we believe that for considerable time yet a head of the department will be necessary.

When supervision is carried in the district by one of the general staff nurses of the Visiting Nurse Association, she is expected to make observations and report according to the following letter, which the staff members have all received and studied:

My dear.....

Attendant service may be arranged for when the nature of the case so indicates, and family desires such care. The charges for attendants range from $11.50 to $19.50 per week, according to the kind of work required, amount of housework expected, size of family, conveniences for doing work, etc.

The calls must all be adjusted through the Main Office. Each attendant will be instructed to expect such supervision.

The family is expected to pay bills weekly. Bills payable to The Supervised Attendant Service.

Each visiting nurse is expected to send the following information to the office regarding the family, patient and attendant:

Does the family coöperate?

What is the condition of the patient?

What is the condition of the bed—is it neatly made and kept clean?

What is the general condition of the room as to order, ventilation, etc.?

Is the patient happy about the attendant. If unhappy or dissatisfied, what is the cause of the trouble?

Is the attendant happy in the family? Is she neat and clean, hair tidy? Are arrangements made for her to have hours off duty? If not, how can this be adjusted? Can you suggest some member of the family who could come in for two hours each day, or for more relief if necessary?

Your coöperation in the establishment of this service will be greatly appreciated.

Very truly yours.

LETTER OF INSTRUCTION TO STAFF NURSE

A written report for each visit of supervision is mailed to the main office for the regular supervisor, when the visit is made by a staff nurse. A bedside record like the one used in our district work is kept for each patient. These records are at the present all filed at the main office.

RULES FOR ATTENDANTS

Attendants have a regulation application form, form letter of inquiry regarding their work and the following rules, which are exceedingly simple in their requirement, but seem to be the ones necessary at least to outline the work:

1. Every attendant while working for the Supervised Attendant Service must observe the rules of the Service.

Attendants are to work under the supervision of a graduate nurse and it must be understood that the Supervisor shall call at all cases as often as she deems it necessary and her advice must be followed.

Attendants are also reminded that they must always call the Supervisor by telephone for advice and instruction as the occasion may arise.

2. Attendants are required to wear washable dresses while on duty, with white aprons while in the sick room, and must at all times be neat and clean.

3. While taking care of a patient it must be strictly understood that no treatments, such as enemata, douches, irrigations, etc., can be given by an attendants without an order from the physician in charge of the case. The doctor's orders should be written down and kept ready to show the Supervisor when she calls. The utmost accuracy must be exercised in the time and amount of giving medicines and treatments.

4. Attendants must provide themselves with a clinical thermometer and bedside note blanks, and must on all cases keep careful bedside notes recording temperature, pulse and respiration.

5. Attendants will be paid regularly by the Service and in no instance are they to accept payment from the patient or the patient's family while in the employ of the Service. A charge will be made to the patient over the amount paid the attendant to cover supervision.

6. Whenever necessary the attendant will help with the housework as far as she can without neglecting the patient. Heavy work like washing, scrubbing, etc., will not be done by the attendant.

7. Attendants will have a reasonable time off duty for rest, fresh air and exercise. The Supervisor will arrange for this time with the patient or his family.

8. Attendants are requested to notify the Service when they take cases from other sources and when they are at liberty again.

Attendant's Application

1. Full Name: Mrs. Belle Case.
2. Present Address: Mr. Wm. Jones, 1625 K St.
3. Age: 59 years. Religion:
4. How and where have you been employed the last five years: Worked in Bainbridge and Mentor, O.
5. Is your health good? Yes.
6. Have you any physical defects? No.
7. Give two references other than former employers as stated in Question 4:
   Mr. Ernest Marks, Hampden Road.
   Mr. G. F. Brackett, Mentor, O.
8. Have you anyone dependent upon who you might interfere with your remaining in the work for at least two years, or for an indefinite time if desirable? No one unless my child should become ill.
9. I have carefully read and fully understand the rules of the Service and I agree to abide by them when in its employ.

Signature, Belle Case.

Date: 9-7-17 Telephone: Eddy 345 M.

LETTER OF INQUIRY

Date: 12/26/1917.

MRS. SMITH,
9666 Blank St.

Miss Mary Brown has applied to us for employment as an attendant and gives your name as a reference.

Will you kindly aid us in maintaining high standards, as well as developing Miss Brown's opportunities by answering the following questions? All communications will be strictly confidential.

Thanking you in advance for your courtesy and help in replying, I am

Very truly yours,

.....

Superintendent.

1. When and how long was she in your employ? About 6 months in 1916.
2. Personality: Very pleasant and jolly.
3. Moral character? So far as I know—very good.
4. Is she thoroughly trustworthy? I think she is.
5. Can she take responsibility? She did here.
6. Did she give satisfactory care? { In acute illness? Yes. During convalescence? Devoted to patient.
7. Is she willing and adaptable? Yes.
8. Has she any physical defects or peculiarities? None that I know.
9. What do you consider her faults? None worth mentioning.
10. Are you willing to recommend her? Most assuredly.
11. General remarks: Have known Miss B. three years—always appeared interested in her work.

Very truly yours,

J. C. SMITH.

ATTENDANT FILE

An up-to-date file is kept of "Attendants Available," "Attendants on Cases" and "Attendants not Available," a duplicate of which is kept at the Central Registry, which is notified of all changed at the end of each day, as our night calls are answered by the Registry.

Address: 601 West Blank St. Age: 45.
Qualifications—No training. Two years experience in practical nursing. Good housekeeper.
Rate: $18.00.
Remarks: Appears capable and has good references. Prefers not to care for children or tuberculosis cases.
Name: Jones, Mrs. Mary. Tel. No.: South 1826.

PAYMENT OF ATTENDANTS

We make it our business to regularly pay the attendants each week while on cases. This contributes to the contentment of the person employed. The attendants are only paid for the actual time which they work.

While the wage scale ranges from $11.50 to $19.50, including the $1.50 supervision fee, I should like to make it clear that there are very few desirable women, almost none in fact, obtainable at $11.50. The average wage is from $16.50 to $19.50, and I believe that in the near future we shall have to adjust this figure, making the maximum to families $21.50 per week. Only recently we have lost several capable women because they can obtain a larger amount working independently, receiving their calls from various physicians.

ATTENDANT FEE

A charge of $3.00 a year is made to each attendant registering with the Cleveland Association. This is made with two points in mind—first, to assure the serious intentions of the attendant. This makes the attendant feel that she really belongs to the definite organization. (There is no use spending time in getting references and in interviewing people who are not seriously minded regarding the service); second, it is a small revenue toward the cost of maintenance.

A record of each registration fee and cases attended is kept for each attendant:

Brown, Mrs. Mary.....		Attendant
Fee	Paid to	Case Number
$3.00	10/5/1918	A–123

DUTIES OF ATTENDANTS

Attendants are not expected to perform the work of a graduate nurse, and this we explain to the family each time one is employed, but we do expect them to give some simple treatments and care and to do so well. They are expected to make a bed and to do so properly; to give a thorough bath, and to give a simple enema or douche and apply a simple dressing, and to perform such house-

hold tasks as may be necessary to the peace of mind and welfare of the patient.

Attendants are not expected to give hypodermics or to catheterize or give bladder irrigations or apply any vital surgical treatment. Neither are they expected to do heavy household work, such as laundry or weekly cleaning.

Most women belonging to the department appreciate their registration, or membership, and the privilege of conference with the supervisor, and the feeling that with her rests much of the responsibility for each case. I rather interpret their feeling toward the supervisor as somewhat similar to that of the graduate nurse toward the physician, after she has conferred with him regarding her patient, when a feeling of rest and relief comes from shared responsibility.

The attendants have as many preferences in registering, and very similar ones in fact, to those of the graduate nurse. Some will take obstretrics and some will not. Some wish to care for children and will do nothing else, while others refuse to take a case where care of children is necessary.

TYPES OF ATTENDANTS

It would seem our best material for attendants is to be found among women who come to us from some other kind of service, and who have had very little nursing experience. These women seem anxious to learn and not to feel that they know as much about nursing as the graduate nurse. A few examples of the most successful types may be given.

Mrs. R——— worked in a factory before taking up attendant work. Has had her own home and knows how to keep house well, and is doing more housework than she should. Is quiet, and acceptable in sick room.

Miss T——— was a nursemaid. She is young and anxious to learn all she can. Her greatest drawback is slowness and timidity. She follows instructions and does her work thoroughly and, therefore, seems promising.

Miss F——— formerly did housework and sewing. Is willing, tactful and thorough. Started her on convalescent cases where the nursing care required was simple.

Miss R———'s only experience in nursing was in caring for her mother during a long illness, and for a sister; together with two weeks in a city sanitarium. Her temperament and experience should make her a good attendant under direction and supervision.

INSTRUCTION FOR ATTENDANTS

A definite course of instruction is one of the most evident needs to insure a successful attendant service. So far Cleveland has been unable to plan such a course. Most of the attendants appreciate supervision and suggestions and would profit by proper instruction, and we hope ultimately to establish such a course. We find that superintendents of training schools in several of our best hospitals are much interested in meeting the need for trained attendants. We have found it necessary and practicable to conduct certain classes, having the following outline for our material:

TENTATIVE OUTLINE FOR CLASSES

Requisites of attendants....	Personality Tact Ability to do Willingness to do Thoroughness Cleanliness as regards person
Personal hygiene.....	Bathing Cleanliness as regards clothing Care of hands and nails Cleanliness in regards to handling patient, bedding, clothing, bed pans, etc. Hair
Ethics.....	Mrs. Robbs text-book Suggesting to physician some line of treatment Talking about personal ailments (These two things have come up frequently in the work)
General daily care of bed patient.....	Temperature, pulse, respiration Bathe face and hands, clean teeth Breakfast Treatments as ordered Bath, comb hair Make bed Dinner Rest hours Supper Alcohol rub, brush hair, clean teeth and prepare for night

Bed making, care of bed and bedding	Mattress, cover for Bed well made, clean, comfortable No crumbs Lower sheet, and draw sheet, clean, smooth, no wrinkles, dry Top covers Cleaning Airing
Care of bedroom	Temperature Arrangement of furniture Light, and how to shade
Care of soiled linen	Removing stains Getting ready for laundry Pads, protectors
Care of utensils and appliances used for patients	Bed pans, douche pans, urinals Rectal tips, etc. Hot water bags, douche bags Ice caps, air cushions, etc. Thermometers
General care of the home and use of disinfectants	Refrigerators Garbage Bath room
Kinds of meals and nourishments	Tray Care of tray and dishes Amount and kinds of nourishment
Enemata	Kinds Manner of giving
Infectious and contagious diseases	Special care of bedding Disinfections

The above outline was suggested wholly from the needs which the supervising nurse has seen in the attendant's work, and would of course have to be rearranged and a number of changes made if it were to be given regularly. Twelve classes were given last year.

TYPES OF CASES

The desires of the family or the patient are usually very definite, and frequently exacting, and again we find patients not different from those employing the graduate nurse. A little rougher type of work and more household duties for less acutely ill patients seem to be the points which cause people to call for an attendant. The great majority of homes to which attendants have been sent we call, for want of a better term, the "middle-class" homes—homes of independent, self-respecting wage earners. A few have been sent into homes where, in our judgment, it would have been very possible for the family to have employed a graduate nurse had the case demanded her skill. In our opinion the actual need of the case should more and more dictate the degree of skill required for its proper care, and only by recognizing this principle, as well as the natural limitations of income, can we arrive at a thoroughly orderly solution of this nursing problem.

The service required for the different patients has been almost as varied as the calls received.

(a) Confinement case. Mother and baby discharged from hospital at end of two weeks. After being at home for a few days, the physician found it necessary to order the patient to bed for a period of two weeks, during which time it was necessary to provide care not only for the mother and baby, but for a boy three years of age. As these three patients, together with the household duties, kept the attendant busy, the father, who is an engineer, did the washing after working hours.

(b) Confinement case in the home. Although the mother had been in the hospital for two previous confinements, she felt that with her small family it was necessary for her to remain at home at this time. The attendant, besides caring for mother and baby, cared for the two other children and did as much of the housework as she could. The home presented an untidy appearance most of the time, but the mother and children were well cared for and sufficient meals were prepared for the family.

(c) This case was that of a young woman about to be confined with the second baby, and the agreement between the patient and Association was to send an attendant if we had one on call sufficiently experienced to guarantee proper care at time of delivery and if not, we were to provide a graduate nurse for the delivery (which we prefer to do), making an extra charge of $5.00 for such care. The patient being overdue the supervisor made a call to learn what the conditions were and found the woman in labor. She remained during the delivery, and placed an attendant on the case who had experience in convalescent maternity work, but who had not had experience in assisting during delivery.

(d) This patient has had service from an attendant for a number of months. The particular problem in this case is that of sufficient relief for the attendant. The patient is a charming person eighty years of age and is confined to her bed constantly. She lives in a boarding house, and though there are no household duties to perform the attendant does her mending, attends to washing the handkerchiefs, laces, etc., and keeps the room in condition. It is necessary in this case to relieve the attendant for a period from twenty-four to forty-eight hours every few months, in addition to daily relief.

(e) Patient was for a time cared for by the visiting nurse. Later, conditions became more acute and constant care was necessary, during which time an attendant was placed on the case.

(f) An aged gentleman who lived with a widowed daughter and granddaughter. The daughter, being a school teacher, found it impossible to care for her father, and another daughter placed an attendant in the home to care for him and attend to the necessary household duties until his death

(g) In another instance the mother of six children was desperately ill with pneumonia. Two graduate nurses were employed to care for her, but there was no one in the house to attend to the housework or look after the children. The supervisor prevailed upon one of our attendants to go into this home and remain until a suitable maid could be found.

As will be seen in the foregoing cases, attendant service is supplementary to the graduate service, and is often more desirable and practicable than further continuance on the case of the graduate nurse. The acute stage for care having passed and the rougher duties of the household becoming necessary, the graduate should be released to use her skill for more acutely ill patients.

Development of attendant service is also an excellent war time measure, as it enables the home to have constant service while it is needed and yet it guarantees certain standards which can only be assured through the supervision of a graduate nurse. For many years practical nurses have been the subjects of commercial bureaus, and have had very little guidance from anyone better trained and prepared than themselves. In our Attendant Service we have registered 46 women, all of varied training, experience and skill, but in most instances of proven character, who certainly render better service under the supervision of a graduate nurse than could be rendered by women working entirely independently or from a commercial registry.

From the expressions of appreciation which have been received both from the homes which have been served and the attendants that have been supervised, we feel that the attendant service is

destined to become a very important part of our work. During the year just closed, which was the initial year of this particular service, we received 400 calls for such attendants.

In establishing a bureau or department for experienced attendant service—and frankly, I believe it should be a department in visiting nurse associations—very great care must be taken to make the public in each instance understand the two types of service, that the graduate nurse is always the visiting nurse, and that the attendant is the undergraduate who remains in the home under supervision.

It is necessary to inform the Attorney General of your state, or the Commissioner of your Labor Exchange Bureau, that you are not running a bureau for profit and that it is being subsidized to the extent of a supervisor's salary as well as office room and equipment, otherwise, a license from the state may become necessary. The cost varies in different states. In Ohio this cost is $100 a year.

In the Visiting Nurse Association pay work and the attendant service we have found the physicians of Cleveland appreciative and helpful. Many physicians have expressed themselves as very grateful for an organization to which they can apply for the kind of nurse who will come in to care for the children in the family, get some of them ready to go to school, and pack the father's dinner-pail, and also give necessary care to the patient, for many physicians attend families who cannot afford the services of the graduate nurse.

The Board of Managers feel that the financial statement and the above figures justify the Visiting Nurse Association of Cleveland in making this work a definite part of the Association, and the extra expense of the supervisor's salary has been included in the regular budget.

While we are encouraged at the growth of the work, there are many obstacles yet to be overcome, and many disappointments occur in the contact with individual patients and attendants. This however, does not discourage the idea that Supervised Attendant Service is one of the proper ways in which to supplement graduate nurse service and to assist in establishing standardized care for the sick in their homes.

In closing this very brief summary of our first year's experience,

I wish to express our keen appreciation for the hearty support, professional and financial, of the Graduate Nurses of Cleveland. The idea of working with a practical nurse has only been stimulated for a short time, and the response of our graduates has been most cordial. The Graduate Nurse Association as a professional body expressed their belief in the work by inaugurating it and by bearing the expense until it became a burden. Since the transfer to the Visiting Nurse Association, the Graduate Nurse Association has continued to care for our night and Sunday calls and to support and assist us in a most coöperative manner. Were it not for this interest and continued helpfulness we should find attendant service work much more difficult to establish and maintain. It is certainly true that where a large number of people are united in purpose, most of the difficulties are soon made to appear small.

The following figures represent the work for our initial year:

Yearly Report of Supervised Attendant Service, October, 1916

SUPERVISING CALLS	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	TOTALS
Supervising calls	57	51	45	38	67	50	53	47	44	43	48	62	605
Working calls	8	4	2	3	5	4	7	4	3		2	3	45
Service calls	23	32	25	13	17	13	16	27	22		10	14	212
Prenatal calls				1	2	3	3	2				4	15
Miscellaneous calls	14	8	11	11	16	6	6	11	5		9	7	101
	102	95	83	66	107	73	85	91	74	43	69	90	978
Interviews in office					14	7	6	19	54	36	17	38	191
Classes					2	3	3	4					12
Attendants at classes					9	11	9	10					39
Calls filled	11	15	19	33	34	24	27	28	24	23	27		292
Calls not filled	1	4	10	10	13	23	10	11	16	3	3		108
Calls received	12	19	29	43	47	47	37	39	40	26	30		400

Miss Gardner: I realize how many questions of detail this interesting paper will bring out, but as I suggested, we will save this until the three papers have been read consecutively.

The next paper is one by Miss Agnes Randolph on "The New Law in Virginia."

THE NEW LAW IN VIRGINIA

By AGNES RANDOLPH

When Miss Crandall first asked me to tell you today of the Virginia law for the training of attendants, she added "in relation to the war." It is, therefore, as a method of meeting emergencies produced by war that I shall discuss it. Undoubtedly, the attendant problem is as serious in peace time as in war time, but like all other problems different phases are accentuated under war conditions.

The immediate passage of the Virginia Bill was not due, I think, to a constructive policy, nearly so much as to a defensive one. During the past year, two base hospital units have been organized in Virginia, about 24 per cent of the nursing personnel has gone into service and a large percentage of doctors have likewise volunteered. Waves of hysteria caused by fear of what was early dubbed "the shortage of nurses" have swept over Virginia, as over other states. Anxiety was evident among all classes of people, and innumerable suggestions were made by the laity for meeting war conditions. It was evident that the nursing profession was facing a grave crisis, and it was felt that the responsibility for meeting it rested squarely upon the shoulders of the nurses themselves. If they failed to accept it, however, outsiders were eager to assume it. Just how the situation would evolve, was entirely uncertain. A large percentage of the active nurses would probably be required for army service. How large or how soon was unknown. If the percentage was very high and the withdrawal very rapid, in all probability some means must be devised to fill the ranks aside from present methods. The officers of the Graduate Nurses Association of Virginia felt that the decision as to means properly rested with them. Their responsibility was two fold, to safeguard and raise existing standards, since through them they were actually safeguarding the sick public, and to give to the sick adequate nursing care.

It became evident as early as August of last year that to meet both of these responsibilities might entail a sharp departure from established customs. At the same time it was realized that the Virginia Legislature met in January of 1918, and not again for two years. Legal sanction and legal authority were felt to be

strong anchors to leeward when tampering with the social order, and early in October the Board of Directors discussed tentatively an attempt to secure a law to authorize the training of attendants.

This policy was thus early discussed while analyzing what had a strong backing a proposed plan to train college women as public health visitors. Under this plan, a college education was apparently considered an open road to the executive and constructive branches of nursing, and a hospital training, if anything, a handicap. The idea was to give a six or eight months course in public health to college women and to turn over to them the positions held by school and county nurses. In other words, the college women were to take over the highest functions of the nurse, those of teacher and leader, after a brief "course"—as though these highest functions were so little technical that they might be laid in a few months as a durable veneer upon the foundation of a college education. This idea expanded would strip from the nursing profession the field of public health and would lower the dignity of the bedside care of the sick.

Amid the very real opposition, which this plan provoked, the realization grew that the proper place for partially trained women was at the bedside of convalescents and chronic patients with highly trained nurses as supervisors. Such workers, if duly accredited, could take over also the care of chronic patients for the instructive visiting nurse associations, thus releasing public health nurses for other fields. Their usefulness in homes of moderate means was already accepted, but their opportunities in this field were only partially fulfilled. If their training were placed under the direction of the nursing profession, and their capacities and limitations, could thus be vouched for, a large number of women could be rapidly put into the field. This would relieve the pressure upon the trained worker, would provide nursing care for the sick, either by a registered nurse or a properly supervised attendant, would retain for the ambitious nurse all of the executive and constructive positions, and yet, properly organized and supported, would meet any emergencies the war might develop in the civilian population.

I have spoken of the origin of the attendants bill in this detail, since otherwise Virginia might be laid open to the charge of precipitately seeking legal authority for a piece of work which she had

not undertaken. While the Directors of the Graduate Nurses' Association always proposed immediate action, the law was secured before action was taken with full appreciation of the psychologic value of such a step. The criticism of the profession as being "asleep at the switch" at a critical period ceased, when the bill was introduced in the Legislature. Well meant efforts on the part of the laity to supplement the work of the profession ceased suddenly. It was accepted as a fact that the nurses realized their responsibilities to the public, and were endeavoring to meet them.

In drafting the law an effort was made to keep it as simple as possible in order to achieve our object. The entire responsibility is placed upon the State Board of Examiners of Graduate Nurses, the legal body of the Graduate Nurses Association. It is empowered

> to authorize the establishment of centers for training for attendants; provide for the admission of persons applying for such training; prescribe the kind and duration thereof; and examination of persons completing the prescribed courses, and the licensing of such persons to do such kind of nursing, public and private, and for the period of one year, as such license may designate.

This latter clause was inserted in order that some specialization might be possible. Under a system of six months courses in order to avoid superficial teaching, or the granting of general licenses to women only trained in special branches, it may prove advisable to designate on the face of the license the scope of the work for which the Board will assume responsibility. Further sections of the law, establish the license fee at $2.50 for the first license only, allow for the licensing without examination of women already employed as attendants, establish the title of licensed attendant for the persons who have duly received licenses, and state that the act shall not be construed to affect existing laws in relation to the examination, registration, and licensing of professional nurses. The expiration date for the law is fixed as July 1, 1922. This was done believing that the law might be amended in any part, and re-enacted after four years of trial, more readily than single amendments could be secured, or that in the event that it proved unsatisfactory legislation, it might be allowed to lapse.

A final and most important section grants to the Board, "general supervision of the attendants licensed by it and the power to

make reasonable rules and regulations for the conduct and employment of such attendants." This clause was considered by the Graduate Nurses' Association to establish the bill as a war measure and also to be the foundation stone upon which it might hope to build a useful and enduring structure. The bill had no opposition in either House or Senate. Only one voice was raised in question, and this was only on the score that it was not fair to the nursing profession.

The serious difficulty about the bill arose after it became a law. What should we do with it? After repeated conferences and mature deliberation, the law had been secured. Now that we had it, it appeared a tolerably large order, and the best way of handling it remained to be proven. The Board at once took a step, which I believe would enable it to work out its problem. It employed Miss Mellichamp, the secretary of the Board of Examiners, to devote her time to the study of conditions and the perfecting of the plan for trained attendants. Miss Mellichamp was asked to study in particular three phases of the problem and report to the Board on June 1.

First, a further survey of actual nursing conditions in Virginia will be necessary. Although Miss Van Vort, of Richmond, did most valuable work on a survey this Fall, it remained incomplete since it was largely done by correspondence and also since conditions have changed rapidly. It is certain that in some sections of the state a serious shortage of nurses now exists. The registries in our largest cities are unable to fill calls and never have a nurse idle.

It is probable that the shortage of nurses in Virginia is due to the unprecedented increase of the population of the state. One small town has a large munition factory and a cantonment at its front door, and a civilian population of 15,000 in 1910, is approximately 100,000 today. Other sections of the state have taken similar leaps. It is difficult to justify this condition, since in the winter it was thought that approximately as many young graduates would leave the school as the number of those enrolling for army duty. I have thought recently that a more patriotic distribution of our forces might in part relieve this situation, since I know of one very small town which boasts of four private duty nurses, while a town of fifteen or twenty times its size had only ten

at the last report. At least, it will be profitable to study in cold figures the actual shortage, and the findings will have a decided influence upon the immediate development of the plan regarding attendants.

It will be necessary under the provisions of the law, to register as rapidly as possible the present group of women who are doing attendant work, and the best method of accomplishing this is our second problem. It is believed that the total number will run as high as 250, although not nearly so many were located through the recent survey. A study of the field of work which they now occupy will have to be made. This, I think, will be found to overlap the legitimate field of the private duty nurse. The Bill permits licensure without examination of this present group, but the form of license adopted will obviate much of the difficulty resulting from untrained women undertaking nursing work. The Board of Examiners must know the scope of the experience or training of each applicant, in order to issue a license. This should eliminate such experiences as one reported recently by the Superintendent of one of our visiting nurse associations. An attendant had been employed for a patient of moderate means through an undergraduate register. She was interviewed and questioned regarding her experience, her knowledge of simple treatments, hypodermics, temperature, etc. She was apparently quite well satisfied with her own ability and was employed. When the patient's home was reached, the nurse on duty was busy preparing a hypodermic, and gave the attendant the doctor's orders as to dosage. The attendant showed profound ignorance and finally asked what the instrument was and what she was expected to do with it.

