UNITED STATES BUREAU OF EDUCATION
BULLETIN, 1912, NO. 7 WHOLE NUMBER 475

EDUCATIONAL STATUS OF NURSING

By M. ADELAIDE NUTTING.
DIRECTOR DEPARTMENT OF NURSING AND HEALTH, TEACHERS COLLEGE, COLUMBIA UNIVERSITY, NEW YORK. LATE SUPERINTENDENT OF NURSES AND PRINCIPAL OF TRAINING SCHOOL, JOHNS HOPKINS HOSPITAL, BALTIMORE, MD.

WASHINGTON
GOVERNMENT PRINTING OFFICE
1912

CONTENTS.

	Page.
Letter of transmittal	5
Recent progress in nursing	7
Relation of training schools to hospitals	14
Payment to students	16
Types of hospitals	17
Hospital capacity	17
Relation of capacity to average number of patients	18
Requirements in capacity for maintaining training school	19
Special hospitals	20
Utilizing students	20
Hospital finances	21
Variations in hospitals	22
Relation of hospital to admission requirements in training school	23
Candidates and courses of study	24
Preliminary education of candidates	24
Age of candidates	28
Character of work for students	28
Hours of work for students	29
Length of academic year	32
Need of vital statistics	33
The curriculum	34
Preliminary courses	35
Preparatory courses reported in training schools in June, 1911 (table)	38
Time given to subjects of study	42
Instructors	44
Libraries	45
Tuition fees for preliminary instruction	45
Relations to colleges	46
Training schools for nurses in universities	46
State registration	53
Enactments	53
Examining boards	56
Training-school inspection	57
Some important features of State laws for registration of nurses	59
Table 1.—Comparative statistics of nurse training schools	61
Table 2.—Summary of statistics of schools for training of professional nurses, 1910–11	61
Table 3.—Statistics of schools for the training of professional nurses for the school year 1910–11—Class A	62
Table 4.—Hospitals and schools offering postgraduate or special courses	92
Table 5.—Statistics of schools for the training of professional nurses for the school year 1910–11—Class B	94

LETTER OF TRANSMITTAL.

DEPARTMENT OF THE INTERIOR,
BUREAU OF EDUCATION,
Washington, D. C., February 23, 1912.

SIR: Within comparatively recent years the trained nurse has become an important and constant helper of the physician, not only in public and private hospitals, but also in the home, taking the place of untrained watchers who, however willing, can render only an ineffective service. This work of nursing has rapidly advanced to the position of a profession requiring careful preparation for admission. Thirty States of the Union have enacted laws for its regulation, and all the other States will probably do the same within the next few years. In several of the larger cities nurses are employed by the boards of education to visit the public schools, to look after the minor ailments of the pupils, and to assist in caring for their health. For the education and training of nurses, schools have been established and are maintained in most of the States. There are at present more than 1,100 such schools, with an attendance of approximately 30,000 students. For this reason, the education of nurses and the educational status of nursing have become questions of general importance and public interest, on which the Bureau of Education, in pursuance of the purpose for which it was established, should give information. The accompanying manuscript, prepared by M. Adelaide Nutting, is an attempt to do this. Miss Nutting was for several years connected with the Johns Hopkins Hospital School for Nurses, and is at present director of the department of nursing and health of Teachers College, Columbia University, New York, and has therefore had unusual opportunities to prepare herself for this work. I recommend that the manuscript be published as a bulletin of the Bureau of Education.

Respectfully submitted.

P. P. CLAXTON,
Commissioner.

The SECRETARY OF THE INTERIOR.

EDUCATIONAL STATUS OF NURSING.

RECENT PROGRESS IN NURSING.

Although there have been no radical changes in methods of education in nursing during the past five years, there are yet substantial evidences of progress to record. Training schools for nurses throughout the country are steadily, even if slowly, effecting improvements in their work and conditions. The professional field of nursing is widening and embracing new and important activities, and offering new incentives to effort. Public interest in hospitals and training schools is growing, and an intelligent public opinion on nursing affairs is gradually forming. The education of nurses, long looked upon as a matter in which hospitals only were concerned, is now beginning to be seen as a matter in which the public also is deeply and necessarily concerned.

In training schools themselves improvement is shown as follows: Systematic instruction is steadily replacing unrelated courses of lectures, better facilities for teaching are provided, small libraries are beginning to appear, occasionally a microscope is secured, more time is allowed for teaching and for study, work is brought from the evening into the daytime. Little new subject matter is introduced, but the ordinary subjects are handled in a more thorough and comprehensive way, and there is a slight but evident tendency toward a better adjustment of theory and practice. In a very few schools higher standards of teaching and a better quality of work are secured through the introduction of specially trained teachers. Among the schools which have established such teaching positions are those belonging to the Johns Hopkins Hospital at Baltimore, the Massachusetts General Hospital at Boston, and St. Lukes, the Presbyterian, and Bellevue Hospitals, in New York. Perhaps the most conspicuous improvements are those providing better housing and living conditions for students, interesting examples of which are seen in the new, spacious, and attractively equipped buildings for students, recently erected by the Presbyterian, Bellevue, and Metropolitan Hospitals in New York and by the Children's Hospital in Toronto.

Affiliations between training schools continue, and are doing much to consolidate and strengthen the educational system, and to provide larger opportunities for many small and special schools in which

good work, though of a limited nature, is done. These affiliations are serviceable so long as it is borne in mind that a group of affiliated weak schools does not result in a strong school.

A distinct evidence of progress is seen in the demand for postgraduate work. It is encouraging to find so large a number of graduate nurses seeking opportunities for further training and knowledge, but it is disturbing to note that their laudable demand can not be adequately met at present in most hospitals, since in order to secure a minimum of actual instruction they are obliged to perform a maximum of service for the hospital. There is great need of careful study of graduate work in nursing and of the organization of suitable courses to meet well-defined needs. Apart from the schools, but reacting constantly upon them in a way both stimulating and helpful, have been the steady advances in legislation; enactments governing the examination and registration of professional nurses are now on the statute books in 31 States. They have proved a powerful agency in promoting the better education of nurses and in bringing up the standards of training schools.

The most important evidence of progress and the most significant is the endowment in November, 1910, of a department of graduate work for nurses at Teachers College, Columbia University, New York. This is the outcome of a course in hospital economy established at the college in 1899 by the American Society of Superintendents of Training Schools for Nurses and maintained by them until 1910. Lacking, however, adequate financial support, the work could not be satisfactorily developed, and its endowment by Mrs. Helen Hartley Jenkins, a trustee of Teachers College, places the work upon a permanent and stable basis and opens the way for long-needed developments. The amount of the gift is $150,000, and it marks the first effort in this country to make suitable financial provision for any part of the education of nurses.

The department thus endowed is called Nursing and Health, the latter part of the title serving to indicate the scope of its work. It now embraces three main divisions of work and prepares, first, for teaching and supervision in training schools for nurses; second, for administration in hospitals and training schools; and third, for the more distinctly social and preventive branches of nursing, such as visiting nursing, school and municipal nursing, sanitary inspection, etc. Courses are appropriately grouped and arranged in preparation for each of these fields of work.

For the social field, courses in the college and university are supplemented by work in the school of philanthropy, in settlements, and in the municipal health department.

The requirements for admission to the department of graduate work are completion of an approved course in a secondary or normal

school, followed by a course of two or three years in a training school of accepted standards. Thirty-five students entered the department last year.

The enlargement of the professional field is continuous. Not only has the specializing tendency of the day brought into existence new forms of activity within those branches—institutional, private, and social—in which nurses have long been engaged, but new types of work are developing, and entirely new social and public demands are being made upon the nurse.

Moreover, it is unquestionable that, however largely supply may exceed demand in other fields of work, this at present does not hold true of nursing, for even in the older branches of work, which have been longest established and are best known, the demand for properly trained and competent workers is beyond the supply, while for all of the higher and more important positions in hospitals and training schools, and for the equally important fields of social and civic work which are rapidly opening up, there is as yet no adequate supply.

In institutions, such as hospitals and training schools, where formerly the superintendent of nurses was the sole officer of administration and instruction (exclusive always of the instruction embodied in the courses of lectures by physicians), or where at most she had one assistant to aid in supervision and instruction, there will now, in most larger schools, be found a graded staff of assistants and supervisors. The double office held by the superintendent of nurses is now pretty generally recognized by the additional and appropriate title of principal of the training school.

An interesting outcome of the efforts to improve training schools by a better organization of teaching is found in the creation of new positions involving little or no executive work and providing a fairly well-defined field of instruction calling for trained teachers.

In addition to these important developments in training schools and in the nursing departments of hospital work, there is an interesting and growing field for graduate nurses in actual hospital administration, and the larger number of moderate sized, and almost all of the smaller, hospitals throughout the country select trained nurses as superintendents. In the State of New York the inspector reported recently that about 55 per cent of the entire number of hospitals answering to this description were under the direction of nurses. Other types of institutions are the various sanitaria for the treatment of tuberculosis, for the care of children, for convalescents, fresh air homes, and those of a kindred nature which are preventive in purpose as well as charitable, and which have frequently important educational features in their work.

The tendency toward specialization which is developing in institutions is also observed as a growing feature of private nursing, and

there is an increasing call for nurses who have received some special preparation beyond that which the ordinary training school offers, for the care of certain special forms of disease—notably, for instance, the nervous disorders of different types, and certain diseases of infants and children where there are great disturbances of nutrition.

Dr. Lewellys Barker, physician in chief to Johns Hopkins Hospital, says of the development in these directions:

On looking over the history of nursing, I have been very much struck with the rapid expansion of the work intrusted to nurses. It must be remembered that formerly physicians did, or tried to do, nearly everything which is now done by the nurse; even the care of the bed, of the linen, and of the bathing was formerly a part of the physician's work in the hospital wards. Nurses soon demonstrated that a large part of ward work could be better done by them than by physicians, and, more and more, routine measures have been placed in their hands. Anyone who works in a hospital realizes that this transfer of routine from the physician to the nurse is still going on and this may account for an occasional misunderstanding perhaps as to what is a nurse's duty and what a physician's. I believe that nurses will do well to welcome, rather than resist, every additional opportunity for service, and the time may not be far distant when nurses will not only count the pulse, take the temperature, record the blood pressure, sterilize instruments, prepare dressings, etc., but will do far more, including, perhaps, sometimes many of the routine laboratory examinations now made by physicians. Indeed, there is already a demand for trained nurses who can make leucocyte counts, hemoglobin determinations, quantitative estimates of sugar and albumin, and scientific dietary calculations and weighings.

Thus far, nurses have, for the most part, been content to be general practitioners of nursing, but already some have begun to specialize, and it needs only half an eye to see that the near future will be marked by an extension of this tendency to specialization in nursing. While each nurse should have a general training in fundamentals of the art, there is no reason why she should not, like the physician, choose some one particular field of work which appeals to her interest and for which her natural talents may make her especially suitable. The time is fast approaching when we shall have nurses who attend chiefly or solely obstetrical cases, others who care only for pediatric cases, only for nervous and mental cases, only for fever cases, only for operative cases, only for metabolic cases, etc. Nurses who desire successfully to specialize will be compelled to acquire unusual training and experience, just as is the medical specialist. * * *

Nursing is the one profession in which all, men as well as women, will admit that women excel men. It is highly desirable that a sufficient number of the women of the better class be attracted to this work. If we expect to draw the best women into trained nursing, we must do what we can to make the rewards what they should be. The pecuniary return is not the only one to be considered. The kind of education given, the social regard insured, the interests aroused, the careers opened up, are really more motivating than any mere monetary consideration. As long as nurses were drawn from the lower classes and as long as the training was merely manual and not intellectual, there could be no profession of nursing. Now that nursing is offering ever new incentives, the position of the trained nurse has become more elevated, the educational standards are high, the time of nursing has become long enough to permit of thoroughness without overtaxing, the material position of nurses is being improved, the opportunities for higher careers in nursing are multiplied, we find the profession appealing more and more to the best class of woman. (The Johns Hopkins Nurses Alumnæ Magazine, June, 1909, pp. 84–86.)

Nowhere, however, has the growth of opportunity for nurses been so great as in the field which may be broadly termed that of social welfare. Under the form and title of district and visiting nursing, a system of activities has been developed which makes of the nurse not only a skilled agency for the relief of suffering, but a teacher of sanitary and healthful living, and a power for the prevention of disease. This is looked upon as one of the most promising movements of modern times for social betterment.

Briefly reviewed, these various phases of work include ordinary district nursing among the sick poor, in which, according to Miss Waters' Visiting Nursing in the United States, there were engaged, in 1909, 566 associations, large and small, and something under 1,500 nurses. Recent reports bring the latter number up to nearly 2,000.

The important special branches of this work are school nursing, tuberculosis work, infant welfare work in milk stations and clinics, social service work in hospitals, dispensaries, and elsewhere, and welfare work in factories, department stores, and other industrial and commercial fields; while insurance nursing, the most recent form of preventive work, does not separate itself from regular visiting nursing and may touch at certain points almost any phase of these various branches of work. Maternity and contagious work are very special branches too little developed apart from institutions to be included here.

The social-service departments, which have been recently developed in connection with many leading hospitals and which are largely under the direction of nurses, afford peculiarly interesting and valuable opportunities for public service. The term "social service" is made to cover many activities on behalf of the patient who may have just entered or just departed from the hospital; but the main purpose of this new department of hospital work is the definite one of doing for the patient, through proper channels and agencies, certain things which are essential for his physical and mental welfare, and which the hospital can not do for him unaided. It is the avenue through which the hospital seeks for the advancement or completion of its own work, for special expert diagnosis, advice, and aid in matters affecting its patients, but not necessarily physical in their nature.

If, in some directions, these activities seem remote from those fields of service for the sick into which the nurse is usually led directly from her hospital training, the fact that she has not sought them but that they have sought her shows perhaps that the education, training, and discipline of a nurse do prove a valuable preparation for other work than nursing—a solid foundation upon which to build in many special directions. The profession of nursing is here taking on fresh significance, and the nurse to-day who is concerning herself with that

greatest of all human problems, the protection of the health of the people, represents a comparatively new idea. She is not a nurse in the usual acceptation of that term; she is a woman who has had the scientific training of a nurse, and her adequate use of this training will make of her an important factor in the progress of the human race. In the light of these new activities, which place new burdens and responsibilities upon her shoulders, her education becomes a matter of large significance.

In considering the activities of these new fields and their inherent needs, Dr. C. E. A. Winslow, professor of biology, College of the City of New York, says:

> All this requires obviously enough a highly trained and specialized expert. I have no knowledge of the requisites for "sick nursing," but it is quite clear that in public-health work the visiting nurse must be no empirically trained upper bedside servant. She must understand thoroughly the general fundamental laws of hygiene and sanitation, which means a mastery of the principles of physiology and bacteriology, and she must have a minute grasp of their special application in the field of her own work, whether it be school nursing, tuberculosis nursing, or infant hygiene. She must know these things not merely as a practitioner but as a teacher, which means not only a knowledge of details but a vision of their right relationship and a talent for effective presentation.
>
> Always there are the educational weaknesses inherent in an undertaking which is not primarily educational in aim. The course is apt to be carelessly planned, the teachers those who chance to be available, the teaching what they happen to find it easiest to give, and the laboratory equipment hopelessly inadequate. Most fundamental of all is the problem of time. It is absurd to attempt to train the nurses we need for the public-health campaign by a course which involves 2 or 3 hours a week of theory and 50 to 60 hours in the wards, not hours of clinical instruction, but for the most part a routine of unenlightening and exhausting manual work. The relation between the hospital and the training school should be a symbiotic one; it more nearly resembles a case of simple parasitism. ("The rôle of the visiting nurse in the campaign for public health," by C. E. A. Winslow. American Journal of Nursing, Aug., 1911, pp. 917-918.)

The extraordinary development of the work of the district nurse and its intrinsic importance have been admirably discussed by Dr. Henry Favill, superintendent of the Chicago Tuberculosis Institute. After pointing out that because of her essential adaptability to the situation, whatever it may be, the district nurse is wanted as school nurse, insurance nurse, industrial nurse, and in other different capacities, he says that in this visiting-nurse problem the great question now is that of expansion, which is inevitable; that we have arrived at practically an "impasse." He says:

> The point has been reached where the structure is greater than the foundation, and the foundations have got to be broadened to insure the stability of the superstructure. * * * Shall we follow the legitimate evolution of this medico-sociologic time or shall we set arbitrary definitions to which it shall be confined? And this is a question which faces us as a very important question, because no work which has in it the inherent values that are in this system of visiting nurse has any excuse for being jeopard-

ized by mistakes, and the obligations to settle this question wisely and broadly are enormous. (Address at twenty-fifth anniversary of founding of Boston District Nursing Association, by Henry Baird Favill, M. D. American Journal of Nursing, Oct., 1911, pp. 41–42.)

The evidences of progress thus measured are clear and considerable. They show definite achievement and unquestionable advance. There are, however, evidences of another nature to be weighed, which show that tendencies are not all in the direction of progress and that some are markedly subversive of it. Reactionary ideas have taken distinct shape in certain places, and destructive forces are constantly at work. Perhaps the most noteworthy and certainly the most interesting and dramatic instance in recent years of reaction working freely against nursing education was seen in New York in 1907, when, during a brief period, moved apparently by a common impulse, three important training schools, the New York, the Roosevelt, and the New York City, abolished the three years of training which had been in operation for several years and returned to the original course of two years, abbreviating the curriculum to correspond and making other radical changes. This movement seemed to be the outcome of distinctly local feeling. It was limited to a few institutions and does not appear to have had any effect upon the general situation.

The condition in training schools which is causing grave concern among those who have long been struggling to improve the education of nurses is the persistence of low standards for admission. The enormous multiplication of hospitals and sanitaria throughout the country, with the consequent unrestricted development of training schools as a part of their working organization, has led to a very large demand for students essentially for utilitarian purposes. No adequate supply could be secured through the usual sources with the maintenance of suitable standards, and such standards have therefore been lowered or sacrificed to meet the current needs of institutions. Overwhelming evidence is available from training schools and from public and private sources showing the inferiority from almost any conceivable or tenable standpoint of the majority of present candidates for admission to training schools. Some readjustment is needed of the conditions under which students work. Some reconstruction is imperative of a system of education which was admirable when it was established 50 years ago, for other educational advantages were then not available. But it is out of right relationship with the thought and methods of education to-day.

The subject is discussed in detail in the following pages, with some suggestions as to the direction which these changes should take.

RELATION OF TRAINING SCHOOLS TO HOSPITALS.

It should constantly be borne in mind, in discussing the education of nurses, that training schools throughout this country are established as integral parts of hospitals and are conducted in all their functions under the control and general direction of hospital authorities. Recent statistics from nearly 700 training schools show that not more than 6 of them were established on any other basis than this, and that the hospital and the school are, as one response to the question on this subject stated, "all one." All schools are therefore in one sense proprietary. The system is universal, and it has become so for several reasons.

