Mrs. COLVIN.—We are now ready for any recommendations or change of By-laws if there are any.

Miss AHRENS.—Madam President, I move to amend Article 7, Section 2, of the By-laws by substituting "nine" for "seven" and by inserting "The President of the National League of Nursing Education and the President of the National Organization for Public Health Nursing shall be members ex-officio" and by adding a new section to read "The President of the National League of Nursing Education and the President of the National Organization for Public Health Nursing shall be members ex-officio of the Board of Directors without the right to vote." Carried.

Moved by the secretary that Article 6, Section 1, of the By-laws be amended by inserting "and the editor-in-chief of the *AMERICAN JOURNAL OF NURSING*." Carried.

Miss NICHOLS.—I move that we recommend to the Board of Directors that the salary of the secretary be increased as the funds will allow. Carried.

Mrs. Hartridge and Miss Keely requested that their papers be read by title and take the time for other questions. (Miss Keely's paper has not been received for publication.)

NURSING PROGRESS IN THE SOUTH

By AGNES C. HARTRIDGE

BEFORE undertaking to discuss the progress that has been made in nursing affairs throughout this locality, I should first state that in my use of the term "the south," I am including not all of Dixieland, but merely that small portion of territory lying within Georgia and South Carolina boundaries, where nursing history of any kind is so comparatively recent that our first real nurse received her diploma from the New York City Hospital in 1890, and our first training school was opened only in 1898. Long before the occurrence of either of these events, however, tradition tells us that the "born nurse" was in our midst, for our pioneer in abdominal surgery for women, Dr. H. H. Battey, always received his patients into his own home for operation, and would proudly declare that any success to which he could lay claim was entirely due to the fact that his wife took entire charge of the nursing of his patients.

The wave of professional awakening, which has resulted in the organization of nursing associations and the rousing of a deep sense of responsibility toward the nurse of the future, reached us about seven years ago, and has never entirely subsided, though there have been protracted calms. Georgia had little difficulty in securing what was asked for in the way of registration laws and an examining board composed of

nurses, appointed by the Governor from recommendations submitted by the state society. This board has now been in operation for six years, holds annual examinations, and has registered 471 applicants. It is roughly estimated that there are 600 nurses in the state. The state society admits only registered nurses to membership, and works in harmony and sympathy with the board.

As an illustration, it has lately united with the board in meeting the expenses of a state secretary whose special duties have been to visit each training school and secure data in regard to changes or improvements in teaching methods during the last year, address each senior class on state work, registration, and Red Cross work, and to distribute application blanks, literature, etc., on these subjects.

As a direct result of our registration laws we have forced schools to abandon the former universal practice of sending out pupils for private work, and have raised the course of training from two to three years. Affiliation between the special and general hospitals is gradually being brought about, and through the close scrutiny kept over schools by both the state society and the board, a general feeling of uneasiness and apprehension has been set on foot—which is much more encouraging to progress than the placid self-satisfaction of the past. Through the demand for a broader curriculum, schools are abandoning the practice of placing their own graduates in charge, and we are teaching these same graduates to see for themselves that they are not equipped to undertake the training of others, and that that custom is not only conducive to petty sectional jealousy, but begets such a subservience of will and free thought to the judgment of the powers-that-be, whether hospital owner or hospital board, as to effectually check all growth and expansion for the school.

South Carolina's constitution prohibits women from holding office, and the best that could be done there, when their bill was framed, was to have an examining board composed of the State Board of Medical Examiners, which has necessarily greatly hampered the work of the state society. Their laws have been in force for two years and 327 nurses have been registered under a two-year waiver permitting registration without examination.