The third recommendation made to Miss Mellichamp was that she visit the existing schools for attendants and study methods, curricula, expense, etc. The Virginia Board has made no positive decision regarding the training, other than the fundamental one that it must be practical and thorough although elementary. The idea of definite instruction had been accepted as an integral part of the plan. No curriculum had been decided upon, nor even drafted, although a tentative outline includes

- Care of Patients
  - Baths
  - Linen
  - Hypodermics
  - Temperatures
  - Treatments
  - Poultices
- Cleaning of Room
  - Making of beds
  - Ventilation of room
  - Cleaning of room
- Disinfection
  - Excreta
  - Utensils
  - Room
  - Linen
- Diet
  - Buying of food
  - Preparation of food
  - Serving of food
- Care of Children
- Asepsis
- Medical Emergencies
- Treatments
  - Enemata
  - Douches

Two general plans for conducting the centers have been proposed. The first and more elaborate is a center in a large city, with a resident superintendent and supervisor, and some boarding pupils. This idea was undoubtedly colored by the English system, and includes residence after graduation, in order to simplify supervision. The expense of such a scheme and the uncertainty of public support inclines the Board to the simpler plan now in use in Cleveland. It is interesting to know that Miss Ethel Smith, the Superintendent of the Kings Daughters, the Visiting Nurses' Association of Norfolk, had planned a similar training for attendants before the law was discussed at a Board meeting. In Norfolk the shortage of nurses is extreme, because of the withdrawal of nurses for the Base Hospitals, and the large increase of the civilian population incident to the development of the Naval Base, Shipyards, etc. The City Board of Health planned to coöperate with the Kings Daughters and is undertaking the work as the means of meeting the war emergency.

The Board of Directors considered its attendants bill from the same angle. The Section which reads, "The State Board of Examiners of Graduate Nurses, shall have general supervision of the Attendants licensed by it and may make reasonable rules and regulations for the conduct and employment of such attendants," was made as broad as it is for war purposes. The Board realized thoroughly that unless supervision of the attendant is secured in peace or war, the profession has simply realized the introduction of a partially trained force, which would undoubtedly compete with the registered private duty nurse. It is our belief that the

under-graduates now engaged in nursing work do overlap the territory for the registered nurse. But the Virginia Bill was considered in war time under war conditions, and its service under such conditions was the first consideration. Whether from withdrawal of nurses or increase of population or whatever cause, Virginia in certain sections, undoubtedly has a grave shortage of nurses today. The entire law was written in an attempt to meet this condition with safety to the public and to the profession. With this in mind, the supervision clause is elastic enough to be stretched to any proportions. Only under daily, organized supervision would the attendant be of any service to the civilian population. When the nursing profession assumes the responsibility of offering for the sick a less thoroughly trained service, it must, it seems to us, assume the responsibility of offering an accredited service and assume the responsibility of supervision. It has been considered possible to train a number of attendants in six months, and to put them into the civilian homes employing one or more registered nurses as supervisors. In this way, a graduate nurse might readily supervise 15 or 20 attendants. With a registered nurse at the other end of the telephone, to be counted upon for emergency, it would be possible to utilize large numbers of partially trained women or attendants in Virginia today, not only for chronic cases, —where they rightfully belong—but for the ill people now being nursed by their totally untrained families.

The Board has never considered the attendant as a military asset, except in so far as she can be utilized outside, to take over all of the civilian work and thus release all registered nurses from private duty nursing.

I have purposely omitted any discussion of finances. The Board of Examiners of Graduate Nurses has a fund, which they are at present using, to make the preliminary survey. It is certain that if the plan is of as much public value as we hope it is, the public spirited people will support it as soon as we can present a concrete plan. The supervision should, it seems to us, be financed by fees charged direct to the patients. The experience of other places where the work has been done will undoubtedly guide us as to method and charge.

While the Bill was a war measure in Virginia, the day when our armies come home victorious and peace once more dwells among

us has never been forgotten. It is probable that many women ineligible for the nursing profession, will take the attendants training, in order to help in this war problem. We hope they will not, since it would be unfair so to over-supply the attendants domain that we would cause suffering after the war in our effort to relieve it now. After the war many women ineligible for the nursing profession may undertake the nursing work. If they do, we have sufficient faith in the lure of our profession to feel that they will seek the higher training. Many other women, really suitable material, will undoubtedly be attracted to the work, and the future opportunities of those women will be one of our chief cares. We believe, as I have said, that the attendant is a necessary link in the chain in order for us to carry out our ideal of "Adequate nursing care or all of the sick public." We hope that our four years of work with this Attendants Law, will teach us many things we must learn about her training and equipment, in order to fit her for her own proper place in the wonderful, complete whole.

Miss Gardner: We have heard from Cleveland, we have heard from Virginia, and now we are to hear from New England—Miss M. Grace O'Brien, Assistant Director of the Boston Visiting Nurses' Association will address you.

TRAINING, LICENSURE AND SUPERVISION OF ATTENDANTS

By M. GRACE O'BRIEN

Because of the admirable papers published in the *Public Health Quarterly* and elsewhere during the past year, it is not my purpose to give any statistical and detailed description of the training and work of the trained attendant of today. All those statistical facts have been so faithfully collected, spoken and written that a statement of them now would be nothing more than a repetition.

The purpose of this brief paper is to reflect a little upon the past of the trained attendant, and to speak of a possible plan for creating a better and more useful type. It is in fact intended to do nothing more than to outline the need for her and to emphasize some points for discussion. I have here three pamphlets dated 1902, 1904, 1910, all pointing out the need of the trained attendant. There is no mention in these pamphlets, however, of the need of

giving attendants supervision by the graduate nurse, which nowadays we feel is an indispensable factor in her usefulness. The licensing of a trained attendant, while it has been for some time in the minds of many of us, is only now being considered as of vital importance, a safe-guarding and dignifying the attendant's service itself. Licensing will also give the trained attendant a definite standardized classification that will tend to make her value the training that produces her. Mr. Richards Bradley, who is well known as an advocate of trained attendants, has recently written a letter to the *New York Times* which I now quote:

60 State Street, Boston, Mass.
May 1, 1918.

The Shortage of Nurses
It is coming in our Homes
Not in the War Hospitals
To the Editor of the Times:

When it was announced that thirty or forty thousand nurses were going to be required for our war hospitals, public attention naturally centered upon the matter of filling those hospitals. This matter is in good hands and will undoubtedly be handled with ability; but, while the flood of patriotic volunteers of slight training is being restrained from entering our war hospitals, attention has been diverted from the point of our real danger where shortage of nurses is already being felt. What we need to look out for is to supply the thousands of extra women that will have to fill places in the homes, vacated by the trained nurses that are going into war work. We must remember, also, that unless there is to be loss and suffering these women must be supplied, not two or three years from now, but in the immediate future.

If we fail in this we shall weaken our civilian life and it is our civilian life that supports our armies.

The shortage of nurses is having the following effect: People who have hitherto been able to afford graduate nurses are now bidding against the hospitals and public nursing associations for graduate nursing, or bidding against their less well-to-do neighbors for the service of the practical nurses, and the available numbers of these non-graduates is being cut down still further by the call for women's labor for other occupations.

The shortage of nurses due to the war is therefore being felt not only by the hospitals and public health nursing bodies, but it is being largely passed on to the plain people of moderate means, and will take the form of a lack of the practical nurses that these people have hitherto relied on. These are the nurses who do the great bulk of the actual nursing of the country. Much of their work has not been done in the best way possible, for it has not had help or supervision from graduates as it should have had, but is none the less absolutely necessary work that cannot be dispensed with.

This service is now being taken away from the people and nothing is being done to replace it.

Our families must be cared for in sickness if the soldier at the front is not to be disheartened by bad news from home, and if the workman in the shipyard or munition shop, is not to drop his tools to look after his family in sickness, as the workman always does when there is no one else to do it. The same thing applies in a still greater degree to the more isolated farmer if he is to keep us and our allies supplied with food.

There is, however, no need of this failure, Our national nursing leaders have now a great opportunity to serve the country by directing the execution of some plan that will meet the present emergency *not in part but in whole*. If they merely fill up the war hospitals and leave the rest of the country to suffer they will have failed. If they should disclaim all responsibility for civilian work after allowing the public to believe for a year that they intended to meet that responsibility, they would fail doubly. (It is hard to understand this reference.)

If they have no better plan they can strengthen their body of visiting nurses, and call for a sufficient body of nurses' assistants who will fill the gap and learn to serve in the homes of the people under the direction of those graduates. This has been shown by trial in Boston, Detroit, and other places to be entirely practicable, and an advantage to both the people and the nurses. Whatever the best plan may be the time is rapidly passing for merely considering plans, there must be either action or failure. I know a single town where twelve out of nineteen graduates, and seven out of eleven attendants, have been lost from the regular nursing force, and there is probably further loss among the unregistered nursing force.

If nothing is done, suffering will come in the homes of the people. Right there is the danger point, and our nursing leaders must not fail us.

We agree with Mr. Bradley that this need is immediate. Is the attendant to be, as in the past, the trained attendant only, or is she to be the trained, supervised, licensed attendant? Unless she is so trained, supervised, and licensed there will be the old danger greater than ever before because of the present need of her that she will assume the knowledge and functions of the graduate nurse. Is not this then the moment for the graduate nurse to recognize her, welcome her, and to give her her legitimate place in the nursing service?

This can only be done by some such method as the following outline suggests:

1. A central home in which a school will be established.

2. A graduate nurse who shall be a director of the school and instructor of the attendants. Such a woman must have had an excellent general education, as well as an equally good technical

training. She must be efficient and possess a knowledge of the value of teaching details of daily routine. In order to secure the type of woman essential she must be paid a salary equal to that of any other nurse in a responsible executive position.

3. An affiliation must be arranged with a large hospital willing to carry out its part in a defined curriculum.

The details might be as follows:

(This is the outline followed by the Household Nursing Association of Boston.)

THE HOUSEHOLD NURSING ASSOCIATION, AUXILIARY BOSTON METROPOLITAN CHAPTER, AMERICAN RED CROSS

Offers the Following Course of Training for Attendant

1. *Length of course:* six months.
2. *Cost:* $25. Payable by each pupil in advance.
3. *Place:* Four months at the Boston City Hospital; 2 months at the Central House. Pupils to return to the Central House each night throughout the whole course.
4. *Curriculum:* (a) Four months hospital training to include the following subjects:

Sweeping, dusting, care of bathrooms, ice-chests, etc.
Bed-making.
General care of bed-patients, baths, enemas, etc.
Temperature, pulse, respiration, charting.
Elementary anatomy.
Disinfectants—preparation and use.
Food values—special diets, invalid cooking, preparation and serving of trays.
Medicines.
Maternity nursing.
Care of contagious cases.
Reports will be sent from the hospital to the Director of the School who will keep in constant touch with the Hospital course.
Hours will be the hospital day, from 7 a.m. to 7 p.m.
Pupils will have their meals at the Hospital.

(b) Two months home training and field work combined, to include the following subjects:

Care of house, food purchasing, cooking, dietetics.
Field work will consist of practical experience in homes of patients, under supervision.

5. *Equipment:* Pupils must provide their own uniforms.
6. *Certificate:* A certificate will be given to each attendant on the satisfactory completion of the six months' course.

7. After completion of course, attendants will work under graduate nurse supervision, under the direction of the Household Nursing Association, for at least six months.

This curriculum of nursing procedure is singularly like the leaflet on attendants published in 1902.

From a schedule of training such as this and with the essential supervision by graduate nurses (which could be most economically carried out by using the various Visiting Nurse Associations throughout the country) we could rapidly develop a body of attendants who, if they were licensed, would undoubtedly fill the great need of the "immediate present," and in the future, if held within the field of their licensed classification will become of permanent value.

Miss Gardner: It is interesting to see what the attitude toward the attendant has been. For a great many years she has been non-existent in the eyes of most of us, and now it seems in the game of battledore and shuttlecock she seems like the line of battledore with the public health nurse. As public health nurses these papers, I think, lay a new and heavy responsibility on us. If the people are to be nursed during this shortage of nurses, if the attendant is the solution and if supervision be given to her, and the supervision has certainly been the keynote of these papers, it behooves us as public health nurses to study the problem carefully. The meeting is open for discussion. Are there any questions?

Miss Paterson: I would like to ask Miss Swainhardt what provision she makes for the attendant nurses getting to and from their cases at night. Is there anyone here from Cleveland who can answer this question?

A Member: The attendant is only sent on tuberculosis cases at night.

Miss Paterson: If there are no street cars running at that hour and she has to have a carriage, who pays for it, the patient?

The Member: That has never come up.

Miss Gardner: I might partially answer that, from the way that we do rural nursing in Providence, Rhode Island. The doctor usually gets the nurse there. He usually calls for her in his own automobile and takes her there. That of course is city work and work outside of the city.

Miss Paterson: In Minneapolis, the doctor who was in attendance on this out-patient work was called away, and the man who followed him was not able to call for the nurse so we were thinking that perhaps we would call a taxi and charge the expense to the patient.

Miss Gardner: We have done that in cases without any difficulty from the patient.

Is Miss Ross, from Boston, here? If so can she make any suggestions in regard to any action to be taken by this body?

Miss Ross: Miss Bradley, of the Brattleboro Experiment, as it is generally known, and the Thompson Trust Fund which finances the work in Brattleboro and surrounding country and in the contiguous counties, is exceedingly anxious to get some nursing bodies of other places to give some sanction of the type of work that is being done there. Miss Beard suggested that possibly some action in the way of a resolution sanctioning such work might be grateful to her if it were the wish of this meeting that such sanction be given.

Miss Beard: Miss Gardner spoke to me about it before the meeting. It occurred to me that we could not very well put it up to this meeting and take action, because the directors had been considering the matter of a resolution and had drawn up what we call a code for the use of attendants and aids, and that resolution or proposed resolution is to be submitted to the general business meeting. We find it is not ready, so I think whatever action we take must be deferred until the business meeting, Miss Gardner.

The point that both Miss Gardner and I were interested in was the point which Mr. Bradley makes so clear in his letter that something ought to be done now. It is six years at least that we have been saying that attendants can be used in this way. Now it is time Mr. Bradley feels and I agree with him, to have somebody do something with the attendant question so pronounced as to give it a chance to extend further. I can think of nothing that we can do as a body except to say very definitely that we think this should be done and should be done at once, then to get such a resolution and go to the National Red Cross, give general publicity through our own association and incidentally give it to Mr. Bradley to use as he chooses.

Miss Gardner: If there is anybody who has tried such an experiment and found that it did not work well or who feels there are insurmountable difficulties, it would be interesting to hear from her.

Miss Van Vort: Miss O'Brien said in her paper that the attendants will get part of their training in hospitals under the Board of Directors of the Graduate Nurses Association. Is there anyone of the opinion that the attendants should not have hospital training or experience? I would like to know what opinions there may be.

Miss Gardner: The question is this; whether or not the training for attendants should be given in part or in whole in hospitals or whether it should be given wholly in the homes of the patients.

Miss Powell: I believe as long as we have almshouses and convalescent homes and homes for the incurable, that they are the places that could much better be used. You cannot differentiate in the hospital, because hospitals at the present day are so crowded and the occupants moving so freely that there are very few convalescent patients in the general hospital.

Miss Lawler: I agree with Miss Powell. It seems to me there are a great many institutions that would be benefited by just the sort of training that would be given these attendants and the complications that would arise in a large hospital, where you have the classes in training make it very difficult.

Mrs. Codman: Wouldn't it be better if the almshouses could be used in this way? Is there anyone in the almshouses now that would give the training like our city hospitals do?

Miss Gardner: I think that would be the great question, the proper ways of giving training.

Miss Lawler: We were going to try to make arrangements to have a very good nurse take charge of the work, so that we were sure it would be carried on under the very best supervision. It seems to me that would be absolutely necessary, that whoever took charge of it would be the very best person we could get and a woman who has had experience in training school work.

Miss Gardner: Is it considered by most nurse educators more desirable that the teaching of these attendants should be given in hospitals, or just that which they could be given in the homes?

Miss Powell: Will not the question of supervision be greatly increased if the time of the training is to be in the home of the patient?

Miss Gardner: Yes.

Miss Powell: I am inclined then to think in some places you would have to go from home to home to get your field.

A Member: May I ask if there would be any instructors available to meet this need of the small country communities where the nursing lack is being felt now?

Miss Gardner: I think this is a problem of the demand. The people should carry on the work. Can Miss Stone speak on that subject?

Miss Stone: What is the question?

Miss Gardner: Have you instructors for this purpose?

Miss Stone: Yes. We begin with very small classes and it has been carried on chiefly in district nursing in the houses where they are established; a district nurse, probably a social worker, just teaching the class work in the homes; and then one other supervisor working on the outside. That can be done very easily in a small town.

Miss Gardner: The nurse takes the attendant and teaches in the home of the patient?

A Member: Yes, and in the nursing center.

Miss Gardner: But the practical work is done in the home of the patient by the attendant?

The Member: Yes.

Miss Gardner: Have you one supervisor over this work or two?

The Member: One supervisor.

A Member: In Virginia the superintendents in the smaller districts, I mean the districts of the small hospitals, have volunteered to give that instruction.

Miss Gardner: It is given in the hospitals?

The Member: Not in the hospitals, no, but they are going to give their time.

Miss Gardner: Outside?

The Member: Yes.

Miss Gardner: They give it at the teaching center?

The Member: Well, that remains to be seen later on.

Miss Gardner: But they are ready to act as instructors?

The Member: Yes, they volunteer their services.

Miss Randolph: There is one point in the Virginia plan that has not been touched upon, that the nurses and the attendants should

get their practical training from the home work of the F. D. N. A., the practical work in the homes of the patients under the supervision of various nurses of the F. D. N. A. I think that the only point on which Virginia seems to have a perfectly clear, concerted opinion on what she wants to do is to have a center in which there is a superintendent and where there will be laboratories, and nursing equipment, so she can hold the preliminary course in bedside nursing in the nursing center. Then Virginia would utilize in certain places her almshouses, her homes for incurables and her F. D. N. A. The idea is this, I think, that the most valuable way to train an attendant is to let her work from the very beginning under the same difficulties that she is going to meet with through her entire nursing life, to start her where you hope to continue her, at the bedsides of the chronic convalescents in the homes of moderate means. In spite of the fact that the F. D. N. A. had no encouragement in the south they are already teaching everybody in the social service and doing everything else of that sort. The F. D. N. A. is going to do the best piece of work. I do think that it is an important point for us to hold in our minds about the attendants, and that is the way Virginia is going to work it out.

After announcements the meeting adjourned.

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

Nursing as it Relates to the War

Thursday Evening, May 9, 1918

The meeting was called to order at 8.15 p.m. at the Dutchess Theatre, by Miss Goodrich.

Miss Goodrich: We have come together tonight to hear of actual proceedings. There are times you know when words really seem to have very little place except to bear a message that points out some very definite and immediate action.

I have very great pleasure this evening to say that we have been allowed to have with us the Superintendent of the Army Nurse Corps. The Surgeon General has given consent that she come to

us tonight to tell what she is doing. She has gladly and cheerfully added this address to her many heavy burdens. I have very great pleasure in introducing, although she needs no introduction, Dora E. Thompson, Superintendent of the Army Nurse Corps of the United States.

NURSING AS IT RELATES TO THE WAR

By DORA E. THOMPSON
Superintendent of Army Nurse Corps

As is well known, the Spanish American War demonstrated to the Medical Department of the army the great value of graduate nurses in army hospitals, and as a result of this the Army Nurse Corps was authorized by Act of Congress in February, 1901. At that time there were but 100 nurses in the service, stationed in the Philippine Islands and at a few general hospitals in the United States. The Corps grew very slowly, and just before the mobilization of the troops on the Mexican border in 1916 consisted of but 150 nurses. The mobilization of the troops, however, necessitated the establishment of many hospitals along the border and a consequent increase in the nursing personnel.

Members of the National Association are all familiar with the fact that the enrolled nurses of the Red Cross constitute the reserve of the Army Nurse Corps for service in time of war or other emergency. Therefore, when the increased number of nurses was needed the Red Cross was called upon to furnish them. By this means the Corps was increased to nearly 500, which number was somewhat reduced later when the troops were demobilized. On April 6, 1917, the day on which war was declared with Germany, there were in the service 203 members of the regular Corps and 170 Reserve, making a total of 373. Since that time the Army Nurse Corps Branch of the Surgeon General's Office has worked in close coöperation with the American Red Cross in meeting the need for nurses. Shortly after the declaration of war, six base hospitals were sent abroad for assignment to duty with the British forces. The work of our nurses has been praised in the highest terms and some of them have been decorated by the British Government. Two hundred additional nurses have since been sent for duty with that service. Nurses have also been sent to all the cantonment

hospitals in the country, general hospitals, and those located at coast artillery posts, aviation stations, recruit camps and ports of embarkation.

These hospitals as you probably know, are located in all parts of the United States, from California and Washington on the Pacific Coast to Maine and Florida on the Atlantic, and number at this date approximately 110. There are now over 10,000 nurses in the service, one-third of whom are serving overseas. This number is but small, however, compared to what will be needed if the war continues. The sick and wounded will begin to return to the United States in the course of the next few months, and hundreds of nurses will be required to care for them. The present force cares for what is practically a normal sick report of the army. It is believed if the war continues fully 24,000 nurses will be needed before the end of the year.

Nurses with special qualifications in psychiatric, orthopedic, eye, ear, nose and throat work have been much in demand as special hospitals have been organized both abroad and at home for the care of these patients. Nurses of large executive experience are also much needed, and such women are strongly urged not to offer their services as nurses for overseas duty only, but to hold themselves in readiness for assignment in accordance with their special qualifications. You may more readily understand why executives are needed when you realize that there are between forty and fifty army hospitals which have a capacity of between one and two thousand patients, a few of them having over two hundred nurses on duty; therefore women of the largest executive experience are required to undertake the management of the nurse personnel of these great institutions. Nurses skilled in operating room work and in the administration of anaesthesia are also needed. The last few months all nurses attached to the base hospitals which have been organized for overseas service have been assigned to temporary duty in the cantonments. Shortly before a hospital is scheduled to sail overseas, the nurses attached to it are assembled in New York at the mobilization station where they secure their certificates of identification, which are now issued by the War Department in lieu of passports by the State Department. They are also furnished with an excellent equipment by the American Red Cross, which includes not only the outdoor uniform, but

various other articles of clothing which are necessary for the rigorous winter climate of France. It has also been decided to complete groups for foreign service with those nurses who have been longest on duty in the home hospitals if they have demonstrated that they are professionally and physically fit for overseas' service.

Another field of work which has been opened to army nurses is that connected with the Physical Welfare Division, recently organized at the War Dispensary, Washington, D. C. The establishment of this service was found to be absolutely necessary owing to the arrival in Washington of thousands of young women, having no friends or relatives or any one particularly interested in their physical welfare in the city, and who came here to work in the various departments of the government. The nurses visit them in the homes when they report sick and make recommendations as to their disposition. Nurses have also been placed in the various rest rooms in the large government buildings, where minor ailments are treated daily from 9 until 4.30.

Nurses should enter the service imbued with the idea of giving themselves up absolutely to the service with a real desire to do their very best. The great majority, I am glad to say, enter with this spirit, but there are of course a few who come in the spirit of adventure. This is particularly unfortunate, because it is well known that the frivolous conduct of a few will give to the public a wrong impression of the nurses as a whole.

Another point of interest demonstrating the place which the nurses are securing for themselves is that the full responsibility of the ward management is now definitely placed upon the head nurse. This was done upon the recommendation of the Surgeon General with the approval of the Secretary of War. Hitherto this responsibility was shared by the wardmaster, an enlisted man.

It may be of interset to the members of the Association to know that General Pershing has recommended that the privilege of wearing the war service chevrons, which has been authorized for officers and enlisted men, be extended to include members of the Army Nurse Corps. The Surgeon General has approved this and it is believed that there will be no question about the privilege being extended to the nurses. This chevron is of gold and is worn on the lower part of the left sleeve of all uniform coats of officers and enlisted men who have served six months in the zone of ad-

vance of the war, with an additional chevron for each additional six months of service. The wound chevrons are the same but are worn on the lower half of the right sleeve of all uniform coats of each officer and enlisted man who has received or who may hereafter receive a wound in action by the enemy which necessitates treatment by a medical officer, with an additional chevron for each additional wound. The bill for the increase of pay, which also provides for retirement at the expiration of twenty years' service, has passed the Senate Committee and is now under consideration by the Military Affairs Committee of the House of Representatives.

In conclusion, I would like to say that as there has never been any reason to doubt the patriotism of our nurses, I feel convinced that large numbers will offer their services to their country to meet the need of the coming months.

Miss Goodrich: It seems hardly possible that such a number of persons could have been gathered together with such a piece of work going on, when we look back and think that the first training schools in the United States came into existence in 1873. Before that there were no such schools as training schools and no groups to be gathered together in this system. Little we thought when those schools were coming into existence that the graduates would have to be gathered together for the purpose for which they are now.

I am sorry to say that Mrs. Higbee, Superintendent of the Navy Nurse Corps, was unable at the last moment to leave. I have great pleasure, however, in presenting Miss De Ceu, who comes as the representative of Mrs. Higbee, and she will tell us what the Navy is doing at this time.

NURSING AS IT RELATES TO THE WAR

By LENAH SUTCLIFFE HIGBEE

Superintendent of Army Nurse Corps

When I turned to the subject designated for this evening it appeared to me to be too small or too large a contract for a paper which I would wish to present to such an audience. If confined to facts and figures the result would consume a mere fraction of the time allowed by a generous committee; if expanded to reach the

nurses, who supply the nursing need, the time allowed by an illiberal committee is so insufficient as to bespeak failure for the efficacy of the message. A compromise is indicated but I present it with reluctance.

The Navy needs as related to the war have a different aspect today than that which a wise press, speaking for a wiser public at first assigned to this branch of the military service. Without authority from those whose business it is to attempt to solve War problems, it was generally conceded that the Navy chiefly would be involved. Urged by patriotism and by persuasive officials volunteers offered their services to all branches of the Naval Service in disconcerting numbers; and amongst these volunteers were many nurses applying individually and through the Red Cross in units and detachments, who believed that wounded sailors would immediately require nursing care.