The first and most obvious reason, and the one most generally advanced, is that the school forms the most economical way by which the sick in the hospital can be nursed with a reasonable degree of efficiency. Under almost any conceivable conditions in hospitals this would probably hold true, and it is unquestionably a strong factor, perhaps the controlling factor, in the entire situation. But it should not be accepted as the only one. After giving the fullest recognition to this important aspect of the situation, after according due weight to the advantages which this school system provides for proper organization and direction of nursing work and for control of the workers, there yet remain other and less tangible reasons which should none the less be considered. There is something in the spirit which the young student brings to her work, the ardor and enthusiasm in acquiring new and wonderful knowledge, and in testing her daily increasing skill, which is a genuine and valuable asset to the hospital. It is indeed a matter of history and of fact unquestioned to-day that the hospital owes much of its present status, its position in the community, and its powers in many important directions, to the presence within it of an organized body of women whose prevailing characteristics have been and are of a high order. The search will be long before there will be found any body of persons, either students or workers, animated by higher ideals of service, guided by nobler traditions of duty and devotion, willing to render a larger measure of self-sacrificing and courageous labor for others. The standing of a hospital in a community may usually be measured by the character of its nursing staff, and if it desires to prosper and to progress it must always be able to stand the test in that direction.

To preserve these high ideals and traditions which the founders of the early training schools established and their followers have tried to uphold and cherish, and at the same time to add to the value and maintain the dignity of nursing by fostering its every effort toward larger intellectual growth, toward more definite educational standards, as well as toward increasing skill and technical efficiency, are

the important functions of the modern training school. Any conditions, therefore, in the hospital or out of it which affect or threaten to affect the training school to the injury of these ideals, traditions, and standards become of immediate and direct importance to the hospital, as well as to the entire community.

It is therefore with the interests of the hospital in mind, as well as the interests of students and the public whom they will eventually serve, that some of those who have been for many years studying closely the problems of nurses' education are asking if the present system which has finally placed the hospital in full and unquestioned control of the education of nurses will prove favorable to the best educational growth and development, to the preservation of those high traditions, standards, and ideals which, important in all professions, are essential in nursing. It is the belief of many of those who have long been identified with training-school and hospital work, and who have been largely instrumental in creating and upbuilding in both hospital and school such educational standards as now prevail, that the principle of absolute control by the hospital is unsound and that in practice it does react unfavorably upon the education and training of nurses. It is their belief that this system of control affects profoundly the essential matters of standards of admission, hours of work, length of course, conditions of student life, and, above all, the freedom of the school to develop the education of nurses in response, not only to the current needs of a particular institution, but to changing and growing social needs in the community in which the educated nurse plays an increasingly important part.

The attitude of the hospital to this principle, however, is clearly defined in the statement here quoted from the report on training schools recently published by a special committee of the American Hospital Association. "The committee has tried to consider the interests of the school apart from the hospital wherever possible. At the same time the committee recognizes that the training school is an integral part of, and subordinate to, the hospital." (The International Hospital Record, Sept. 15, 1909, p. 9.) And as if in proof of the soundness of this contention history points to the early training schools of this country, Bellevue in New York, the Massachusetts General in Boston, and others of a later date, such as the Albany (N. Y.) Training School, which, originally established by bodies outside of and independent of the hospitals, were unable to retain that status and have found it necessary to place themselves wholly or largely under hospital government.

In order that the full value of the school to the hospital may be more clearly understood, it should be explained that an actual nursing staff for the hospital is created by the establishment in it of a school of nursing, and, through the organization of its student body into a

corps of workers of various grades—probationer, junior, senior—adjusted to the varying needs of the hospital. The hospital itself becomes the school, and the actual daily and nightly routine of work in its wards and other departments stands for a system of education. The supervision which would ordinarily be required for the proper conduct of the work becomes a form of instruction; the supervisors or head nurses are, as a rule, the instructors; the superintendent of nurses is also the principal of the training school. The entire burden, in fact, of the actual care of the sick and of their immediate surroundings rests upon the students of the school; and in many hospitals, particularly those of moderate size, the students are also filling executive official positions as head nurses, assistants, night supervisors. In these capacities they are responsible for the supervision and direction of the work of younger students and for much of their practical instruction. Under such a general system the training of nurses has been carried on during the 40 years that have elapsed since the schools were first established in this country; under it to-day about 30,000 students are being trained, and the idea is now firmly entrenched in the public mind that the only available way by which the hospital can secure an adequate nursing staff for its patients is through the student body of a school which the hospital establishes, owns, and controls.

The immediate advantages of this system do not lie wholly with the hospital, for the student receives, without incurring any expenses for tuition, board, lodging, laundry, and usually uniforms, such education and training as the hospital is prepared or willing to offer, and this, even when poor in character and meager in amount, is always of definite material value to her, enabling her as a rule to become self-supporting as soon as she leaves the hospital.

PAYMENT TO STUDENTS.

In the majority of schools the student's services to the hospital are distinctly recognized by the payment of a small sum of money monthly, stated to cover expenses of uniforms and textbooks, but ordinarily more than double the amount needed for these purposes. It is estimated that expenses for uniforms and textbooks do not usually exceed $50 per student annually, while the sum of money provided students for this purpose is seldom less than $84 per annum, and it frequently goes as high as $120 per annum. Formerly these money payments were higher, ranging from $120 to $180 annually, and were not infrequently referred to in the announcements as wages. But of late years the amount has been gradually lessened, until $8 a month appears to be the sum given in the larger number of schools. Recent reports show that in 24 schools, largely those of high standing, the practice has been abandoned altogether, and the money thus re-

leased is applied in some measure to improvements in educational methods. Its essential obligation to the student, the hospital does, however, clearly recognize, as is shown by the statement commonly found in training school announcements that an ample equivalent for the services rendered by the student is provided in the education and training offered. What that equivalent shall be is naturally determined entirely by the hospital, which has thus established an educational system and assumed educational functions.

The hospital of modern days, with its improved facilities for the treatment of disease and emergencies, in the way of physicians, nurses, buildings, and equipment, has become a popular institution, and no community, however small, likes to be without resources of this nature. Physicians, realizing the better opportunities which the hospital usually offers for the exercise of their skill and for the recovery of their patients, press its advantages, and a change in public sentiment toward the hospital has gradually come about which has resulted in a remarkable increase in the building of such institutions. This is especially marked in the smaller towns and communities.

TYPES OF HOSPITALS.

In type, character, and capacity, as well as in aims and purposes, these modern hospitals show the widest variations. In type there will be found a long list of institutions, including: (1) The large municipal hospitals for the treatment of all classes of disease and of patients (with the exception of private paying patients); (2) the large, endowed hospitals, such as are found in some numbers in all of our large cities, general in the scope of their work and treating all classes of persons; (3) the smaller hospitals of a somewhat similar type in the smaller towns and communities; (4) the special hospitals, such as those devoted especially to (*a*) surgery, (*b*) emergency work, (*c*) obstetrics, (*d*) nervous disorders, (*e*) diseases of women, (*f*) diseases of infants and children, (*g*) diseases of the special senses, namely, the eye, ear, throat, and the skin, (*h*) tuberculosis, (*i*) contagious and infectious diseases, (*j*) chronic and incurable disorders, and (*k*) convalescents. These may be maintained by public funds for the benefit of the public, by private contributions for the same purpose, or by private capital for private profit.

HOSPITAL CAPACITY.

In capacity the variations are naturally very great. Statistics on this point show that in 692 hospitals reporting to the Bureau of Education the range is (exclusive of State institutions for the insane) from 5 beds up to 500. About 60 per cent of the entire number have a daily average of under 75 patients, and 172 hospitals, or about 25

per cent of the whole number, have a daily average of not more than 25 patients.

The capacity in these hospitals is as follows:

	Hospitals.
4 to 10 patients daily were found in	39
10 to 15 patients daily were found in	43
15 to 20 patients daily were found in	58
20 to 25 patients daily were found in	32
Total	172

Thirty-nine hospitals did not reply to this question.

RELATION OF CAPACITY TO AVERAGE NUMBER OF PATIENTS.

The average daily number of patients is used here rather than the stated number of beds because it has been found after careful study and comparison that the number of beds is no true guide to the actual daily number of patients. This average daily number of patients in nearly 50 per cent of hospitals of the class referred to has been found not to exceed one-half the hospital's capacity in number of beds; in about 75 per cent of these hospitals the average number of patients daily was not over three-fourths of the hospital's capacity, and in no instance in this group was the hospital used apparently up to its stated capacity in beds. In all but 5 of the 172 small hospitals (averaging 25 patients daily or under) training schools were maintained, and 100 of them required three years for the completion of the course of training. To the suggestion that probably some of these affiliate with larger hospitals, the answer is that 31 hospitals reported some such arrangement covering from 3 to 6 months, but that 115 hospitals out of the 172 had no affiliations, and the remaining number overlooked the question on this subject.

The number of beds in a hospital has an important bearing upon the educational facilities it offers. Taken in connection with the varieties of service, the number of beds affords some idea of the scope of work in a hospital, of the amount and variety of opportunity which it affords for the observation and study of disease and for training in the practical procedures in nursing.

The ability of the hospital to give a thorough and complete training in nursing rests then mainly upon two conditions: First, the character, variety, and extent of its service; second, the state of its finances. The first condition determines whether or not it affords suitable and sufficient opportunities for instruction and training; the second indicates its ability to provide suitable instructors, equipment, accommodation for students, and other appurtenances of a school. If the hospital treats medical, surgical, and obstetrical patients, and admits children as well as adults of both sexes, it comes

under the head of general hospitals, and as such may be considered a suitable ground for the general training and education of nurses. It is obvious that the question of numbers must be considered here, and that the very small hospitals, even though some of them may justly claim to be general in the scope of their work because they treat all classes of cases, are too restricted in actual numbers of patients to afford the requisite opportunities for observation and experience.

REQUIREMENTS IN CAPACITY FOR MAINTAINING TRAINING SCHOOL.

The New York State Education Department, in its registration of nurses' training schools, states that—

> the hospitals with which such schools are connected must have not less than 50 beds and a daily average of 30 patients. Each bed must meet the requirements of the State board of charities as to air space. The hospital should provide experience in the following departments of nursing: Medical, surgical, obstetrical, and pediatric. Training schools connected with the hospitals not providing adequate opportunities for experience in all of the above departments must become affiliated with institutions approved as giving such experience. (Education Department, Bulletin, Albany, N. Y., July 1, 1911, p. 5.)

The committee on training schools of the American Hospital Association, in considering this question in a recent report, says:

> It is the sense of the committee that hospitals of less than 25 beds which can not affiliate or maintain some association with larger institutions, on account of their isolated or financial condition, should not attempt to maintain training schools for the training of nurses. (The International Hospital Record, Sept. 15, 1909, p. 8.)

The Royal British Nurses' Association recognizes hospitals having 40 beds and upward as qualified to train nurses and excludes the rest. Other advocates for nurses' registration in England are pressing for a rule excluding all hospitals below 50 beds from this privilege. (The Hospital, London, Oct. 24, 1908, p. 103.)

The national committee on Red Cross nursing service has taken a similar stand, and at its regular meeting in Boston, June 1, 1911, decided that "only those nurses should be eligible for enrollment who are graduates of training schools connected with general hospitals of at least 50 beds, unless the applicant has had subsequent hospital experience or postgraduate work." (American Journal of Nursing, Sept., 1911, p. 1033.)

Such a minimum requirement as has been established in New York State is a definite gain, in that it recognizes the necessity of some standard where educational work is carried on. The minimum is still low, however, and should be so considered. The difficulty in exercising any real control in this situation is great, since, although it is not so stated, the small hospital, as a rule, does consider itself helplessly dependent on the training school to carry on its work.

Dr. Henry M. Hurd, of the Johns Hopkins Hospital, puts the matter very clearly in a recent article. He says:

> In some of these smaller, unendowed hospitals, to procure graduate nurses for their service might incur an outlay which would imperil the very existence of the hospital. Hence the need of a training school for nurses with a small salary roll, instead of a large one. ("State registration and the education of nurses in the United States." The Nursing Mirror, London, Apr. 17, 1909.)

SPECIAL HOSPITALS.

Specialization in medicine has led, naturally, to the development of special hospitals or sanitaria designed to treat either a particular form of disease or a particular class of individuals. Examples of this type may be found in those special hospitals for the treatment of women. Such institutions have been springing up rapidly for years in all fairly well settled parts of the country, and now exist in large numbers. The majority of these are purely surgical in nature, frequently limited to gynecological disorders only, usually small in capacity, owned and managed by a physician or a small corporation, and, as a rule, devoted exclusively to private, paying patients. They are essentially commercial in character, intent, and methods. About 16 per cent of the 692 hospitals reporting to the Bureau of Education came under this classification, in that they were special, or private, or both.

As regards essentially private institutions, devoted to the care of paying patients, affording, for training, meager opportunities in a restricted field, it would seem as if the question of a school for the education of nurses could hardly arise; yet, private and special hospitals and sanitaria of this type, in numbers, have not hesitated to announce themselves ready to receive pupils and meet the obligations which a school of nursing involves. Such special branches of work as these hospitals offer are frequently found as a part of the system of a general hospital, and in these it is considered that from four to six months affords ample time and opportunity for training the nurse in any one such branch, the briefer period named being the commonly accepted period. Longer training in such special branches of work is only recommended in those cases where the student, after having received the full general groundwork, wishes to devote herself solely to a special field of work, such, for instance, as surgical nursing, or obstetrics, or the care of patients with nervous disorders, or the care of children. Yet a course of training for nurses covering three full years is quite commonly found in hospitals of the special type.

UTILIZING STUDENTS.

Not only is all the general nursing in these hospitals done through the services of the students, but in certain instances the students themselves become an actual source of direct and considerable profit

to the institution. This happens when the student enters such a private hospital for two or three years and is placed at a very early stage of her work upon special duty with a single patient, a considerable fee being charged for her services. In some instances it is said that pupils are kept at such special individual work during the greater portion of the course of their so-called training, the fees for their services going directly to the management.

But this does not exhaust the methods by which hospitals can utilize for their own profits the services of their students.

Out of the entire 692 hospitals from which statistics were recently received, 248 were found sending out their pupils into families in the community for private nursing, for periods ranging from 2 to 26 weeks, the payment for this service in almost all instances going directly to the hospital. It was difficult to secure explicit information as to the amount of time which student nurses really are devoting to outside work of this nature. Fifty-nine hospitals stated that they sent out their students, but omitted any reply to the question asking about the average amount of time in which the student was so occupied, using merely the vague but suggestive phrases "time varies," "as needed," or "subject to call."

It can be readily seen how the effort to guard the education of nurses by suitable legislation would interfere with such exploiting of the pupil nurse, and it is a well-known fact that the most persistent opponents of such legislation in the various States have been found among those representing such hospitals—those whose financial interests were involved in maintaining the status quo.

There are schools which include in their curriculum a brief course in visiting nursing, and certain students may elect this work among the sick in the poorer districts. This is always done without payment of any kind.

There are also occasional instances of emergencies in small communities where fully qualified nurses are not readily available, which may be temporarily met through some member of the nursing staff of the hospital. Such instances as these are not included in the situation above described. This discusses the practice of sending out pupil nurses during their training to earn money for the hospital, and urges that as a practice it can not be too strongly condemned.

HOSPITAL FINANCES.

Assuming, however, that the hospital is neither special nor private, nor so very small as to be unserviceable, that in type, character, and capacity it affords a suitable ground for the training of nurses, there should, it would seem, be some assurance that it is financially able to carry the double burden of a hospital and a school, that it can meet the expenses of its own work, and in addition can provide in

some reasonable measure at least for the common fundamental needs of a school.

Now, it is not generally understood what extraordinarily expensive places hospitals are to maintain; the work in them goes on unceasingly day and night, and service must be provided accordingly. The service must be in the main of an exceptionally high type, there must be certain trained and skilled workers, the appliances are almost invariably costly in nature, the equipment must be liberal enough to meet any emergency, it must stand the wear and tear of use for 24 hours out of the 24. The food ought to be the best in quality, the best and purest milk, the freshest eggs, good meats and vegetables and fruits; drugs, disinfectants, and dressings are costly, and their use is enormous. While every hospital should be watchful of expenses, too rigid economy in any one of the above matters may defeat the very purpose of the institution. The majority of hospitals are engaged in a constant struggle to make ends meet, and it is rare to hear of one that has an income large enough to fully and satisfactorily meet its legitimate expenses. How, then, can it adequately meet the equally legitimate expenses of a school? It has no margin for educational needs, and hospital authorities confronted daily with the pressing problem of actual necessities in the way of accommodation, food, clothes, drugs, appliances, and equipment are often and not unnaturally impatient with requests from the head of the training school for proper consideration for the needs of her department.

To pay for instructors, books, teaching material, and other of the simplest necessities of a school, in the face of these imperative hospital demands, seems to them an unjustifiable action. In the larger hospitals it is usually done with reluctance and inadequately; in the smaller it is usually not done at all. Yet schools can not exist without instructors, without libraries, without classrooms, without teaching material.

VARIATIONS IN HOSPITALS.

With hospitals of many types already existing, with a tendency toward increasing specialization so clear that the development of new types seems inevitable, with wide variations in capacity and in variety of service even in those of the same type, and with essential differences in character and methods of work, the difficulty of maintaining any serviceable uniformity in standards in the education of nurses is not only formidable; it is insurmountable under present conditions. The "equivalent in education" which hospitals offer their students must in the last analysis be determined, not by definite, recognized, and generally accepted standards, but by the ability of each particular hospital to measure up to such standards, and to provide adequate educational opportunities, by its sympathetic interest in the general problem of education, and by a full acceptance of its responsibilities and obligations in the educational work it has undertaken.

RELATION OF HOSPITAL TO ADMISSION REQUIREMENTS IN TRAINING SCHOOL.

At the very outset, the hospital demonstrates its unfitness for this responsibility in the control it exercises over the selection of candidates for admission to the training school. The first function of the school is the establishment of certain definite suitable requirements for admission, but the school, it must always be remembered, is the nursing staff of the hospital. The first function of the hospital is to secure enough workers of various grades to meet its daily needs, always immediate and urgent. Numbers of students it must have, whether or not they meet such standards for admission as the school, to retain its function, should maintain.

So long as there were few hospitals requiring students, and few professions other than teaching and nursing open to women, there were many more candidates for admission to training schools than could be received; a fairly rigid system of selection prevailed, and those who entered and remained were well qualified to meet the educational and other tests and demands of the day. But with the remarkable advances of recent years in medicine and surgery, aided by a quickening of social and philanthropic spirit widespread in its dimensions, hospitals have not only arisen in great numbers in every section of the country, but those already in existence have been steadily enlarging and expanding, and a continuous improvement and elaboration in work and technique is taking place. One thousand three hundred and sixty training schools are recorded in Sutton's Hospital and Institutional Directory for 1910. With this rapid growth in many directions has come a constantly increasing demand for students, and there is now great difficulty in securing enough to meet the needs of the hospital and at the same time maintain even the most moderate requirements for admission. There are, it appears, not only too many hospitals in competition for the existing number of qualified candidates, but there are too many other interesting and less arduous occupations open to women to enable nursing, under present conditions, to hold its own as an attractive field.