A few weeks ago a nullifying amendment was passed whereby graduates from the state hospital are entitled to registration, without the previously required six months' supplementary training from a general hospital. The legislative committee of the state society fought the matter strenuously and intelligently—a strong appeal being presented in person to the General Assembly. Its efforts failed because the state medical

association was in favor of the measure and because the medical board was quiescent. An inquiry addressed to this board by the secretary of the nurses' examining board of another state, relative to the position assumed toward the measure, brought forth this remarkable reply: "Our board takes no position except to obey the law as recently passed." The defeat of this amendment would have prevented a grave injustice to the nursing body of the state, but its success cannot take from those nurses the professional pride and enthusiasm which it stimulated, the united interest in registration which it fostered, and the earnest, clear-headed, logical leaders which it is developing.

To northern and western minds, registration requirements throughout this locality are low—for Georgia has no previous educational requirements, and South Carolina requires only two years of training. A broad outlook over existing conditions, however, will show the training-school question so dominated by pioneer hospital conditions and the inadequate public school and medical school facilities, that to set standards in advance of these concurrent interests would seem inadvisable. Evidently there must be a general elevation along these side lines, before we should be justified in eliminating our present minimum requirements. We have set the brake against any further down grade, and our work must now be broad enough to create a demand for better preparation of the raw material before it comes into our hands, for better facilities for the care and training that we must give it, and for a more general appreciation of this same material when it leaves our hands as the finished product.

When hospitals have no endowment and are in receipt of only the most inadequate appropriations for city and county charity work, the commercialization of the training school becomes a natural sequence, and it is futile to discuss the necessity for paid instructors or better housing conditions for the pupil nurse, with the hospital board, or to hope that the superintendent of hospital and nurses combined, who has probably been doing both day and night work for years past because a graduate night superintendent could not be afforded in the opinion of the board, will enthusiastically endorse any plans for further expenditure of money. When rural schools are so few and far between that the average country girl is forced to finish her "schooling" at the age of fifteen, it is also futile to require that schools must reject applicants who do not hold a high school certificate. Such a demand would promptly be met with the unanswerable argument that as graduates could not be afforded, such material as offered must of necessity be accepted, and inquiry would develop the fact that "go North" is such well-known advice for our

young women to receive, when vocational training of any kind is under discussion, that it is a matter for surprise and comment to learn that a well-educated, refined girl has entered one of the home training schools. Up to the present date we have no affiliation between hospitals and medical schools, and our hospital boards are invariably composed of physicians who lack previous experience in training-school methods or work, and who see in the pupil nurse merely a helpful attendant, a pretty young woman, or a prospective financial and professional rival. How futile to make such boards comprehend the real issue between the school and the pupil, or understand that after all it is merely a question in economics; that it would eventually greatly benefit the hospital to put the school on a more liberal allowance, thus permitting up-to-date methods of teaching and training, with the view of attracting a better class of applicants and turning back that steady stream now flowing northwards. These questions have seemed too far-reaching in extent for us to handle alone, but through our affiliation with the Federation of Women's Clubs, we are securing and giving help in working along the following lines: compulsory education, increased public school appropriations, vocational education in connection with high school work, state control of vocational education. Results may be slow, but only through a solid foundation will our efforts result in permanent and sweeping improvements.

No discussion of the nursing question in this part of the south would be complete without touching upon the part taken by the negro nurse and her relation to the question as a whole, for at present she is occupying the unfortunate position of the "big stick" with which our dissatisfied small medical men are trying to break our heads. Rejected applicants have been urged to sue the board, and negro physicians have been incited to make claims of "unfairness" against the board on the ground that it was actuated by racial prejudice. Neither Georgia nor South Carolina makes any distinction as to race or color in applicants. All who are legally and morally qualified are accepted, but as the few negro training schools we have are not on a par with even the minimum educational requirements, their graduates cannot be considered as eligible applicants, and the only negro registered by the Georgia board has been a graduate of a New York school. It has been asked through the editorial column of a representative hospital organ whether we were doing our full duty toward helping these schools to adopt a broader curriculum, and toward encouraging them in their aim for higher educational standards—the inference being that the educational feature, alone, of these schools was at fault. To such questions we should like to reply

that as it is an accepted fact that "the soul of improvement is the improvement of the soul," and that as the soul of a training school is embodied in the make-up of the pupils and teachers, and exemplified by their habits and standards of living, improvements must extend back to the home environment and be more sweeping and radical than those with which state boards deal, if the negro pupil is to embody our ideals of morality, refinement, and culture.