The popular conception of "joining the Navy" is that a man is clothed in a sailor suit and assigned to a ship. It is not the part of an unreasoning public to imagine the result of this apparently simple procedure. The majority of recruits, even, fail to understand the necessity and existence of the Training Camps although conscientious Recruiting Officers endeavor to explain the fact that the Navy personnel must have training ashore before they can be afloat.

Judging from letters received from a representative number of the nurses who offered their services, and from the dissatisfaction for hospital work openly expressed, they too expected to be assigned to ships and at once sail off to meet the enemy.

I need not dwell upon the result of the sudden expansion of the Naval Service. To touch upon the subject in an effort to balance cause and effect would be impossible neither have I the definite knowledge nor the authority to attempt to explain the conditions of those first months when the usual result of crowded communities was intensified by unprecedented weather conditions. Diseases appeared in the camps, first represented for the most part in epidemics not so serious in themselves but under the existing conditions becoming grave menaces to the lives of the young men who rushed enthusiastically to the service of their country.

From crowded camps the men were sent to hospitals not yet equipped for segregation and care of infectious diseases. Addi-

tional nurses were urgently required and were summoned from amongst those who had volunteered for the Naval Service through the medium of the Red Cross. At the hospitals which had become crowded with the sick from the camps, the nurses assumed their duties with creditable enthusiasm. Meanwhile, the conception of our share in the War was replaced by the knowledge that the Army would first be needed. The effect of the altered view point was particularly felt in the Medical and Nurse Corps. It was evident that the majority of those who had at first volunteered their services expected duty overseas and were dissatisfied at the assignment to home stations, and the substitution of ordinary Naval Hospitals as the scenes of their labors in place of the rolling ships and foreign shores.

Profiting by the experience of having the patients arrive at stations prior to the nurses, the Navy endeavored to place a sufficient number of nurses at all Naval Hospitals in an effort to meet any emergency which might arise. Here again dissatisfaction was felt and expressed. Keyed to a pitch of desiring spectacular duty, stimulated by stories of other times and other conditions, the apparent quiet and monotony of a well organized hospital did not appeal and this measure of preparedness was not met with sympathetic coöperation. Gradually, a saner view of the situation has been taken by regular and reserve nurses and today it is realized there is no approbrium attached to service at home. On the contrary, the appreciation that is felt for those performing this duty is nationwide and enthusiastic; while the sense of the great responsibility of this home work is daily becoming more evident among the nurses.

This epitome is given as a reason for noting the pressing needs which today more closely affect the Navy. Before turning to this, however, I want to give you the figures representing the number who cared for the sick in the Navy prior to the War and the number who are performing this service today. In April, 1917, the Medical Corps numbered approximately 323, the Nurse Corps, 165, the Hospital Corps, 1,950. The nurses were distributed in various numbers at 7 hospitals on the East Coast, 1 on the West Coast, and at 3 hospitals in the Island possessions of the Pacific. The Medical and Hospital Corps had wider fields including service at 11 other stations and on the different types

of ships comprising the United States Navy. Today, the number of hospitals has increased to 31 and others are in process of building. Twice the number would better represent the expansion as the old Naval Hospitals have doubled and in some cases, trebled their bed capacity.

Today, the Medical Corps numbers 2000. The Nurse Corps numbers 1065, and the Hospital Corps, 10,000, while the bed capacity is approximately 16,000. The number of nurses required during the coming year, based on the old ratio and the authorized increase will be about 1250. In the event of a greater reduction in the number of the Hospital Corps now stationed at the Naval Hospitals, the number of nurses required may be increased to 1,500 or more. Where these nurses will be assigned to duty cannot be foretold but the Naval Hospitals at home must not be depleted. On the other hand, if more nurses are needed overseas to care for Navy sick, those nurses will be sent who have had preliminary experience in Naval Hospitals at home and so long as the need can be controlled, the effort will be made to send those nurses who have proven their professional worth. Therefore, it is indicated that the additional nurses in the Navy will have home service first.

The Hospital Corps of which I have spoken was formally the only nursing force in the Navy, and today this Corps has the entire nursing care of the sick on the ships. On many of the small crafts necessary to the Navy these men are the only medical attendants. You can readily appreciate their importance in the Navy Service and realize how indispensable are their services. One of the reasons for establishing the Navy Nurse Corps was to give better nursing instruction to these men. They are taught theory of simple nursing and personal hygiene in the Apprentice Schools. They are then assigned to the Naval Hospitals for practical work and bedside instruction. The nurse in the Navy must instruct, encourage, and stimulate the members of the Hospital Corps. Her attitude toward them should be that of the Graduate or Charge Nurse toward the pupil nurse. It would seem that this nursing need in the Navy could be easily met, but experience makes it necessary to state that it is the exceptional nurse who brings this ability to the service.

Nurses in charge of the wards in the Navy have the entire re-

sponsibility and must demonstrate that they possess executive ability. We hold up to Medical Officers the standards of civilian hospitals, and our attitude is defenseless when this responsibility is indifferently assumed and carelessness in details and lack of finished work are offered instead of the attributes which graduated registered nurses should demonstrate. The nurse whose recent occupation has not required this ability is given an opportunity to develop this desirable qualification but such development means that the nurse must have an open mind, must encourage a deep interest in the Naval Service and must possess the common sense to realize that adaptability necessary for success must be in the individual since a military service can not adapt itself to a person or persons.

To this need for nurses and the special need for nurses who can instruct and for those who possess executive ability is added the greatest need—and this need is the main spring from which the others will readily develop. This need is the true spirit of service; that ideal of service for which our Lady of the Lamp pleaded in a time when training schools were not existing.

The dignity of labor and the nobility of the nursing profession are the pet themes for addresses on graduation days. Unctious platitudes have almost submerged the vital spark which alone can make these statements true. There is no "Dignity of Labor;" there is no "Noble Profession." The character and the ideals which the individual brings to labor and to the profession alone make possible the correct use of these words by dignifying the laborer and ennobling the profession.

Service offered with one hand while the other is stretching for reward is not true service. Service offered if assigned to this or that duty, is not true service. Service offered with frequent reminders of positions relinquished and salaries forfeited, is not true service.

In an effort to correlate these attitudes with the vital need for nurses, there has been a tendency to offer inducements of travel, to grant requests for special duty and to bestow equipment, until the divine leaven of self-sacrifice is almost submerged. By submerging the necessity for self-sacrifice, the nursing needs are inadequately met, since each nurse must conquer in the mental conflict by doing that which is required of her and not that which

she desires by giving her full free service, without calculating the reward. In the result of this individual conflict lies the success or the failure in meeting the nursing needs of the war.

Miss Goodrich: I know that you appreciate this modest presentation of two stupendous pieces of work. I only wish that you could have before you the picture that I have of those great, calm hospitals scattered all over the United States, not with their two or three hundred patients as we have in our hospitals in the cities and which we call large, but with over a thousand patients, more than a thousand beds. Now those are pictures that we can hardly appreciate because those great scientifically equipped hospitals have come into existence almost overnight. I am sure that you would hardly believe that the work could be accomplished in this short time. To go into those buildings, crude, perhaps, in their way, but with their X-ray laboratories and other laboratories and well-equipped operating rooms, and to see the work moving along very smoothly, seems almost phenomenal to those of us in the cities who have labored to get what we have.

I should be so glad to tell you something of the history of the development of this Army Nurse Corps, the way in which we were finally permitted to become a division of the Army and the way in which the army recognized the enrollment through the Red Cross. But with our erudite historian on my right hand and this heroic organizer on my left I do not dare to go into anything of that history, but it does give me great pleasure to introduce Miss Delano.

NURSING AS IT RELATES TO THE WAR

BY JANE A. DELANO

When I face an audience composed largely of nurses, as I do tonight, I feel that it must be the same group of nurses I have been talking to for the last fifty or a hundred years, because you all look alike. The uniform, youth and enthusiasm, the spirit of zeal and desire to be of service, it is all there in the face of every nurse that you come upon in large groups, and I really feel that I must be telling you tonight things that I have told you ages ago. Still I convince myself that it is a new group and I will tell you as briefly as possible something of the Red Cross nursing service to which I hope you will all ultimately belong.

I have written it down, not because I usually write down the remarks that I make, but as I represent four or five large and important bureaus I was afraid to go back and face Washington if I neglected any of them. So I have written down carefully the things that I want to say, because I truly feel the responsibility of speaking of this work which has been done so largely by other people in my own office, and I report it with humility. I have written it down because I want as far as possible to give them credit and full measure of praise for the work which they have accomplished.

The Nursing Service of the Red Cross came about through the affiliation of the national organization of nurses with the American Red Cross, the only organization except one holding this relation.

A special by-law was soon adopted making State Nurses Associations organized for the enrollment of Red Cross Nurses active members of the Red Cross with the right of delegate representation. The Red Cross realized the importance of the work undertaken and in all matters relating to the development of the nursing service has been governed absolutely by the advice of the nurses representing the three national organizations.

May I emphasize the fact that the Nursing Service of the Red Cross as it stands today represents the work of the three national organizations represented here tonight rather than the American Red Cross.

The Red Cross has provided generously for the support of our undertaking but has never attempted to direct the policies. These have been worked out in all details by the National Committee, representing equally the three national organizations of nurses, so that the brief review which I am to give you tonight is the story of your own accomplishments, the result of your own endeavors—and I believe that you will agree with me that the nurses of America have been true to the obligations which they assumed nine years ago and have amply justified the confidence placed in them by the American Red Cross.

The need of a nursing service was early demonstrated by demands for Red Cross Nurses in disaster relief work, epidemics, and other national calamities, which made the prompt mobilization of groups of nurses necessary.

Ohio, I am sure, still remembers with a thrill of pride the work

done by her own Red Cross Nurses, and those in adjoining states during the great flood. Almost without exception those nurses were the first on the scene, giving the early emergency care so badly needed. When the Red Cross ship sailed from New York Harbor in September, 1914, carrying 150 Red Cross Nurses for service in the war stricken countries of Europe, tugs, merchantmen and battleships alike saluted, and when nearing the English Coast British sentry cruisers challenged her, flashing signal lights in the form of a red cross, assured her honored passage. No less dramatic in their quietness and enforced secrecy are the sailings of our nurses today, who are constantly going out in the service of our country. Since our own entry into the war in April, 1917, the Red Cross has supplied more than 9500 nurses for the Army Nurse Corps, the Navy Nurse Corps, the Federal Public Health Service, or directly under the auspices of the American Red Cross.

Our total enrollment today is 20,110 nurses, and we are continuing to enroll at the rate of about 1000 per month. A proportion of these nurses are not available for active duty. Some are past the acceptable age, others have failed to pass their physical examinations and still others have enrolled for special service, such as committee work and instructors. We have released from these special services nurses available for active duty replacing them as far as possible by nurses who are married or otherwise unable to serve in military hospitals. Realizing that the demands of the army and the navy will increase as war continues, the Red Cross has provided for a special campaign for the enrollment of nurses beginning early in June.

A nurse came to me some time ago and said that she was employed by a great philanthropist and he had assured her that it was more important for her to stay in his service and help keep him alive while he distributed his philanthropy. I questioned this, as I thought under the circumstances one more or less philanthropist in such a time as this was not important, and that probably if his wealth were suddenly distributed in philanthropy it might be a great advantage.

And so in making our appeal to the nurses you will perhaps be comforted to know that we have a special leaflet addressed to the public. When you see it I hope you will feel that while I did not prepare the leaflet it does express my feeling and my spirit for the

work of the nurses, and that they do represent the womanhood of this country in the service for the soldiers, and that it is for the womanhood of the country to stand back of it. I am not going to spoil the publicity by telling you too much about it, except that we have a special circular intended primarily and only for the public employing nurses.

In making this special campaign for enrollment we have realized that after bringing this tremendous pressure which we have to bring upon the nursing profession of the country, that nurses will dislike to stay in a position without that staying is the most important thing they can do. So we have provided for this emergency. We are to send out with our campaign of publicity some plan. The plan has not yet been definitely settled, but there will be some plan such as this: that we shall issue a chevron to be worn on the sleeves of the nurse who is doing important work. She may be a training school superintendent or she may be one of the division officers of the Red Cross office, she may be a Red Cross instructor nurse or a clinic or public health or school nurse. But if her position is in the welfare of the community and if in the opinion of the people employing her—the official decision rests with the Red Cross headquarters—if it is warranted she will be allowed to wear the chevron indicating that she is willing to give service, but for the time being we think that she should stay in her position. This will answer the question of the public, this will answer the question of your next door neighbor who wonders why you are not in a military hospital.

The tremendous demands made upon the nursing service of the Red Cross following the declaration of war in 1917 has made reorganization of our work necessary. A department of nursing with direct responsibility to the central committee of the Red Cross was created, and the Chairman of the National Committee on Red Cross Nursing Service was made director of the department. The work was then divided between several bureaus. I greatly regret that the directors of these bureaus have not an opportunity to give you a full report of their activities, nor can I do more than present a brief summary.

The bureau most vitally concerned with the war problems now confronting us is the Bureau of Field Service in charge of Miss Clara D. Noyes. Through this bureau in about one year more

than 9500 nurses have been selected and prepared for service. Nearly half of these have been equipped for work in European countries at an average cost of approximately $200 for each nurse. Army and navy nurses assigned to duty in Europe have also received their equipment from the Red Cross. There are now 8,450 of our nurses on duty in military hospitals as members of the Army Nurse Corps, and 729 as members of the Navy Nurse Corps; 407 are serving under the Red Cross either in this country or abroad; 84 are on duty with the Federal Public Health Service in the extra cantonment zones. You have already heard of the work they are doing in the paper presented by Miss Lent, and you have also been told of the work of our Public Health Nurses in France by Miss Leete and Mrs. Grace Barclay Moore. One cannot estimate the far reaching results of the work now being accomplished in France for the civilian population, the care of the aged, the infirm, the sick, the young children, reestablishment in homes of those who have lost all by war, dispensaries for the care of babies and all forms of public health work. Our nurses are playing an important part in all these activities, and when a new France emerges from this awful war, those who have helped to lighten her burden may well rejoice that the opportunity came to them.

A group of Public Health Nurses in charge of Florence Patterson were sent to Roumania last July. A second group of ten nurses was later reorganized for service in Roumania, but owing to the unsettled conditions in that country, their orders for sailing were cancelled and it became necessary later to recall the original unit who are now on their way home.

Three Red Cross nurses are now in Greece and Miss Mary E. Gladwin, well known to all of you, is still in Servia.

Ten Public Health Nurses in charge of Miss Madeiro are on their way to Palestine. Twelve are already in Italy serving and we are planning to send nine more.

After the recent earthquake in Guatemala a request came for three Spanish speaking nurses to aid in the relief work. We were fortunate in having a number of enrolled nurses in the Canal Zone and were able to send them promptly for this important work in Guatemala.

I mention this to show the value of our scattered enrollment of nurses. We have had nurses enrolled in the Canal Zone for some

time, perhaps three or four years, and the majority of nurses who have been there that length of time have been Spanish, so we were able to send those nurses very promptly to Guatemala to be among the very first to aid in the relief work following the earthquake.

With the development of the cantonments it was decided to establish extra cantonment zones for the control of contagious diseases, the Federal Public Health Service to coöperate in the control of these zones. The Surgeon General of the Public Health Service requested the Red Cross to supply nurses for this work, placing from one to four nurses in each zone.

We have established up to the present time sanitary units in twenty-eight zones with two special clinics for the control of venereal diseases. The Red Cross not only selects these nurses for service, but has made an appropriation for the maintenance of the work.

We are also conducting nineteen additional clinics with a Red Cross nurse and a male attendant in extra cantonment zones where there is no Red Cross Sanitary Unit.

The Red Cross has supplied nurses for Emergency Contagious Hospitals for the care of civilians, when the health of our own troops had been threatened, at Portsmouth, Va., Alexandria, La., Augusta, Ga., and Minneola, L. I. In this way we have helped to control threatened outbreaks of meningitis and other contagious diseases.

I assure you in these special pieces of work we have tried out remarkably well the ability of our nurses to respond promptly and quickly. These emergencies have come in a flash, an outbreak suddenly. I remember one report that came to us that twenty cases of meningitis had suddenly developed near one of the naval institutions, and the whole town was in confusion and alarm. The navy, of course, was alarmed, feeling sure that the navy people there might be infected. Almost without an hour's delay we had nurses on the way to meet that need. Other emergencies were met with the same prompt action. So I feel that the Red Cross has fully measured up in this special service, which has been difficult and trying and has taxed our resources many times, but we found ways to go and so promptly that I do feel that we have helped to control contagion, and to protect the health of our troops.

Three Public Health Nurses were secured for Eldorado, Kansas,

during the past winter when an outbreak of typhoid fever threatened that city.

In making selections of nurses for public health service, we have consulted freely with the leading public health nurses, especially with Ella Phillips Crandall, who has acted in an advisory capacity in this work.

When it became necessary to appoint an Inspector of Public Health Nurses, the Surgeon General of the Public Health Service requested us to nominate a nurse for this position. Mary E. Lent was suggested and released by the National Association of Public Health Nursing in order to take up this work. She has already told you of the activities of the public health nurses in the central zones.

We have recently been requested to supply nurses for Trachoma Hospitals, which will probably be established by the Federal Public Health Service, in the mountains of Kentucky, West Virginia and Virginia, for this service relies upon the Red Cross to supply the nurses when needed for local activities undertaken by them to safe-guard the public health.

It has been necessary to secure groups of nurses with special training and special qualifications and our enrollment of over twenty thousand has been classified to meet this need. Since the first of September we have secured for the cantonment hospitals ninety-four nurses especially trained in the care of nervous and mental diseases. Forty-six nurses with Miss Adele Poston as Chief Nurse were selected by the Red Cross for Base Hospital No. 117, which has recently been sent to France by the army, for the care of mental and nervous diseases. Seventy-four nurses with special surgical training were also secured for an army base hospital unit for the care of fracture cases. Sixty have been selected for a special orthopedic unit which will soon be sent over by the army and seven of our nurses have already been sent to England for special instruction in orthopedic work and will join the unit when it is assigned to duty. Other special groups: five mobile operating units of ten nurses each have also been organized for the army. In September a group of fifteen pediatric nurses under Miss Marie Phelan of Chicago were sent to France for service directly under the Red Cross.

A Children's Bureau has been established in charge of Miss

Elizabeth Ash of San Francisco and Harriett Leete of Cleveland and additional groups of nurses have from time to time been added to the number.

It has been possible to utilize the services of nurses' aids in connection with our public health and social welfare work in France, thus releasing more nurses for military hospitals. They have been largely selected from women who had signed for service with base hospital units soon after the declaration of war. We have already sent fifty-eight nurses' aids to France, and have one hundred and fifty-two additional requests on file. All of these women have gone without salary. Twenty-seven are meeting all their own expenses and maintenance in Francc, eight are contributing a part of their expenses, and twenty-three receive maintenance alone.

For many years I looked after all the applications of nurses coming into the office for war service, but with the pressure of war that has become impossible. We have month after month enrolled one thousand, and the mere mechanical operation of passing over those papers and signing the pages has become so great as to really require another bureau to look after this work. We have in this Bureau, coöperating with Miss Kerr, a representative of the army and a representative of the navy. The representative of the army helps in many other ways, gets out and looks after the payroll and many other incidentals that are importamt to the smooth running of a big organization.

The Town and Country Nursing Service ranks as one of the Bureaus of the Department of Nursing. Since its establishment about five years ago, it has been under the direction of Fannie F. Clement, who built up a splendid organization of more than one hundred nurses, largely located in rural communities. Last winter Miss Clement decided to resign, but stayed on from month to month to meet the needs of the service. Quite recently there has come into the Red Cross organization one who has stood for years for all that is best in public health work, and who is recognized by all as a woman of rare judgment, broad vision, and unusual organizing ability, Mary S. Gardner, of Providence, Rhode Island. She has accepted the position, at least for a time, as director of the Bureau of Town and Country Nursing Service, and we are fortunate in securing as Associate Director, Elizabeth Fox, for a number of years Superintendent of the Instructive Visiting Nurse Association in Washington.

The demands made upon the Red Cross for public health nurses today make it seem logical to extend the scope of this Bureau to include not only the Town and Country Nursing Service, but the public health work in the sanitary zones as well. This change has already been effected, and will, I feel sure, add greatly to the efficiency of the service.

The Bureau of Instruction in charge of Helen Scott Hay has a record of rather unusual experience, for her chief activity during the past eight months has been the turning over to our division offices the organization which has been built up for the conduct of classes at Red Cross headquarters. I do not suppose that any one has a great enthusiasm for decentralizing the work in which she is interested.

Ninety-four communities are at present served by the Town and Country Nursing Bureau in a few of which two nurses are working together. These communities, though all too few, dot the entire country—the most eastern being on the seacoast of New England, and the most western in California, the most northern in North Dakota and northern Michigan, the most southern in Texas, while the highest altitude is reached at a Colorado zinc mine.

In some states Red Cross nurses doing county work cover large areas confining themselves largely to educational work. Other nurses find their main point of contact through the school children. Some are engaged by industrial concerns to care for their employees. Some work under boards of education or boards of health. Others are responsible to visiting nurse associations. The majority give bedside care to the already sick, as well as instruction on general hygiene and the prevention of disease. With all, the idea of community health work is paramount.

It is hoped that affiliation with the Red Cross will be in every instance of such a nature as to strengthen, not weaken local initiative, for no outside agency could do more than point a way for self-improvement.

The need of this public health work in the small towns and rural sections of our country cannot be too strongly emphasized at this time. Nurses for military service are urgently required, but the civilian population, which in many instances means the wife, the child and the mother of a soldier, has its claims to our care—a claim the soldier himself is the first to recognize.

The records of the Town and Country Nursing Service of the Red Cross have at this moment a less vivid appeal for the average man or woman than the experiences of the nurse assigned to foreign duty. But even in these days of greatly stimulated interest the correspondence of nurses doing their quiet bit on western prairies, among the southern mountains, or in the mill towns of New England or Pennsylvania, reads like a page of fiction. Conditions in whole communities have been changed and are being changed by the tireless effort of nurses who receive no tribute of praise except from the group of simple folk among whom they work, and who have learned to love and depend upon them.

Rural public health nursing is often uphill work, but those who know it best must feel that no greater privilege can be accorded to any nurse than the opportunity to serve her day and generation in these obscure fields. Bullets and shrapnel are unknown, but long hours of driving through northern snow storms, days spent in the torrid heat of far southern summers, and the loneliness which must often be endured by the young woman who serves far from her home and friends, will, I think, if bravely borne, form no mean parts of the crown which will be accorded to all those who have faithfully set themselves in their different ways to build up a better life for our nation.

In that connection I want to refer to the fourteenth division. I will only do it briefly, because I have referred to it before. The fourteenth division includes outlying positions of the United States and foreign countries where the American nurses can be found, and Miss Hay has been with great zeal and enthusiasm finding these nurses wherever they may be located in all sections of the country; and I feel that this work is really very important. It is not only the question of finding nurses, but it is the feeling of assurance that we will have them if they need to organize any activity in that locality in the future, that we will have a nucleus around which to build up a work and we will be able to interest even the communities, the women of the country, perhaps, in our course of hygiene or care of the sick or whatever it may be. So we are really interested in locating any more of the nurses, rural or otherwise, who may be located beyond the limits of the United States.

Nearly 51,000 women have had our course of instruction in elementary hygiene and home care of the sick and those of us who

have followed the work most closely believe that these classes have contributed in no small measure to the relief of nurses for military service. The primary object of these classes has always been to aid women in the care of their sick in their own homes, and I am firmly convinced that they are helping to solve the nursing problems confronting us.

I will read briefly the actual accomplishment of this Bureau of graduate dieticians in charge of Miss George.

Dietitians in service in Cantonment Hospitals	73
Dietitians in service in Navy Hospitals	12
Dietitians assigned to Red Cross Base Hospitals, Numbers 1 to 49	42
Dietitians assigned to Army Base Hospitals, Numbers over 50	6
Dietitians for French Military Hospitals (under Red Cross supervision)	3
Total enrollment	136

We were fortunate in developing this service just before the needs of the war came to us, and so we have been able to meet the needs of the army and navy and special divisions for our own work.

I wish also to mention briefly our fourteen divisions. I will not take the time to name those divisions, for I feel sure that my time is more than used. But I do feel that those fourteen divisions have brought about a most wonderful organization for the Red Cross, and I feel sure that I can rely upon the nurses to support the work of our representatives in these divisions as fully as if they all worked at Red Cross Headquarters. I feel that the special and local committee will accept this social connection with deep appreciation and that it will work for our service for greater efficiency.

I feel that we have been most fortunate in the women who have accepted the position of directors of these thirteen divisions in the United States, and Miss Hay, who is with us at Red Cross Headquarters at the fourteenth division.

In closing may I say one word of tribute to the nurses who have given their lives since the beginning of this war. It is impossible for 9000 or 11,000 or, as our service flag says, 11,742 nurses to be called into active service under all conditions and in all kinds of

climate and all kinds of privations and hardships, as many of them have lived in the past year in France, without losing some of our staff. According to the latest report, 150 nurses have already died in the service. When our groups of nurses first went to Europe in 1914 and we had an outbreak of typhus in Serbia I felt that if any of those nurses died in service I should lose all heart in the Red Cross work. In one way it was not our work. They went there as volunteers. We sent those women not with any compulsion of duty but because we wanted to serve, and I thought that if anything befell those nurses in Serbia that I could never take up the work of the Red Cross and go on with it again. I have never had that feeling since our own country came into the war. I believe that it is a great honor to give your life for your country, if you give it in service.. I feel that it is just and fitting tonight that in memory of those splendid women we place a memorial at the foot of our service flag, and I will ask a Red Cross nurse to place this as a memorial to the nurses.