With very few exceptions, all hospitals, large and small, alike confess a great and increasing difficulty in securing enough students to carry on their nursing work. This is a matter of common anxiety among training-school superintendents and principals, and it is obvious that the difficulty in this direction is serious, is growing, and that it offers a great problem. The only way in which it appears to be possible for the hospital to deal with it, is by lowering still further the requirements for admission, already far too low, or by simply ignoring them altogether.

The superintendents of several important schools frankly admitted to the writer not long since that they had been obliged, in order to

get enough pupils to do the work, to bring into their classes entering that year a considerable number of students who ought not to have been admitted, owing to their inability to measure up to any satisfactory educational or cultural standards. Their reason for admitting these undesirable candidates was simply the necessity of getting the work in the hospital done.

CANDIDATES AND COURSES OF STUDY.

PRELIMINARY EDUCATION OF CANDIDATES.

Further evidence of the difficulty of securing students is the fact that in the State of New York, where the requirement has been made of one year of high-school work for admission to training schools, the efforts to have that one year removed as a requirement have been persistent and have come from some of the most representative hospitals. Their need for a large staff of workers is imperative, and it overshadows completely to them the need of the school that its standards shall be maintained.

It is not assumed that these representative training schools could not attract a fair number of students of even much higher qualifications than those stated in the requirements (the following statistics show that they can do so), but it is certain that they are unable at present to attract enough to supply adequately the needs of the hospital, and it seems tolerably clear that the principle of dependence upon the student body for all of the actual nursing work, and for a very considerable amount of other work, some purely domestic in nature, some supervisory and executive, is so universally accepted and so deeply rooted as to render hospitals generally unwilling to tolerate any conditions which affect this principle and which require a modification or frank abandonment of the plan and system upon which it is based.

Educational qualifications of 303 students forming the classes admitted in 1910 to 7 representative training schools in New York City.

Education.	Number of students.
College:	
4 years	10
3 years	
2 years	2
1 year	3
Normal school	20
High school or collegiate institute:	
4 years	107
3 years	24
2 years	44
1 year	14
Private schools (from 1 to 3 years)	58
Academy	2
Common or grammar (supplemented in some instances by a business course or some instruction in domestic science)	19
Total	303

The points to be noted in the above are that the proportion of students who fully meet the highest requirement that has yet been made for admission in any training school, namely, high-school graduation, is not far below 50 per cent, but that of the remaining number over 25 per cent fall definitely below any suitable standards upon which a sound professional education can usually be built, and, further, that the degree of attainments presented by these students shows such wide and striking differences that the question at once arises, how is it possible to work out any uniform educational standards in nursing when handicapped at the very outset by the impossibility under present conditions of establishing and maintaining any uniformity in standards or requirements for admission. In any entering class of students in a training school of good standing will be found all the degrees and shades of educational preparation, such as are included in the reports of the seven New York schools, and still more clearly are they shown in the following statistics concerning the educational qualifications of students in the Johns Hopkins Hospital training school for nurses for a period of 16 years.

Educational qualifications of training school nurses in Johns Hopkins Hospital.

Years.	Common school.	High school and collegiate institute.	Private.	Convent.	Seminary.	College.	Normal.
1891	2	5	3	1	2	3	.....
1892	1	3	10	2	1	3	.....
1893	13	5	7	2	2	4	2
1894	.....	.....	.....	.....	.....	.....	.....
1895	7	11	7	1	1	4	3
1896	5	18	7	5	4	2	1
1897	1	7	5	1	3	4	.....
1898	.....	3	4	2	1	2	.....
1899	2	10	7	1	3	3	.....
1900	3	11	7	1	2	3	1
1901	2	9	6	1	1	4	2
1902	5	12	10	3	2	3	.....
1903	2	10	4	1	4	3	5
1904	2	9	7	2	1	6	4
1905	2	14	2	.....	5	8	.....
1906	3	9	1	1	5	12	4

Women whose actual formal education has not gone beyond the common school, and has ended at the age of 13 or 14 years, or who have had but one year of high school, or one or two years in private school or convent, enter training schools on identically the same terms as do women bringing a college degree. The students enter the same classes and take precisely the same courses; no recognition or credit is, as a rule, given the college woman for the higher qualifications she presents or for previous work done, yet curiously enough in the announcements of most training schools will be found the statement "women of superior education preferred."

From the reports of 692 training schools made in 1911 to the Bureau of Education, it appears that about 35 per cent of the total

number state a requirement of "high school or its equivalent;" about 23 per cent call for one year of high-school work (or an equivalent); 28 per cent call for nothing beyond the common school; the remaining 14 per cent either make no educational requirements whatever, and say so in unmistakable terms, or indicate merely a preference. It has been found that the equivalent of high-school work either of four years or one year must be interpreted with great liberality, so much so, in fact, that the former may be said to have little real significance in the majority of schools as a requirement for admission.

The large, best-equipped, and well-known schools naturally attract the most desirable candidates, yet not one of them is exempt from the necessity of admitting and keeping in the school pupils of pitifully low educational attainments and mental ability in order that there may be no disturbance or breakdown of the system which requires the hospital to be "manned" at all points throughout its departments with student nurses. In the smaller hospitals the situation is in the main much more difficult and pressing, and the principals of the larger training schools are not infrequently appealed to by their colleagues of the smaller to pass on to them candidates who have failed to measure up satisfactorily to the standards of the larger school.

The ultimate effect of the lowering of educational standards for admission to training schools is thus discussed by Miss L. L. Dock, honorary secretary of the International Council of Nurses. (A letter to hospital superintendents, by L. L. Dock. National Hospital Record, Jan. 15, 1909.)

The plea for laxity in preliminary educational standards, low entrance requirements for hospital training schools, and even for shorter terms of training, is often made with great skill of argument, and can be so presented as to sound extremely plausible, especially when present difficulties, graphically portrayed and emphatically dwelt upon, are placed well to the forefront of the statement.

Yet it is a singularly shortsighted plea—that of providing at all costs for the present without reflection as to the future. It is, indeed, an unstatesmanlike type of mind that can advocate a deliberate choice of lower, instead of higher, standards of education, because this kind of policy tends ultimately to self-destruction. It is like the pit that one digged and into which he himself fell.

Those who live in social settlements, where there are many opportunities to observe the curves of social tendencies, see daily evidences that the way for an inadequate and superficial education lies along the path of least resistance. No special pains are needed to induce people to be poorly educated; precisely the opposite, indeed, is the actual case. What with struggle for existence on the one hand and the weight of inertia on the other, those who will be standard bearers for worthy educational ideals and human progress must wage the most unremitting warfare that peace knows.

Our hospitals to-day employ in their services so large an army of young women that their indirect influence on common school education is very great indeed. If they will continue to demand applicants of good preliminary education, the whole cause of popular education will be materially strengthened; but if they should slip down to the basis of the primary grades, and be satisfied with that plane on which children of 14 are allowed to go into industry, they will deal a serious blow to education.

It can hardly be denied that the immediate effect of a ruling on the part of all hospitals to accept, in the near future, only those applicants who have had the equivalent of a high-school education, would be to stimulate a steady procession of girls into the high school; for, after all, even the most determined pessimist can not, as yet, show that the majority of the families from which nurses come are too poor to send their daughters to school, if there is a good and practical reason why they should go.

Nor, on the other hand, can the discouraging effects of a contrary step be denied, for the world is full of the proofs of inefficiency resulting from meager education, which, in turn, is directly traceable to low ideals.

It seems plain that here is an ethical obligation of the hospital to society of a very real nature and far-reaching extent, the more so as hospitals do not rank themselves among the "soulless" corporations that seek only material gains, but claim place among the forces that make for a higher civilization and an ampler distribution of the blessings of science. From the more selfish point of view, too, it would seem suicidal for hospitals to retrograde in educational ideals, for, as they are themselves entirely dependent upon an enlightened public for their support, they would help to cut off their own source of supply by helping to bring about a falling estimate of educational requirements. If, again, hospitals should generally accept a low standard, but other lines of occupation and skilled callings should steadfastly maintain high ones, then one of two things must result, both equally discreditable to the hospital, namely, either it must be permanently satisfied with the inferior grade of worker, with the accompanying loss of its own prestige, or it must reap the advantage made possible by the uncompromising high ideals of other callings, by which a generally good standard has been sustained; in other words, the hospital will reap where it has not sown—at the best, a shabby deed.

There was a time when hospitals were quite without influence in matters of general education. That was in the day of the untrained nurse or attendant, whom some of our reactionaries would like to bring back. Strange that in those days no one was satisfied, the public least of all. After all, as a country we believe in education; indeed, we stand for it. It is one of our corner stones. Is it, then, really respectable for men of any standing to maintain that the "equivalent" of the first high-school year is too much to exact of women who are to be intrusted with responsibilities of life and death? Should we not be ashamed to assert that a primary education is enough for hospital probationers, or that three years is too long a time for the training of a nurse, though it is not long enough for a complete knowledge of horticulture?

The thing of real importance is not that nurses should be taught less, but that all women should be taught more; not that courses of training for any serious work should be shortened, but better filled.

The arguments in behalf of lower standards are usually commercial arguments, and are, to persons familiar with the shibboleths and battle cries of the industrial struggle, ludicrously identical with those that are put forward in defense of forest and soil destruction, waste of natural resources, child labor, and other self-destructive policies. The correctness of this statement may be easily verified by the most casual reader.

The perennial widow who is compelled to depend on the wages of young and undersized boys, is the same piece of stage property as the excellent and competent nurse who possesses every known virtue but no education to speak of. One must ask why, as this excellent woman could not in any event be admitted to hospital probation until she is at least 19, should she not be encouraged to go to school until that time?

Long experience in the daily urgency of getting hospital work done, and the often unavoidable necessity of retaining probationers of elementary education, has but served to convince that it is more wholesome in the long run to hold a standard sufficiently high to act as a stimulus, even if one often consciously falls below it, than to be satisfied with one which is nothing more nor less than an indorsement of the status quo.

The present is urgent, but those in places of responsibility and authority have not the moral right to ignore the future.

AGE OF CANDIDATES.

Until the last few years the general age requirement for admission to training schools was 23 years, and it was only in exceptional instances that students were admitted under that age. But of recent years, in the effort to secure enough students to staff the hospital, this age requirement has been steadily lowered until now in the majority of schools (55.20 per cent) students are admitted at 20 years or under, and in 13.15 per cent of all schools they are admitted at 18 years of age. A further descent may be perhaps foreshadowed in the record of the two schools admitting that they receive students of 17 years of age. The age requirements in the various schools are as follows:

	Schools.		Schools.
17 years	2	23 years	12
18 years	91	24 years	1
19 years	48	25 years	7
20 years	241	No definite age	10
21 years	255		
22 years	25	Total	692

While there is little reason to suppose that the age standard could in the present day, be kept at 23 or even 22, yet it is a grave question whether the admission of young, immature girls of 18 and 19 to hospital wards, and to the heavy physical demands and the overwhelming responsibilities and anxieties of such work as inevitably awaits them there by day or by night, should be considered. No school dare assume that it will be able to provide influences and safeguards strong enough and far-reaching enough to protect either patient or pupil under those conditions.

There are undoubtedly a few schools in the country able to maintain suitable age standards, but the statements which have been made refer to the general situation and not to a few special instances.

CHARACTER OF WORK FOR STUDENTS.

There are certain measures which hospitals could adopt without any very great delay which would greatly relieve the present situation and check to some degree the constant flow into training schools, and thence into the community, of applicants who are fundamentally unfit for nursing, not only because of their limited general education and immaturity, but because of genuine defects in temperament, character, and habits. Hospitals, generally, could and should begin to accept the idea that a considerable proportion of actual nursing work must be paid for. Such official, executive positions as those of head nurse, supervisor (for day or night), and assistant should be filled not with students, but with graduate nurses carefully selected because of their fitness for the posts they are to occupy. They should be paid a proper salary, and provision should be made in

certain institutions in America, as has long been done in England, for an additional salaried body known as staff nurses. Beyond this, a sufficient number of employees should be provided to release the students from the performance of much of the common domestic service which pupil nurses are in nearly all hospitals daily performing. The students should of course be taught thoroughly how to do such work in order that they may know how to maintain proper surroundings and conditions for their patients, but it is a great waste of students' precious time to keep them for years repeating routine tasks of a purely domestic nature and of no educational value whatever. These suggested measures alone would substantially reduce the number of students now required to be admitted yearly, and would enable the schools to reject a considerably larger proportion of those falling below suitable standards.

HOURS OF WORK FOR STUDENTS.

The introduction of these measures, particularly that providing for a nursing staff independent of the student body, would also if properly carried out render important services to the training school in other ways. It would enable the school to shorten the hours of work for students, or, in the language of the hospital, "hours of duty." These long hours have always formed a persistent and at times an apparently immovable obstacle in efforts to improve the education of nurses and to establish a rational adjustment of practice to theory. A brief study of hours of work in 111 hospital training schools made by the writer in the year 1896 ("Working Hours in Training Schools," by M. A. Nutting, Report of American Society of Superintendents of Training Schools for Nurses, 1896, pp. 31–39) showed that at that time in very nearly two-thirds of these training schools throughout the country student nurses were on duty for 10 hours and over daily. The hours of night duty were found to be 12 hours in 70 per cent of the schools, and in the remainder they exceeded that number and ranged from 13 to 13½. In no instance were these hours found to be under 12.

The entire course of training at that date was in all schools in this country two years or under (the one exception was the training school of the hospital of the University of Pennsylvania, at Philadelphia, which adopted the three-year course in 1904), a condition which should be considered in discussing the working hours of students. Ten or more hours a day in addition to class work and study might be endured for a period of two years without obvious or immediate injury to health. The same hours carried on for three years would prove a serious strain upon the student's physical resources, inflicting perhaps irreparable injury. The conclusions reached in this first study of working hours of students were that they were universally excessive,

that their requirement reacted injuriously not only upon the students, but eventually upon the patients and the hospital, that it was a short-sighted and unjustifiable economy in hospital administration which permitted it to exist. Fifteen years later, statistics show that though the course of training has now in the great majority of schools been lengthened to three years, shorter hours of work have not generally accompanied this change, and that progress in that direction has been slow and unsatisfactory. Nearly half (45.4 per cent) of the entire number of hospitals reporting on this subject still require a working day of 10 hours and over. The following statistics are from reports received recently by the Bureau of Education, and presented with them for comparison are statistics on the same subject in 1896.

Hours of duty in 1911 and 1896.

Hours of duty.	Schools in 1911.	Schools in 1896.
8	69	2
8½	43	0
9	239	11
9½	26	29
10	220	14
10½	0	32
11	22	3
11½	0	14
12	44	3
More than 12	0	3
Hours not given	29	.....
Total schools	[1] 692	[2] 111

[1] Percentage under 10 hours in 1911, 54.6. [2] Percentage under 10 hours in 1896, 37.8.

In speaking of hours it must be remembered that these statistics refer only to practical work in ward, clinic, operating room, or other hospital department, and not to any portion of theoretical work; that the 10 hours in question are required of the student irrespective of lectures, class, or study. This practical work, also, is in many of its aspects unusually exacting and fatiguing; much of it is done while standing, bending, or lifting; much of it is done under pressure of time and nervous tension, and to a considerable degree the physical effort which the student must make is accompanied by mental anxiety and definite, often grave, responsibility. Viewed from any standpoint whatever, real nursing is difficult, exacting work, done under abnormal conditions, and all the extraordinary, subtile, intangible rewards and satisfactions which are bound up in it for the worker can not alter that fact.

Ten hours, or even nine hours, of work daily of this nature can not satisfactorily be combined with theoretical instruction to form a workable educational scheme. It is futile, and it should frankly be so conceded, to offer instruction to students who are unable through fatigue to make the required mental effort, who can not, if they would,

bring freshness, enthusiasm, or even intelligent interest to the subjects presented. The attention of tired students may be held by an exceptionally able lecturer for brief periods, but sustained work is out of the question. The student under these conditions not only loses the valuable knowledge which should illuminate every step of her work, but is liable through fatigue to misunderstand or misinterpret the instruction designed to afford her a safe basis upon which to build correct practical procedures. The direct effect of this is an immediate loss to the student; the indirect effect is a steady loss of interest in that part of her work which she can not by any possible effort find time and strength to handle satisfactorily. The importance of the practical side of her work is highly emphasized, that of the theory is minimized and belittled. It is not surprising that student nurses in training schools should eventually grow to exalt the practical above everything. It is the logical and inevitable result of the daily lessons taught them of the relative importance of the two factors in their education. Another aspect of these long hours, and one of extreme importance, is their bearing upon the health of student nurses.

Included in the special questionnaire on hours of work were questions on the average number of days of illness per student, the nature and causes of such illnesses. The replies received did not lend themselves readily to ordinary methods of tabulation, but as far as could be gathered the illnesses of students were due to one or more of the following causes: Overcrowded wards, overcrowded and unsanitary nurses' homes, overwork due to shortage of pupils, fatigue, exposure, overheating, poor food, not enough outdoor life, too little play, epidemics—these all figured as being in some measure contributory to the illnesses of students recorded in the various institutions. Of interest was the statement made in one reply that improved accommodations for more nurses brought down the number of pupils off duty on account of illness.

That long hours of ward work are, however, in most hospitals in the last analysis the main factor in causing, directly or indirectly, sooner or later, a heavy percentage of illness, those familiar with hospital life and its demands will not be disposed to doubt, and lowering the age of admission to schools becomes in its relation to prevailing hours of work a matter of the utmost importance. Dr. Frederic Lee, whose studies of fatigue in its relation to health are authoritative, makes the point that the fatigue resulting from long hours is far more serious in its effects upon such younger candidates as are now entering our schools—of such ages, for instance, as 18, 19, and 20—than upon the older student of former years. The shorter day, therefore, is seen to be important from the standpoint of the younger student, as well as from the effects of the longer (three years') course of training.

How largely the superintendents of training schools feel the need of improvement in this direction may be gathered from the fact that over two-thirds of the replies to the questions on this subject suggested shorter hours as advisable or necessary, that a large proportion of these stated their firm belief in an 8-hour day, and that almost every reply which came showed clearly in one way or another the difficulties under which the schools were laboring in trying to carry on the hospital work with the existing number of students. Many replies expressed outright the urgent need of more nurses, and one stated frankly that in order to adhere to a proper system of hours, and not make them dependent on hospital conditions, she would require a 20 per cent increase in the number of students—which she was quite unable to secure.

An interesting reply from a school where, as nearly as could be discovered, the working hours were 11 was to the effect that these hours were very satisfactory, and that the patients disliked a change of nurse even from day to night. Another stated "12 hours are not too many if there is plenty of good, nourishing food."

LENGTH OF ACADEMIC YEAR.