The graduate negro nurse, as we know her here, fills a valuable place in the nursing scheme; she is a well-trained, practical nurse, and at a salary of \$15 to \$20 per week is to be found on obstetrical cases, as the second nurse in acute cases, and on long chronic cases, in the home of the small wage-earner. Her position in the household is essentially different from that of the white nurse—not necessarily because of inferior professional qualifications, but because, belonging as she does to the servant class, conventional society draws a dead line, beyond which no magical power of an R.N. title could enable her to pass.

It has been predicted for us that the direct competition between the high-salaried and the low-salaried nurse would eventually result in an economic throat cutting. Why more so than the big-fee and the little-fee doctor? There will always be people who, from necessity or from choice, select the cheaper article, just as there will always be doctors who prefer the "under"-educated to the "over"-educated nurse, and as the correspondence school graduate is unknown with us, we believe that our exemption from that fraudulent class of nurse is due to the presence of our trained practical negro nurse, who fills the need of the community for a good second-class article.

In following up the various lines of work going on either by or under the direction of nurses, in Georgia and South Carolina, we see school nurses, district nurses, settlement nurses, parish nurses, insurance nurses, Red Cross nurses, institutional nurses and private nurses, state societies and local societies—but the observer will be struck by the apparent fact that work is being conducted along the line of action rather than creation, and that we lack trained and intelligent leadership. We are painfully conscious of this need ourselves, and ascribe it principally to the fact that so few of our southern nurses have had the advantage of a college course preparatory to their vocational training, and so lack that capacity of grasping and handling effectively complicated situations, which college life develops, and which has been so invaluable to the work of our club women who have taken prominent part in the development of large movements of public interest and welfare.

History tells us that in the stress of warfare, either religious or

civil, such leaders are created by the very intensity of the need, so we have the right to hope that ours is in the process of making. In the meantime, we are looking to those of you, who, as graduates of well-equipped, well-conducted schools, are gradually assuming control of our southern schools for the initiative in further advance and progress. We believe that you have come to us prepared to give of your energy and loyalty and knowledge, because you believe the nursing question to be as one all over the country, and that you will identify yourselves with our state work, instruct yourselves as to our legal requirements, and reinforce our weakness by the support of your hearty sympathy and warm co-operation.

REPORT ON THE CORPORATE SEAL

MISS RIDDLE.—In presenting this report your committee begs to state that instead of forming a regular committee it seemed wiser to consult a larger body of women by correspondence. Accordingly 20 letters were written to 20 representative members of the association, plans submitted and advice sought, with the resultant plans as you see them before you on the blackboard. No. 1 represents a photograph of a statuette of Florence Nightingale, as it appears on the cover of the booklet giving an account of the great Nightingale meeting in New York two years ago, surrounded by the words "Humanity" above, "Service and Efficiency" below, which we believe cover the ground of what we stand for; "The American Nurses' Association," the title of the association which would use this seal, surrounding the whole, and the date of the formation of this society, when it was known as the Associated Alumnae, 1897, at the base.

No. 3 represents an artist's conception of a lady with a lamp, and in many respects it is really a very good figure. The middle figure, No. 2, is a portrait of Miss Linda Richards, a poor one. There are others that are better and might easily be obtained. These three forms are presented to you. Since coming to the convention, many of the older nurses have pressed me to urge that in some way Miss Richards' portrait might become a part of this seal. It might be that her face might be used in connection with the figure of the lady with the lamp, which portrays strength and suggests helpfulness. In that case we would recommend that she hold something in her hand other than a lamp, possibly a scroll bearing the inscription of the three words, "Humanity, Service, Efficiency."

These types are presented to you for your choice and adoption, or