(A wreath of flowers was placed at the foot of the service flag on the stage.)

Miss Goodrich: I am sure you have all felt deeply thrilled at the story of this gigantic task, and we must indeed all be thrilled at the thought of the noble service that has been given. Somehow or other, when one talks of service for one's country, I cannot help thinking that we ought never, never to be gathered together, we nurses, to talk of that, without thinking of the great service that is rendered by all of those who have to toil and whose contribution is renunciation of all the tasks that we are privileged to render or to serve at this time, and a phrase of that little poem comes to my mind, "All service ranks the same with God." I think it is a wonderful comfort to think that no matter where we are serving, that it is in some way helping the world to move on. And I think that is the message that we nurses ought to take to every one at this time, because we have such a privilege, a privilege of seeming to give a service that is greater, but is in no wise greater than the service of those who spend every moment doing something that is useful at this time. Excuse this sermon.

I want to ask Miss DeWitt if she will read some messages from the other side. Miss Parsons sent a letter begging that we remember her with a message of affection to the American Nurses' Association.

Miss De Witt reads letter of Miss Parsons.

Miss De Witt: A telegram that Miss Goodrich received this afternoon, a cablegram:

Warmest greeting from the Lakeside Unit, France

A letter sent by a number of nurses in France, dated March 8:

Greetings to the American Nurses' Association from some members in France. A group of thirteen of us are fortunate enough to be together this afternoon. We represent civilian and military hospitals and public health nursing. We appreciate the memory and inspiration of former meetings. They are a part of our very existence, and if we but fulfill the task demanded of us we must depend upon the continuance of your strict faith in us and your earnest devotion to the ideals of our profession. Your continued support is our greatest need. The personal kindness and organized helpfulness that have come from you individually and collectively have given us the courage to face our unusual problems. We realize that a large part of the world's work is being accomplished by steadfast devotion in unaccustomed places where unaccustomed burdens are present. At any rate we will look forward with pleasant anticipation to the reports of this meeting which we are not privileged to attend. With cordial good wishes we are. (Reads list of names.)

Miss Goodrich: We are going to ask Miss Nutting, Chairman of the Committee on Nursing of the General Medical Board of the Council of National Defense to speak to us. That does not look as bad as a military rank. I am going to tell you that Miss Nutting wears something that annoys her exceedingly to have me refer to, but I am going to do it—a Liberty Medal which has recently been given to her by the American Institute of Social Science,—geniuses are always erratic—for conspicuous service to humanity and of a non-military character. They never lived with Miss Nutting.

NURSING AS IT RELATES TO THE WAR

BY M. ADELAIDE NUTTING

You have heard the story of the Army nursing service and the Navy nursing service and what they are doing in assigning posts of duty and in supervising and looking after the work of the great body of nurses in each of those great fields. You have heard also what the Red Cross is doing in gathering together and mobilizing

those great bodies of nurses and in passing them on into Army and Navy service and all the other branches of work which the Red Cross is gradually taking under its wing and caring for and doing so efficiently that women will ask themselves, "What else is there that needs to be done that anybody could do, since the Red Cross and the Army and Navy are taking such care of the whole nursing situation?" I do not wonder that this question is asked. But it so happened that there did seem to be other things that ought to be done, and a small group of women got themselves together in New York last spring and created a small committee called the Emergency Committee. Afterwards, because there seemed to be a good deal to do, it was taken over by the Council of National Defense.

This Committee on Nursing found that while the Army and Navy controlled and the Red Cross mobilized, there was something else to be done, and that it was an endeavor to create something to take the place of that which was being called away. That has been no holiday task, and in order that you may know something of what an undertaking it has been to estimate what ought to be done to replace a body of nurses expanding from week to week and month to month, until one feels as if one were looking at an extraordinary moving picture, let me say that last June the estimate was, if I remember rightly that we would need something like 10,000 nurses for the Army nursing service. It did not seem to us that to find 10,000 nurses in this great country would be so very difficult; the Red Cross already had about that number mobilized. But before many months an order was made that said that the United States Army Nursing Service is going to want 37,500 nurses, and a few weeks ago another body asked for an allowance of 40,000 nurses.

It is perfectly clear that if we were going to put 10,000 into France or into active duty, we could not secure 10,000 nurses without making 10,000 vacancies, because nurses do not belong to the leisure classes, and we would have to have some way of replacing those nurses at their posts, wherever their posts might be. Therefore, one of the first things to be done was to determine upon, if possible, some good and satisfactory way of bringing into our schools more women as students, some method to train more students just as rapidly as was practicable to go into the places

left vacant by those graduate nurses who were being called to active duty. It was assumed that a good many of the posts in the hospitals would be filled by senior nurses.

We have, with a very considerable amount of effort and with a full measure of coöperation from other people, brought into the training schools of this country a very large number of students. There are now, apparently, something over 7000 new nurses more than there were a year ago at this time.

Where would vacancies in civilian ranks press most hardly? In what field of nursing are we always scantily supplied? It is not in the field of private nursing that we ever have any very serious famine, except in those moments when there is some sort of epidemic which brings every nurse to her post of duty. But in our hospitals and training schools there is a weary search going on from one year's end to the other to find enough highly and specially trained women to become superintendents and assistants and supervisors and instructors. Because you must realize that there are 1792 registered training schools in the country, and every one of those training schools calls for at least two specially-trained women to run that school and hospital, while a number of our great hospitals require as many as sixty or seventy persons. That was where the call of nurses to duty would press hardly. It was in that field, which is so essential and which is growing by leaps and bounds, that the loss would be most severely felt. And therefore we felt our first effort should be directed to those young women who, by virtue of maturity and by virtue of longer training, namely our young college women, could be more readily prepared for those posts and some of whom would be much more likely to be interested in the supervision of public health work than the majority of younger students of the different classes in preparation. They have had longer training, they have had special opportunities and advantages and the world should look to them and we should look to them to bring something more precious and more valuable into our work. We think, in view of the very important positions that college women are holding in public health work, that they have a special contribution to make. But not for one moment do we say that if a college woman cannot make good in her work she should stand simply because she is college bred. She should stand or fall by reason of her work in nursing; but we have the right to look to

her for a great deal and expect more of her, because she has had so much done for her.

Vassar College has done a wonderful thing. She has opened up her doors for a summer course, has over thirty hospitals affiliated with it, to which its students will go as soon as they finish the summer course, and there are now between four and five hundred registered at Vassar for summer work who will become a part of the regular body of students later on.

Some of you, I presume, are shortly going out of the training schools, some of you have come out of them, many of you will face what seems to be the great choice of a great opportunity. There are literally thousands of women in this country who would give anything in the world to be in your place, because you are trained women and because you can do things today that those women do not know how to do. You will represent, over there in France, or wherever you go, the mothers, sisters, daughters and wives, and you take a place beside their loved ones that they would so gladly take if they could go, and all the world is looking. The American nurses who have had the best opportunities of any nurses in the world today have two or three great tasks to do in order to meet the work and maintain the mode of life and action which their great opportunities would lead us to expect of them. Our work today presents to us a great crisis, and I know the American nurses will rise fully and thoroughly to meet it. Whether you will choose the thing you most want to do or whether you will choose the thing that most needs you, it will be an honorable thing for any young woman to choose to remain at her post as teacher, as supervisor, as public health nurse, if she is more valuable there, and if those who know most of her work feel that she can do better service there than she can do anywhere else. A very conspicuous insignia to so signify will be given to those nurses and I think that it is very necessary. For I can remember well as the war progressed, both in England and here it was said a young man today does not like to be seen in the streets without a uniform. If you wear the chevron it explains why you are not at the front. All the country is looking to you with the greatest possible affection and with the greatest possible confidence.

Miss Goodrich: I am sure I do not have to introduce Miss Crandall.

REPORT OF THE COMMITTEE ON NURSING, GENERAL MEDICAL BOARD, COUNCIL OF NATIONAL DEFENSE

By ELLA PHILLIPS CRANDALL

1. The Committee on Nursing of the General Medical Board of the Council of National Defense was created on June 24, 1917, and therefore its report presents a record of only nine months' work.

2. State Committees on Nursing have been formed under the Women's Committees of the State Councils of National Defense in twenty-seven states. In other states the Committee on Nursing functions through the State Association of Graduate Nurses and the Women's Committee of the Council of National Defense.

3. The Committee has conceived its primary function to be the stimulation of the steady increase of the supply of student nurses, who represent the major portion of the nursing force in civilian hospitals and at the same time to aid the Red Cross in securing enrollment of graduates sufficient to meet all demands of the War and Navy Departments. To this end twelve circular letters aggregating 38,000 have been sent to Presidents and Deans and to 1917 graduates of Women's and Co-educational Colleges and Universities, to Secretaries of Boards of Education, to Principals of High, Technical and Private Schools for Girls, and to 1917 graduates of the same, to Superintendents of Hospitals and Superintendents of Training Schools for Nurses, to State Boards of Nurse Examiners, Nurse Registries, and 1917 nurse graduates.

4. These letters were designed to appeal to educated young women to enter the field of nursing as a war service and as a profession, to interest hospitals and training schools in increasing their capacities for pupil nurses, to find which hospitals could increase their capacities, to stimulate the enrollment of graduate nurses for military duty, and to put us in possession of reliable information concerning the present supply of nurses and of the potential resources now in the training schools of the nation.

5. Six leaflets, pamphlets and monographs have also been prepared and circulated to the above and thousands of individual inquirers. The total of these editions has been 87,000. They have been designed to create a widespread interest in the nursing profession and to instruct prospective applicants in the choice of training schools and how and where to receive information concerning them.

6. The Committee has had the support and coöperation of the Red Cross Divisional officers and the Associated Collegiate Alumnae and the County Women's Committees of the Council in the distribution of this literature.

7. A three months' carefully arranged publicity campaign was conducted under the direction of a well known writer and a prominent press service company. Three hundred and ninety-five newspapers published in 39 states and Hawaii, having a combined circulation of 3,800,000 carried the message of nursing as a war service to all parts of the country.

8. Early last summer the Committee on Nursing authorized the American Nurses' Association to make a survey of nursing resources in the United States. While the returns are avowedly incomplete, the work having been done by volunteer and inexpert persons, they show a definite minimum. No survey was attempted in Arizona, Nevada, New Mexico, these states having no State Nurses' Associations. The last returns were received in March. Among the most important statistics supplied are the following:

Graduate Nurses

Registered	66,017
Not registered	17,758
Total graduates	83,775

Graduates in 1918

From the 1579 accredited schools	13,288
From 414 non-accredited schools	1,099
Total graduating in 1918	14,387
Graduate nurses available at the end of 1918	98,162

Student Nurses

In accredited schools	38,938
In non-accredited schools	3,638
Total student nurses in all schools	42,571

Note: In statistics of students, as given with list of registered schools by Publication Committee of the American Nurses' Association just issued, the number of students in excess of the above is 7,553. This would bring the number of students in all schools up to 50,124.

9. The Committee has recently followed up the questionnaire sent to training schools and registries late last summer, by a second letter and questionnaire to superintendents of 1500 accredited schools and to 65 professional nurse registries. The first rough analysis of returns from this latter questionnaire gives the following reassuring information; it amply supports the findings of the former one and shows that schools of nursing are making a remarkably fine response to the appeal for patriotic service. In 709 schools (representing only half of the schools) there were accepted during the year 1917, 3803 extra students, and during the spring of 1918 there will be received 3219 extra students. This makes a total number of additional students admitted up to the end of the spring term 7022. One hundred and thirteen schools state that their obstacles in the way of increasing the number of pupils are due to lack of housing facilities.

10. The Committee is now completing rather extensive plans for a campaign designed to fill the spring classes of every accredited training school in the United States to capacity by June 1. The coöperation of the Section on State Councils, the Women's Committee and the National Association of Collegiate Alumnae is assured. A handbook for speakers is now in press for this purpose.

11. As a means of meeting a possible emergency this spring and while awaiting to secure approval of a far reaching plan for rapid increase of nurses, both for military and civilian service, which it has had under consideration for some months, the Committee has made the following recommendation to superintendents of all accredited training schools for nurses which give a three years' course, namely:

To crowd forward the theoretical instruction of senior students and to hold final examinations and graduation exercises as early as possible in 1918 and to release their graduates providing the Government needs them and they consent to enter directly into Government service.

12. The Committee has authorized and indirectly prepared the details of an intensive preparatory course in nursing for graduates, to be given at Vassar College during the summer of 1918, this course being open only to women who shall have previously registered with an accredited training school for nurses for entrance in October, 1918, for an additional two years of regular nurses' training.

13. The very effective coöperation of the Committee on State Activities of the General Medical Board, the Section on State Councils, and the Women's Committee of the Council has exerted a potent influence in connection with all of these undertakings:

a. By checking and in several states overcoming popular demand for short term courses in nursing, while expressing at all times their support of this Committee's endorsement of the Red Cross Nurses Aid course, if and when the supply of nurses should become inadequate. (The primary object of this effort has been to avoid breaking down the machinery for training nurses, at a time when it is under greatest strain for normal work.)

b. By urging financial aid for hospitals which are willing to increase their classes of student nurses.

c. By recommending carefully worked out programs for increasing the number of candidates for nursing education.

14. The Committee has regularly conferred with the Red Cross Department of Nursing through its Director.

15. The following recommendations, with the approval of the Army and Navy Nurse Corps, have been addressed to the Surgeon General of the Army through the Executive Committee of the General Medical Board. They have been favorably received by the Surgeon General of the Army and the Secretary of War.

a. That houses be rented, and transportation to the nearest towns be provided when necessary to accommodate adequate numbers of nurses in lieu of available barracks, or other temporary shelter.

b. That a regular quota of not less than one nurse to six acutely ill men be provided.

c. That a reserve of not less than 25 over and above the prescribed quota be stationed at each hospital to meet emergencies and also to secure special training in the military establishment.

d. The Committee further recommended that a tour of inspection be made by a qualified nurse to make observations regarding the nursing service in the Military and Naval Hospitals in the United States; and that this privilege be accorded to Annie W. Goodrich, member of this Committee and of the Red Cross Committee on Nursing Service and President of the American Nurses' Association, because of her wide experience in administration and inspection of training schools. The Surgeon General has

appointed Miss Goodrich, Chief Inspector of the Nursing Service in all Military Hospitals in the United States and France.

16. The Committee has been instrumental in securing the inclusion of nurses in the War Risk Insurance Law.

17. The Committee has produced evidence to show the need of military rank for nurses in order to secure efficient service in military and naval hospitals, and has secured the endorsement of the Executive Committee of the General Medical Board, whose members voted unanimously to recommend rank for nurses to the Advisory Commission. Immediately following this action, some of the members of the Committee on Nursing assisted in the formation of a new Committee under the Red Cross, composed of nurses and lay women, who are endeavoring to secure relative rank for members of the Army and Navy Nurse Corps, as an amendment to a Bill now before Congress, which provides for an increase in the pay and allowances of these same nurses.

18. In coöperation with the other two Committees on Nursing of the Council, this Committee has directed a special study of nursing needs in Connecticut at the request of the Public Health Council of that state. An exceptionally qualified woman was secured for this work and her report is being published by the State Department of Health of Connecticut, and used as the basis of its child conservation program.

19. The Committee has contributed some valuable assistance in gathering the data for the War Department's program on reconstruction.

20. Questions concerning nursing either directly or remotely are regularly referred to this Committee by other sections of the Council, and its advisory services are increasingly sought by institutions, State Boards of Nurse Examiner, State Associations of Nurses, and thousands of individuals.

21. In addition to the foregoing there have been various other letters of inquiry (not over 50 each) sent to selected groups asking for specific information concerning:

a. Special preparation of nurses for ophthalmological nursing.

b. Nurses having special qualifications for medical and surgical cases.

c. The ratio of students who graduate to those who enter training schools.

d. The proportion of alumnae who have families dependent upon them.

22. The printing of leaflets has been done at the Committee's expense. The circulation of two of the above letters has been done at the expense of the National League of Nursing Education and the National Organization for Public Health Nursing.

The Secretary's services and maintenance have been furnished by the National Organization for Public Health Nursing. Five full time volunteers have assisted her for periods of several months each.

Soon after its organization, this Committee together with the other two received approximately $11,000 from interested friends.

After reading paragraph 17 Miss Crandall spoke as follows:

I should say that still later on another committee composed entirely of lay women of New York, have introduced another bill which has been under the direction of a woman attorney, Mrs. Greeley, who has just wired us tonight that the time has come when we need to bring to bear all the pressure of our lay friends, the public in general as well as those assembled here, and she will come from Washington tomorrow to address this convention at its closing evening session.

Miss Goodrich introduced Miss Beard.

NURSING AS IT RELATES TO THE WAR

BY MARY BEARD

Printed in the *American Journal of Nursing*, August, 1918.

Miss Goodrich: We have one more national character who is going to appear before you. She has a very beautiful name which was given her by men. She is called the Madonna of the East Side. She is more, however, than the Madonna of the East Side, and a great many men like to call names, and they also liked to call her to do work. And so it is not strange that Mr. Gompers has called her for the Labor Committee; and I would like to introduce Miss Lillian D. Wald.

Miss Wald: Your Program Committee arranged as part of your education and entertainment tonight the movies, the movies of the Public Health Service of New York City administered by the Henry Street Settlement, and in addition to that there are two very

interesting reels that were sent privately to us by Lady Henry that show the work that is being done in England for the children of the women munition workers. Perhaps the thought expressed more often than any other tonight has been that the whole country is expected to be unselfish, to give to those who need it most.

I only want to add that when you see the captions describing some of the pictures that you will please remember that those captions and those figures were given for a year ago. The force has increased everywhere. When you see a picture of a nurse caring for a local case I should like you to know that the need for visiting nurses was made very impressive by the fact that in New York City alone during the month of March the Visiting Nurses staff took care of 1090 cases.

(After the exhibit of moving pictures the meeting was closed.)

NATIONAL LEAGUE OF NURSING EDUCATION

BUSINESS SESSION

Friday, May 10, 1918

The meeting was called to order at 9.00 a.m. by Miss Clayton.

Miss Clayton: We were able to finish all of our business at the first session, so we cannot have any extended reports to read this morning, but we should like to have the reports of the round table secretaries, if any are here.

Is there any new business any one wishes to bring up? If not, we are ready to take up some of the points for discussion which were not brought up at any of our meetings yesterday morning. The meeting is open and we shall be glad to have you discuss any subject you wish.

Miss Logan: I would like some discussion on the question of organization of state and local leagues. In Ohio particularly the local leagues are being organized in some parts as sections of the District Association, in other parts as individual leagues. This same arrangement is found in the Public Health Nursing Organization in some sections; that is, they are operating as sections of a District Association. We feel that it is going to be hard to operate independently of the State Nurses' Association, particularly with respect to its financial assistance.

I should very much like to hear some discussion on this subject. Our State League as now reorganized has a state fee of one dollar, with a fee of fifteen cents per capita for local leagues coming in, whether they be sections of the District Association under which they are organized or whether they are independent leagues.

I find that many nurses feel that there should be this closer coöperation. It may be too late to consider it now, but we find our local leagues are limited in independent work, especially because of necessarily small treasuries. Has any one any suggestion to make?

Miss Clayton: Answering Miss Logan's question in regard to organization of leagues in states or cities, the Revision Committee has made provision for that in the constitution and by-laws. If, however, any state has some special experience concerning it we would be glad to hear from it. This is a matter that is left to every state to work out as best meets its needs.

Miss Taylor: According to our constitution the local leagues do not form a part of the Graduate Nurses' Association, but there is no reason why in communities they should not organize any way they wish in order to work together. But there can be no representation in the National League through the Graduate Nurses' Association.

Miss Clayton: Did you say you formed a section of the state associations?

Miss Logan: Our State Association of Graduate Nurses assisted the State League financially until this year when a change in our constitution gives us more money in our treasury and may make it possible for us to operate independently in the future. Our state is large and it is therefore difficult to hold meetings with any frequency without great expense which the organization cannot meet. I merely want to have an expression of opinion as to what the other states are doing, particularly with reference to the organization of the local leagues, in order that the educational work of the states may move as fast as possible.

Miss Jammé: May I speak of the state organization in California? The length of the state proved to be the great problem in organizing the League of Nursing Education. California wanted to have a state organization, but not one based on local organizations independent of each other. Therefore a northern

branch and a southern branch was organized, the members of the northern branch being the San Francisco members and of the Southern branch being those from Los Angeles and its surroundings. The officers are a president, a vice-president, secretary and treasurer. The president and the secretary work together in either the North or the South, one year in the North, the next year in the South, and the vice-president will be in the alternate place. A meeting is held once a month in each section on different days. The minutes are exchanged and read at the meetings. The dues are fifty cents a year. The idea was to make the dues small so as to have all the members in the national organization. When there is additional expense, such as printing, etc., a supplementary assessment is made, but we are beginning to feel that the dues should be increased to one dollar. Would not such an arrangement be tenable in other states? The local leagues could be attached to a central independent body, the state organization, to which they send their minutes and pay their dues. In that way there would be both local and state representation.

Miss Powell: Would it be possible to have all members of the local and state leagues members of the national? I think the individual membership does undoubtedly keep out large numbers. Do you suppose it would be possible to make a per capita large enough for all members of local leagues and state leagues, so as to do away with the individual membershlp in the National Organization, similar to the plan of the American Nurses' Association? To show what I mean, in our state association when I took charge of it as secretary about four years ago we had 135 individual members at two dollars a year. Now we are working under the new constitution and by-laws, with corporate membership, and we have between 1,200 and 1,500 members at a per capita cost of fifty cents. It has brought up our income largely. I think the multiplication and duplication of dues is the thing that keeps the membership of the National League down.

Miss Taylor: I think it would be difficult to answer that question or even discuss it at the present time, as we have no knowledge of how many local or district leagues we have. We made an effort this year to find out what our associate membership was, but I think only one or two states responded in connection with the request, so we have really no knowledge at all of what our associate membership is.

Miss Wheeler (Illinois): We have just a state league in Illinois. The members pay a dollar, and the meetings are held at the same time as the state association meetings. I think the Illinois women do pretty well, the ones who do not live in Chicago. They come quite frequently into Chicago to attend the meetings of the state league.

Miss Eldredge: If I might say, Madam President, at the meeting of the Illinois League they said they did not know that they would be able to do anything about local leagues in Illinois, but I am to go back to Illinois and they gave me full leeway to establish as many local leagues as I could.

Miss Clayton: Will any other state speak on this subject? It does seem important that we should make a special effort during the coming year to organize more leagues, both local and state. The problem, of course, will have to be worked out in each state, before we could possibly eliminate individual membership. Miss Nutting, have you something to say?

Miss Nutting: Madam President, I haven't anything particular to say to this question, but I have a word or two I would like to say about another matter, about which I am much concerned. I do not know how it has happened, and I have not been following some things as closely as I should, but it just so happens that I did not realize until this morning that the league had so changed its constitution and its plans that it was committing itself to the policy of meeting every two years. I think such a procedure entirely proper for the American Nursing Association, as a great deal of the work of this organization is done outside of the meeting and the expense of an annual convention is very great. We discussed years ago, as many as ten, the possibility and the probable necessity of altering the annual meeting of the American Nurses' Association; but it never once entered my mind that the league would commit itself to that policy. So little did I think of it that I never asked the question, as I never read constitutions unless I am obliged to work on them. Some things we do not have time to discuss. I only learned this morning that you were going to your meetings every two years, and it seems to me something which, if it is at all possible to recast and reconsider, this body of educators ought to do, because with all the work that all the nurses of the American Nurses' Association are doing, there is nothing at all

comparable with the work which this League is doing. None of the other associations can exist at all without the work that you do; they cannot do without the knowledge of the teachers and the managers of training schools, which is the power-house of the whole line. In five minutes you brought up eight or ten problems here which need to be handled systematically, continuously, year in and year out. They are not solved. They are as compelling problems as they were when we started. A biennial meeting does not bring you together often enough to enable you to work out your problems as it seems to me you ought to. And I of course feel that the time to have known about this and to have had my share in passing it, would have been when your meetings were being held and the plan was up and being promulgated. It is a very late hour to take this up now. But my concern is so big and so real that I was wondering if there was not some way to change your constitution now or plan for a special meeting, particularly in view of the crucial state of affairs, when great changes are taking place in our work, and when we are called upon for decisions and actions that not any one of us knows very well how to make. We are a great body of educators and we need to be right at our task every month of the year. I can only make the most fervent appeal to you not to let two years go by, because your work won't bear that interim. It is too slow a pace for a working body.

I trust you will ask many people to discuss that problem, Madam President, for I believe it to be the right of our association.

Miss Clayton: The Chair would say to Miss Nutting that this question was to have been brought up for discussion this morning, as to whether we should come together earlier than two years hence and if so whether the meeting be in the form of a section or whether we should meet as we have done heretofore.

Miss McMillan: It seems to me that if we meet in sections we are not accomplishing the object we want, because we all meet in sections during the year and we do so in our state associations. I think that what has brought us all here at this convention is the need that Miss Nutting expresses, of knowing what the other woman at the head of the school is doing and knowing what the educators and leaders in the nursing profession are doing. We cannot do that unless we get together. And I think the far western members feel that a little more than the woman right near Washington and New York.

Miss Clayton: Is there some other opinion concerning this?

Miss Logan: I think, Madam Chairman, that the idea of having a special meeting next year is the best that could be put forward. Even this year so many of us have been obliged to attend every meeting that the interest and the amount of help that we should get from a meeting of this sort has been disturbed in spite of ourselves.