In considering this whole question of time and hours, it must not be forgotten that, as compared with other professional schools or with colleges, the training-school year is unprecedentedly long. It covers, in the majority of schools, 50 weeks each year, in which there are no Christmas, Easter, or Thanksgiving holidays and rarely a whole free Sunday. The annual vacation period is generally two weeks in length and although there are some schools allowing three weeks or even one month, there are others allowing but 10 days of vacation annually. In all schools it is customary to require the student to make up to the hospital every day or half day lost by illness or absence. Contrast the 50 weeks of the training school year with the 32 or 36 weeks of the academic year in the college or professional school. It is the rare instance in which the year in either of these institutions extends to 38 or 40 weeks. In point of actual time, therefore, the course of training in the majority of schools, which covers three years, as the accompanying table shows, is equivalent to four full academic years.

Length of period of training.

Number of years in course—	Number of schools.
4	[1] 1
3½	[2] 1
3	501
2½	82
2	103
No data	4
	692

[1] The Waltham School, Waltham, Mass. [2] The Presbyterian School, Chicago, Ill.

In connection with so long a course of training, long hours of work take on a new significance. They seem an intolerable offense against the principles for which the hospital and training school are standing in modern society, the principles upon which efforts are based to preserve and protect health and to advance knowledge concerning them.

The late Mrs. Hunter Robb, the first principal of the training school in the Johns Hopkins Hospital, Baltimore, and an authority on nursing education, pointed out in the very beginning the dangers of adopting the three years' (calendar years) course unless with it came shorter hours, and she insisted that superintendents of nurses ought to hold to the two years, and not consider adding to them, unless they were prepared to limit the day's work of practical nursing to eight hours. In an address on this subject written in 1895, and read at a meeting of superintendents of training schools, she said (Transactions of the American Society of Superintendents of Training Schools for Nurses, 1895, p. 36):

> I am sure that many of you have had some qualms of conscience at the way in which we are sometimes forced, I might almost say, to drive our pupil nurses through a two years' course. I assure you that I have had myself many anxious moments for the future of certain of my pupils as regards their health. It is well known that a combination of physical and mental labor is more exhausting than simple manual or simple mental occupation. It is true that for a time such a strain can be borne without producing any permanent injurious effects, and it is possible in most cases for women, to stand the strain imposed upon them for two years, although I am afraid that not all of them come out of the trial unscathed. If, however, this high pressure is to be kept up for three years, I am sure that the health of the nurses will suffer. A woman who works physically over eight hours a day is in no mental condition to profit to any extent by class instruction or lectures. I maintain, therefore, that the three years' course must not be considered at all unless the hours of practical work are shortened, but if the two changes can be made together, then the preservation of the health of the nurse and the extension of her education and training will be insured. This again will result in an increase in her competency and consequently will be productive of greater benefits to the patients who come under her care during her training, and after she has graduated.

Whatever changes may arise in the future in the system of educating nurses, this question of shorter hours certainly is a matter of immediate, paramount importance, and perhaps no one aspect of training-school work has greater influence upon prospective candidates than this one of the long hospital hours.

NEED OF VITAL STATISTICS.

It is felt by some of those who have been identified for many years with hospitals and training schools, that there is need for carefully secured vital statistics which shall supply exact information, not only as to the relative effect of two against three years of rigid hospital training, or the 8, 9, or 10 hour day, the conditions

under which the students live and work, the number of physical and nervous breakdowns during the ordinary course of training, but which shall carry its investigations out into the nurse's professional life and work, in an attempt to discover the length of the working life of the average nurse in various professional fields of activity—private nursing, hospital work, district work, tuberculosis work especially, and other phases of work in which nurses are now engaged in numbers. It is important to have some accurate data as to the amount, for instance, of tuberculosis which develops in nurses after they leave the training schools, and at what period; and now that the idea of requiring a careful physical examination of all students is gaining favor in schools of the highest standing, as a measure of protection both to the student, hospital, and school, it should be comparatively easy to secure such vital statistics.

THE CURRICULUM.

The general plan of work in all training schools has the merit of extreme simplicity. The accepted candidates are admitted at certain periods of the year in numbers in accordance with the needs of the hospital. In some schools it is customary to admit groups of students twice yearly, in the spring and in the autumn; in others they are admitted every three or four months; and still others admit when a vacancy occurs in the school or some special need arises in the hospital. It has been the universal custom to place these students, called "probationers," on duty in the hospital wards immediately on arrival, to confine them for the first few days to the simpler tasks in caring for the surroundings of patients, and to advance them shortly to minor duties in the actual care of patients. A certain proportion of these students thus on probation fail to pass the required tests, and retire or are dropped. The successful ones are placed in uniform, becoming the junior students on the staff, and from this point on they are pushed forward with considerable rapidity into the more difficult and important tasks and into increasing responsibility. It is naturally essential that they should be ready to render efficient service to the hospital at the earliest possible date. Some idea of the the rapidity with which this process of development goes on may be gathered from the fact that it is customary to place this young student on night duty (i. e., the sole charge of a ward of patients) at a comparatively early stage of her training, and it is expected that those who have been training her will have prepared her for this stage of her work, which may come at any time after the fourth month. Formerly it was a common custom to place student nurses on night duty at the end of the third and sometimes even of the second month. There has been great improvement in this matter of recent years,

and now many of the better type of schools postpone this trying experience until the sixth month or later.

In thus hastening the practical progress of the student for practical purposes it has been necessary to set her at many tasks without any adequate instruction to prepare her for them. She has been doing certain work long before acquiring knowledge of the fundamental sciences or the principles upon which that work is based. The few hours devoted to theory, usually not more than two a week, have made the rate of progress in that part of her education exceedingly slow, and the fatigue resulting from 9 to 10 hours of work daily have made it difficult for her to profit by the instruction offered.

PRELIMINARY COURSES.

With the view of improving this feature of training-school work and introducing better methods, brief preliminary courses were established in 1903 in two training schools in Great Britain, the schools of the Royal Infirmary at Glasgow and of the London Hospital at London. This attempt to give the student some slight preparation in theory and elementary nursing procedures proved highly satisfactory, and at a little later date the same plan was tried in this country in a somewhat larger way. In the report on this subject published by the Bureau of Education in 1905, statistics were given of 43 training schools in different parts of the country in which these preliminary courses had been established. The development in this direction was recognized as marking an important and interesting advance in training-school work, and the progress made in the brief period following its introduction into a representative school of nursing, in 1901 (the Johns Hopkins Hospital training school, at Baltimore), had been so surprisingly rapid as to afford great encouragement to those who had urged it as an improvement in educational methods.

The course as originally outlined here covered a period of six months, and provided instruction in the fundamental sciences which underlie the art of nursing, such as anatomy and physiology, bacteriology and chemistry, materia medica, hygiene, dietetics (with laboratory work in cookery), housewifery, sterilization and disinfection, and the elementary principles and procedures in nursing. It was realized that a few months spent in preparation of this nature would enable the student to enter the ward and begin the practical care of patients and the study of disease under conditions favorable alike to educational growth and to the safety and welfare of her patients. Instead of being the unskillful performer of successive acts the meaning and purpose of which she was frequently entirely unable to comprehend, the student could approach her practical work prepared in some small degree, at least, to profit immediately by the opportunities

afforded, and to avoid the errors, the losses through ignorance and ill-directed effort, and the period of distressing mental confusion through which almost all conscientious student nurses passed when trained under the older system, which placed them at a very early stage of their training at the bedside of the patient, entirely unprepared and unfortified. The general principles underlying this new plan of work are recognized as sound. They are approved by the Education Department of the State of New York, which says:

> Schools of nursing to be registered by the regents must be prepared to provide the following opportunities for their pupils: A preliminary course of instruction and probation of not less than four months, during which term the pupils receive the theoretical and practical instruction necessary before undertaking any actual nursing in the wards. (Education Department Bulletin, Albany, N. Y., July, 1911, p. 6.)

A further impetus toward the development of preliminary work was given by the training-school committee of the American Hospital Association, which in its recent report (the International Hospital Record, Sept. 15, 1909, p. 8) insisted "that a preliminary course of study of not less than three months' duration be given to each class."

Teachers College, Columbia University, New York, has offered for two years opportunity for special work in the preliminary sciences leading to nursing. Some of the subjects studied are anatomy and physiology, bacteriology, chemistry, hygiene, household economics, dietetics, cookery, home nursing and emergencies, care of children, and some work in the history and ethics of nursing and nursing sociology.

This course as outlined takes eight months, students who have carried the work satisfactorily being admitted on advanced standing to an approved training school for nurses. Bellevue, Mount Sinai, Presbyterian, and St. Luke's Hospitals, New York, and the Johns Hopkins Hospital, Baltimore, have agreed to deduct 6 to 9 months from their regular course in recognition of such preparation. Applicants must be high-school graduates, and must of course meet the requirements of the training school as to age, health, and general fitness before being admitted as pupil nurses.

In England the course, usually but six weeks in length, has been established in a good many prominent schools, and it is worthy of note that it has been recently introduced into the oldest regular training school in existence, that established by Florence Nightingale in 1860 at St. Thomas' Hospital, London. From statistics gathered through a special study on this subject made in 1911 by the committee on education of the American Society of Superintendents of Training Schools (see Annual Report of this Society for 1911), it was found that 86 schools have now established such preliminary courses, varying in length as the following table shows:

Length of preparatory course:	Schools.
1 college year	[1] 1
6 months	11
4 months	7
3 months	34
2 months	23
6 weeks or under	10
Total	86

[1] The University of North Dakota.

Preparatory courses reported in training schools in June, 1911.[1]

	Location.	Hospital.	Number of beds.	Number of pupils.	When established.	Included in 3 years?	Subjects taught.						
							Anatomy and physiology.	Bacteriology.	Chemistry.	Hygiene.	Dietetics and cookery.	Materia medica.	Elementary practical nursing.
	School offering preparatory course of one year.												
1	University, N. Dak.	University of North Dakota.	.....	.....	1910	Yes.	×	×	×	×	×	×	×
	Schools offering a six months' preparatory course.												
2	Baltimore, Md.	Johns Hopkins.	360	145	1901	Yes.	×	×	....	×	×	×	×
3	Chicago, Ill.	Presbyterian.	200	110	1903	No.	×	×	×	×	×	×	×
4	Cleveland, Ohio.	Lakeside.	269	91	1903	Yes.	×	×	....	×	×	×	×
5	Dallas, Tex.	Texas Baptist Memorial.	135	45	1910	.....	×	×	....	×	×	×	×
6	Detroit, Mich.	Harper.	220	85	1902	Yes.	×	×	....	×	×	×	×
7	Minneapolis, Minn.	Northwestern.	75	31	1904	Yes.	....	....	....	....	×	×	×
8	.....do.	University.	52	16	1909	Yes.	×	×	×	×	×	×	×
9	New York, N. Y.	Presbyterian.	233	100	1904	Yes.	×	×	....	....	×	....	....
10	.....do.	St. Luke's.	300	106	1902	Yes.	×	×	....	×	×	×	×
11	Philadelphia, Pa.	Polyclinic.	100	30	1903?	Yes.	×	×	....	×	....	....	×
12	Pittsburgh, Pa.	Allegheny General	316	73	1909	Yes.	×	×	....	×	×	×	×
	Schools offering a four months' preparatory course.												
13	Boston, Mass.	Children's.	100	45	1904	Yes.	×	×	×	×	×	×	×
14	Chicago, Ill.	Mercy.	250	106	1908	Yes.	×	....	×	....	....	×	×
15	.....do.	St. Luke's.	315	120	1907	Yes.	×	×	....	×	×	×	×
16	Norfolk, Va.	Norfolk Protestant	140	39	1907	Yes.	×	....	....	×	×	×	×
17	Taunton, Mass.	Taunton.	20	12	1910	Yes.	×	×	....	×	....	×	×
18	Toronto, Ont.	Hospital for Sick Children.	150	55	1905	Yes.	×	×	....	×	×	×	×
19	Worcester, Mass.	Worcester City.	295	100	1905	Yes.	×	×	×	×	×	×	×
	Schools offering a three months' preparatory course.												
20	Bangor, Me.	Eastern Maine General.	100	35	1909	Yes.	....	....	....	....	....	....	....
21	Boston, Mass.	Massachusetts General.	310	140	.....	Yes.	×	×	....	×	×	×	×
22	.....do.	Massachusetts Homeopathic.	300	100	1906	Yes.	×	×	×	×	....	....	×
23	Bridgeport, Conn.	Bridgeport.	112	46	.....	Yes.	×	×	....	×	....	....	×
24	Charlottesville, Va.	University of Virginia.	110	30	1908	Yes.	×	....	....	×	×	....	×
25	Chicago, Ill.	Cook County.	1,800	180	1904	Yes.	×	×	....	×	×	×	×
26	.....do.	Michael Reese.	350	.....	.....	Yes.	×	×	....	×	×	×	×
27	Cincinnati, Ohio.	Christ.	120	53	1903	Yes.	....	....	....	....	×	×	×
28	.....do.	Jewish.	125	30	1908	Yes.	×	×	....	×	×	×	×
29	Dayton, Ohio.	Miami Valley.	150	45	1906	Yes.	×	×	....	×	×	....	×
30	Detroit, Mich.	Grace.	150	65	1908	Yes.	....	×	×	×	×	....	×
31	Fall River, Mass.	Union.	80	29	1908	Yes.	×	×	....	×	×	×	×
32	Indianapolis.	Methodist Episcopal.	70	40	1911	Yes.	×	×	....	....	×	×	×
33	Lewiston, Me.	Central Maine General.	70	33	.....	Yes.	....	×	....	×	×	×	×
34	London, Ont.	Victoria.	300	84	1906	Yes.	×	×	....	×	....	×	×
35	Muskegon, Mich.	Hackley.	40	20	1907	Yes.	×	×	....	×	×	×	×
36	New Haven, Conn.	Connecticut.	225	70	1908	Yes.	....	×	....	×	×	×	×
37	Newport, R. I.	Newport.	100	33	1908	Yes.	....	×	....	×	×	....	×
38	Newton, Mass.	Newton.	100	65	1907	Yes.	×	....	....	....	×	....	×

[1] Ten additional schools report a short course of six weeks or under of preparatory work.

Preparatory courses reported in training schools in June, 1911.

Hours of theory, daily.	Practical work, hours daily.	Practical work, where done.								Tuition charged.	Uniforms supplied by—	Textbooks supplied by—	Additional assistants or instructors required.	Affiliation with college or technical school.	
		Demonstration room.	Wards.	Dispensary or clinic.	Diet kitchen.	Pharmacy.	Supply room.	Linen and sewing room.	Laundry.						
5	0									$25			Yes.	No	1
2	6				×	×	×			50	Stu.	Hosp.	2	No	2
1-4	6			×	×	×	×			25	Stu.	Stu.	1	Rush Medical College.	3
2	7		×		×		×			25	Hosp.	Hosp.	1	No	4
1½	10		×		×		×			0	Hosp.	Hosp.		Baylor Medical College.	5
2	6		×		×		×			0	Stu.	Stu.	1	No	6
2½	6½		×		×		×			0	Stu.	Stu.	1	No	7
5 / [2]	[2] 6		×					×	×	25	Hosp.			University of Minnesota.	8
6½	2		×		×		×			0	Hosp.	Hosp.	2½	No	9
3	5		×		×					0	Stu.	Hosp.	1	Teachers College	10
3	5		×				×			0	Stu.	Hosp.	1	No	11
1½	6		×		×		×			0	Stu.	Stu.	1	No	12
8-9	0									200	Stu.	Stu.		Simmons College	13
2-3	6	×	×		×		×			0	Stu.	Stu.	1	Northwestern University.	14
2	5½		×	(3)						0	Hosp.	Hosp.	2	No	15
			×							0			1	No	16
2	5		×				×			0	Hosp.	Hosp.	No.	No	17
4	4		×		×	×	×			0	Stu.	Hosp.	2	No	18
2	7		×		×					0	Hosp. in part.		1	No	19
1-2	10		×	(3)						0	Stu.	Stu.	Yes.	No	20
1-2	4-5		×		×					0	Stu.	Stu.	No.	No	21
2	7		×								Stu.	Stu.	3	No	22
1	10		×				×			0	Stu.	Stu.	4	No	23
1	6		×		×		×			0	Stu.	Hosp.	1	No	24
			×		×					0	Hosp.	Stu.	2	No	25
2	8		×		×		×	×		0	Stu.	Stu.	Yes.	No	26
2	8		×		×	×	×			0	Stu.	Stu.	2	No	27
5	5		No.		×	×	×			0	Hosp.	Hosp.	3	No	28
4	5		×							0	Stu.	Stu.	1	No	29
1	8		×		×	×	×			0	Hosp.	Hosp.	No.	No	30
1½	7	×	×		×					0	Stu.	Stu.	No.	No	31
2	10		×		×					0	Stu.		1	No	32
1	8		×							0	Stu.	Stu.	No.	No	33
1½	7		×	×		×	×			0	Stu.	Stu.	1	No	34
			×		×					0	Hosp.	Hosp. 1st yr.	1	Hackley Manual Training School.	35
1	1		×							0	Hosp.	Stu.	1	No	36
2½	8		×		×		×			0	Stu.	Stu.		No	37
4½	7		×				×			0	Stu.	Stu.		No	38

[2] In Homeopathic Hospital. [3] In different departments. ~ Approximately.

Preparatory courses reported in training schools in June, 1911—Continued.