Miss Nutting: I am going to say a word to the point Miss Logan suggests. It is one of the very reasons why we need our own meetings. Our work has become so full of various new branches and new efforts that these great meetings, which are chopped up and split up into a number of sessions and sections and round tables and which are accessible in a great measure to any one who has serious problems to take up, that when I come back to these League meetings I feel all in a whirl. We don't get anywhere. We run away from one meeting to another which is not half as important as the other. I felt it keenly last year, the three prior years I was entirely unable to attend. I do know that we used to meet and give time to our problems and sit down and work them out together. We were the responsible women; we made greater history in nursing education than we are doing now in certain ways, and the new things that are pressing upon us are too important for us to set aside. The world is looking to the educators to decide what shall be done in nursing, and we cannot have our standards for nursing and our affairs decided for us by people who do not know as much about what should be done as we do. If we keep our places at the head of a great body of professional schools we have got to be, to use the slang phrase, on our job. Excuse the English, but that is precisely what I mean. And we could meet together for two or three or four days and not be interrupted by matters which, are not of large interest, while they are important. We must attend two conventions, if necessary to our own particular work. The teaching and training of student nurses in this country will not bear to be so frittered away as it has been during the last three or four years.

Miss Jammé: I most heartily endorse Miss Nutting's proposition for a yearly meeting on behalf of the League of Nursing Education of the State of California.

Miss Albaugh: I would like very much to go on record as endorsing what Miss Nutting and all the other speakers have said

on this question. I have felt very keenly about it ever since the plan was proposed, because I realized of what vital importance these meetings are in our state and our part of the country, and I cannot see how our schools and our educational work will go on without these annual meetings.

Miss Powell: Is it possible for us to try to arrange for a special meeting next year, and at that meeting to pass an amendment to our constitution providing for a joint meeting every two years and an annual meeting by ourselves?

Miss Clayton: Do you wish to put that in the form of a motion?

Miss Powell: Yes.

Miss Clayton: It has been moved by Miss Powell that we arrange for a special meeting next year and that we propose an amendment to the by-laws that in the future we shall have our meetings annually instead of biennially.

The motion was seconded by Miss Logan.

Miss Eldredge: May I suggest that in taking a vote on that we ask a rising vote? Because it is pretty difficult to tell by the voices whether it really is the opinion.

Miss Clayton: Is there any further discussion?

A Member: Do I understand that we were to have a special meeting next year and then meet the following year in connection with the A. N. A.?

Miss Clayton: Our constitution states that we shall have biennial meetings following next year. We would therefore meet with the A. N. A. But next year we would have a special meeting. If we wish to make an amendment we may do so.

Miss Nutting: It is common to have such meetings in some associations that meet infrequently. I remember quite well an association which meets once in four or five years. We have what we call interim meetings. We hold them because we feel there are important matters in the interval that ought not to go over four or five years. I think it would be very advisable to have the fullest possible expression of opinion. My own opinion is that the constitution needs revision. I do not think anything I could talk about would be more vital than to put forward our necessity for frequent meetings and our necessity for four or five other things which are not happening that ought to happen. But first we should arrange for a meeting next year, and second we should improve our con-

stitution in that way and certain other ways, and we should have a strong, efficient, active committee on the subject of state and local leagues, who would sit down and meet until that task is worked out. We are not definite upon the subject of state and local leagues, that is perfectly evident.

Miss Clayton: Is there any other discussion?

Miss Powell: I move that we arrange for a meeting next year and at that meeting amend the constitution, to be called for a meeting of the league, a general meeting of the league, in the interim, and a joint meeting with the American Nurses' Association biennially.

Miss Clayton: That motion was seconded by Miss Logan. We shall be glad to receive further discussion.

Miss McMillan: Should the question of location be considered now or would we want to do that later?

Miss Nutting: A separate motion.

Miss Clayton: Any further discussion?

Miss Hilliard: I think it is the general concensus of opinion that there ought to be a meeting in the interim, is it not?

Miss Clayton: We are trying to find out.

Miss Powell: I would like to raise the question of whether it is legal to amend the constitution at a called meeting, if it is not improper under the constitution. Does any one know?

Miss Nutting: We can keep on calling meetings.

Miss Hilliard: You can always call a special meeting for an amendment.

Miss Taylor: As far as our constitution is concerned, the only thing that would prevent our having meetings as often as we wished would be the fact of electing officers; and if we leave that out absolutely and only elect officers every two years, as our constitution stands, might we not call meetings without making any provision for them?

Miss Nutting: Would not the committee that proposes to look into the constitution look into all those matters and settle them one by one with reference to the future of this body?

Miss Clayton: All that is necessary now is to know whether you wish to call the meeting in 1919. All in favor of this motion signify by saying aye. Members please stand. (The motion was carried unanimously.)

Miss Hilliard: I would like to suggest Atlantic City. I do not come from Atlantic City, but I think it is a very pleasant place to have a convention, and it does not impose obligations on the nurses of a small community, the expense of that sort of thing.

Miss Jammé: Speaking for the far west and the far south, I would suggest that we meet at a central place.

Here invitations were extended from Pittsburgh, Cincinnati and St. Louis.

Miss McMillan: But the question of the cost of entertaining visitors. It is a very good idea, because while each city that is visited delights to entertain the guests, unquestionably it is a very heavy burden for the local nurses; and if we are going to meet every year why should we not just decide on some convenient place? I do think that the middle west ought to be considered, I mean with the very far west, and the women who come here year after year from the Pacific Coast deserve a great deal of credit and commiseration, because it is a very long trip and a very heavy expense. I think it will do the eastern people good to go west.

Miss Nutting: I do not think the west has been badly treated, Madam President. I have just been reviewing the recent conventions. I think the west has had its share. But there is something very important to be said about striving to meet the needs of the largest number if it can possibly be done because that is what we exist for. I personally feel that while Atlantic City is delightful and has all the advantages that Miss Hilliard and Miss McMillan claim for it, it would probably result in an eastern convention, and that is not what we are asking for; it is a united convention.

Miss McMillan: If we are going to have a convention in the west and all our busy women, representative women, are so occupied in the east that they can not come and help us with their counsel, then we would lose one of the very greatest advantages of that convention. And if by having our convention in the far west we cannot have Miss Delano and Miss Goodrich and Miss Nutting, I think it would be worth while for the western people to make an effort to come a little nearer to them.

Miss Hilliard: May I move that it be left to the committee to decide, a fairly representative committee appointed by the Chair?

The motion was seconded by Miss McMillan.

Miss Clayton: It is moved by Miss Hilliard and seconded by Miss McMillan that the matter of meeting be left to a committee, the committee to be appointed by the Chair.

The motion was carried.

Miss Jammé: May I ask when this committee will report and if the members will know before they leave here where the meeting will be held next year?

Miss Clayton: The committee could be appointed today and could report before the convention adjourns.

The next suggestion made by Miss Nutting was that a special committee be appointed to revise our newly revised constitution, taking into consideration the state and local organizations. May we say that our present Revision Committee has not been dismissed or dissolved?

Miss Nutting: A new one is not needed.

Miss Greener: May I request that the Revision Committee be discharged, after three years of arduous work?

Miss Clayton: Our Revision Committee has worked very strenuously for the past three years and asks to be relieved of its strain.

Miss Nutting: I should hope that Miss Greener, who is a very competent person in organization, as we all know, would feel willing, perhaps, to serve for another year to work out this problem, which I think would be of advantage to us.

Miss Clayton: Do you put that as a motion?

Miss Nutting: Yes, I should be very glad to move that the committee already existing be asked to continue their work for another year and work out the special problems which the Council will commit to it for the next year.

Miss Clayton: You have heard Miss Nutting's motion, that the request of this committee be not accepted and it be retained for another year.

The motion was seconded by Miss McMillan.

Miss Greener: If I can be of value by serving another year I will do so.

Miss Clayton: It has been moved by Miss Nutting, seconded by Miss McMillan, that the Revision Committee be retained another year. All in favor of this motion please signify by saying aye; opposed no. It is carried.

We owe the Revision Committee a vote of thanks for the splendid work it has done during the past three years.

Is there any other question to be brought up concerning the question of meetings?

Miss Nutting: Should there be a committee appointed here?

Miss Clayton: Yesterday requests came from a great many people asking that the Board of Directors make some special recommendations concerning the topics that have been discussed at these meetings. The Board of Directors has made the following suggestions and wishes to place them before this body for free discussion. The Secretary will please read them one at a time.

Miss Taylor: A special Executive Board meeting was held in the Hollenden Hotel on Thursday, May 9, to consider certain questions discussed by the League of Nursing Education concerning which recommendations were desired. The following recommendations were discussed and the conclusions presented are:

1. That the National League of Nursing Education does not endorse the giving of short time courses in training schools for nurses. This recommendation does not include courses as authorized by the National Red Cross.

Miss Clayton: We have had this question brought up many times during this convention. It is a great problem for the superintendents throughout the United States. The Executive Committee of this organization does not put itself on record as approving these courses. It is a matter which every hospital must decide for itself. The only course we recommend is the one we recommended yesterday in our general meeting. We will be very glad to have this discussed fully from the floor.

Miss Gardner: I wish to inquire whether this recommendation was intended as an action against the training of attendants, because I think there is fear that it might be interpreted that way. I think we all feel that the training of attendants must be considered in its right time and place.

Miss Clayton: Will the Secretary read the next statement? The action taken last night was that this organization approve the training of attendants if such training were with proper legislative authority, and in such schools or such institutions as could provide proper supervision and instruction.

Miss Boyd: Does that mean for the war period or for an indefinite time?

Miss Clayton: It would seem for an indefinite length of time.

Miss Boyd: Whatever we do is a tentative measure, is it not?

Miss Nutting: It seems to me that probably the time is quite here when the trained attendant must be considered. Perhaps it has been here a long time and we have not been willing to see it. We must realize that the use of attendants is a very essential thing; that a good trained attendant may be at any time called into any one of our own families and render invaluable service, and that as the work of the trained nurse in other fields calls for more and more of your time and skill, the private nurse field is bound to be so much diminished that some attendants are going to be used and any one who studies the records of this country for the past five years knows that the use of attendants is on the increase. I think two or three bills are already before the country for the training of attendants. It remains for us now, I suppose, to endorse the idea, because our own people are committed to it. We have a changing world indeed, and this body of workers is in it. It seems to me that the matter should have just as serious attention as our efforts to train nurses. By no means can we shut our eyes and put our heads in the sand and say we do not need attendants, when there are 115,000 attendants and practical nurses being used in the country, and when every registrar almost will tell you she has to send for them because they are called for. I do not believe I am out of the way in saying that ten years ago I would have hoped that the matter of nursing would have covered the whole country; but it has not been safe and wise. We must accept the fact that such training is necessary and deal fairly with it. So I would say that the training of attendants is something to which we might commit ourselves in meeting our responsibility in the right way.

Miss McMillan: May I present a scheme of which Miss Palmer does not approve, and of which few people to whom I have presented it approve. The question of attendants is very essential all over the country. It does seem that for many years the question of the attendant has been considered in these organizations and some conclusions should be reached. It seems to me to be very unwise to train attendants in the nursing schools, because we know that often when a woman is trained in a hospital a very short time, she makes a bid that she is a graduate of that hospital. Whether they be graduate maids or attendants or nurses, they are

all graduate nurses. So it would not seem wise to undertake the training of attendants in an organized nurses' school.

I talked with some members of the Visiting Nurse Association as to the advisability of putting this training under that organization in Chicago, and they were very much opposed to it and probably had very good reasons. It would seem that the question of training these attendants might be taken up in some incurable home or almshouse, or have the training in a home in the city. The point I want to ask about is, is it not practicable that this whole question of training could be taken up from the national point of view, controlled by the National Red Cross Nursing Service through its Bureau of Instruction? Could not this Bureau of Instruction be extended so as to give a plan of training for attendants and instruct every state through its State Bureau of Instruction in regard to the training of those attendants? In that way it could be controlled nationally and then through the states and the whole scheme worked out from a central point.

Miss Lawler: I might say that I agree with what Miss McMillan says. We could train the attendants but it does not seem to me the hospital that has a training school is a proper place to do it. We are aware that there are many institutions for helpless people where attendants give proper care. If we could get some of our best women interested in this organized school for attendants in that sort of institution we could not only train attendants but also cover one other responsibility which we have not covered at this time.

Miss Palmer: I made up my mind when I came into the room this morning that I was not going to speak, but Miss McMillan rather forced the situation. Miss McMillan wrote to me some months age asking my opinion of this plan she has just suggested, and although I did not give a very great deal of consideration to it, it did not take me long to make up my mind that I did not approve of asking a national organization other than nurses to undertake the matter of training attendants. I believe that attendants should be trained and if they are going to be trained we should train them ourselves and should not divide our forces with any other organization, either national or local or any other way. It seems to me that in this crisis that has come upon us that we are too ready to let some other group of people carry the burden of a

thing that should be our own, and that is my feeling today. We must remember that all the work done by the pioneers in this organization, in all the organizations of this country, was for independence and the right to manage our own affairs and settle our own problems ourselves. And that is what I stand for today, just as much as I did the first day this league was organized.

Miss McMillan: Madam President, may I say that this problem has not been solved. Ever since I have attended these meetings, which is a great many years now, I have heard the question of training attendants, and the question is exactly where it was. It is here now as it was twenty years ago and it has not been solved, and that is the result of undivided effort.

Miss Clayton: Perhaps Miss Goodrich or Miss Nutting will describe the system of training attendants that is in operation at the Montefiore Home.

Miss Nutting: I am very sorry, Madam President, that I do not know the details in connection with that particular place, but we were discussing the whole question of attendants and deciding that it was very important, because if it is not taken up and decided properly you will have just that result, that ambitious persons who will try to extend the training over into the fields where it ought not to go, with the result that a fair nurse is produced and not have a very good attendant. And it ought to be very well handled, and this association is not to be blamed that it referred the question to a committee of which I was chairman, the Committee on Education. And, the Committee on Education reports this year that it has not had one moment of time to take the matter up. Month after month I thought it would be able to do it, but it was not possible in view of the other work which was coming on. Now I would like to ask that our committee be relieved of that because it must move rather slowly, and that the Chairman appoint a special committee, very carefully considered, to take up at once this question of training attendants and survey the field to see what is being done and get the opinion of those who are training attendants to see whether they are being trained in the tuberculosis sanitoria and investigate the other places where they now are, and to present a report to which we can refer for the training of attendants. I think we should make a careful study rather than take any hasty action. May I request the releasing of our com-

mittee from that subject, the attendant, and that a special active young committee take care of it?

The motion was seconded by Miss Palmer.

Miss Clayton: You have heard the motion of Miss Nutting, that a special committee be appointed to look into the training of attendants and to carefully outline a plan. It is seconded by Miss Palmer. (The motion was carried.)

Miss McMillan: I should like to ask Miss Nutting what she thinks of asking the Red Cross Bureau of Instruction to take over the training of attendants. Is that in your judgment, Miss Nuttting, an advisable plan?

Miss Nutting: I would hesitate to commit this to a national body, even the Red Cross, because it is pressed with other problems, until we know what we want to do. I should say study the problem, get at the facts and differing opinions, find out what seems best to be done so that when we meet again we shall be in a position to really know what we are talking about. I suggest the appointment of some suitable person, some young person, well-balanced, on this subject, who with a good strong committee would pursue the question vigilantly during the year and give us something on which to act. I would hesitate before placing this in the hands of any national body, but I think it might go there if it were agreed upon as the best place.

Miss Logan: I suggest we work in connection with the public health organization, at least that we may have some member of the public health organization acting on this committee. They are taking up this question of attendants too, and I believe are very much interested in it. They are considering very seriously the use of attendants under supervision in connection with public health organizations. So it seems that these two bodies should work together in evolving the scheme.

Miss Jammé: I think a very important step has been taken in trying to obtain legislation. I think we should not lose sight of that side of it, that we must legislate to protect these attendants, and in our legislation we could say what that course should cover. If we are going to have legislation let us have uniform legislation, so that each state will not go wild now and get their own legislation and let us see that at least we have reciprocity between our states an omission from which we are suffering with our own state legislative act for nurses.

Miss Clayton: This special committee would work in very close connection with the Legislative Section.

Miss Nutting: I find I did not answer the question put to me about the Montefiore Home. The Montefiore Home is a typical place to train attendants, and in looking over the work last year we found there were about eleven institutions which were properly cared for and in which the training of attendants could very properly proceed. And I suppose if there was such an opportunity in such institutions they would benefit greatly by the introduction of such a system as Miss Lawler has suggested.

Miss Lawler: I think the Montefiore Home is being conducted by graduate nurses.

Miss Nutting: Yes, graduate nurses in charge.

Miss Lawler: Does any one know what patients are cared for there?

Miss Nutting: There are tuberculosis patients. The course is six months, and it covers elementary nursing and especially preparation of food and diet, and especially the care of helpless patients, where not an enormous amount of technical knowledge is needed, but infinite good sense with the patients and tenderness. And I think the three or four things that stand out are household hygiene, elementary nursing procedures, food and dietetics as well as some of the other things which make good attendants. I think invalid occupation is very necessary for an attendant, as a way of occupying those who find a long illness very tedious. That could be worked out.

Miss Clayton: The secretary will be very glad to read the suggestions again made by the committee last night together with those made here this morning.

Miss Taylor: "The National League of Nursing Education does endorse the training of attendants in institutions where there are no training schools, such as convalescent homes, homes for incurables, or such other institutions, provided that they be trained very carefully and be supervised by nurses, with proper registration and license governing the practice; that a committee be formed together with a committee from the National Organization for Public Health Nursing to study the question in all its phases."

Miss Clayton: We could appoint members on this committee from the Public Health Organization. This includes the past

motion, together with the statement made last night. Does this meet with the approval of this body of people?

Miss Greener: I move we adopt it as read.

Miss Callender: I second the motion.

The motion was carried.

Miss Clayton: It has been suggested by many people, also by our National Curriculum Committee, that we increase the amount of training in tuberculosis, contagious diseases and public health work in our training schools. The Anti-Tuberculosis Society has sent many communications to us concerning this matter and would like an expression of opinion as to whether we are willing to put ourselves on record as approving that these subjects be introduced in our schools. The Mental Hygiene Section has also asked that mental nursing be considered. Will the Secretary read the recommendation?

Miss Taylor: "The Mental Hygiene Section of the American Nurses Association recommends to the American Nurses Association, the National League of Nursing Education and the National Organization for Public Health Nursing that in consequence of the need for a knowledge of mental nursing as developed by the unusual condition in our country and apparent in all our hospitals and camps that the subject be brought before our training schools, boards of examiners, and nurse educators throughout the country with a view to a more definite and specific course of study being introduced into our training school curriculum.

Upon observation it has been found that a very large percentage of the soldiers in our camps and of those who have been on active service are invalided because of mental disturbance, that in many cases this could have been averted had there been a definite knowledge of earlier manifestations. In hospitals where training in mental nursing is given, it has been noted that nurses are invaluable in observing early symptoms. Therefore, it seems obvious that some immediate steps be taken to present this subject to pupil nurses in a way to adequately fit them for the condition now existent.

It is also recommended that greater stress be placed on this subject for nurses engaged in public health work, in that they are more closely associated with the family life and in a position to observe more closely the unusual behaviour and temperament in children, perhaps indicative of mental instability."

The recommendation which the Board made last night concerning this question was that the National League of Nursing Education urge the plan of including in the student nurses' training some work in tuberculosis, contagious and mental nursing, and also that special emphasis be placed on the plan to include experience in public health nursing as suggested in New Orleans.

Miss Clayton: May we have discussion of this?

Miss McMillan: About the compulsion in our nurses' schools for contagious nursing, it is I think a very serious question. It is throwing a very serious responsibility upon the nurses' schools. These young women come to us for a three years course. They can carry through successfully general training and not break down in health; but in large nursing schools it is impossible for us to watch as closely as is necessary the constant condition of health of each individual student nurse, and if we make those girls do actual bedside tuberculosis nursing care, it is a very heavy responsibility for us to assume. It is my belief we ought to encourage them to take that training; and I think that every well-trained nurse ought to know how to take care of contagious diseases, scarlet fever, diphtheria, etc., but in my judgment it would be well to make it optional, and to provide suitable places to have that training, so they will get it under good conditions, as we do not have the opportunity in many of our institutions. Exactly the same thing holds in training for care of mental patients.

Miss West: I would very much like to ask why there should be a distinction and a difference between communicable diseases. If scientific and concentrated care of typhoid has minimized the danger why should it not be directed towards the care of scarlet fever and diphtheria, which are so prevalent among children, and it is towards children we are looking. Why should the pupil nurse's attention be drawn to the difference between diseases at all? We in the older generation, did not expect to have the choice made for us; we expected to encounter smallpox, scarlet fever, diphtheria, every sort of disease in the institution. We quite often find in certain forms of obstetrical work as fatal contagion as do we find in infant diseases.

Miss Boyd: I would like to say a work about the contagious problem we have in Colorado. The Sanitoria of Colorado have had to take care of graduate nurses who have had no training in

tuberculosis and who have contracted the disease either while in training or subsequent to their training. And it is a fact that we have had to take care of some who have been recent graduates. I would like to put in a plea for knowledge in the care of tuberculosis patients while the nurse is in training. Tuberculosis does not manifest itself only in the lungs; it manifests itself in many other ways. Sometimes these other ways are a great deal more dangerous to the nurse than the lungs. I think it is necessary that the nurse should have the knowledge of the preventive measures in tuberculosis.

Miss Nutting: I must rise to that. I say that this brings forward other important questions that have been missed, and one important question is the very great necessity for vital statistics of nursing. I think this association could do nothing better than to get some vital statistics. We do not know how many nurses break down, but we do know we have a large number of them in our sanitoria, and the chances are that nurses and doctors who are the most valuable workers a few months after graduation find themselves in sanitoria and we cannot find ourselves guiltless when we look back and wonder if anything in our management helped to bring that condition about. I should hope that we may find some way of asking a great statistical body to state the morbidity and mortality of graduate nurses and find out why they break down, and what has caused it. Miss McMillan has had the eight hour day in her school for years, but she says she has hesitated to ask her students to undertake contagious diseases in a school of the highest standing. What does that lead us toward? Contagious disease we have to care for all the time. I imagine Miss Boyd would say to you that her one hundred and fifty nurses are afraid they are carrying this contagious disease among children and public health nurses. They have to face it constantly. They must recognize and know how to care for it. Isn't that true?

Miss Boyd: Yes, they say they are without training and not equipped to take up this community service unless they have had the training that gives this particular knowledge. What Miss Nutting spoke of in morbidity statistics on the nurse question would be a real contribution. There are no known statistics of any of the women's professional bodies. Some years ago I tried to secure morbidity statistics for a piece of work in which we were

very much interested and which if developed would have been of great national service. And there was not one body of women, not even the public school teacher that had anything that would give a clue as to the length of service and number of days of illness and age at time of death. I think that if there could be some general plan developed right within the training schools themselves and in the post-graduate and the graduate alumnae associations, it would be a real contribution to the study of morbidity of workers. Germany has developed this enormously. The visiting nursing service is doing the first definite thing in that respect. The list of cases are so large that they admit of deductions being made.

Miss Nutting: At this time we are trying and struggling to meet the opposition of fathers and mothers who are generally anxious about their daughters. But that question comes to me over and over again, that reply over and over again, "I have no objection. It is a noble profession; but your women are so terribly overworked that they break down in such numbers that we do not dare advise our daughters to go in." And I couldn't tell you how many times in the last few years I have tried to meet that by pointing to the people who survive. We must have more scientific knowledge of facts. All the zeal and devotion won't keep us where we are unless we have some scientific study of the problem. We can work and die; our work will be no better to leave and pass on unless we have more serious effort to find out the real facts. And I would beg that we do ask, say the Metropolitan, to furnish us some statistics. Miss Wald, do you think the Metropolitan Insurance Company through its statistical body would do something? The time has come for very serious stock taking so we can answer these objections, so we can point to a given life and health among the graduates.

Miss Wald: I have no doubt that the Insurance Company would do this. They would prepare cards and send them out, perhaps without expense.

Miss Nutting: My point is this. We admit women that are younger than we were. We have gone down year after year until eighteen-year-old girls are in hundreds of schools. Our responsibility has increased every year that they have lowered the age, and we cannot escape it. It is ours to meet and the world expects us to meet it, and I am confident that this is one of our responsibilities as a body of educators to meet squarely.

Now the question of training in contagious diseases, of which Miss McMillan speaks of the difficulty in meeting, should not be difficult. I do not think we should make it compulsory, because there are not enough hospitals to meet all the needs at present, and our curriculum does not suggest any such thing. But that we should favor that training as a part of the student's necessary training, and that we should favor some work in mental hygiene, it seems to me there is no question. And I particularly urge this because I have in my own hands the records of many thousands of schools now and I know just how many months are spent in private duty in private wards. To meet the requisites of that hospital they sacrifice the nurse's education. Four or five or six months out of that three years go into private work, and this should not be. The sacrifice that any student makes in any one institution is a great sacrifice. She gives her time and youth, and her education should be for those fields she is to enter. And to put six or eight months in a private ward and in the service of one person who may not need a private nurse and does not know it, and neglects contagious or mental work, is a great mistake.

That is one of the reasons why I favor the liquidation of that third year, and I have the documents testifying to that fact right in my hand. We have a great need to rehearse the question of what we are giving in these three years, when we have anything done among the private wards and add on that third year so far as the staff have tied themselves up to that three years in the hospital, when Vassar people come to us and say, "What can we do to help in this great nursing crisis?" One of the most vigilant and splendid women came to us and said, "We want to do something to help forward the nursing situation." You know what would ordinarily have been said, "Well, a short course," and so on. But these splendid women would not entertain the idea of the short course when once was explained to them our real need for trained women. And I can assure you that the vigor and the fineness with which Vassar has repudiated anything that was not a real contribution to nursing is beyond all praise. Some of those alumnae have contributed much more than they have gone about and said, trying to interest college women; and they have worked as we work, trying to bring the right kind of women into the work and make it possible.

Now I am far from sure that three years in any hospital in the country is the best way to spend the time. Three calendar years are more than equal to four college years. We have perverted that third year and diverted it into many things that we should not have done. We are passing over things that are infinitely more precious to those nurses. For instance, I consider it of enormous value to be able to have one of those years of the pupil to be devoted to study in some college, because scientific work is done there. And if we call for chemistry and psychology we want it where it is best given. The laboratories are there, the equipment is there, and 25 or 30 microscopes instead of one little microscope, and plenty of teachers.

Miss Boyd: Colorado has a third year in the wards of the hospital. I went to the Attorney General of the State myself and he assured me that one of those years could be spent in an educational institution; it could be interpreted in that way. And if that law may be interpreted in that way it seems to me other laws can be interpreted that way.

Miss Jammé: As Chairman of the Legislative Section I have been looking very carefully into the wording of our laws and I find in twenty-seven states that law reads, "In a school in connection with the hospital." Now I have taken legal advice on the subject of what constitutes a school and a school is defined as an aggregation of students, with a faculty and a curriculum. There must also be classrooms and all the necessary additional paraphernalia. Now that school must be in connection with a hospital, but it does not mean that all the classrooms and everything shall be in the hospital. We can give part of the instruction in any educational institution. Now I think if we could get a more liberal interpretation of our laws and get our theory and practical work in a unit basis of credit that we would then have some system upon which we could work.

While I am on the floor I just want to say that the minimum requirements as outlined in the section and presented to the Directors of the American Nurses Association and approved by this body contain in the third year a six months elective course which includes nursing in mental diseases and in tuberculosis, public health nursing and other subjects. And if the Board of Examiners will adopt this minimum requirement and see that those

electives are enforced in their different districts, without doubt we can get tuberculosis nursing, contagious nursing, mental nursing and various other kinds of nursing in that six months.

Miss Greener: May I say that the superintendents of training schools with a three year course of training should as far as possible endeavor that their students have at least six months elective work in their last year. It is easy to arrange for affiliations with various hospitals, and then the nurse herself can select the particular line of training that is going to be the most interesting to her in her senior year. We have an affiliation of that kind with one of the hospitals in New York and the nurses are very desirous of securing that training and a certain number of them are taking it. We also during the last year have made it possible for every single nurse to have three months training in the public health work, so many in the Social Service Department and so many in others. Of course we can arrange for most of that work in our own hospitals, but it has been work which has been done for the instruction of the school and not for the personel benefit of the hospital in any way. It has been an educational piece of work and carried out with the best educational facilities in every case.

I would like to speak about the consideration of the health that the pupil nurses need. As has been said that the students are coming to us very much younger than formerly, and knowing that three years are a long time to spend under the conditions that the student nurse has to spend them, we have thought it better to safeguard the health of the nurses by having periodic examinations. Every nurse now has a physical examination before she is admitted to the ranks of the school and every nurse in the training school has a physical examination every six months, at least once every six months, during the rest of her training. We have regular forms for this and the examination is a very thorough one and in this way we find out if a nurse is becoming at all run down and whether there is a need to give her a little rest. And I may say we are in a position, because of a special fund we have for sick nurses, to send them away for two or three weeks rest or care in such places as the Nyack Country Club. So the health of the student nurses in training is considered I think in probably some of the principal training schools at the present time to a much greater extent than was formerly done.

Miss Clayton: There is a friend here from the Daughters of the American Revolution who would like to speak to you just a moment.

A Member: I am from the Western Reserve Chapter of the Daughters of the Revolution. They delegated me to bring to you hearty greetings from the Daughters of the Revolution and to tell you that sixty-eight of our Daughters have enlisted for the nursing service, and also that the insignia of the Daughters of the Revolution, which is recognized in the Union, is the only insignia that a nurse in the war zone is allowed to use other than the nurse's pin. We have nine hundred volunteers, and they have raised over $900,000 in Liberty Bonds. Your work is much the kind of work that we have and we bring you greetings. I can only say, in the words of Tiny Tim, "God bless you, every one."

Miss Boyd: I would like to speak about one thing. You have all been speaking about affiliations and getting tuberculosis training. You have tuberculosis training in every one of your years. What are you doing to teach the preventive measures to that nurse who takes care of that patient? I had tuberculosis work some years ago in an eastern city, and I saw more tuberculosis, not of the lungs, but of the joints, in that hospital than I ever saw in my whole training period in Colorado. And that is a point we must take up. It is not a case of affiliation, it is teaching the nurse how to protect herself and how to teach that protection to other people. In view of the fact that the highest death rate in the world is from tuberculosis I think it is time we wake up and do something.

Miss Stewart: May I say a word on the side of the hospital? Within the last month I have been speaking to the representatives of some of the large sanitoria for tuberculosis. I might say the need for nurses is very acute. They have been losing nurses and they say they do not know how they are going to take care of their patients. In one hospital they have six hundred patients and a great many of them are sailors, and they say it is almost impossible to secure nursing service.

Now if there is a plan for affiliation between general hospitals and infectious hospitals, that would help solve the problem for the general hospitals. The same thing is true of the hospitals for tuberculosis in Ontario. I have a letter just now from one of these hospitals and they don't know what to do, because their patients

are being seriously neglected. This letter was from the Mayor, and it says many of the patients are returned soldiers. We must consider this as well. I am going to speak for the infectious training too. I had infectious training in my hospital. I would not give it up for anything. I can see how a woman would feel today when called upon to care for a contagious disease without having had some experience in communicable diseases, and it seems to me an important thing that we should take this step at this time.

Miss Hilliard: The Allied Hospitals affiliate with about forty-two schools. There is only one of those taking any tuberculosis training and that one does not wish to, but the affiliation would not be made without it. My own experience with a large tuberculosis service and a very active one is that after you train the nurses to do tuberculosis work they do not do it. After graduation they choose some other branch of work. It is the same in the hospitals for mental diseases. It is very difficult to persuade a nurse who has been trained in a hospital for mental diseases to continue that work if she can do general nursing, as she is qualified to do.

Miss Logan: I would like to say for the encouragement of the superintendents of the schools for nursing that in the last two years three schools from Cincinnati and eight others from the State of Ohio and the State of Kentucky have applied for affiliation in contagious disease nursing with the School of Nursing and Health, of the University of Cincinnati, in its Contagious Service.

A Member: I did not consider that affiliation for contagious work was in any way worthy of mention. I represent a small one hundred bed hospital. We have affiliated for at least six years and the majority of our senior students have three months training in the contagious hospital. In behalf of the health of the nurses I would speak in commendation of the care that the hospital staff has given to the nurses. So far as I know no nurse has been sick for longer than two weeks, and that period of time is long in proportion to the real needs, because she is kept off duty until she is very fit to return to duty, and the nurses are sent off duty immediately they present any symptom that is in the least suspicious. One nurse that I recall had a slight attack of diph-

theria, and the other nurses have not had any serious illness that amounted to more than tonsilitis. Not all of the nurses seem physically equal to that course; they do not all go, but they all want to go. But I feel sure that that course is of inestimable value to them in their future.

Miss McMillan: The question was whether it should be made optional or compulsory. I think we all agree it is very essential training, but whether we should urge our pupils to get it. My point was that it was too much responsibility for the school to make it compulsory.

Miss Clayton: The question was not brought up by this body. It must be determined in the best interests of the individual training schools. All we were asked was that this body of nurses and superintendents, realizing the great need of such training in the community, put itself on record as approving that this course be introduced into our training schools as far as possible. That was the resolution that was offered here.

Miss Noyes: Has that been made part of the motion?

Miss Clayton: Will the secretary please read the statement again?

Miss Taylor: "The National League of Nursing Education approves and urges the plan to include in the nurses' training some work in tuberculosis, contagious and mental nursing, and also urges that special emphasis be placed on the plan to include experience in public health nursing as suggested at the convention in New Orleans."

On motion the resolution was adopted.

Miss Palmer: I would like to say a word on this subject. I do not think you want to call for statistics, I do not think you want to wait for opportunities for affiliations. I think you want to begin with your probationers when they come into your hospitals and if they come in with a tremendous fear of tuberculosis break that down by impressing upon them that tuberculosis is no more dangerous, is no more easily communicable than typhoid fever, than pneumonia, than all the other things that they are dealing with every day in the wards. I consider that the most deplorable condition that the public has to face today is the fear of the tuberculosis patient which the higher trained nurse has from our best hospitals, and I speak from experience when I say that. There

is a little book by Dr. Brown—all sorts of things prepared by different specialists—that would be of immense help to you while waiting for all these other things that have been suggested. By all means break down the idea that tuberculosis is one thing to be dreaded, because it is not easily communicable.

Miss Clayton: We have heard a great deal concerning the Vassar course. We have with us this morning Mrs. Blodgett, who has done so much in this connection. Perhaps Mrs. Blodgett would come forward and tell us something about it.

We are very glad to introduce Mrs. Blodgett.

Mrs. Blodgett: I had not expected to say anything this morning, and I came really as a layman to get some information about this curriculum, because I am a member of the board in the hospital and I think in this day and generation we feel that people should not belong to boards who do not know the problems and the history, so I merely came as a listener. I had not expected to say anything about the Vassar program at all. Miss Nutting has spoken of it so admirably so many times during the convention that I am sure you must be quite tired of hearing of it.

As you know, it came about in response to the desire of the Vassar alumnae to do something for the patriotic war program, and they petitioned the Vassar Board of Trustees to appoint a committee of three to bring about some plan for the use of the Vassar buildings and grounds this summer, providing the war should not be over and the end should not be in sight. A committee of three was appointed, two men, and myself as chairman. A very exhaustive study was made of women's activities for war, which, as you know are becoming increasingly important as war goes on and are welding together women of every class and condition in a way that would not have been possible when this war began.

Vassar finally decided whatever it undertook must be for college women on account of its limited space, that it must be something basic, that is, it must be something given for the war, and it must be something which, in case of an early cessation of hostilities, was good for peace, and it must be something fundamental, so the government would endorse and finance it. The plan finally brought forward was that Vassar should have an intensive theoretical training school for nurses this summer for three months.

It will begin the 24th day of June and end the 13th day of September. And as long as I am speaking to this audience I should like to pay a tribute to the nursing profession. It would not have been possible to put on this school at all had it not been for the genius of three or four women. The plan went first to Miss Nutting and it received her unqualified approval and through her guidance went to the nursing branches as well as the medical branches of the Council of National Defense; and she also asked for the appointment of a separate committee, which consisted of Miss Isabel Stewart, Miss Burgess and Miss Strong; and it is really owing to the splendid patriotic endeavor of those women that Vassar will carry its program through.

It has been a new experiment. It has very many new and untried problems, and they have been worked out with great patience and great resourcefulness by this committee. So I feel sure that the picture that Mrs. Lowman gave the other day of the nurse at the helm and the layman at the oars is the proper attitude in all public health work and nursing work of that branch.

Thirty-three hospitals will coöperate with Vassar and will take over these nurses at the end of the three months at Vassar. These hospitals will also rearrange their programs so that those girls may go through their course in two years instead of three, owing to their advanced educational preparation. It is a great privilege to speak to you all and to say how splendidly Vassar felt in having your wonderful support which we not only had in carrying out our program but in recording it over the country.

I want to say that at first it was supposed that we might interest two hundred women. Now you will be pleased to know that the enlistment reached four hundred last week, and at the rate of forty enlistments every week it will be five hundred. Today the very important question before Vassar is what we are going to do with our surplus when we reach our capacity. And I have asked for a conference with your experts today, because I have no doubt that with the Western Reserve coming into this university training camp plan and the Iowa University coming into it and the Vassar women opening in California a school also, that we shall easily go over the top with a thousand college women inside of four weeks.

Miss Clayton: The Chair is sure that the society wishes to express its appreciation to Mrs. Blodgett and to her co-workers, for this splendid coöperation and for the wonderful spirit back of it all, as well as the arduous labor involved.

We have heard a great deal of discussion during this convention and in our own hospitals before we came here, concerning the advisability of having our instructors of training schools leave our hospitals at this time to enter the Red Cross nursing service. We want them to be members of the Red Cross, we want them to do their patriotic duty. The civilian hospitals believe they are doing a patriotic duty, when they are teaching two or three hundred people to take care of thousands of sick people. Last night Miss Delano stated that there was a plan on foot in the Red Cross by which instructors should be recognized as doing indispensable service to this country. The committee placed itself on record as wishing to thank Miss Delano for this action.

Miss Taylor: "The National League of Nursing Education desires to express its appreciation to Miss Delano for her efforts in securing definite recognition as national service for graduate nurses engaged in indispensable nursing activities in the home field."

Miss Clayton: Does this body wish to endorse this communication to Miss Delano?

On motion the communication was endorsed.

Miss Hilliard: Perhaps it will help the schools to survive.

Miss Clayton: We find a great many instructors and earnest superintendents and head nurses who are perfectly willing to remain at home, no matter how greatly they may want to go to the front, but they truly believe they are not doing their patriotic duty at this time unless they remain in their present work. The communication from the Red Cross will do much to quiet this feeling.

Miss Powell: I would like to move that this body extend a vote of thanks to Vassar College for its work.

The motion was seconded.

Miss Clayton: You have heard the motion, that we extend a vote of thanks to Vassar College for the work it has done. All in favor of this motion please signify by saying aye, opposed.

Miss Hilliard: I would like to add an amendment to that, that the Association go on record as giving a vote of thanks to the American Red Cross for financing the project and making it possible.

Miss Clayton: Do you accept that amendment?

Miss Powell: I accept the amendment.

The amended motion was carried.

Miss Clayton: We will hear the report of the secretary of the Round Table.

REPORT OF THE ROUND TABLE ON PROBLEMS OF SUPERINTENDENTS OF SMALL HOSPITALS AT THE CONVENTION OF THE NATIONAL ORGANIZATIONS OF NURSES OF THE UNITED STATES HELD IN CLEVELAND, MAY, 1918.

Thursday, May 9, Round Table on Problems of Superintendents of Small Hospitals, Miss Sara M. Murray, Educational Director of Training Schools for Nurses in Pennsylvania, presiding.

Miss Murray stated the most serious problem as she saw it in the small hospitals of Pennsylvania to be the shortage of pupils. Recommendations made by the Pennsylvania State Board of Examiners to hospitals are:

1. Better living accommodations.
2. Shorter hours of duty.
3. Conformity to the State Curriculum and better teaching facilities.
4. Affiliations.
5. The employment of at least three graduate nurses in the following capacities: Superintendent, Assistant Superintendent and Night Supervisor.

The discussion which followed was relative as to how better teaching could be obtained in the smaller hospitals. It brought out the point that these hospitals are striving to give the State or National Curriculum and that in this endeavor every available resource is being brought to bear on the problem. The following are some of the suggestions which were put forth:

1. Affiliations with High Schools may be made for the teaching of Dietetics and Chemistry.

2. Intensive courses in Massage may be given to all students in a small hospital, or by a teacher brought to the school from a neighboring city for a period of perhaps two weeks or more.

3. Visiting teachers may be employed.

4. Night Supervisors may be relieved by a senior nurse for an hour or so of teaching each week.

5. Small schools might combine in employing an Instructor.

6. Use may be made of selected senior nurses as assistants in instructing in the following ways:

a. To assemble the materials for demonstrations.

b. To give demonstrations (teacher always present).

c. To supervise the practice work of the probationers on the ward.

This work develops the executive capacities of those who are fitted for such work.

It was the spirit of the meeting that young women who were going into training schools today were looking into the matter of selecting a school more carefully than ever before, and were applying to schools that offer the greatest advantages. Naturally this would make it more difficult to secure qualified applications for schools that do not have the facilities to offer young women a good training. Schools can best overcome this problem by meeting the recommendations made by the Board of Examiners in living, working and educational conditions.

Where there is a community need to warrant the establishment of hospital and the nursing care of its patients is provided for by student nurses, it becomes the responsibility of the community to see that the public receives the greatest possible return through the efficient care of the sick within the hospital, and that the young women who after two or three years instruction in these hospitals graduate be properly prepared to meet modern demands.

This can only be done by the judicial administration, financial assistance and intelligent support of the public through the management of the hospital.

M. Louise Beaty,
Secretary.

We have not as yet discussed the points of interest in yesterday morning's program, concerning the preliminary course and the use of the third year. If discussion is wanted on those two topics we shall be glad to hear it.

Miss Stewart: May I suggest that we might also go on record as approving the coöperation of other educational institutions, colleges, and when necessary high schools, in trying to take over some of our preliminary work, especially at this critical time? That is not the form in which the motion ought to be put, but I really feel that now, especially with the scarcity of teachers and with the very open minded attitude we are getting on the part of colleges and on the part of other organizations and normal schools, that we should put ourselves on record as favoring the turning over of as much of our preliminary work as we possibly can to such institutions where the affiliations have been worked out under the supervision of the training school. I would like to say I think it should be under a graduate nurse, but I do not see the possibility at present of the schools of the country employing a full-time graduate nurse to supervise that work. I do think, however, that it should never be worked out by the normal school or university apart from the training school.

We are making that very emphatic wherever inquiries have been made. One state recently suggested that that work be done under a woman who is not a nurse at all, and we feel that there is a distinct danger there of the work being applied in the wrong way and of its being taken over without any proper and intelligent idea of how it should be developed. But wherever it is carried out by a nursing organization or nursing school we think it might not only offer a chance of enlarging our work, but also taking care of work which is going to be neglected if we do not have sufficient instructors at this time.

Miss Clayton: We have public education work in every state, or most of them. We have heard from the different state representatives that educational bodies are greatly interested in our problems and that they desire to help us. May this not be a good piece of work for our various groups this year, to work out a plan of coöperation?

Miss Jammé was asked to speak concerning the minimum requirement proposed for the third year, which is elective.

Miss Jammé: It includes elective service in administration, such as head nurse of ward or floor, surgical head nurse, assistant superintendent of training school, night supervisor or instructor in nursing.

State Laboratory work.

Special data intended for the student who wishes to specialize in: Private work, mental nursing, tuberculosis nursing, nursing in incurable diseases, any nursing not on the order of nurse training, etc., and venereal disease.

Elective service to be given during the last four months of the third year and based upon scholarship and ability.

Any one elective may not cover more than four months nor less than two months. When there is no election by the student the four months should be divided between the other services. It may be made to be included in the third year.

Miss Clayton: I am very sorry but our time is so short we shall have to go on with the business. Any one who wishes to remain may do so and discuss these interesting problems later.

There are two or three important business matters that must be taken care of at once, before adjournment.

May we have a report of the Resolutions Committee?

Miss McMillan: In addition to those reports which the secretary has read there are one or two resolutions that the committee consisting of Miss Sly, Miss Irving and myself, were instructed to draw up. This first resolution is the concensus of the combined organizations:

RESOLVED: That the members of the National League of Nursing Education, The American Nurses Association and the National Organization for Public Health Nurses, representing over 40,000 graduate nurses of the United States, assembled in conference in Cleveland, Ohio, May 7–11, 1918, place themselves on record as unreservedly endorsing the amended Bill for relative ranking for nurses in the Army Nurse Corps, as presented by a group of lay women, supported and urged by many representative men and women from all parts of the country.

With knowledge gained by past and present nursing service for the country, this body of graduate nurses knows that the efficient care of the sick and wounded man is handicapped by the lack of military rank with resulting lack of effectual authority.

In order, therefore, than the men who go forth willingly to fight and if need be die at the call of their country, be given every chance to live, we representing the graduate nurses of America, implore that this Bill as

amended, providing that all nurses be classed as officers with a rank at least of second lieutenant, be passed without further delay and be placed among the statutes of the United States of America.

RESOLVED: That the nurses in session May 9, comprising representation of the National League of Nursing Education, The American Nurses' Association and the National Organization of Public Health Nurses, having been informed of the plan for an Army School of Nursing, as presented by Lieut. Col. Winfred Smith and elaborated by Miss Goodrich, desire to go on record as heartily endorsing this means of providing the needed additional nursing personnel.

To the Honorable William S. Gorgas,
Surgeon General United States Army,
DEAR SIR:

The members of the Executive Board of the National League of Nursing Education, Representative of the schools for nurses of the country, meeting in conference in Cleveland, Ohio, May 7 to 11, 1918, heartily endorse the suggested plan of the War Department for the establishment of an army School of Nursing, as outlined and presented May 7 by Col. Winfred Smith. Upon motion it was ordered that the approval of the organization of such a school be placed on the minutes of the books of the Executive Board and a letter of endorsement and coöperation be sent to the Surgeon General of the United States Army.

Signed by
THE BOARD OF DIRECTORS OF THE NATIONAL LEAGUE OF NURSING EDUCATION.

The National League of Nursing Education assembled in convention in Cleveland, Ohio, May 7 to 11, 1918, passed the following resolution:

RESOLVED: That this Organization place itself on record as exceedingly regretting the loss by death of one of its valued and useful members, Miss Lauder Sutherland, who at the time of death was a member of the Board of Directors of the Association; who by a personality unusual in ability and attractiveness, strongly influenced and directed local nursing affairs and whose loss at this critical period is a serious one to the profession.

RESOLVED: That cordial thanks of appreciation from this Convention be sent to:

Mr. J. H. Thompson, Manager of the Hollenden Hotel, for his untiring efforts in behalf of the Committee on Arrangements, and for the comfort of all in attendance.

To: The Chamber of Commerce, the Graduate Nurses Association, the State Nurses Association and the Alumnae Associations of the different hospitals in the city, together with all friends of the Cleveland nurses who helped financially.

To: The Pattison Supply Co., the Akron Bag Company and the American Steel Manufacturing Co., for the decorations.

To: The Publicity Committee—Miss Roberts, Director of the Bureau of Nursing of the Lake Division of the Red Cross.

To: All women who contributed articles to the Cleveland Woman's Journal.

And last but certainly not least

To: The Chairman of Arrangement Committee and all members of that Committee for their untiring efforts on our behalf.

M. HELENA MCMILLAN,
Chairman Committee on Resolutions.

On motion seconded and carried the resolutions were adopted.

REPORT OF TELLERS

Your tellers respectfully submit the following report of ballots cast:

For President

Whole number of ballots cast	84
Whole number of valid ballots cast	73
Necessary to a choice	37
S. Lillian Clayton received	73
Total	73

For First Vice-President

Whole number of ballots cast	84
Whole number of valid ballots cast	74
Necessary to a choice	38
Anna C. Jammé received	74
Total	74

For Second Vice-President

Whole number of ballots cast	84
Whole number of valid ballots cast	76
Necessary to a choice	39
Louise M. Powell received	76
Total	76

For Secretary

Whole number of ballots cast	84
Whole number of valid ballots cast	76
Necessary to a choice	39
Laura R. Logan received	76
Total	76

For Treasurer

Whole number of ballots cast	84
Whole number of valid ballots cast	76
Necessary to a choice	39
M. Helena McMillan received	76
Total	76

Directors for Four Years

Whole number of ballots cast	84
Necessary to a choice	43
Mary C. Wheeler received	71
Annie W. Goodrich received	73
Amy M. Hilliard received	67
Helen Wood received	38
Effie J. Taylor received	45
Blanks	42
Total	336

Directors for Two Years

Whole number of ballots cast	84
Necessary to a choice	43
Mary M. Riddle received	72
Anna C. Maxwell received	71
M. Adelaide Nutting received	73
Clara D. Noyes received	74
E. J. Turnbull received	1
Blanks	45
Total	336

Respectfully submitted,

HELEN L. BRIDGE,
JANE E. NASH,
M. LOUISE SNYDER.

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

Friday Evening, May 10, 1918

The meeting was called to order at 8.34 p.m. in the Ball Room by Miss Beard of the National Organization for Public Health Nursing.

Miss Beard: We have changed our program a little. We are going to listen first to Miss Lathrop. The whole title of the eve-

ning is conservation, and I think there is nothing that shows the contrast between now and a year ago more than the use of the subject to which conservation is applied. I remember perfectly well a year ago when conservation of newspaper was really a vital question, but it took quite a little argument to prove that children ought to be saved. And I remember how uncomfortable we were about our cellar about conserving tin tomato cans. That was before anything had been done towards conserving children at all. We have gone quite a long way since that day.

Miss Lathrop has come up on purpose to talk to us tonight on child conservation, and it is always a very great pleasure to all the public health nurses of the country to have Miss Lathrop come. She has helped us more than anybody else during the past year. She belongs to us; she is on this National Council of our Organization and we are perfectly delighted that she is here tonight.

CHILD WELFARE

By JULIA C. LATHROP

Chief of Children's Federal Bureau

I do not think I need explain very much to this audience either about child welfare or about children's year, which I was told by Miss Crandall I was to explain. I have a suspicion that all of you know something about it, and some of you can tell me much more than I have heard about that famous initiative step.

We began this children's year for a reason which seemed to us all sufficient. It was because it was so clear to us that if our men were going to Europe to make democracy eternal, that those who have stayed at home, the civilian population, were in honor bound to keep democracy going over here; and those of us who, like you who are nurses, and some of the rest of us who observe something of the less favored ways of living in the United States, think that democracy is a sorry ambition if it does not concern itself with the whole welfare of human beings, if it is not measured by the wholesome living which the country can afford to all the people within its borders. It seemed to us very reasonable that in the second year of the war America should try to do as well by its youngest lives as England did the second year of the war, when

she obtained the very lowest infant mortality rate she had ever obtained. We calculated in all those ways, that you understand quite well, as to how many lives we ought to save. We consulted some of the most distinguished authorities, and it was agreed that we ought to save the lives of a hundred thousand babies to get a square deal for the American children.

Now it won't be very much worth while to save the lives of a hundred thousand babies in 1918 by a spasmodic effort if we cannot make it worth while for them to have their lives saved. As a matter of how the human mind works, we do not make it for this year without making a great moral compulsion which will carry us into the next year and the year after. We believe that what we are trying to do as a war emergency, to save life this year, at the only spot where it can be saved is going after all to push us forward into the greater love and responsibility for human life and great insistence that there shall not be any possible wastage problem. It will push us forward to where we shall realize anew the essentials only for which our men are fighting, for the country, for a world in which war shall finally be unknown; a war which shall have a peace as the basis and a world in which those arts which do control and conserve human life shall have their right opportunity.