	Location.	Hospital.	Number of beds.	Number of pupils.	When established.	Included in 3 years?	Subjects taught.						
							Anatomy and physiology.	Bacteriology.	Chemistry.	Hygiene.	Dietetics and cookery.	Materia medica.	Elementary practical nursing.
	Schools offering a three months' preparatory course—Continued.												
39	New York	Mount Sinai	300	170	1900	Yes.	×	×	....	×	×	×	×
40	.....do	New York Infirmary for Women and Children.	119	23	1906?	Yes.	....	×	....	....	....	....	×
41	Pittsburgh, Pa	South Side	135	30	1905	Yes.	×	×	....	×	....	×	×
42	Providence, R. I	Rhode Island	400	140	1906	Yes.	×	×	....	×	×	×	×
43	Pueblo, Colo	Minnequa	150	25	.....	Yes.	....	....	....	....	....	×	×
44	New York, N. Y	Bellevue	1,223	111	1910	Yes.	×	×	....	×	×	....	×
45	Quebec, Quebec	Jeffery Hale's	50	27	1909	Yes.	×	×	....	×	×	....	×
46	Rochester, N. Y	Rochester General	110	56	1906	Yes.	....	×	....	....	....	×	×
47	St. Louis, Mo	Washington University.	200	45	1910	Yes.	×	×	....	×	×	×	×
48	St. Paul, Minn	St. Luke's	100	44	1910	Yes.	×	×	....	×	×	×	×
49	San Francisco, Cal	Lane	175	70	1905	Yes.	×	....	....	×	×	×	×
50	Topeka, Kans	Christ's	85	35	1908	Yes.	×	×	×	×	....	×	×
51	Toronto, Ont	Toronto General	400	115	1911	Yes.	×	×	....	×	....	×	×
52	Wauwatosa, Wis	Milwaukee County	250	30	1911	No.	×	×	....	×	....	....	×
53	Westfield, Mass	Noble	55	13	1911	Yes.	×	×	....	×	×	....	×
	Schools offering a two months' preparatory course.												
54	Akron, Ohio	City	80	25	1908	Yes.	×	×	×	×	×	×	×
55	Ann Arbor, Mich	University	300	70	1911	Yes.	×	....	....	....	....	....	×
56	Brooklyn, N. Y	Brooklyn	196	44	1906	Yes.	....	×	×	×	....	×	×
57	.....do	St. Mary's	250	60	1906	Yes.	×	....	....	×	×	×	×
58	Buffalo, N. Y	Buffalo Homeopathic.	40	18	1910	Yes.	×	×	....	×	×	×	×
59	.....do	Erie County	450	47	1906	Yes.	....	....	....	....	×	....	×
60	Camden, N. J	Cooper	100	35	1911	Yes.	....	×	....	×	....	×	×
61	Canandaigua, N. Y	F. F. Thompson	50	15	.....	.....	×	×	....	×	×	×	×
62	Chicago, Ill	Augustana	200	88	1906	(1)	....	....	....	....	....	....	×
63	Jamaica Plains, Mass	Adams Nervine	50	19	1905	Yes.	×	....	....	×	×	....	×
64	Kingston	Kingston General	100	36	.....	Yes.	×	....	....	×	....	....	×
65	Louisville, Ky	John N. Norton Memorial.	100	36	1908	Yes.	....	....	....	×	×	....	×
66	Minneapolis, Minn	Asbury and Rebecca Methodist Episcopal Hospital and Home.	105	42	.....	Yes.	×	....	....	×	×	....	×
67	.....do	City	250	46	.....	Yes.	×	....	....	....	....	....	×
68	New York, N. Y	City and Maternity and Gouverneur.	900	100	1902	No.	×	....	....	×	×	×	×
69	.....do	New York	225	94	1904	No.	×	....	....	....	×	....	×
70	Omaha, Nebr	Nebraska Methodist Episcopal.	100	45	1909	Yes.	×	×	....	×	....	×	×
71	Poughkeepsie, N. Y	Vassar Bros	65	22	1910	Yes.	×	×	....	×	....	×	×
72	Philadelphia, Pa	Jewish	150	55	1909	Yes.	....	....	....	....	....	×	×
73	.....do	Pennsylvania	315	72	.....	Yes.	....	×	....	×	....	....	×
74	Quincy, Ill	Blessing	80	20	1905	Yes.	....	....	....	×	....	×	×
75	Saginaw, Mich	Saginaw General	50	20	.....	Yes.	×	....	....	×	×	×	×
76	Springfield, Mass	Springfield	100	43	1909	Yes.	....	×	....	×	×	....	×

[1] Approximately.

Preparatory courses reported in training schools in June, 1911—Continued.

Hours of theory, daily.	Practical work, hours daily.	Practical work, where done. Demonstration room.	Wards.	Dispensary or clinic.	Diet kitchen.	Pharmacy.	Supply room.	Linen and sewing room.	Laundry.	Tuition charged.	Uniforms supplied by—	Textbooks supplied by—	Additional assistants or instructors required.	Affiliation with college or technical school.	
1	7				×	×	×			0			[1]	No	39
½	8½	×	×		×					0	Stu.	Stu.	1	No	40
1	9		×							0	Stu.	Stu.	1	No	41
2	8		×		×					0	Stu.	Stu.	1	No	42
1	8		×							0	Stu.	Hosp.	No.	No	43
4	6		×		×					0	Stu.	Stu.	5		44
1	1		×							0	Stu.	Stu.	No.	No	45
3	5	×	×				×			0	Stu.	Stu.	1½	No	46
2	8		×		×	×				0	Hosp.	Hosp.	1	No	47
1	8		×		×		×			0	Stu.	Hosp.	No.	No	48
1	8		×		×		×			0	Stu.	Stu.	2	Cooper Medical College.	49
3	6		×		×		×			0	Hosp.	Partly Hosp.	1	No	50
3	5½		×		×		×			0	Hosp.	Hosp.	1	No	51
1	2		×		×		×			0	Stu.	Stu.	1	No	52
2	3				×	×	×			0	Stu.	Stu.	No.	State Normal	53
2	6		×		×		×			0	Stu.	Stu.	1	No	54
3	10		×		×		×			0	Stu.	Stu.		University of Michigan.	55
1½	1½		×							0	Stu.	Stu.	1	No	56
1	6		×							0	Hosp.	Hosp.	2	No	57
3	4		×				×			0	Hosp.	Hosp.	No.	No	58
2	6	×	×		×					0	Stu.	Stu.	2	No	59
7	8		×							0	Stu.	Stu.	1	No	60
1½	4½		×		×		×			0	Stu.	Stu.	1	No	61
2	4		×				×			0	Stu.	Stu.	No.	No	62
1	10		×							0	Stu.	Stu.	No.	No	63
1	9		×							0	Stu.	Stu.	1	No	64
3	5		×		×					0	Stu.	Hosp.	1	No	65
1	8		×		×			×		0	Stu.	Stu.	1	No	66
2	8		×							0	Stu.	Stu.	No.	Yes	67
1 2½	2½		×							0	Stu.	Hosp.	No.	No	68
1	7		×							0	Stu.	Stu.	1	No	69
1	6		×		×					0	Hosp.	Hosp.	1	No	70
1	8		×		×		×			0	Stu.	Stu.	No.	No	71
1	7		×		×		×			0	Stu.	Stu.	No.	No	72
1	2	×	×				×			0	Stu.	Stu.	No.	No	73
1	7		×							0	Stu.	Stu.	No.	No	74
	12		×							0	Hosp.	Stu.	2	No	75
2	7		×				×			0	Stu.	Stu.	No.	No	76

[1] One month additional.

TIME GIVEN TO SUBJECTS OF STUDY.

In nine schools the preparatory course was established during the last year. The idea for which it stands finds ready acceptance in the minds of both training schools and hospital workers, and to the laity it seems an essential measure for safeguarding the patient. In actual operation, however, practical difficulties appear. Increased accommodation for students is required; special instruction and supervision are essential features of the plan. Beyond this, when the demands of the hospital press, as they will, and the services of even the unskilled probationer are of value, it is well-nigh impossible to maintain any scheme of instruction uninfluenced by hospital requirements. Such conditions have operated to reduce the preliminary course from the six months of the original plan to the three months which is now the usual preliminary period, and to further impair its purpose by placing the student at the very beginning of the course in the hospital wards for several hours daily. A very small number out of the 86 schools offering preliminary courses are able, apparently, to keep their students out of the hospital service for the entire or even a major part of the brief course, and the hours of ward work are now in instances so long as to leave hardly any time for that study of the sciences and other fundamental subjects for which the preparatory course was established. With the concentration into a few months of the theory which was originally scattered through at least the entire first year, the student is of necessity required to give several hours daily to study. If this need is not recognized, and the student is called upon for eight or even seven hours of practical work daily in wards or anywhere else, she is in a worse plight than under the old system.

To derive full benefit from this all too brief opportunity for preparation, the student should of course, be permitted to give her entire time and energy to it, but where at present this is not feasible the maximum amount of hospital work required of her daily should not exceed four hours. It appears from the statistics that about 40 per cent of the 86 schools require during the preliminary course seven or more hours of hospital work daily. The introduction of these preliminary courses has formed the first steps in bringing about a proper grading of the various subjects in the curriculum. It has brought into proper place and orderly relationship such fundamental subjects as anatomy, physiology, bacteriology, hygiene, dietetics, materia medica, which formerly were scattered in a haphazard way throughout the entire course. These subjects now form an important part of the curriculum in almost all schools, and it is evident from a study of nearly 500 reports that a considerable degree of uniformity in subjects has been reached. There is, however, a striking lack of uniformity in the length of time devoted in the different schools to

these subjects. According to the records, the time allotted to the various subjects of the first year range about as follows:

Subject.	Number of hours.
Anatomy	8–72
Physiology	6–60
Bacteriology	2–40
Hygiene	2–24
Dietetics	5–40
Materia medica	10–60

In respect to all these subjects several instances were found in which the number of hours either fell below or exceeded those here recorded, but the record may be accepted as indicating the general situation and showing clearly the wide divergence of views held in training schools as to the ground which should be covered in these fundamental and essential subjects.

In anatomy and in physiology from 20 to 24 hours seems to be the usual time required in the larger number of schools, but it is noted that 40, 50, and even 60 hours are not uncommon.

In bacteriology, the majority of schools do not require more than 10 hours of work, many of these actually stating the requirement to be from 2 to 5 hours. In view of the extreme importance of this subject in the education of the nurse, as one of the very pilars upon which much of her training must rest, that school must come under criticism which fails to provide adequate work in this subject. Students of domestic science are usually required to cover one full half-year in bacteriology, chiefly of laboratory work in which the time occupied is usually not less than 60 hours. Prof. Moore, of Cornell University, believes that bacteriology plays such an "important part in the immediate physical well-being of every individual" that it should be "introduced into the common schools." (Bacteriology in General Education, Science, February 24, 1911, p. 280.)

It is noticeable in the reports how much more time is allotted in many schools to materia medica than to dietetics. This may perhaps be due to a lack of appreciation of the true relative importance of the two subjects, or to the fact that instruction in materia medica can usually be rather easily obtained without additional expense from some member of the staff, whereas instruction in dietetics calls for a specially trained teacher, who must be paid for her work. Far too little attention is given this important subject in training schools; the courses offered are brief; the work is elementary in character. There should be more work in food properties and values, in nutrition, and food preparation.

The nurse is required to be something of an expert in this province, to be able to work out satisfactory dietaries on certain general lines

laid down by the physician, not only during illness, but in convalescence, during infancy and childhood, and in those special conditions where the diet is the treatment. She should be able also to plan nourishing dietaries and advise as to healthful food in families where sickness is combined with poverty and economic difficulties must be surmounted.

But this more thorough work in foods should be preceded by at least an elementary course in chemistry, and this is equally needed as a basis for any satisfactory work in hygiene and sanitation or in materia medica. In some of the training schools connected with universities, it is noted that courses in chemistry are given, but these are few in number.

In all the subjects which have just been discussed, it is important that more uniformity in standards should be reached, and steady work in this direction is urgently needed.

In arrangement and grading of subjects, a somewhat curious situation appears—the first year includes, apparently, a considerably larger amount of instruction than either of the other two years. Theoretical work appears to diminish appreciably with each year, and there are schools (32 were found in the reports) in which apparently no instruction whatever is offered in the third year. Instead, therefore, of a course so arranged that the student progresses from year to year in theoretical knowledge as well as in practical experience, there is offered a course which, so far as intellectual effort is concerned, decreases instead of increases in its demands upon the student. This naturally might lead one to ask why a third year is necessary, and gives color to the suggestion frequently made, that the third year is established more for the benefit of the hospital than for the student.

INSTRUCTORS.

In 315 schools (nearly half the entire number from which reports were received) there are no paid instructors. On this subject, for the remaining schools, it is difficult to present any accurate and serviceable information, since the returns show such a misconception of the data asked for as to render the results unsuitable for use. In the majority of instances the officers of instruction and supervision were evidently identical, and frequently this was stated to be the case. The salaried instructor is a new feature in a training-school work, and apart from teachers of dietetics and massage there are very few schools, probably not more than 10 in the whole country, which have any one officer whose time is devoted wholly to teaching. The conclusions reached from the reports on this subject were that teaching in training schools is now conducted almost entirely by administrative and executive officers, such as the superintendent or assistant superintendent of nursing, with the cooperation of the

visiting staff of physicians and surgeons. In the latter instance the teaching is largely through short lecture courses for which the lecturer receives no payment.

LIBRARIES.

In 299 schools out of the 692 reporting, no evidence was found of anything in the nature of a library. The reports said "no books" or "no data," or ignored the question. In the remaining schools, reports showed 92 in which the number of books did not exceed 25, and it was found not to exceed 100 in over two-thirds of the entire number reporting. In some instances libraries were reported containing from 100 books up to 1,000, and in two or three instances beyond that number. In the latter case it seemed probable that the library usually was that of the hospital, the medical school, or of the physician in charge, and thus more or less available to the student nurse, rather than a library selected with special reference to the needs of the training school and freely and easily accessible to the students at all times.

TUITION FEES FOR PRELIMINARY INSTRUCTION.

In this country tuition fees are charged in six schools, the very small sum of $25 forming the usual fee. These schools are in all but one instance those offering a full six months' course. They are—

Johns Hopkins Training School, Baltimore, Md	$50
Presbyterian Training School, Chicago, Ill	25
Lakeside Training School, Cleveland, Ohio	25
University of Minnesota, Minneapolis, Minn	25
University of North Dakota, Fargo, N. Dak	25

In the school connected with the Children's Hospital, Boston, a fee of $200 is charged, which covers not only the preliminary instruction but that given during the entire course. This is a small but admirably managed and highly progressive school, which has by its various affiliations secured exceptional opportunities and advantages for its students, for which they willingly pay.

In this school the preliminary course is given largely in Simmons College, where the students receive all of their scientific preparation. There is a slight but distinct tendency on the part of training schools to seek some such relationship as this, and several have turned to colleges or technical schools for that scientific groundwork which the training school without endowment, trained teachers, laboratories, or equipment can not give in any satisfactory way.

In the Waltham Training School, Waltham, Mass., tuition fees amounting to $250 are charged for the first two years of the course. This school offers an excellent preparatory course, but limited opportunities for hospital training and practice. The larger part of the students' training is obtained in the private practice of physicians, payment for their services going to the support of the school.

RELATIONS TO COLLEGES.

Some of the training schools which have succeeded in establishing such a relationship in a greater or less degree are those connected with the hospitals here named, the institutions with which they are related being given also:

Children's Hospital, Boston, Mass., with Simmons College.
The Presbyterian Hospital, Chicago, Ill., with Rush Medical College.
The Mercy Hospital, Chicago, Ill., with Northwestern University Medical School.
Wesley Hospital, Chicago, Ill., with Northwestern University Medical School.
Evanston Hospital, Chicago, Ill., with Northwestern University Medical School.
Provident Hospital, Chicago, Ill., with Northwestern University Medical School.
Lane Hospital, San Francisco, Cal., with Cooper Medical College, Leland Stanford.
Iowa Methodist Hospital, Des Moines, Iowa, with Drake Medical College, Drake University.
Madison General Hospital, Madison, Wis., with University of Wisconsin (for some class and laboratory work).

An interesting experiment was made last year in the University of North Dakota, where a course was organized, designed to give instruction in the academic and technical subjects which precede the practical work in hospital training. The work as arranged covered one academic year and provided instruction in the usual subjects of anatomy, physiology, bacteriology, chemistry, hygiene and sanitation, dietetics, materia medica, and principles of nursing, and in addition suitable courses in psychology and sociology were offered. Arrangements were made with several adjacent hospitals to receive the students who satisfactorily completed this course. Three students entered last year, and as the movement is in the right direction, it should eventually attract a desirable grade of students and contribute materially to the improvement of nursing education. There does not appear to be here, however, any organic relation between the university and the hospitals which are said to be affiliated which would give the university control over the whole education of the nurse. Such relation would insure an adequate completion of the work begun, a proper grade and degree of instruction in actual nursing subjects, reasonable hours of practical work, etc.

TRAINING SCHOOLS FOR NURSES IN UNIVERSITIES.

Perhaps the most promising effort now being made anywhere to establish nursing on a satisfactory educational basis is that which has recently been inaugurated at the University of Minnesota, in its new school of nursing. Dr. Richard Olding Beard, professor of physiology in the university, says of it:

The university education of the nurse and the university control of the training school for nurses, as a department of instruction, is an accomplished fact. The training school for nurses of the University of Minnesota, as well as the university hospital,

is in the direct charge of the faculty of the College of Medicine and Surgery. Its preliminary courses of instruction and its undergraduate lectures are given in the laboratories and lecture rooms of that college. Its examinations are conducted by the chiefs of the college departments. Its diplomas are conferred by the board of regents of the university, upon recommendation of the faculty.

Its integrity as a teaching department is assured not only by its university control but by the fact that the university hospital exists in itself as a purely teaching institution. It is the clinical laboratory of the college. It is devoted to the education of medical students and the training of nurses. So conceived and so maintained as a teaching hospital, it must of necessity realize the highest ideals of a hospital service. Its existence is justified by the attainment of nothing less. Entertaining as it does free patients from all parts of the State, selected for the clinical contribution they offer, and selected moreover from among those who are unable to pay for care and treatment, the realization of these ideals is unembarrassed by any secondary considerations. The best results to the patient and the highest values to the student in the practice and teaching of scientific medicine are its only and its lofty aims.

The unification of medical teaching in the State of Minnesota under the immediate control of the State university guarantees the future growth and the high quality of its service. The training school will be developed as a special department of this single university school of medicine. ("The university education of the nurse." Teachers College Record.)

A somewhat similar situation in plan exists in the school of nursing of the University of Texas, which in 1897 was by action of the regents of the university created as—

one of the regular schools of the medical department of the university, and the pupil nurses are recognized as students of this branch of the medical department. The regents of the university are responsible for the instruction of the student nurses in all branches and have placed the management of the curriculum in the hands of a committee composed of the clinical instructor of nursing, the dean, and two members elected annually from the faculty of medicine by the members of the faculty. The committee has arranged a curriculum and appointed from the members of the faculty and corps of lecturers and demonstrators the special instructors in each branch. (Bulletin of the University of Texas, Mar., 1910, p. 96.)

The clinical instructor of nursing referred to above is the superintendent of nurses, who is a member of the faculty. A different and less close relationship with the university is held by those schools of nursing forming an integral part of university and other hospitals connected with the following institutions: University of Michigan, Ann Arbor, Mich.; George Washington University, Washington, D. C.; University of Virginia, Charlottesville, Va.; University of Colorado, Boulder, Colo.; Washington University, St. Louis, Mo.; University of Missouri, Columbia, Mo.

The advantages to training schools resulting from such connections with universities are emphasized in letters recently received by the writer from the heads of several such schools. They may be summarized about as follows:

(a) Lecture rooms, laboratories, libraries, and teaching material are usually freely available to student nurses.

(*b*) Instruction is given to student nurses by professors and instructors in medical schools, those who are accustomed to teaching and to providing systematic, thorough instruction.

(*c*) Respect is shown for the theoretical side of their work, and student nurses are obliged to give the same attention to their studies that the other students give.

(*d*) The foregoing conditions naturally operate to attract a higher grade of candidate for admission.

The letters dwell also on the value of less tangible matters, such as the facts that the nurses are entered as students in the university, graduate with the other students, receive their diplomas from the hands of the president, and catch something of the university spirit. An interesting opportunity exists here for strengthening and developing training schools and improving the education of nurses which should be fully utilized. All of the resources of the university, and not alone those of the medical department, should be freely available to student nurses, since nursing draws from many sources beyond the strictly medical and sanitary for its perfection. Valuable, however, as are these connections with university, college, or technical school, they will not alone solve the problem of education in nursing. If the connection is through the hospital of which the training school is a part, there may be certain opportunities available, certain privileges granted to the student nurses, but there is no certainty that the university hospital will differ materially from other hospitals in its relation to the training schools. There are several schools belonging to university hospitals reaping no obvious benefit from such relationship.

If, on the other hand, the training school is a department of the medical school, there may be some further advantages secured to it, but there is no guarantee that the medical school will be willing to incur any appreciable expense for the training school or accord it any real freedom for growth. This relationship is very interestingly discussed by Dr. Alfred Worcester, of Waltham. He says:

> Of course it would be a step forward from the present hospital domination of the training school if the education of nurses were assumed by the medical schools which have whole control of their hospitals. But such a step would at best be only a half-way step and would entail great difficulties. It is true that the nursing profession is secondary to the medical profession in that the nurse is the doctor's executive officer. In the same way the engineer of the battleship is secondary to the captain. But from that it does not follow that the education of naval engineers should be intrusted to officers of the line. Engineers must be educated by engineers, surgeons by surgeons, and nurses by nurses—each profession in its own school, under its own separate faculty, and controlled only by the university. ("The education of nurses." The University Record, Chicago University, May, 1903, p. 1.)

It is the opinion of some of those who have for many years been engaged in hospital and training school work, who have given careful

study to the peculiar relationship which has been established between them, and have met in every form the difficulties due to that relationship, that the first step toward developing proper schools of nursing lies in separating them from the hospital and its control and placing them upon an independent basis. Under the present system the school has no life of its own. It is in essence simply a part of the hospital service, and it is unquestionably governed in all its important functions, not by a body concerned with their fulfillment, but by everyday hospital conditions and necessities. That a number of important hospitals are interested in their schools and kindly disposed toward their students does not greatly affect the situation. It does not insure the maintenance of any stable educational policy; it does not prevent sweeping changes in the school as the result of a change in the administrative staff of the hospital, and members of that staff who may be hostile to the education of nurses will have power to do such destructive work in the training school as may set it back for years, upon so insecure a foundation does it now stand. Mrs. Hunter Robb, writing on this subject, said:

> Hospital authorities and superintendents of training schools have done to the best of their ability, and have utilized approximately to the limit the possibilities of the system under which they have had to work. The main limit is based upon the fundamental fact that from the educational standpoint the relation of the training school to the hospital work has always come first and the nurses' education has been relegated to a secondary position. In no instance has a training school for nurses been founded primarily as an educational institution; it has always been regarded as an appendage to a hospital. But until this is changed and schools for nurses are founded for the primary purpose of educating women in nursing, the hospital being utilized as the ground for gaining practical experience, we can scarcely hope for any uniformity in nursing or for the higher grade of work for the hospital or the sick. ("Affiliation of training schools for educational purposes," Mrs. Hunter Robb. Report American Federation of Nurses, 1905, p. 159.)

In an interesting and suggestive paper on the education of nurses, Dr. F. P. Denny, of Brookline, Mass., advances the same idea, pointing out the need for an educational institution which would assume the whole responsibility of the training of nurses. After showing the improvements which such schools might bring about, he says "these reforms are sure to come if the training is wholly in the control of an institution whose only object is to secure the best possible education for the nurse." ("The need of an institution for the education of nurses independent of the hospitals," by Francis P. Denny, M. D. Boston Medical and Surgical Journal, June 18, 1903, p. 658.)

An English writer (a physician), discussing this subject not long since, advocated the incorporation in England of a Royal College of Nursing, which would grant degrees in nursing just as they are granted in medicine. After briefly outlining a plan for such an organization he says: "The degrees might rightly follow the lines of the patron

profession, and a diplomaed nurse might be entitled to the degree of B. N." (bachelor of nursing). A higher diploma, he thinks, should be encouraged for those who aspired to administrative or teaching posts. "Only those," he says, "who held a recognized degree would be recognized as nurses; and the line of demarcation would be sharp and clear." ("The nurse of the future," Josiah Oldfield. Westminster Review, Dec., 1905, p. 661.)

But a college for nurses is not a new idea. It was included in the plans of that committee of the State Charities Aid Association which in 1874 was instrumental in establishing a training school in connection with Bellevue Hospital, New York. "As the work advances," their report reads, "we hope to establish a college for the education of nurses which will receive a charter from the State and become a recognized institution of the country."

The founders of Bellevue Training School were in a position to plan for future educational growth and development because this school, though closely connected with the hospital, was not controlled by it, but under the management of a separate board maintained largely or wholly by separate funds. The board entered into an agreement with the hospital to provide the students opportunities for definite training and experience in return for such services as they could render the sick. In the hospital they were subordinate to the organization and its system, but under the control of the school board in matters of teaching, training, and discipline.

The earlier schools, both in England and America, were established on this basis, and the very first school founded by Florence Nightingale, in 1860 in connection with St. Thomas Hospital in London, was and still is managed by a separate board, under its own endowment, and represents a distinct educational institution. The Illinois Training School, of Chicago, is a separate institution for the education of nurses, and has a large and strong board of directors. It is connected with a great municipal hospital—the Cook County Hospital—and a contract is made annually by the school to carry on the nursing in the hospital. But in the last analysis this school is really maintained by the student nurses, for whose services the hospital pays the directors of the school a stated sum per capita per day.

With one or two exceptions, however, the schools in this country have not been able to maintain a separate status, and they have one by one eventually become incorporated into the hospital. No careful study has been made of the causes of this transition, but it is probably safe to hazard a guess that the lack of sufficient endowment and the difficulty of securing funds to maintain the school were largely instrumental in bringing about the change. And hospitals were eager to secure control of the schools. The crux of the whole situation seems to lie here—education when worth anything

is costly, and no scheme of education that will fitly prepare women for the extraordinarily varied demands in nursing can be carried on without expense. The hospital knows this, but can not meet it. Society has so far not recognized it; while requiring much of the nurse in private, and of late in municipal life, it has left the entire task of educating nurses to the hospital, unmindful of the fact that the hospital is not founded for such work primarily and that it can not incorporate into its own great scheme of activities another scheme equally great but entirely different in purpose and requiring special conditions and a special government.

While hospital and training school are fundamentally interdependent, there is no more reason why the hospital should own and control the training school than the medical school. The basis of relationship should be one of close and efficient cooperation.

Dr. Henry M. Hurd, until recently superintendent of the Johns Hopkins Hospital, Baltimore, in a valuable paper on this subject says:

> It is well known that no first-class school of any sort, and no form of higher education can be a profitable business enterprise; that the teaching of theology, of law, medicine, and pedagogics, or instruction in the strictly technical schools can not rest upon a commercial basis and pay its proper expenses. It should ever be borne in mind that nursing the sick is now a calling as much as law, medicine, or theology; that it enters into the life of the community to a greater extent even than these professions, and that the families of the rich equally with the poor are concerned in the proper education and training of nurses.
>
> Medical schools must have an ample endowment to place medical education upon a proper footing and do good educational work. It is equally true that a similar endowment is necessary for the training schools for nurses. The duty is apparent; to the nurse is committed the personal care of the sick in every community; she comes into the family; she bears the responsibility and care of the family in the absence of the family physician; she represents him, replaces him, assists him, and supplements his labors by her efficiency and helpfulness. Through her efforts his labors to cure his patients are made effective. If she is imperfectly trained and unable to appreciate the higher range of her duties, she becomes a broken reed, upon which he can not lean with safety.
>
> Then, too, in the more public duties of the nurse an adequate training is equally essential. In every city, large or small, nay, in every village or town, the hospital, with its properly arranged, well-equipped operating room, efficiently supervised by a trained nurse, has become essential, so that an accident case, or one requiring sudden surgical intervention, can be cared for as speedily and as well at the home of the patient, wherever that may be, as in the largest city clinic or the most expensive hospital in the land. The competent and thoroughly trained nurse is an all-important adjunct of every such hospital.
>
> The nurse has also been introduced into the public school with great advantage to the public welfare. She watches over the health of the pupils; she observes the hygienic conditions of the school; she visits the home to know how the pupils live thereand to give such instruction as will improve the conditions of living. In district nursing her services also require the highest grade of intelligence and training. She must become, to use Florence Nightingale's term, "a missioner of health" to families of the poor, and must preach the gospel of hygienic living and healthful surroundings.

Upon the tuberculosis nurse is placed the hardest part of the battle which is being waged against tuberculosis in every part of the country. She not only must look after the sick as a nurse, but also is responsible for the hygienic care of the sick and the instruction of the family, so that tuberculosis may not be a source of danger to the community. She must equally instruct the family and supervise the home, so that other members of the family may not, through inadvertence or ignorance, acquire the dread disease. She must see that families live healthily; that too many are not crowded into an infected room; that rooms are properly disinfected after the death or removal of a tubercular patient, and must protect the whole community from the spread of tuberculous disease.

Everywhere her presence makes for comfort in sickness, for the minimization of the loss to the community and the state which disease, suffering, and death entail, for the prevention of disease, and for the social uplift which is the hope of the nation with its conglomerate population and racial diversities and animosities. More surely than education alone, more strongly than the ties of religion, more firmly than self-interest and commercialism, this form of service will bind society together and assist each class in the effort to lighten the burdens of the other.

When such important duties devolve upon the trained nurse it is short-sighted in the extreme and contrary to good policy to leave the establishment and maintenance of training schools to private initiative, where too often the governing motive must be to get public or private hospitals supplied with nurses at the lowest cost to the institution.

Is it not the duty of the public, rather for its own welfare, to see that nurses' training schools are adequately endowed, so that young women of character and ability can be induced to come to them, and so that when they come to such training schools they may be properly instructed for the discharge of duties which take hold of the health and welfare of the entire community?

("Shall training schools for nursing be endowed?" Dr. Henry M. Hurd. The American Journal of Nursing, Sept., 1906, pp. 849–952.)

Whether the freedom of the training school is brought about by means of endowments or by State or municipal aid does not matter. The thing to be secured is a separate government for the training school. The actual relation of the school to the hospital need not greatly change in certain ways, and student nurses on duty would always be subject to the administrative régime. The school buildings should remain beside the hospital. But the endowment should provide such extensions and additions to those buildings as will make them schools in the accepted sense of that word—lecture rooms, laboratories, teaching material—every equipment needed for the required academic and scientific work should be supplied, and nothing should stand in the way of the student in securing proper foundations of this nature for her later work in the hospital. She should, however, pay for her tuition and probably for a part of the time for her board.

The faculty should determine the requirements for admission, length of course, subjects to be taught, in theory and in practice, diplomas and degrees, vacations, salaries for staff, and other similar matters, and should make all arrangements and adjustments with the hospital.

The board, the controlling body of the school, should be inspired by the fullest appreciation of the social importance of the nurse's work and should have a clear understanding of the scope and extent of her professional field and of the way in which it is developing.

It should be clearly understood that in insisting upon the necessity for a sounder scientific foundation and a fuller knowledge of the principles and the general theory underlying and relative to the art of nursing, there is no thought of minimizing in any degree the importance of the practical training and the value of experience which the hospital provides, nor of reducing it in any way which might tend to render it less serviceable for its purpose. This practical work, however, in the hospital or out of it, always must suffer when the theoretical foundations are weak. No one with any real knowledge of the situation could underestimate the value of the opportunity which the hospital affords the student, of actually living and working among the sick under the supervision and instruction of a staff of expert nurses, whose methods can be studied at close range. In no other way can the student observe and study the various diseases, become familiar with their symptoms, stages, complications, and fluctuations, and watch the effect of treatment and care of them. The steady industry and the ordered life and the increasing responsibility in the hospital supply conditions under which essential qualities of character and habits of thought and action are developed; decision, self-control, fortitude, resourcefulness, and judgment are in some measure built up in the student who becomes a member of a highly-organized staff controlled by a unique and wonderful discipline, and guided by traditions of courage, devotion to duty, and self-sacrificing service for others. So far from undervaluing that which the hospital can give, it is the conviction of the writer that these magnificent opportunities should only be given to students thoroughly prepared to take the fullest possible advantage of them; they should be properly utilized and wisely directed.

STATE REGISTRATION.

ENACTMENTS.

North Carolina, in 1903, was the first State to present a bill and secure a law providing for the State registration of nurses. Within the eight years that have elapsed since that date, 31 States have succeeded in obtaining such laws. In the 5 States of Vermont, Tennessee, Idaho, Oregon, and Wisconsin these laws have been passed in 1911. In New Jersey, where a defective law was enacted in 1903, the State society of nurses is struggling against considerable opposition to secure the passage of a new bill which shall make some definite requirement in the way of educational and other standards for nurses.

A careful study of the laws which have so far been enacted in this country will serve to show that there is still much work to be done, and that as yet the foundations only have been laid upon which may be built bulwarks of suitable strength for the adequate defense of educational standards in nursing. Take that most important feature, preliminary education, and it will be seen that from the standpoint of statutory requirements practically no definite standards exist, since in almost every instance the requirement made is qualified by the term "or an equivalent," and 18 of the 31 enactments make no educational requirement whatever; 6 States (North Carolina, Maryland, Indiana, West Virginia, Oklahoma, and Delaware) ask for a high-school course or "its equivalent;" 2 States (Minnesota and Nebraska) call for high-school entrance examinations; 4 States (California, Missouri, Michigan, and Oklahoma) for a common-school course, or equivalent, and the remaining 18 States leave the matter untouched, to be determined by the examining board or others. What may be accepted as properly constituting a just equivalent of the full high-school course, of one or two years of high-school work, or of a completed grammar-school course, must apparently under present conditions be left to the superintendents and principals of training schools in different States to determine. This would be under any circumstances a difficult and perplexing problem, but under the present system of training-school administration it is a well-nigh hopeless one in the majority of instances. The head of the training school is now unquestionably obliged to give herself great latitude in this matter. She must often interpret this equivalent according neither to the letter nor to the spirit, but in accordance with the requirements of the hospital. This in the last analysis controls more or less arbitrarily the question of preliminary standards of education, and herein lies the reason for the consistent opposition which nurses have met and are likely to meet on this point.

As to the type of hospital in which the practical training may be given, the laws provide for a considerable degree of variety. Several States provide that the school must be connected with a general hospital, which may be further qualified as "registered," "chartered," "approved," or "in good standing." In various other States the training may be in sanatoria, State hospitals, or special hospitals, usually with the provision that a certain additional specified time, which may be from six months to one year, shall be spent in a general hospital. Three States (New Jersey, Pennsylvania, and Massachusetts) make no mention of where the training is to be received, thus leaving the matter entirely in the hands of the examining board.

The occasional use of the word "reputable" suggests problems, as, for instance, when the law requires that the training must have been received in a "reputable hospital." This is practically equivalent to

assuming that any hospital which can not actually be proved to be disreputable should be accepted as suitable ground for the education and training of nurses without reference to the character and scope of its work.

In the several laws in which mention is made of the subjects on which the applicant will be examined they are very similar, and include anatomy and physiology, hygiene, materia medica, dietetics or invalid cookery, and practical nursing in the care of medical, surgical, and obstetrical patients.

Notwithstanding, however, the very moderate requirements of these laws as a whole, they have apparently been the means of accomplishing definite, tangible results, and while the indirect influence which they have exerted can not be readily measured, it can be clearly recognized.

It appears from the statements of officers of various State societies that a number of small, private, or special hospitals or sanatoria which had been maintaining schools have been sufficiently affected by the laws to lead them either to seek suitable affiliations or to close the schools and carry on their work by means of a salaried nursing staff.

The effect of the laws upon the larger schools has been salutary, and in a very considerable degree the improvements in curricula noted during the past few years, the increase in teaching equipment, the better living conditions for students are due to the direct and indirect influence of the laws. Members who have served on examining boards for several years have had ample time to note the progressive improvement in successive groups of nurses from the same schools as they have presented themselves from year to year for examination, and nurses themselves are recognizing the fact that a registered nurse has a status in the community publicly and professionally which the unregistered nurse can not ordinarily hope to attain. In a number of the reports from training schools recently received by the Bureau of Education, statements were made that certain improvements and additions had been brought about to enable nurses to qualify for registration.

The opposition to the principle of State registration for nurses and to the enactment of laws providing for it has almost uniformly come from those who control or have some interest in private hospitals or sanatoria in which schools are established to secure nursing without expense, or from the short-term schools in which the pupil performs somewhat the same service in the private practice of one or more physicians. The opposition, however, also comes to some extent from general hospitals dependent upon their training schools and unwilling to support measures which will result in restricting the number of available qualified candidates for admission.

A somewhat careful study of the opposition which has been met both in this country and abroad shows how largely commercial it has been and is in its nature, and to what lengths the exploitation of pupil nurses has been carried. There could indeed be no possible rational objection urged against a procedure the principle of which is recognized as sound in all other professions or vocations in which scientific knowledge and technical skill in definite degree are essential for public safety.

EXAMINING BOARDS.

It has been pointed out that in a few States the laws are so ill-defined, so low in their requirements, or so lacking altogether in this respect, that it seems doubtful if anything can be acomplished through them, since they appear merely to legalize low standards. It is clear that their value as a means of public protection and of uplifting nursing education must depend to an unusual degree upon the board of examiners, upon whom, in the absence of statutory requirements, the responsibility of determining all standards, as well as of interpreting and enforcing them, must rest. Whatever standards in nursing are set up in such States must be by their action, and a weak, inefficient, or timid board will have little effect upon training schools and their work.

An immense responsibility, under any conditions, rests upon these examining boards. They are the agencies through which the laws must work, and while no board, however zealous, able, and energetic can make a poor school give good training, it can be of great and constant service in helping schools to discover their own deficiencies and in making it difficult, if not impossible, for those training schools which are not willing to meet the very modest requirements which the law now makes to continue in operation and to attract candidates.

There is hardly any duty falling upon the State society of nurses of more importance than the nomination from its membership of candidates for appointment to the examining boards. These boards should be composed of the best representatives of the profession. They should be women of liberal education, or as near it as can be found, highly skilled in nursing, broad-minded, courageous, vigorous, and alert. Those who are, or have recently been, teachers, if qualified in other ways make excellent examiners. The board should be carefully organized, with its powers accurately defined. It should have suitable headquarters, properly kept records, and enough clerical assistance to do its work. It should be in a position to know definitely the character and the amount of work which each training school in the State is doing, and it should have a clear idea of the hospitals with which these schools are connected, their standing in the community of which they are a part, their resources, and the scope of their

work. The board should have the power of obtaining whatever information it may need, and it should be ready to publish when advisable such statements, suggestions, or instructions as will enable training schools to strengthen themselves in those departments which are shown to be weak. The more carefully one considers the work of the examining board, the more certain does it seem that they have it in their power to do much of that constructive, unifying work for our training schools which is so urgently needed. All work of this nature will of necessity be slow, since in very few of our States are the laws mandatory. In the majority they are permissive only, and in those States anyone is permitted to nurse and to call herself a nurse. The requirement of the law is that she shall not call herself a *registered nurse* or assume a similar title; and even in those States where mandatory laws have fortunately been secured their value will be proportionate to the degree of vigor with which the laws are enforced.