It is for all this work of conserving human life that the public health nursing of the United States at this moment is in a position of such commanding responsibility and opportunity.

I am not going to talk about the nurses at the front, the nurses in the military hospital, because with all that we are familiar. We feel the great, overwhelmingly spectacular and noble appeal that it makes to the interest of every one of you. We know that that appeal cannot be denied, will not be denied. But it is not true that a noble construction of life will insist that we ought to see an equal demand, an equal heroism, if you please, in saving lives which are wasted today behind the lines? No one has the opportunity of an appeal to that side of life that the Public Health Nurses have. Sometimes as I have thought back on what seemed to me the beginning of public health nursing, and have thought of what Florence Nightingale wrote to this country in that superb message which she sent to your first Congress of Nursing at the Chicago Exposition in 1893, I have realized that no great prophet

ever spoke more truly than she did when she said, as you remember that the health of the world must always lie in the hands of women and that the nursing of the future will not be sick nursing, but it will be health nursing.

I have seen since I have been in the little bureau with which I have been connected for the last half dozen years an increasingly great effort to save and conserve the life and health of American children, and therefore to conserve and aid a better standard of life for the community, and have seen how entirely it depends for its efficiency after all, upon the coöperation of the public health nurse. If this were true in times of peace, if it were true last year, when doctors were still in their normal proportion to the population, how much truer it is this year, how much truer will it be for some years to come, whatever our fate in war, however many more men may be drafted before our final victory is achieved. And by the very measure of the men in the medical profession who will be withdrawn from civilian life, we know the number of women who must go into the nursing profession, in what we call public health nursing.

We look to the city to make a great demonstration. There we sum up all that is evil or ill, or sick or needy or compelling or noble or effective in a way that those of us who are not so shrewd of vision can see and easily understand and work out some way to meet its necessities. But if we look a little more searchingly and go out all over this country and find out that three-fifths of our children are rural children, we discover that we are all one kind throughout this great country; that the needs of the rural child are no different from the needs of the city child, but that they are far less well provided for. As the Children's Bureau has gone out from year to year making studies of maternal and infant welfare in the country communities, we have been impressed again and again with the fact that in no way can we make up for the wastage except through the assistance and coöperation of the public health nurses.

Now not very long ago we had some letters from one of the remotest parts of one of the great grazing states. A woman wrote of the condition of mothers and babies in her neighborhood and she told about women many, many miles from a doctor, left alone to bear children in their loneliness and agony. It seemed to us

impossible that this country could understand the wastage, the unnecessary wastage of life in the remoter parts of our country and not make some appeal and some provision for its salvage. And now, just when we know that there is only one place where we can save life until this war is over it seems it is the most reasonable time in the world to make an appeal to the young women of real patriotism for the work behind the lines which must be done by them if by anybody. There are things men can do and women cannot do. There are things that men can do for women when women point them out. But there are certainly many things which will never be done unless women do point the way and unless women perhaps themselves do them. I believe that maternity and infancy, which is now so neglected, is the woman's business.

I said I would not say anything about the army and the military nurses, but I cannot forbear, as a sanction of what I have said about the public health nurse and her place in the great army of peace, to say one thing about the nurse at the front. There are, as I understand it, now more than 11,000 nurses enlisted in the army and navy service in this country. I think we shall have to go far back in all history to find exactly the like of self-abnegation and generosity in which that enlistment has been made. They are certainly as purely a part of the nursing profession as could have been chosen out. I am not willing to say that they are more truly its flower than those who are behind, but certainly they have put into their enlistment all they had. I do not know of any other branch of military or naval service more essential to the winning of the war than the trained nurse service, which goes forth with an efficiency and vigor that no army ever before in the world had to take care so well of the health of the men who are to do the fighting. They have gone without making a single condition. They have gone and taken up the work in military hospitals with a lack of authority which would be fatal to the conduct of civilian hospitals. I think that the fathers and the mothers of the boys who are over there and who, whether they fall ill from some other cause or are shattered by war, are to be in the charge of these women nurses, will want to know that they are as truly their responsibility as they would be in the hospitals at home; that there is no divided authority. I hope very much that we may see that the active and quick response with which these 11,000

women went into the army and its service and enlisted without any thought of rank or how their responsibility should be made effective, I hope that that self-abnegation will be rewarded by Congress very promptly by allowing such rank to them as will enable them really to effectively perform the duty for which they are going and for which we hold them responsible.

It seems sometimes a little thing whether you have a title or whether you do not have a title, and in civilian life it does not matter very much, and yet it always has mattered a good deal. I remember asking my mother why Mrs. Hannah More was called Mrs. Hannah More, when she never was married. My mother replied gently, perhaps pathetically, "Well, of course they feel very sorry for a woman who could not marry and after she gets old enough they let her be called Mrs." Well, now, whether in the army it is Mrs. or it is second lieutenant or whatever it is, we have got to be called by the thing which gives us the right to do our work.

As I look at the nursing profession it seems to me it is in a wonderfully formative position. You look back and it seems as if it has grown to perfection almost since the time when the Lady of the Lamp served the soldiers of the Crimea. But when I look forward to that sort of an ideal of democratic, healthful, chaste life for everybody after a war like this, where we shall exist upon a minimum standard below which we will not assume to let the life of the household fall, then it seems to me that I hear again Florence Nightingale say that the health of the world must lie in the hands of its women. I look at this profession of nursing, which is to teach and to solace the women of America and to help to bring about a standard of family life and public health and well-being, and I confess that I think that nothing women have ever done outside of their own households has seemed to me so inspiring and so favorable as that now before the profession of nursing of the United States. I can see nothing that ought more to invite young women of cultivation and ardor.

Miss Beard: We are awfully glad Miss Lathrop came.

I think two things stand out as the responsibility of the public health nursing of the country now, one is children and the other is the treatment of syphilis and gonorrhea.

Major Snow was to have come to us tonight. He could not come, but we are very glad indeed that he has sent Lieutenant

Beckwith, of the Sanitary Corps of the National Army, District Director of the Law Enforcement Division of the War Department Commission on Training Camp Activities in the Central States.

VENEREAL DISEASES

By LIEUTENANT BECKWITH

Sanitary Corps of the National Army, District Director of the Law Enforcement Division of the War Department Commission of Training Camp Activities of the Central States.

Printed in the *American Journal of Nursing*, September, 1918.

Miss Beard: I find in Miss Crandall's report of the activities of the sub-committee, No. II of the activities reported, this paragraph:

Four carefully prepared lectures on the subject of venereal disease, dealing briefly but forcefully with the social, economic and anthropological aspects of the subject, as well as clinical, have been prepared for distribution to the superintendents of all accredited training schools with the request that they be presented to their 1918 classes in order that no graduate may leave the school ignorant of this importamt subject. The same material is being sent to all public health nurses. The superintendents of training schools are also asked to give these lessons in amplified form to succeeding classes unless the subject of venereal disease already receives consideration in their curricula. The printing of leaflets has been done at the committee's expense.

We are going to listen now to a paper by Miss Edna N. White, State Director of the United States Food Administration for Ohio, and Miss White is going to tell us how we as nurses are related to these conservation problems.

RELATION OF NURSE TO THE CONSERVATION PROGRAM

By EDNA N. WHITE

State Director United States Food Administration for Ohio

Printed in the *American Journal of Nursing*, September, 1918.

Miss Beard: We are going to take a few minutes now to hear about a subject in which we are all very much interested and which perhaps some of us are not fully informed about. Mrs. Greely is going to speak to us a few minutes about "Rank for Nurses."

RANK FOR NURSES

By HELEN HOY GREELEY

I take it your Chairman does not quite see the relation of rank for nurses to conservation, but I feel, Madam Chairman, that it has a very decided relation to conservation—to conservation of good humor and cheerfulness in the hospital wards, to conservation of self-respect and dignity. And I think that we ought to bear in mind that while our nurses have gone forth to the other side without condition, without stipulation, we have it in our hands, through the machinery of our government today to make it possible for them to meet with some small measure of reward through the conferring of this thing called rank.

It was not, however, from any sentimental consideration, nor was it with that idea of paying honor where honor is due as a fundamental reason that we were interested in the late part of the rebellion in this matter of rank for nurses, and have taken ourselves to Washington and tried to get the favorable consideration of Congress for this. We have based our plea to the national lawmaking body upon efficiency solely. Incidentally the other things will come to the nurses. But first and foremost in the women's mind and heart of our land to-day is the desire that with our flesh and blood across the sea shall come devotion not only, but pure efficiency in the matter of the right type of old-fashioned military establishment.

Now I mean by that that we have had in this country a military standing army bound up with the old masculine ideas of what a military establishment should be. It was with perhaps reluctance and hesitation that officially a woman nurse corps was established. It has not been in existence so very long; but for just so long as it has been in existence women have been a part of the army; and to-day, when we see its perfectly enormous expansion, of the army and the nurse corps over night, we ought to expect to see red tape burst asunder and new conditions obtaining in regard to our nurses. And yet we do not see it; we see some old ideas prevailing. We see the same objection to giving the woman the chance to do her work efficiently; we see that same objection in certain quarters that we saw to the idea of fitting female nurses for the army at all years ago. The

objection is voiced that women should not have commissions. Now that is an entirely unnecessary objection to be made, because the kind of rank that is asked for the woman of the army nurse corps is not actual rank. We could not ask for anything less than we are asking for and still have it a rank that would give the nurse the right to wear insignia. The kind of rank that is asked for in the measure proposed to Congress is simply a relative rank that is, something that our army is familiar with but never has had. For a long time we have had cases of it in the army where it has been conferred upon individuals who have not held commissons. And it could be conferred upon the nurse without the issuing of commissions. But if any of the people down in Washington see that it means giving actual army commissions and appointments under the President to so many thousands as soon as they are examined, the sooner they get that impression off their minds the better. We are not asking for the pay or for the allowance or for the emoluments that are incident to actual rank; and the very fact that the thing asked for is relative rank precludes the possibility from any woman who has relative rank ever living to lead a charge or to issue orders to men to dig their own graves. They would not even have the authority to organize a military parade, much less to lead an assault. And so there need be no fear on that score.

Relative rank as we ask for it would center upon the army nurses only the right to wear the insignia belonging to the office and the name of which is given to the woman, and eligibility to exercise authority within the limits prescribed by that law. And those limits are defined in the bill proposed as these: The army nurses shall have authority only in medical and sanitary matters and other work in the line of her duties, next after the medical officers and only in and about military hospitals. So that you see very little is being asked.

Now for the reasons why this thing is being asked for the nurses. All of you know that the very root of the efficiency of a military establishment in this country is prompt obedience to orders; that the best assurance of prompt execution of orders is the badge upon the uniform. Our contention is that one gold bar upon the shoulder strap is worth two regulations in a

book. That is the gist of the contention. All of the military psychology reactions that are at such very great pain induced in the soldier after the most rigid of discipline, you must reverse in the case of your nurse. By that I mean just this: that military discipline is exacted to-day for that fundamental purpose of causing instantaneous obedience to the orders, that may send a man even to his death upon simply a glance of the eye at the shoulder strap. When you come to your nurse corps, which is an integral part of your army, you say, "Don't look for the outward and visible signs of an inward authority, military authority, not spiritual, which the nurses have, but go and hunt up the sanction that these women have to give you orders, go hunt them up in a book." Reverse the process and waste time.

Now on the battlefield there is no time for argument. When a nurse gives an order to an orderly in a civilian hospital she expects and she gets obedience; but that is not the case in the military hospital to-day. How many of you women have not received correspondence from the other side telling you of the thorny path that nurses have to tread when they are not serving with men whom they have known at home, with commanding officers who are not interested in women nurses, with men who never have been brought up to respect women's orders. We get letters all the time from the women overseas telling of the petty annoyances and the friction and the generally disturbed morale that result because the authority of the nurses to give orders to men of the enlisted personnel is not plain and is not made plain. How many of you know that until last July the army nurse never had had her status in the army defined? She had no place; she was not fish nor flesh nor fowl; she was not enlisted and she was not commissioned, and yet she was of the army. Now the enlisted man of our American Army is a democrat by instinct and upbringing and no democrat takes orders from any other without knowing that that other has good reasons and authority for giving them. We have to know. We are from Missouri.

I say it is essential that these men should know in no unmistakable terms what is the authority of the nurse who is put into the ward and from time to time issues orders to them. There is no time, I said, in battle to argue and there is no time for the

nurses even to reason with the orderly as to why and how and when and where he should obey an order that she issues. Time and again the orderly who thinks that the ward master is superior to the nurse in the ward takes his orders from the ward master, drops what he is doing for the nurse and goes off and does what the ward master tells him to do. Now in Washington they think that they can go into this matter by regulation. They do not remember their military psychology. When it comes to be applied in a case of a woman giving orders to a man they forget it. They are absolutely wrong in forgetting that or else the whole psychology underlying the whole military establishment of the whole world is wrong; and I do not believe it is.

And so we say you cannot, by writing regulations, a little section called 1421½, it is not even a whole number, it is 1421½, you cannot by writing that into the regulations of the War Department get it across to the enlisted corps man that a woman can give an order; nor can you get it across to him by publishing and sending out from the Surgeon General's office in Washington a whole typewritten page of single space typewriting, having in object that part in reference to that 1421½ section of the war regulations. And yet that is what they are trying to do. Stop and think what it means. It means sending that little section, plus a page of single space typewriting, through the mind of the examining officer of the hospital, who frequently turns over those regulations that he thinks are not written for him to see, to the deskman, and the other fellow, who may or may may not be a judicial interpreter, passes it through his mind to the minds of the hospital corps men, who are constantly changing. They shift over there. The army is pretty big nowadays. It is not like the regular army at the posts that we had in the country before the war. But it is a big army, and the hospital corps men are shifting in and out, from one hospital to another, and there is no time to get this idea through those pages of print, through the mind of the commanding officer, through the desk corps man, who is assigned the task, out into the mind of this hospital corps man, and have it come out the same way it went in.

So we go right back to the military psychology and we say, "Gentlemen, it is just as sound psychology when the woman is giving an order as when the man is giving an order; and so we say

one bar on the shoulder strap is worth two regulations in a book. Please give the gold bar to the nurse." And that little gold bar is the great big stumbling block; because we have gotten just as far as this in Washington: we put in a bill which asked for absolute military rank. We did that to try them. We knew it was enough of a point of departure, and it was. We have got departure from the point, and we are parting with what of course is inevitable and uppermost.

I am willing to take what I can get and I guess you are too. Now what we can get is this. There are women who endorse high rank, the rank of a major. Rank cannot be obtained for the high executive officer of the Army Nurse Corps. That sounds like an awful lot, doesn't it? But when you stop to think, if there is only one superintendent who was a major, that is not so very much, but when you stop to think that if they are given this standard there is no question but there would be captains. It is not so very much, but when you stop to think that there would be a captaincy also for the one director of every military force that is sent abroad, and her two assistant directors, they would as yet have only three more captaincies, one major, six plus three are nine captaincies. Not so very much, is it? Then there is one more thing they are willing to grant and that is a first lieutenancy for the chief nurse. Now we will have as many first lieutenancies as we have hospitals because, as I understand the scheme, that applies to the chief nurse running the whole hospital. And so if we have a hundred hospitals we will have a hundred first lieutenants, and if we have five hundred hospitals we will have five hundred first lieutenants. That is really not a very great deal they have to grant. But we have eleven thousand nurses today in the nurse corps. And the eleven thousand, minus the number that I have given you, which you can get from day to day as the numbers change, would all of them be the next grade? And the question is, what shall the next grade be? Well, some people say, this was said to me only two days ago, "Really you know I don't think that it would be keeping the second lieutenancy quite dignified enough if we were to give that to so many nurses." Friends, we are women and that is the only reason that a thing like that could be said. What use is there to talk about the bravery, the self-abnegation of those splendid women who go across seas to

attend those boys with gassed and shattered faces, if we would not be willing to dignify the second lieutenancy by conferring it upon nurses? They want to give you an intermediate grade, a little below a second lieutenancy. They would rather have you sergeants. Now we believe that there are good psychological, social reasons why the women, if they are to be ranked at all, should be ranked with officers in this quasi-rank. And we do not believe that you should be put, simply because you are so numerous, in your willingness to serve your country, on a level with that top grade of the enlisted men. We would rather hold out for a second lieutenancy.

Now that is all there is to it. I think that you must understand, and I hope you will all go home to your home towns and let the people know just what rank for nurses means. It means that the nurse in military hospitals should have control as she does in the civilian hospital, and not have to divide her authority with the man in the enlisted personnel who may have only three weeks' training in the care of the sick. It means that time will be saved and a man's life occasionally if the orders of the nurse can be carried out because the man sees from her shoulders that she has the right to give him an order. Go home and tell the people who are interested in the nurses to help now to get rank for nurses, that the nurses may be more efficient, that the sick service to our boys across the seas may be more efficient. Tell them to write to Washington. Tell them to let the Military Affairs Committee of the House know how they stand on this question. Have the people at home let the Surgeon General's office know that they want a second lieutenancy and not a sergeantcy for the nurse, and perhaps it will help. Let us give honor in this way, but let that not be the first consideration. Let it be an incident to the rest of that which is characteristic of the nurses of this country, a desire to serve and serve efficiently whether they themselves be honored or no; but let's do this thing for the sake of efficiency.

Miss Lathrop said, "Save a hundred thousand babies; give the babies a square deal." That was her slogan. Now mine is, "Give the nurses a gold band."

THE NATIONAL LEAGUE OF NURSING EDUCATION*

CONSTITUTION

Adopted April 20, 1918

ARTICLE I

NAME

This organization shall be known as the NATIONAL LEAGUE OF NURSING EDUCATION.

ARTICLE II

OBJECT

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

ARTICLE III

DIRECTORS

The directors of this organization shall be thirteen in number.

ARTICLE IV

AMENDMENT TO CONSTITUTION

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

To amend or annul this constitution it shall be necessary that such amendment or annulment be presented in writing by the Secretary to each member at least one month previous to the next biennial convention at which meeting the proposed amendment or annulment shall be presented and a vote taken thereon. A two-thirds' vote of the members present shall be necessary for amendment or annulment.

*Certificate of incorporation recorded in the office of the Recorder of Deeds for the District of Columbia, April 18th, 1918. Accepted as the charter of the National League of Nursing Education, April 20th, 1918.

BY-LAWS

ARTICLE I

MEETINGS

The convention of the NATIONAL LEAGUE OF NURSING EDUCATION shall be held after 1918 biennially and conjointly with the convention of the American Nurses Association. The time and place of each meeting shall be determined by the Board of Directors and reported to the association for its action at the convention next preceding. A printed announcement shall be sent to each member of the association at least one month in advance of the convention.

ARTICLE II

MEMBERSHIP

SECTION 1. Active members of the NATIONAL LEAGUE OF NURSING EDUCATION may include members of the preliminary organization; all past superintendents who were members while holding that position; all present superintendents and assistant superintendents of schools of nursing and of hospitals; instructors, supervisors and head nurses in schools of nursing; members of state boards or nurse examiners and head workers in various forms of social, educational and preventive nursing.

SECTION 2. Active members must be members of the American Nurses Association and shall be graduates of training schools connected with general hospitals having a daily average of thirty patients or over and a continuous training in the hospital of not less than two years. This training must include practical experience in caring for men, women and children together with theoretical and practical instruction in medical, surgical, obstetrical and children's nursing. In those states where nurse practice laws have been secured, registration shall be an additional qualification.

SECTION 3. A candidate for admission to active membership shall make application on a blank form furnished by the Secretary and return such application to the chairman of the Membership Committee. When any such application shall have been acted upon favorably by the Board of Directors and upon payment of the initiation fee of $2.00 and the annual dues of $3.00 for the first year, the applicant shall become an active member of the Association.

SECTION 4. Individual members who may perform noteworthy service to the Society and the profession may be made life members with full privileges.

SECTION 5. Associate Membership. Any member of a state league whose membership qualifications accord with the requirements for individual membership in the National League shall be eligible for associate membership. Associate members shall not be liable for dues nor entitled to vote, but may attend the biennial conventions.

SECTION 6. A State League, the members of which desire to become associate members of the National League shall make application on a blank form furnished by the Secretary. This application together with a copy of the constitution and by-laws of the State League applying for membership, shall be sent to the Chairman of the Membership Committee. When any such application shall have been acted upon favorably by the Board of Directors, then upon payment by the said organization or its members of $10.00, dues for one year, the members of such organization shall become associate members of the National League. States not large enough to form subsidiary leagues may unite to form a league with adjoining or adjacent states.

SECTION 7. Any active member having withdrawn from this association or whose membership has lapsed on account of non-payment of dues, may be reinstated within two years by payment of all dues to the time of readmission. If two years have elapsed since withdrawal or lapse of membership a member may only be readmitted by making application in regular form and by paying, in addition to the annual dues, a membership renewal fee of $2.00.

SECTION 8. Honorary membership may be conferred by a unanimous vote of all delegates at the biennial convention on persons who have rendered distinguished service or valuable assistance to the nursing profession, the name having been recommended by the Board of Directors. Honorary membership shall not be conferred on more than two persons at any biennial convention.

ARTICLE III

INITIATION FEES AND DUES

SECTION 1. The initiation fees for active members shall be $2.00 and the annual dues $3.00. The annual dues for state organizations shall be $10.00.

SECTION 2 The annual dues of individual members and state organizations shall be payable on the 1st day of January of each year, except that for the first year dues shall be paid at the time of admission. Any member or organization failing to pay annual dues by April 1st shall receive a notice marked "Special Notice" from the Treasurer, and if the dues are not paid within three months from that date they shall have forfeited all privileges of membership, unless such dues shall have been remitted by the council for good and sufficient reasons. The fiscal year shall be from January 1st to December 31st.

ARTICLE IV

OFFICERS

The officers of this Association shall consist of a board of thirteen directors, one of whom shall be President, one first Vice-President, one second Vice-President, one Secretary and one Treasurer.

Article V

DUTIES OF OFFICERS

Section 1. The President shall preside at all biennial and special meetings of the league or if absent the Vice-Presidents shall act in their order. The President shall be President of the Board of Directors and advisory council and member ex officio of all committees. She shall prepare an address to be delivered at the opening session of the biennial convention.

Section 2. The Secretary shall keep the minutes of all meetings of the Association, the Board of Directors and the advisory council; preserve all papers, letters and transactions of the Association and have custody of the corporate seal. She shall present to the Board of Directors all applications for membership in the association, with a report of the membership committee on the same. She shall turn over to her successor within one month after the biennial convention all association property in her possession.

Section 3. The Treasurer shall collect, receive and have charge of all funds of the Association, shall deposit such funds in a bank designated by the Board of Directors and pay only such bills as have been approved by the President. She shall report to the Board of Directors the financial standing of the Association at each biennial convention. She shall give a bond subject to the approval of the Board of Directors for the faithful performance of her duties. Her accounts shall be audited biennially by a certified public accountant approved by the Board of Directors. The retiring Treasurer shall within one month after the close of the biennial convention turn over to the treasurer all money, vouchers, books and papers of the Association in her custody, with a supplemental report covering all transactions from January 1st to the close of the biennial convention.

Section 4. All officers except the Secretary and the Treasurer shall on the expiration of their term surrender all property belonging to their office to the new Board of Directors.

Section 5. Necessary expenses incurred by officers or committees in the service of the association may be refunded from the general treasury by order of the Board of Directors if previously approved by them.

Article VI

ELECTIONS

Section 1. The first Board of Directors and Officers shall be elected immediately, and shall serve until their successors are elected at the next convention which is fixed for May 6–11, 1918, at Cleveland, O. At that convention there shall be elected thirteen directors, five of whom shall be elected to the respective offices provided in these by-laws: the term of office of those elected as officers shall be two years, but the President, Secretary and Treasurer shall be eligible to re-election; of the remaining eight directors four shall be elected for a term of four years and four for

two years. At each subsequent biennial convention five officers shall be elected for two years and four directors for four years.

SECTION 2. A nominating committee consisting of three members shall be appointed by the Board of Directors at its mid-year meeting. This committee shall select one name for each office to be filled and shall post this list at the afternoon session of the day previous to election. Additional nominations for any office may be made from the floor. The election shall be by ballot.

SECTION 3. A majority vote of those present entitled to vote and voting shall constitute an election.

SECTION 4. On the first day of the convention the President shall appoint inspectors of election and tellers.

SECTION 5. The Secretary shall furnish to the Chairman of the tellers a list of the officers, presidents of the leagues, active members and the number of delegates present, also the number of votes to which each delegate is entitled.

The teller in charge of the register shall check the name of the delegate or active member voting.

SECTION 6. The teller in charge of the ballot box shall place her initials upon the back of the ballot and the voter shall then deposit the ballot.

SECTION 7. Polls shall be open for such a period of time as shall be specified by the Board of Directors.

SECTION 8. Each officer shall hold office until the adjournment of the biennial convention following that of the election.

SECTION 9. In the event of a vacancy in any office the President shall appoint a member to serve until her successor is appointed.

ARTICLE VII

BOARD OF DIRECTORS

SECTION 1. The Board of Directors shall transact the general business of the Association in the interim between biennial conventions. It shall provide for the proper care of all books and papers of the Association and for the payment for a place of meeting when necessary. It shall publish papers and transactions in such a manner as it shall determine, and decide upon expenditures subject to the approval of the Association. The Board or a majority thereof may call a special meeting of the League at any time in their discretion upon written notice of not less than 15 days. All arrangements for the biennial convention shall be made by the Board of Directors.

SECTION 2. The Board of Directors shall have power to select a place of deposit for funds and shall provide for their investment.

SECTION 3. The Board of Directors shall hold a business meeting immediately preceding and immediately following each convention and shall meet at other times at the call of the President or at the request of five or more members of the Board.

SECTION 4. Meetings of the Board of Directors between biennial conventions shall be arranged so as to coincide in time and place with the board meetings of the American Nurses Association in order to give opportunity for joint meetings of the Board of Directors of the national nursing organizations.

SECTION 5. The presidents of the American Nurses Association and of the National Organization of Public Health Nursing shall by virtue of their offices be members ex officio with power to vote, of the board of directors of the NATIONAL LEAGUE OF NURSING EDUCATION.

ARTICLE VIII

THE ADVISORY COUNCIL

SECTION 1. The officers of the Association and the presidents of the leagues belonging to this Association shall constitute an advisory council.

The duties of the advisory council shall be to keep the Association informed of the progress of nursing in the states represented and perform such duties as the National Association may require.

SECTION 2. Meetings of the advisory council shall be held in connection with each biennial convention, at such time as shall be designated in the program. The members shall be prepared to report on the work of their respective state and district leagues.

ARTICLE IX

REPRESENTATION

SECTION 1. The voting body at any biennial convention shall consist of the officers, presidents of state leagues, delegates and active members. (Delegates and state presidents must be active members of the National League in order to vote.)

SECTION 2. Each state league shall be entitled to one delegate with power to vote (in addition to the president). Before registering, the delegate or proxy must furnish a credential card signed by the President and Secretary of the National League showing that annual dues have been paid.

SECTION 3. No vote as proxy shall be allowed except in the election of officers. No person shall be allowed to represent in person or by proxy an organization of which she is not a member.

SECTION 4. A delegate may be represented by an alternate elected in the same manner as the delegate.

SECTION 5. No person shall be entitled to more than one vote except in the case of an active member who is a delegate for a state league.

ARTICLE X

STANDING COMMITTEES

The standing committees shall be appointed by the Board of Directors unless otherwise provided for and shall be as follows:

Committee on Finance.
Committee on Membership.
Committee on Program.
Committee on Department of Nursing and Health.
Committee on Isabel Hampton Robb Fund.
Committee on International Affairs.
Committee on Public Education.
Committee on Education in Schools of Nursing.

ARTICLE XI

WITHDRAWAL

Any member of the Association may withdraw from it on signifying her desire to do so in writing to the Secretary, providing that she shall have paid all her dues to the Association. Any member who shall be declared unfit for membership by a two-thirds' vote of the members of the Board of Directors present at any meeting of that body shall have her name presented by it for the action of the Association at a biennial convention and shall be dismissed, if it is so voted by two-thirds of the members present.

ARTICLE XII

QUORUM

SECTION 1. A quorum of the Board of Directors may be formed by three members and of the advisory council by one-half of the members.

SECTION 2. A quorum of the Association shall consist of thirty members.

ARTICLE XIII

SEAL

The corporate seal of this Association shall consist of a circular scroll bearing the name of the Association and the words District of Columbia.

ARTICLE XIV

AMENDMENTS

SECTION 1. These by-laws may be amended at any biennial convention by a two-thirds vote. All proposed amendments shall be in the possession of the Secretary in sufficient time before the date of the biennial convention to be appended to the call for the meeting.

SECTION 2. These by-laws may be amended at any biennial convention by a unanimous vote without previous notice.

LIST OF MEMBERS

HONORARY MEMBERS

BOARDMAN, MABEL T.....American Red Cross, Washington, D. C.
CLEMENT, ANNA G.....Pittsfield, Mass.
FENWICK, (MRS.) BEDFORD....20 Upper Wimpole St., London, W. England
JENKINS, (MRS.) HELEN HARTLEY.....232 Madison Ave., New York City.
JONES, (MRS.) M. CADWALADER, 21 E. 11th St., New York City.
KIMBER, DIANA C.....High St., Swindon, Wills, England.
OSBORNE, (MRS.) WM. CHURCH, 40 E. 36th St., New York City.
RICHARDS, LINDA.....1677 Middlesex St., Lowell, Mass.

ACTIVE MEMBERS—INDIVIDUALS

ADSHEAD, EVA.....Instr. Memorial Hosp. Training School for Nurses, Worcester, Mass.
AHLERS, CAROLONE C.....Asst. Princ. of Nurses, Miami Valley Hosp., Dayton, O.
AHRENS, MINNIE H.....Director, Bureau of Nursing, Central Division, American Red Cross, 915 Lakeside Place, Chicago, Ill.
AITKEN, ANNA A.....Supt. Rutland Hosp., Rutland, Vt.
ALBAUGH, R. INDE.....Connecticut State Board Examiners, Pleasant Valley, Conn.
ALDEN, MARIE ADELAIDE.....Instr. American Red Cross 2525 Euclid Ave., Cleveland, O.
ALLEN, BERTHA W.....Supt. Lowell General Hosp., Lowell, Mass.
ALLISON, AMY.....Rhode Island Hosp., Providence, R. I.
ALLISON, CATHERINE H.....In France.
ALLISON, GRACE E.....Princ. School for Nurses, Lakeside Hosp., Cleveland, O. (In France)
ALLYN, HARRIET J.....Supt., Griffin Hosp., Derby, Conn.
ANDERSON, LYDIA E.....461 Washington Ave., Brooklyn, N. Y.
ANDERSON, MATHILDE.....Surgical Supervisor, Pacific Hosp., Los Angeles, Calif.
ANDERSON, (MRS.) FRANCES H.....79 St. Lukes St., Montreal, P. Q., Can.
APTED, (MRS.) RALPH C.....40 Ransom St., Grand Rapids, Mich.
ARMSTRONG, CHARLOTTE.....Supt. Methodist Hosp., Los Angeles, Calif.
ARNOLD, IDA DUNHAM.....Supt. State Hosp. School for Nurses, Scranton, Pa.
ARNOLD, LOUISE F.....Supt. Samaritan Hosp., Troy, N. Y.

ASHBY, ALICE.....Registrar Milwaukee Co. Nurses Club, 566 Van Buren St., Milwaukee, Wis.
ASSELTINE, ELIZABETH A.....Supt. Hosp. & Tr. Sch., Ryburn Memorial Hosp., Ottawa, Ill.
ATKIN, EDITH.....Princ. School of Nursing, State Hosp., Binghamton, N. Y.
ATKINSON, WINIFRED.....Supt. Sarah Elizabeth Hosp., Henderson, N. C.
ANSCOMBE, E. MURIEL.....Asst. Princ., Mt. Sinai Hosp., Cleveland, O.
AUTEN, I. M.....Supt., Shawnee General Hosp., Shawnee, Okla.
AYRES, EUGENIA D.....Supt. Elizabeth General Hosp., Elizabeth, N. J.
AYRES, LUCY C.....In France.
BAKER, BESSIE.....1st Asst. Supt. Johns Hopkins Hosp., Baltimore, Md.
BAKER, GRACE E.....509 S. Fourth St., Columbia, O.
BALCOM, HELEN.....R. F. D. No. 2, Santa Barbara, Calif.
BARNABY, MARIETTA D.....Supt. Henry Haywood Memorial Hosp., Gardner, Mass.
BARNES, DORA MAGDALENE....Prof. Nursing and Health, Mich. State University, Ann Arbor, Mich.
BARRETT, IDA M.....Supt. Blodgett Memorial Hosp., East Grand Rapids, Mich.
BARRY, SARAH C.....Supt. Nurses, City Hosp., Providence, R. I.
BARTLETT, HELEN CONKLING..Pres. Maryland State Board of Examiners of Nurses, 1211 Cathedral St., Baltimore, Md.
BARTLETT, VASHTI R.....Asst. to Director Bureau of Field Nursing, American Red Cross, Washington, D. C.
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BAYNE, GLADYS M.....Asst. Supt. Instr. of Nurses, Presbyterian Hosp., New Orleans, La.
BATH, (MRS.) CARRIE E.....Supt. Nurses, St. Lukes Hosp., New York City.
BEARD, MARY.....Director, Boston Instructive District Nursing Assoc., Boston, Mass.
BEATTIE, GRACE B.....Supt. Memorial Hosp., North Conway, N. H.
BEATY, (MRS.) F. M.....Supt. Portage County Hosp., Ravenna, O.
BEATY, M. LOUISE.....Woman's Hospital, Philadelphia, Pa.
BECHTEL, EMMA H.....Waterford, Ontario, Can.
BECK, BERTHA M.....Supt. Nurses, St. Josephs Hosp., Girard Ave. & 16th St., Philadelphia, Pa.
BECKER, MARIE L.....615 Plummer St., Wausau, Wis.

BEECROFT, LAURA A.....Chief Nurse, Base Hosp. No. 29, West Alexander, Pa.
BEERS, AMY.....Supt. Jefferson County Hosp., Fairfield, Ia.
BELYEA, MARGARET E.....In France.
BERNADETTA, SISTER MARY....St. Anthony's Hosp., Rock Island, Ill.
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BEST, ELLA G.....Educational Director Tr. Sch., St. Lukes Hosp., Chicago, Ill.
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BLOOMFIELD, H. L.....Union Hosp., West Frankfort, Ill.
BOWEN, SARA A.....Supt. Springfield Hosp., West Frankfort, Ill.
BOYD, LOUIE CROFT.....Instr. City and County Hosp., Denver, Colo.
BRANLEY, FRANCIS M.....Supt. Nurses, St. Josephs German Hosp., Baltimore, Md.
BRATTON, LETTIE.....2nd Asst. Supt., Tr. Sch. German Hosp., Kansas City, Mo.
BREEZE, JESSIE.....Director Social Service Dept., Presbyterian Hosp., 3518 Congress St., Chicago, Ill.
BRIAN, CELIA E.....Supt. Danville General Hosp., Danville, Va.
BRIDGE, HELEN LILLIAN.....Acting Supt. Nurses, Washington University Tr. Sch., Barnes Hosp., St. Louis, Mo.
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BROWN, JESSIE LEORA.....4401 Market St., Philadelphia, Pa.
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BROWN, MARIE SCHLEY.....Asst. Supt. Nurses and Instr., Robert Long Hosp., Indianapolis, Ind.
BROWN, NELLIE GATES.....Inst., Robert Long Hosp., Indianapolis, Ind.
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BURLINGAME, NELLIE.....Address unknown.
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BURNS, CHRISTIANA L.....In France.
BURNS, JOHANNA S.....Troutdate, Ore.
BURNS, MARY A.....Supt. Tr. Sch., Research Hosp., Kansas City, Mo.
BURNS, SARA G.....Supt. N. Y. Skin & Cancer Hosp., New York City.
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BUTTERFIELD, CAROLINE L.....Supt., Martins Ferry Hosp., Martins Ferry, O.
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DAVIS, E. MILDRED.....Edgecombe General Hosp., Tarboro, N. C.
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DAVIS, NELLIE.....Supt Nurses, Erie Co. Home & Hosp., Buffalo, N. Y.
DEAN, MYRTLE.....In France.
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ERSKINE, CORDELIA D.....University Hosp , Augusta, La.

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GERDING, IDA.....Supt. Lutheran Hosp., Beatrice, Nebr.
GERHOLD, ELIZABETH.....Supt. Nurses, Watts Hosp., West Durham, N. C.
GIBSON, ANNA L .....Supt. Collis P. Huntington Mem. Hosp., Harvard Medical School, Boston, Mass.
GILES, IDA F.....German Hosp., Philadelphia, Pa.
GILLETTE, HARRIET M.....Walter Reed General Hosp., Washington, D. C.
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GRANT, JANET G.....Supt. Moses Taylor Hosp., Scranton, Pa.
GRANT, JESSIE E.....Supt. Anna Jaques Hosp., Newberryport, Mass.
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GREENER, MARGARET LESLIE..Knoxville Gen. Hosp., Knoxville, Tenn.
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GREGG, ELIZABETH.....Sup. Nurses, 139 Centre St., New York City.
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HALL, NELLIE B.....Base Hosp., Camp Lee, Petersburg, Va.
HALL, MARY H.....Supt. East Bay San., Oakland, Calif.
HAMILTON, ELEANOR E.....Supt. Nurses, Miami Valley Hosp., Dayton, O.
HAMILTON, (MRS.) J. B.....Supt. Somerset Hosp., Somerset, N. J.
HANFORD, LILLIAN A.....Supt. Maryland General Hosp., Baltimore, Md.
HAPPERETTE, CORNELIA W.....Supt. Lock Haven Hosp., Lock Haven, Pa.
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Miss Florence Hutchinson.....Died December 26, 1902
Miss Eva Mary Allerton.....Died January 5, 1907
Miss Ella Underhill.....Died August, 1909
Mrs. Isabel Hampton Robb.....Died April 15, 1910
Miss A. A. Chesley.....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
Miss Edith W. Seymour.....Died October, 1913
Miss Isabel McIsaac.....Died September, 1914
Miss A. C. Robertson.....Died April, 1915
Miss M. E. Johnstone.....Died ———, 1915
Mrs. F. E. S. Smith.....Died ———, 1915
Miss Adeline Henderson.....Died November, 1915
Miss Alice A. Gorman.....Died February 6, 1916
Miss Alma E. Grant.....Died April 1, 1918
Miss A. Laudler Sutherland.....Died March 25, 1918

HONORARY DECEASED MEMBER

Florence Nightingale.....Died August 14, 1910

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Maguire, Lucy
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Isabelle, Sister

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Fahs, Katherine

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Wallace, Martha A.
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Redlands
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Sacramento
Jammé, Anna C.
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San Francisco
Cooke, Genevieve
Donnelly, Julia M.
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Hogue, Elizabeth
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MADDEN, KATE
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GAGE, NINA D.

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TRIGG, MARY H.
Hattiesburg
CAMERON, (MRS.) JENNIE Q.

MISSOURI

Kansas City
BLECHER, FRIEDA
BRATTON, LETTIE
BURNS, MARY A.
St. Louis
BRIDGE, HELEN LILLIAN
BRITT, PEARLE E.
COWLES, ANNETTE B.
GILLIS, M. ANNA
GOOD, MARY E.
HAUSMAN, (MRS.) SAIDEE
WARE, EMMA L.
WHITTAKER, ANNE J.
St. Joseph
SCHWARTING, LOUISE E.

MONTANA

Helena
HUGHES, MARGARET M.
VAN LUVANCE, LUDIA R.

NEBRASKA

Beatrice
GERDING, IDA
Kearney
JOHNSON, ELIZA
Omaha
BURGESS, CHARLOTTE
HOPSETH, ASTRID

NEW HAMPSHIRE

Concord
SINCLAIR, HELEN C.
Hanover
SHEPARD, IDA FRANCES
Laconia
LOCKERLY, (MRS.) ANNA C.
North Conway
BEATTIE, GRACE B.

NEW JERSEY

Camden
RANDALL, HUNDAH
Camp Dix
DUNCAN, JEANETTE R.
Elizabeth
AYRES, EUGENIA D.
TROTTER, ALBERTINE
Englewood
CLAPP, EDITH LAWRENCE
HYDE, SARAH E.
RICE, ANNIE E.
Jersey City
BUFFETT, (MRS.) EDWARD
GRAHAM, MABEL
HOOPER, EDITH A.
Lakewood
PARSONS, EVA A.
Long Beach
SCOTT, (MRS.) MARTHA M.
Montclair
HARRIE, ALICE S.
QUINTARD, (MRS.) L. W.
Morristown
FRANCIS, MARY L.
Newark
BROWN, ELEANOR B.
MASON, MARY F.
SQUIRE, MARIETTA
Patterson
KEAVOR, ANNIE M.

Perrow Grove
White, (Mrs.) H. J.
Somerset
Hamilton, (Mrs.) Josephine B.
Somerville
Vroom, Mary

NEW YORK

Albany
Johnson, Sally
Littlefield, Julia A.
Binghampton
Atkin, Edith
Clarke, Mary
Smith, Helen K.
Brooklyn
Anderson, Lydia E.
Copeland, M. Agnes
Copeland, M. Lavinia
Dudley, Margaret A.
Hoagland, (Mrs.) Grace
Sabol, Anna M.
Stevens, Anna A.
Stevenson, (Mrs.) Charles G.
Stringer, Elizabeth
Sutherland, Myra M.
Buffalo
Davis, Nellie
Keating, Emma J.
Canandaigua
Bidmead, R. Elizabeth
Kraemer, Elin K.
Geneva
Schumacher, Mary E.
Lake Port
Drowns, Lucy L.
Long Island
Marker, Ida M.
Middletown
McCowan, Annie E.
Mt. Vernon
LeFebre, Theodora
New Rochelle
McQuire, (Mrs.) J. R.
New York
Bath, (Mrs.) Carrie E.
Brink, Carrie J,
Burns, Sara G.
Byrne, I. Isabell
Cadmus, N. E.
Christie, (Mrs.) Janet B.
Crandall, Ella Phillips
Croft, Florida
Daniels, Myria L.
Datesman, Sarah H.
Dock, Lavinia L.
Doty, Parmelee
Dowling, Delia G.
Ellicott, Nancy P.
Gray, Caroline E.
Greener, Elizabeth A.
Gregg, Elizabeth
Hall, Amelia A.
Hilliard, Amy M.
Hitchcock, Jane E.
Hutchinson, Mary E.
Howes, Helen C.
Jenkins, (Mrs.) Helen Hartley
Johnson, Florence M.
Jordan, M. H.
Lawrence, Ella A.
Lindheimer, Elizabeth P.
Lurkins, Frances L.
MacKenzie, Mary A.
Mauer, Elsa
Maxwell, Anna C.
McKecnine, Mary W.
Mellville, Mary E.
Moir, Helen M.
Moore, Lucy
Moorman, (Mrs.) S. M.
Morley, Rye
Murdock, Jessie M.
Nutting, M. Adelaide
Osborne, (Mrs.) Wm. Church
Pindell, Jane M.
Reid, Grace L.
Rivington, Esther F.
Rogers, (Mrs.) Margaret
Sanford, (Mrs.) Fanny Howe
Sanborn, Kate A.
Sanders, Amy W.
Silver, J. Amanda
Stewart, Isabel

Toothacher, Helena
Twiss, (Mrs.) M. L.
Walsh, Mary R.
Ward, Agnes S.
Wilson, Frances F.
Wood, Evelyn
Woughten, N. L.

Niagara Falls
Manley, Florence A.

Olney
Weber, Katherine

Oneonta
Caddy, Eva

Port Chester
McIntyre, M. Ellen

Poughkeepsie
Deyo, Mildred
Muse, Maude B.

Rochester
Delmore, Anna J.
Eldredge, Adda
Keith, Mary L.
McIntyre, Grace Lina
Palmer, Sophia F.
Smith, Annie H.
Smith, Eunice A.

Rockaway Beach
Frost, Eugenia H.

Roxbury
Keator, Anna S.

Troy
Arnold, Louise F.
Reitz, Minnie C.

Trudeau
Struthers, Florence B.

Utica
Evans, Caroline
O'Neal, Anna
Perry, Charlotte M.

Watertown
Bushnell, Lottie

White Plains
Nudree, Ida
Poston, Adele S.

Yonkers
Fitzgerald, Alice
Hilker, Josephine S.

NORTH CAROLINA

Asheville
Rutherford, Annie L.

Henderson
Atkinson, Winifred

Tarbora
Davis, E. Mildred

West Durham
Gerhold, Elizabeth

NORTH DAKOTA

Bismarck
Hoerman, Louise

Devils Lake
Clark, Mildred

Fargo
Sister Mary Gilbert

Jamestown
Leo, Sister

Rugby
Stennes, Josephine

OHIO

Akron
Brouse, Clara F.
Brown, Ethel L.
Donnenworth, E.
Lawson, Marie A.

Ashtabula
Peck, Clara B.

Camp Sherman
Roberts, Mary M.

Cleveland
Alden, Marie Adelaide
Allison, Grace E.
Anscombe, E. Muriel
Darling, Lotta A.
Griswald, Alice A.
Hogle, Alma C.
Irving, Annie E.
McKee, Caroline V.
Wheeler, Claribel G.

Cincinnati
Deaver, Mary Florence
Kandel, Phoebe M.
Logan, Laura R.

Pfefferkorn, Blanche
Russell, May M.
Columbus
Baker, Grace E.
Friend, Harriet L. P.
Rostance, Mary A.
Dayton
Ahlers, Caroline
Hamilton, Eleanor
Shaffer, Alverna R.
Tunstead, Edith
Hamilton
Pendergast, Sister Mary G.
Martins Ferry
Butterfield, Caroline L.
Middletown
Clark, Ruth Gardner
Ravenna
Beaty, (Mrs.) F. M.
South Euclid
Wilson, Mary B.
Steubensville
Williams, Florence L.
Toledo
Mapes, Katherine M.
Perron, Sister M. A.
Youngstown
McKillop, Minnie

OKLAHOMA

Fort Sill
Morgan, Mabel L.
Parish, Susan J.
Oklahoma City
Davis, Lina L.
Garrison, Mabel
MacKenzie, Mary A.
Nicol, Jane M.
Shawnee
Auten, I. M.

OREGON

Milwaukee
Campbell, Mary C.
Portland
Loveridge, Emily L.
Troutdale
Burns, Johanna S.

PENNSYLVANIA

Allentown
Haring, Clara
Braddock
Church, Emma
Bryn Mawr
Laughlin, Annie E.
Chester
Sutton, Anne K.
Easton
Shaeffer, Susan V.
Frankfort
Garrett, Anna P.
Harrisburg
Scott, Frances M.
Lancaster
Smith, Nina A.
Lock Haven
Happerette, Cornelia
Palmerton
Meyer, Rose L.
Philadelphia
Beaty, M. Louise
Beck, Bertha M.
Brown, Jessie L.
Browne, (Mrs.) John C.
Carson, Lillian H.
Clayton, S. Lillian
Dieson, Alma
Donnell, (Mrs.) Lucy Walker
Dunlap, Margaret A.
Francis, Susan C.
Garrett, Alice M.
Giles, Ida F.
Guinther, Leopoldine
Lee, (Mrs.) Walter G.
McMenanum, Camelia
McNichol, (Mrs.) James P.
Miller, Mary B.
Milne, Caroline I.
Moran, Catherine
Moran, Margaret J.
Murray, Sarah M.
Pringle, Martha G.
Rathrock, Mary A.
Schnabel, (Mrs.) Ellis A.
Snyder, M. Louise

SOULE, C. BLANCHE
WATSON, GRACE
WILSON, MARGARET S.
WORRELL, ANNA R.
Pittsburgh
HEATLEY, GERTRUDE L.
ROTH, (MRS.) JOHN E.
STEWART, ALICE E.
TURNBULL, JESSIE J.
Punxsutawney
HEITZENRATER, SUSAN A.
Roxborough
SIMONTON, EVA
Scranton
ARNOLD, IDA DUNHAM
GRANT, JEANNETTE E.
South Bethlehem
BROWN, MARY SCHLEY
WHITE, VICTORIA
West Alexander
BEECROFT, LAURA A.
Wilkinsburg
LIDDLE, KATE
PIERSON, ALICE E.

PORTO RICO

Ponce
ROBBINS, ETTA L.

RHODE ISLAND

Newport
PETERSON, MARY H.
Pawtucket
SELBY, NELLE M.
Providence
ALLISON, AMY
BARRY, SARAH C.
CARR, A. M.
JEHAN, EVELYN C.
LORD, INEZ CLARKE
YOUNG, ALDIA

SOUTH CAROLINA

Aiken
DAVIDS, ANNA
Camp Jackson
GASIER, FREDERIKA K.
Camp Wadsworth
LOUIS, MARIE
Charleston
MCKENNA, MARY C.
Columbia
WILLIAMS, ISABEL N.

TENNESSEE

Chattanooga
WANN, (MRS.) PAUL
Knoxville
GREENER, MARGARET LESLIE
TEMPLETON, (MRS.) KATE C.
Memphis
WARD, (MRS.) M. E.
Nashville
WOOTEN, NINA E.

TEXAS

Dallas
HALLIDAY, HELEN F.
Fort Bliss
LANE, SUSAN K.
Houston
BURNETTE, (MRS.) J. P.
JOHNSON, RETA
Lubback
FARWELL, MARY F.
Post
HARTFORD, (MRS.) ELIZABETH B.
San Antonio
WALTHALL, (MRS.) T. J.
Witchita
WELSH, MARY A.

UTAH

Salt Lake City
CROSSLAND, (MRS.) NELLIE

VERMONT

Bellows Falls
WAKEFIELD, MARY L.
Rutland
AITKEN, ANNA A.

VIRGINIA

Danville
BRIAN, CELIA E.
Glencarlyn
CLEMENT, FANNIE L.
Harrisonburg
BISHOP, FLORENCE A.
Norfolk
SMITH, ETHEL
Petersburg
HALL, NELLIE
Richmond
BAYLOR, MARTHA V.
MCLEOD, JOSEPHINE
MELLICHAMP, MARY
RANDOLPH, AGNES P.
ROBERTSON, RUTH T.
VAN WORT, ROSE Z.
Winchester
DIDIER, ANGELICA PEALE

WASHINGTON

Seattle
HALL, EVELYN H.
NUEBERG, H.
PRINGLE, LUCY T.

WEST VIRGINIA

Wheeling
PHALEN, HARRIET M

WISCONSIN

Kenosha
NORTHWAY, (MRS) MILLICENT B.
La Cross
YOUNG, ZAIDEE
ZU PANN, ELEANOR
Madison
HASTINGS, HARRIET
Milwaukee
ASHBY, ALICE
ISERMAN, GERTRUDE
WHITE, REGINE
Neenah
KRUEGER, MATILDA H.
Wausau
BECKER, MARIE L.
Wauwatosa
NORTHAM, (MRS) A. L.

WYOMING

Cheyenne
MUMMER, AMELIA
SHELLABURGER, M. ELIZABETH

ADDRESSES UNKNOWN

BURLINGAME, NELLIE
HUNTLEY, MABEL F.
LARIMORE, DAISY C.
MAYON, EDITH
STEWART, MARY C.
SUTCLIFFE. IRENE H.