Thus at every turn we are brought back to the examining board and to face squarely its great responsibilities and powers. As yet these boards are working largely upon independent lines, but there is little doubt that they will more and more confer together upon the many problems in nursing education which are of common import, which must be solved with reference to general good and uniform standards, rather than to the special conditions of a special locality.

TRAINING SCHOOL INSPECTION.

For adequate supervision of this branch of woman's education in any State, it will be necessary to develop further the idea of systematic and continuous inspection and supervision of hospitals and training schools. In New York this principle was adopted several years ago, largely owing to the energy and persistence of Miss Sophia Palmer, editor of the Journal of Nursing. The inspector is appointed by the regents, and her work is and has been of incalculable value, recognized as such by the nursing profession throughout the State. In the present stage of nursing education, where the relationships between the training school and the hospital, the physician and the public, present issues of a complicated and confused nature, often difficult of adjustment, there is urgent need of the most patient, careful investigation, study, and thought. Inspectors should be selected with the utmost care from those who have had exceptional education and training and who are recognized as experts in training-school work.

There are now regular inspectors in New York, in Illinois, and in Washington. In Iowa a member of the examining board is appointed to act in this capacity for a certain term, and this apparently holds true of New Hampshire in a sense. In several States members of

the examining boards do informal inspection, through their president, secretary, or other selected members. In the American Journal of Nursing for March, 1911, the province of the inspector is thus editorially discussed:

As the work develops the term inspector seems to be a misnomer, and she is vastly more than an inspector of buildings, equipment, and methods. She not only reports conditions as she finds them, but her work is constructive and advisory, and through her influence chaotic conditions are reduced to order, and affiliations are provided for, which, without the authority and guidance of a State official from the outside, would be impossible to bring about. That she should be not too young, a type of woman who commands not only respect but confidence, and that she herself should have battled with all of the problems of the training school, goes without question. Otherwise she can be little more than a figurehead in the vital work of this period.

The laws for State registration having been brought into effect through the influence of nursing organizations, such organizations have a moral right, at least, to insist that they shall be administered in a manner satisfactory to the highest nursing ideals, and when the appointments of such State officials are made without regard to a proper fitness, whether moral or professional, protest should be vigorous and continued until efficient nurses are installed. * * *

One of the things that nurses must look to in the administration of laws for State registration is the proper recognition by the public of their official representatives, and the only way in which such recognition can be brought about is for the whole nursing body to concede to such officers confidence, loyalty, and support; also such liberal compensation to inspectors and secretaries that as they go about in the performance of duty they may be able to afford the outward manifestations that custom calls for in the person occupying a dignified official position.

Some important features of State laws for registration of nurses.

	States.	Year enacted.	Mandatory or permissive.	Preliminary education required.	Years in course.	Hospital training required.	Composition of examining board.	Title.	Remarks.
1	North Carolina	1903	P.	High school graduate or equivalent.	3	General hospital	3 nurses, 2 physicians	R. N.	
2	New Jersey	1903	P.	None	2	No requirement	No board	R. N.	Power to issue licenses vested in county clerks.
3	New York	1903	P.	None	2	Hospital or sanitarium	Nurses	R. N.	
4	Virginia	1903	M.	None	2	General hospital	Nurses	R. N.	
5	Maryland	1904	P.	High school graduate or equivalent.	3	General hospital	Nurses	R. N.	
6	Indiana	1905	M.	High school graduate or equivalent.	2	General hospital	Nurses	R. N.	
7	California	1905	P.	Grammar school or equivalent.	3	General hospital	No board	R. N.	Power vested in regents of University of California.
8	Colorado	[1] 1905	M.	None	3	General hospital or sanitorium.	Nurses	R. N.	
9	Connecticut	[1] 1905	P.	None	2	([2])	Nurses	R. N.	
10	New Hampshire	1907	P.	None	2	([3])	Nurses	R. N.	
11	District of Columbia	1907	P.	None	2	General hospital	Nurses	R. N.	
12	Iowa	1907	P.	None	3	General hospital	2 physicians, 2 nurses, secretary State board of health.	R. N.	Decisions of State board of health are final.
13	West Virginia	1907	P.	High school graduate or equivalent.	2	General hospital	Physicians	R. N.	Only voters eligible to office.
14	Minnesota	1907	P.	High school entrance or equivalent.	3	General hospital	4 nurses, 1 physician	R. N.	2 nurse members must have two or more years experience in teaching nurses.
15	Illinois	1907	P.	None	3	General hospital	Nurses	R. N.	3 members required to have two years' experience in teaching nurses.
16	Georgia	1907	P.	None	3	Hospital or sanitarium	Nurses	R. N.	
17	Wyoming	1909	M.	None	2	General hospital [4]	Nurses	R. N.	
18	Washington	1909	P.	None	2	General hospital	Nurses	R. N.	
19	Texas	1909	M.	None	2	General hospital or sanitarium.	Nurses	R. N.	
20	Oklahoma	1909	M.	High school graduate (1914) or equivalent.	2	General hospital [5]	Nurses	R. N.	
21	Nebraska	1909	P.	High school entrance or equivalent.	2	General hospital or sanitarium.	Nurses	R. N.	Called board of secretaries, who assist and advise State board of health.

[1] Amended in 1907.
[2] Medical, surgical, or obstetrical cases in public or private hospital.
[3] Hospitals registered by regent State board of medical examiners.
[4] Or 3 years equivalent in special hospitals.
[5] Or special hospital with 6 months' additional general training.

Some important features of State laws for registration of nurses—Continued.

	States.	Year enacted.	Mandatory or permissive.	Preliminary education required.	Years in course.	Hospital training required.	Composition of examining board.	Title.	Remarks.
22	Delaware	1909	P.	High school graduate or equivalent.	3	General hospital	3 nurses, 2 physicians	R. N.	Physicians representing two leading schools of medicine.
23	Pennsylvania	1909	P.	None	2	Surgical and medical nursing.	3 physicians, 2 nurses	R. N.	Physicians must also be hospital officials.
24	Missouri	1909	P.	Grammar school or equivalent.	2	General hospital [1]	Nurses	R. N.	
25	Michigan	1909	P.	Grammar school or equivalent.	2	General hospital [1]	3 nurses, 1 physician, secretary State board of health.	R. N.	
26	Massachusetts	1910	P.	None	2	No requirement	3 nurses, 1 physician, secretary State board of medical registration.	R. N.	Secretary of State board of medical registration, also secretary of board of nurse registration.
27	Vermont	1911	P.	None	2	Any hospital	2 physicians, 1 nurse	R. N.	Physicians must be on staff of hospital having a training school. Nurse—3 years' nursing experience.
28	Tennessee	1911	M.	None	2	Hospital or sanitarium	5 nurses	R. N.	Nurses must have indorsement of nurses society to which they belong.
29	Idaho	1911	P.	None	[2] 2	General hospital approved by board.	2 nurses, 1 physician	R. N.	Both to be nominated by State Association of Graduate Nurses, and 5 years' practice.
30	Oregon	1911	P.	None	2	General hospital (if reputable).	3 nurses	R. N.	Nominated by State Association of Nurses.
31	Wisconsin [3]	1911							

[1] Or equivalent in sanitarium, special, or one or more hospitals.

[2] Three years after 1914.

[3] Details not yet received.

TABLE 1.—*Comparative statistics of nurse training schools.*

Year.	Schools.	Nurse pupils.	Capacity of hospitals (beds).	Graduates.
1911 [1]	1,121	29,805	194,236	7,720
1910	1,129	32,636	214,597	8,140
1900	432	11,164	84,227	3,456
1890	35	1,552	.....	471
1880	15	323	.....	157

[1] Includes the statistics of three schools in Porto Rico.

TABLE 2.—*Summary of statistics of schools for training of professional nurses, 1910–11.*

States.	Class A, excluding schools connected with hospitals for the treatment of nervous, mental diseases, etc.					Class B, including schools for the treatment of nervous, mental diseases, etc.				
	Schools.	Students.	Graduates.	Capacity (beds).	Average daily number of patients.	Schools.	Students.	Graduates.	Capacity (beds).	Average daily number of patients.
United States	1,048	26,511	6,971	101,708	53,232	70	3,251	738	92,378	[1] 68,856
North Atlantic Division	412	11,707	3,243	46,782	20,537	40	1,828	470	58,096	36,183
South Atlantic Division	131	2,628	627	9,519	4,015	5	208	43	6,925	5,124
South Central Division	72	1,428	336	7,081	2,295	2	48	15	2,700	2,660
North Central Division	330	7,911	2,073	27,881	12,463	23	1,167	210	24,657	24,889
Western Division	103	2,837	692	10,445	4,922	.....	.....	.....	.....	.....
North Atlantic Division:										
Maine	11	319	72	746	496	2	48	13	1,500	1,390
New Hampshire	14	202	41	503	276	1	60	15	1,114	.....
Vermont	10	167	48	390	211	1	17	5	595	.....
Massachusetts	70	1,933	554	6,810	3,058	9	581	136	10,674	5,772
Rhode Island	7	261	67	735	521	1	130	15	200	.....
Connecticut	17	488	117	1,936	1,272	2	37	14	3,350	.....
New York	132	4,147	1,212	18,739	13,479	13	456	170	28,811	23,876
New Jersey	29	700	196	2,504	1,547	4	137	35	5,215	3,556
Pennsylvania	122	3,490	936	14,419	8,677	7	362	67	6,637	1,589
South Atlantic Division:										
Delaware	2	34	11	137	80	.....	.....	.....	.....	.....
Maryland	20	648	149	2,657	1,612	2	47	18	2,978	2,887
District of Columbia	10	426	131	1,545	566	1	33	15	1,190	1,130
Virginia	21	399	110	1,433	384	1	7	3	1,182	1,107
West Virginia	16	215	48	916	273	.....	.....	.....	.....	.....
North Carolina	25	311	63	1,019	231	.....	.....	.....	.....	.....
South Carolina	8	135	37	439	300	1	121	7	1,575	.....
Georgia	24	407	66	1,158	467	.....	.....	.....	.....	.....
Florida	5	53	12	215	102	.....	.....	.....	.....	.....
South Central Division:										
Kentucky	13	190	57	775	134	1	17	3	1,200	1,150
Tennessee	8	142	43	502	229	.....	.....	.....	.....	.....
Alabama	6	158	32	462	115	1	31	12	1,500	1,510
Mississippi	6	81	20	476	135	.....	.....	.....	.....	.....
Louisiana	7	280	75	1,706	311	.....	.....	.....	.....	.....
Texas	19	377	72	2,124	870	.....	.....	.....	.....	.....
Arkansas	7	148	31	800	421	.....	.....	.....	.....	.....
Oklahoma	6	52	6	235	80	.....	.....	.....	.....	.....
North Central Division:										
Ohio	51	1,151	324	4,546	2,051	3	131	46	4,925	4,831
Indiana	28	488	135	1,449	885	.....	.....	.....	.....	.....
Illinois	67	2,119	563	7,382	4,231	5	472	38	5,370	6,103
Michigan	39	997	266	3,208	1,161	3	157	34	4,210	3,316
Wisconsin	16	380	109	1,157	632	.....	.....	.....	.....	.....
Minnesota	27	672	178	2,531	767	3	101	40	2,710	3,735
Iowa	30	686	151	2,073	629	5	138	38	3,720	3,340
Missouri	31	763	194	3,114	1,444	.....	.....	.....	.....	.....
North Dakota	5	65	19	232	13	.....	.....	.....	.....	.....
South Dakota	7	99	27	317	55	.....	.....	.....	.....	.....
Nebraska	17	334	68	1,326	335	2	37	6	1,042	914
Kansas	12	157	39	546	260	2	71	8	2,080	2,650
Western Division:										
Montana	6	126	35	665	180	.....	.....	.....	.....	.....
Wyoming	3	40	14	210	113	.....	.....	.....	.....	.....
Colorado	17	429	98	1,808	875	.....	.....	.....	.....	.....
New Mexico	1	14	6	100	60	.....	.....	.....	.....	.....
Arizona	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Utah	4	118	27	425	273	.....	.....	.....	.....	.....
Nevada	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Idaho	2	29	6	130	50	.....	.....	.....	.....	.....
Washington	20	365	98	1,288	474	.....	.....	.....	.....	.....
Oregon	4	186	50	750	40	.....	.....	.....	.....	.....
California	46	1,530	358	5,069	2,857	.....	.....	.....	.....	.....

[1] In so far as reported to this office.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A.*

[Class A excludes schools connected with hospitals for the treatment of nervous and mental diseases, etc.]

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission.	
											Education.[1]	Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	ALABAMA.											
1	Birmingham	Hillman Hospital *	Miss O. B. Holt	22	2	4	80					
2	do	St. Vincent's Hospital	Sister Chrysostom	35	3	8	175	90	Yes	10	C. S.	18–30
3	Mobile	Providence Infirmary *	Sister Stephanie	26	3	3	80					
4	Montgomery	St. Margaret's Hospital *	Sister Mary Sienna	27	3	2	60					
5	Normal	Agricultural and Mechanical College for Negroes	Pearl L. Younger	12	3	3	22	5	Yes	7	2 years, normal.	18
6	Tuskegee	Tuskegee Institute	John A. Kenney, M. D.	36	2	12	45	20	Yes	8	8th grade	18–35
	ARKANSAS.											
7	Fort Smith	Sparks' Memorial Hospital	Menia S. Tye	15	2	3	100	46	No	10	1 year H. S.	19–30
8	Hot Springs	Ozark Sanatorium	M. Agnes MacNally	6	2	3	40		No	10	H. S.	25
9	do	St. Joseph's Hospital *	Sister Mary Edward	17	2	8						
10	Little Rock	Physicians and Surgeons Hospital	Edward Meek, M. D.	25	3	6	75	25	Yes	10	C. S.	20
11	do	Little Rock Sanitarium *	W. C. Green, M. D.	27	2½		35					
12	do	Pulaski County Hospital	J. Palmer Sheppard, M. D.	18	2	1	300	150	Yes	9	8th grade	18
13	do	St. Vincent's Hospital	Sister Bernard	40	2	10	250	200	Yes	8	do	20
	CALIFORNIA.											
14	Eureka	Sequoia Hospital *	Ida M. Mason	10	3	5	45					
15	Fresno	Burnett Sanitarium	Ellen Eunice Garland	20	3	6	53	25	No	10	8th grade	20–35
16	Glendale	Glendale Sanitarium	Belle Wood Comstock, M. D.	35	2½	16	60	40	Yes	9	9th grade	19
17	Los Angeles	California Hospital	Anne Armstrong Williamson	82	3	29	150	106	No	12	1 year H. S.	21–35
18	do	Clara Barton Hospital	Gertrude E. Constant	42	3	4	62	46	No	9	H. S.	20–35
19	do	Los Angeles County Hospital	Charles H. Whitman, M. D.	93	2	31	600	500	No	8½	do	20–32
20	do	Emergency General Hospital	Rose M. McDonald	35	2	8	75	45	No		1 year H. S.	21
21	do	Hospital of the Good Samaritan	Helen D. Jackson	60	3	13	100	70	No	8	H. S.	21–30
22	do	Los Angeles Infirmary	Sister Mary Ann Keating	45	3	12	200		No	9	8th grade	21–35
23	do	Pacific Hospital	Lurain Tracy	30	3	5	50	35	No	9	H. S.	20–32
24	Oakland	East Bay Sanatorium	Minnehaha Taylor	30	3	3	35	26	No	9	do	20
25	do	Fabiola Hospital	Jennie E. Jessen	53	3	9	120	55	No	9½	8th grade	21

26	.....do	Providence Hospital *	Sister Mary Alphonsus	46	3	10	130					
27	Pasadena	Pasadena Hospital	Lyda Anderson	50	3	14	100	65	No	9	H. S.	20–25
28	Redlands	Redlands Hospital	Miss F. L. Armstrong	8	3	3	30	10	No	9	1 year H. S.	18–30
29	Riverside	Riverside Hospital	Mary Jane Corry	12	3	5	45	23	No	10	H. S.	20–24
30	Sacramento	Mater Misericordiae Hospital *	Sisters of Mercy	35	3	3	80					
31	San Diego	Agnew Hospital	Mabel E. Rainboy	31	3	3	50	45	No	9½	2 years H. S.	19–35
32	.....do	San Diego County Hospital	Amelia L. Smith	17	2	8	200	150	No	10	H. S.	21
33	.....do	St. Joseph's Hospital	Mother M. Michael Cummings	10	2½	8	60	35	Rarely	8½	8th grade	18
34	San Francisco	Buena Vista Sanitorium	Selina Kane	14	3	4	50	30	No	11	.....do	19–35
35	.....do	Hospital for Children	S. Milo Hinch	47	3	17	125	83	No	10	1 year H. S.	19–33
36	.....do	French Hospital	Lottie Christine Gansuer	40	2½	7	200	120	No	11	8th grade	18–30
37	.....do	German Hospital	Werner Roehl	75	3	16	220	178	No	10	H. S.	20
38	.....do	Hahnemann Hospital	Therese Adele Smith	27	3	8	130	75	Yes	8	.....do	21–35
39	.....do	Lane Hospital	Elizabeth Calya Smith, R. N.	72	3	17	200	125	No	8	2 years H. S.	20–30
40	.....do	McNutt Hospital	Anne E. Bowman	25	3	2	100	....	No	9	H. S.	18–28
41	.....do	Morton Hospital	Ellen Mullen	11	3	2	50	....	No	9	8th grade	20–30
42	.....do	Mount Zion Hospital	Jessie F. MacKenzie	30	3	7	52	40	No	9½	H. S.	21
43	.....do	Northwestern Hospital			3	6	34			9		
44	.....do	St. Francis' Hospital	Elizabeth M. Jamieson	35	3		100		No	10		19
45	.....do	St. Joseph's Home and Hospital	Sister Lidwina	18	3	3	136	120	No	11	H. S.	18
46	San Francisco	St. Luke's Hospital	Helen Randal	37	3	12	96	66	No	9	1 year H. S.	18
47	.....do	St. Mary's Hospital	Sister M. Agnes White	68	3	11	157	100	No	10	.....do	20–31
48	.....do	St. Thomas' Hospital	Evaline McWilley	12	3	3	35	16	Yes	8	H. S.	21–30
49	.....do	St. Winifred's Hospital	Ethel B. Davie	25	3	3	50	35	Yes	8	.....do	18–30
50	.....do	San Francisco Hospital	Olive McGinnes	52	2½	16	400	350	No	9	1 year H. S.	20
51	.....do	Thomas Sanatorium	Elinor M. Casey	17	2½	7	25	20	No	10	H. S.	18
52	.....do	Trinity Hospital	Mrs. Mary V. Millar	34	3		45		No	12	8th grade	21–30
53	Sanitarium	St. Helena Sanitarium and Hospital	H. F. Rand, M. D.	62	3	8	250	200	No	10	3 years H. S.	20
54	San Jose	San Jose Training School for Nurses of the O'Conner Sanitarium.	Sisters of Charity	34	2, 3	11	110		Yes	9	1 year H. S.	22
55	San Leandro	Alameda County Hospital	Jennie Cecele Burke	12	2½		150					
56	Santa Barbara	Cottage Hospital	Laura Laing Mitchell	15	3	3	30	23	No	9	8th grade	21
57	Santa Monica	Santa Monica Bay Hospital *	M. L. Loomis, M. D.	8	3	1	26					
58	Stockton	St. Joseph's Hospital	Sisters in charge	17	3		40			8	1 year H. S.	22
	COLORADO.											
59	Boulder	Boulder Colorado Sanitarium	Grace E. Mitchell, R. N.	48	3	5	100	60	Yes	10	8th grade	19–35
60	.....do	University of Colorado	Jean McIntosh, R. N.	12	3		40	25	Yes	9	H. S.	19–30
61	Colorado Springs	Bethel Hospital	Florence E. Standish	20	3	2	64	30	No	8½	.....do	20
62	.....do	Glockner Sanatorium *	Janet MacPherson	24	3	3	165					
63	Denver	Colorado Training School for Nurses of the City and County Hospital.	Signa M. Freek	40	3	12	300	285	No	8½	H. S.	20–32
64	.....do	Mercy Hospital *	Miss C. C. Feeney	48	3	9	115					
65	.....do	Park Avenue Hospital	Marie V. Layman	14	3	3	27	19	Yes	9	8th grade	23–30
66	.....do	St. Joseph's Hospital	Margaret Josephine Kimbal	68	3	15	300	175	No	9	.....do	21
67	.....do	St Luke's Hospital	Elizabeth Kyle	54	3	17	130	101	No	9	H. S.	20–30
68	Fort Collins	Fort Collins Hospital	Harriet Amelia Dawson, R.N.	14	3	6	25		Yes	9	.....do	18–30
69	Glenwood Springs	Glenwood Springs Sanitarium	Sadie B. Allison	7	2	3	50	10	Yes	10	1 year H. S.	20–30
70	Greeley	Greeley Hospital	Luella McCalpin, R. N.	10	2½	4	27		No	10	H. S.	18–30
71	Longmont	Longmont Hospital	Martha A. Converse	8	2	1	15	7	Yes	9	.....do	20

* Statistics of 1910.

[1] Abbreviations used: C. S.—Common school. H. S.—High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission. Education.	Requirements for admission. Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	COLORADO—continued.											
72	Loveland	Dr. W. B. Sutherland's Private Hospital	W. B. Sutherland, M. D	6	2	2	25	8	Yes	12	H. S	21
73	Pueblo	Minnequa Hospital	Laura A. Beecroft	27	3	7	150	110	No	9	8th grade	18–35
74	do	St. Mary's Hospital*	Katherine O'Shaughnessey	12	3	9	125					
75	Trinidad	St. Raphael's Hospital	Sisters in charge	17	3		150	45	Yes	8	8th grade	20–31
	CONNECTICUT.											
76	Bridgeport	Bridgeport Hospital	Elizabeth F. Oliver, R. N	45	2½	15	175	115		9	H. S	21–35
77	do	St. Vincent's Hospital	Sister M. Alice Gannon	28	3	5	120	100	Yes	8	do	21
78	Danbury	Danbury Hospital	Susanna W. Cutler	20	2½	5	60	40	Yes	12	do	20–30
79	Hartford	Hartford Hospital	Lauder Sutherland	90	3	18	400	313	No	9	1 year H. S	20
80	do	St. Francis' Hospital*	Sister Teresa	61	3	10	250	200	Yes	10	8th grade	20–35
81	Meriden	Meriden Hospital	Rose G. Reed	12	2½		54	25	No	10	H. S	18
82	Middletown	Middlesex Hospital	Sarah E. Hyde	14	2½	4	70	39	No	8½	8th grade	21
83	New Britain	New Britain General Hospital	Jennie L. Bassett	13	2½	5	60	40	No	10	H. S	20–32
84	New Haven	Grace Hospital	Marian Little	24	3	5	90	57	No	9	do	22–35
85	do	Connecticut Training School for Nurses of the New Haven General Hospital.	Emma L. Stowe	73	3	29	225	159	Yes	9½	do	21
86	do	St. Raphael's Hospital*	Josephine Coffey	84	3		142					
87	New London	Memorial Hospital	Nelly R. Burby, R. N	16	2	6	52	32	No	9	1 year H. S	22–35
88	Norwalk	Norwalk Hospital	Alice B. King	8	2	3	40	[illegible]	No	10	H. S	20
89	Norwich	William W. Backus Hospital	May L. Love, R. N	7	2	4	63	[illegible]	No	9	do	21–35
90	Stamford	Stamford Hospital	Evelyn M. Wilson	12	2½	6	35	32	Yes	11	do	20
91	Waterbury	Waterbury Hospital	Mary A. Andrews	20	2½		65	40	No	9	8th grade	20
92	Winsted	Litchfield County Hospital	Amy J. Robinson	9	3	2	35	20	No	10½	H. S	20
	DELAWARE.											
93	Wilmington	Delaware Hospital	Jennette F. Duncan	20	3	6	67	50	No	9	C. S	18
94	do	Homœopathic Hospital	Alida H. Turner	14	3	5	70	30	Yes	10	do	20

	DISTRICT OF COLUMBIA.												
95	Washington	Capital City Training School for Nurses of the Washington Asylum Hospital.	Margaret P. Pridham	21	3	15	200	165	No	10	do	20–35
96	do	Children's Hospital *	Margaret Woodworth	30	3	4	105					
97	do	Freedmen's Hospital	Laura R. MacHale	40	3	13	278	161	No	9	H. S.	21
98	do	Garfield Memorial Hospital	Georgia M. Nevins	45	3	17	225	130	No	8	H. S.	22
99	do	Georgetown University Hospital *	Sister Mary Bertrand, R. N.	34	3	3	150					
100	do	George Washington University Hospital	W. C. Borden, M. D.	39	3	14	104	110	No	8	8th grade	19–30
101	do	National Homœopathic Hospital *	Marian Little	27	3	6	85					
102	do	Providence Hospital *	Sister Camilla	66	3	16	310					
103	do	Lucy Webb Hayes National Training School of the Sibley Memorial Hospital.	Pansy A. Havens, R. N.	120	2½	39	75	54	Rarely	8	H. S.	20
	FLORIDA.											
104	Gainesville	National Odd Fellows' Sanitarium	Miss N. F. Swan	4	2	1	35	17	Yes	8–10	do	18
105	Jacksonville	De Soto Sanatorium	Pauline B. Pleasants	17	3	6	36	25	No	9½	C. S.	20–35
106	do	St. Luke's Hospital	Mary A. Baker, R. N.	19	2½	3	65	35	No	9		18–21
107	Pensacola	Mission Hospital *	Frances Mann	3	2		19					
108	St. Augustine	East Coast Railway Hospital	S. G. Wooley, M. D.	10	3	2	60	25	Yes	8	C. S.	21
	GEORGIA.											
109	Atlanta	Atlanta Hospital	Maude Gulledge, R. N.	10	3	3	20	13	No	8	8th grade	18–30
110	do	Elkin-Goldsmith Sanatorium	Jessie M. Candlish, R. N.	10	3	3	22	18	No	10	H. S.	20
111	do	Grady Memorial Hospital *	Miss A. B. Feebeck, R. N.	37	3	6	125					
112	do	Morris Brown College Fair Haven Infirmary	H. R. Butler, M. D.	22	3	4	10	5	Yes	9	8th grade	18
113	do	St. Joseph's Infirmary	Catherine E. Moran	50	3	4	56	70	No	9	H. S.	19, 35
114	do	Spelman Seminary McVicar Hospital	Amanda J. Lawson	21	3		30	2	No	8	8th grade	20
115	do	Tabernacle Infirmary *	Martha W. Harris, R. N.	45	3	7	75					
116	do	Wesley Memorial Hospital	Mary E. Cloman, R. N.	24	3	9	50	40	No	8½	H. S.	18
117	Athens	St. Mary's Hospital	Mary Elizabeth Simpson, R. N.	4	3		18	10	No	8½	do	18
118	Augusta	Augusta City Hospital	Mary A. Moran, R. N.	22	3	2	70	40	No	8	1 year H. S.	21
119	do	Lamar Hospital *	Mittie White	12	3	4	60					
120	Brunswick	Brunswick Hospital	Luell C. Meier, R. N.	3	3	1	50	10	No	8½	C. S.	18–35
121	Griffin	Griffin Hospital	Lilly May Madera	5	3	1	36	10	Yes	8½	H. S.	21–35
122	La Grange	La Grange Sanatorium	Daisy O'Donovan Rossa, R. N.	3	3		20	15	Yes	12	do	20
123	Macon	Macon Hospital	Margaret J. Moran, R. N.	18	3	2	78	45	No	7½	do	21
124	Sandersville	Rawling's Sanitarium *	Annie L. Mills	15	3	5	35					
125	Savannah	Charity Hospital *	Mary W. Long	10	2	4	24					
126	do	Georgia Infirmary	Tola Belle Hastings, R. N.	7	2	1	50	38	Yes	11½	8th grade	21
127	do	Oglethorpe Sanatorium	Martha Stone Raines, R. N.	16	3		30	25	No	7	H. S.	18
128	do	Park View Sanatorium	Clara Alice Mathiack	18	3	3	65	[illegible]	No	8	C. S.	21–32
129	do	St. Joseph's Hospital	Sisters in charge	15	3	1	100		No	[illegible]	do	20
130	do	Savannah Hospital	Mary Blythe Wilson, R. N.	14	3	3	60	40	No	9	do	21–35
131	do	Telfair Hospital	Mary Carter Peyton	18	3	3	40	36	No	10	H. S.	21–32
132	Valdosta	Union Hospital *	Mary Woolridge	7	3		15					
	IDAHO.											
133	Boise	St. Luke's Hospital	Lillian Long	21	3	6	70	50	No		2 years H. S.	21
134	Lewiston	St. Joseph's Hospital	Sister Mary Borgia	8	3		60		No		H. S.	21

* Statistics of 1910.

[1] Abbreviations used: C. S.—Common School. H. S.—High School.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission.	
											Education.[1]	Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	ILLINOIS.											
126	Aurora	Aurora Hospital	Nettie B. Jordan, R. N.	10	2½	....	25	20	No	9	8th grade	20
136	Canton	Graham Hospital	Harriet C. Peck	8	3	....	27	13	No	9	1 year H. S.	20
137	Champaign	Julia F. Burnham Hospital	Mary Margaret Uglow, R. N.	15	3	4	45	22	No	10	H. S.	20–30
138	Chicago	Augustana Hospital	Lila Pickardt, R. N.	95	3	18	200	170	No	9	8th grade	21
139	do	Chicago Hospital*	Mrs. E. B. McWhorter	35	3	14	40	....	....	....	....	....
140	do	Chicago Baptist Hospital	Mrs. Julia Barnes Adams, R. N.	28	3	18	78	60	No	8½	H. S.	21
141	do	Chicago Homœopathic Hospital	Eleanor C. Gough	15	3	3	50	35	No	9	do	21
142	do	Chicago Maternity Hospital	Effa V. Davis, M. D.	10	1	5	20	15	Rarely	10	C. S.	18–20
143	do	Chicago Policlinic Hospital	Mary C. Stewart, R. N.	40	3	....	75	80	No	10	1 year H. S.	20–35
144	do	Chicago Union Hospital*	Martha A. Pepperell, R. N.	25	3	5	55	....	....	....	....	....
145	do	Illinois Training School for nurses of the Cook County Hospital.	Helen Scott Hay, R. N.	190	3	48	1,800	1,500	No	9	1 year H. S.	20–35
146	do	Englewood Hospital	Emelia Dahlgren	39	3	10	100	90	No	10	H. S.	20
147	do	Frances E. Willard Hospital	Mary Bird Talcott, R. N.	35	3	8	70	55	No	9	2 years H. S.	20–35
148	do	Garfield Park Hospital	H. P. Skiles, M. D.	20	....	5	45	40	No	10	1 year H. S.	20
149	do	German Hospital of Chicago	Nina Dale, R. N.	26	3	8	75	60	No	9	do	20
150	do	German American Hospital*	Anna T. Schering	25	3	6	60	....	....	....	....	....
151	do	Grace Hospital*	Edna Locke Hamilton	20	2	9	40	....	....	....	....	....
152	do	Hahnemann Hospital	Grace E. Ward, R. N.	44	3	6	112	60	No	9½	C. S.	22
153	do	Jefferson Park Polyclinic and Hospital*	Lillian E. Saul, R. N.	29	3	17	40	....	....	....	....	....
154	do	Lakeside Hospital	Caroline Soellner, R. N.	28	3	8	60	....	No	10	1 year H. S.	20
155	do	Lake View Hospital	Edith Mayon	11	3	3	20	16	No	9	do	20
156	do	Mary Thompson Hospital	Addie R. Mullin, R. N.	18	3	7	93	50	No	....	H. S.	20
157	do	Mercy Hospital	Sister Mary Rita, R. N.	106	3	37	250	15	No	9	2 years H. S.	21–30
158	do	Michael Reese Hospital	....	....	3	36	400	300	No	8½	H. S.	21–35
159	do	Norwegian Lutheran Deaconess Home and Hospital.	Deaconess Malinda Munson	25	3	6	100	75	Rarely	12	C. S.	18
160	do	Norwegian Tabitha Hospital	Bella Olsen	20	3	10	45	35	No	9	do	20
161	do	Passavant Memorial Hospital	Elisa C. Glenn, R. N.	32	3	7	70	....	No	....	2 years H. S.	20–35
162	do	Peoples' Hospital	L. Clark Gary, M. D.	4	2	1	50	25	No	8	C. S.	20–35
163	do	Presbyterian Hospital	M. Helena McMillan, R. N.	110	3½	25	200	184	No	8	H. S.	20–30
164	do	Provident Hospital	Jeannette S. Lyon	21	3	9	65	35	No	8½	do	20–27
165	do	Ravenswood Hospital	Sidney K. Appel, R. N.	24	3	1	50	39	No	8½	2 years H. S.	20

166	do	Rhodes Avenue Hospital*	Helen W. O'Malley	30	3	10	70						
167	do	St. Bernard's Hotel Dieu	Sister Alice Burns	48	3	8	200	110	No	9	1 year H. S.	20–30	
168	do	St. Elizabeth's Hospital*	Sister Engratia	30	3	3	250						
169	do	St. Joseph's Hospital	Sister Camilla	47	3	6	127	95	No	10	C. S.	21–30	
170	do	St. Luke's Hospital	Margaret E. Johnstone, R. N.	125	3	23	340	250	No	8½	H. S.	20–31	
171	do	St. Mary of Nazareth Hospital	Sister Ambrosia Krygier	42	3	12	160	10–15	No	9	1 year H. S.	21–35	
172	do	South Chicago Hospital*	Sylva Bell	16	3	5	50						
173	do	Streeter Hospital	Mildred R. Winans	14	3	4	28		No	9	H. S.	21	
174	do	Swedish Covenant Hospital	Katrine Fiske	15	3	6	45	25	No	8	1 year H. S.	20–35	
175	do	Washington Park Hospital	Frances Regenia Wilson, R. N.	40	3	6	75	60	No	9	do	20	
176	do	Wesley Hospital	Bertha L. Knapp, R. N.	100	3	23	265	160	No	9	H. S.	20–30	
177	do	West Side Hospital	Bertha E. Brunneman	46	3	12	100	65	No	9	do	20	
178	Danville	Lake View Hospital	Maud Northwood, R. N.	14	3	5	45	33	No	12	1 year H. S.	20–30	
179	Dixon	Dixon Public Hospital	N. Elizabeth Casey	10	3	5	21	18	No	9	2 years H. S.	18–30	
180	East St. Louis	Henrietta Hospital	Mrs. Rose P. Mitchell	10	3	2	50	35	No	8	H. S.	21–30	
181	Elgin	Sherman Hospital	C. Irene Olney, R. N.	20	3	9	40	30	No	9	1 year H. S.	20–22	
182	Evanston	Evanston Hospital	Helen L. Bloomfield, R. N.	28	3	5	75	60	No	9	do	20–35	
183	Freeport	Globe Hospital	Annie R. Pengilly	8	3		25	22	No	10		20–35	
184	Galesburg	Galesburg Hospital	Louise Eggert	28	3	7	85	46	No	9	H. S.	20	
185	Jacksonville	Passavant Memorial Hospital	Ida B. Venner	16	3	4	50	30	No	9	1 year H. S.	20–35	
186	Joliet	Silver Cross Hospital	Rachel Tanner	10	3	3	50	35	No	12	H. S.	21–35	
187	Macomb	Marietta Phelps Hospital	Rowena H. Raymond, R. N.	12	2	4	24	15	No	9	do	20	
188	Moline	Moline Public Hospital*	Margaret Rooney	16	3		60						
189	Monmouth	Monmouth Hospital	E. Proctor, R. N.	11	2½	4			No	9	H. S.	20–30	
190	Murphysboro	St. Andrew's Hospital*	Sister Mary Walburger	2	3	3	35						
191	Normal	Brokaw Hospital*	Lula J. Justis	20	3	8	60						
192	Oak Park	Oak Park Hospital	Sister St. Laurence	75	3	6	50	44	No	9	H. S.	20–30	
193	Ottawa	John Stuart Reyburn Memorial Hospital	Elizabeth Ann Asseltine	12	3		25	16	No	8½	1 year H. S.	20	
194	Peoria	John C. Proctor Hospital*	Lucy Breen	38	3	10	90						
195	Quincy	Blessing Hospital	Florence Burt, R. N.	18	3	8	75	30	No	9	do	20	
196	Rockport	Rockport City Hospital*	Elizabeth Knight Smith	25	2	8	50						
197	Rock Island	St. Anthony's Hospital*	Anna T. Legris	12	2½	2	45						
198	Springfield	St. John's Hospital	Sister Benedictes	38	2½	11	220	9–10	No	9	8th grade	18	
199	do	Springfield Hospital*	Rosa Waltke	19	3	7	70						
200	Waukegan	Jane McAlister Hospital	Martha J. Heil, R. N.	8	3		42	33	No	12	1 year H. S.	20	
		INDIANA.											
201	Crawfordsville	L. L. Culver Union Hospital	Mabel R. Van Auker	5	2	2	15	9	No	9	H. S.	20	
202	Elkhart	Elkhart Training School of the Clark Hospital	Agnes E. Moloney	9		3	15	12	Yes	9	1 year H. S.	19–30	
203	Evansville	Crescent Sanitarium	W. Pfeifer	8	3		15	12	Yes	12	H. S.	21	
204	do	Evansville Sanitarium	Elizabeth Hannan	15	3		25	20	No	10	do	20–32	
205	do	Mary Jane Gilbert Memorial Hospital*	Blanche Pyne	9	3		20						
206	do	St. Mary's Hospital	Sister Zoe	25	3	10	125	80	Yes	8	C. S.	18	
207	Fort Wayne	Hope Hospital	Laura R. Logan, B. A.	30	3	10	60	45	No	8	1 year H. S.	20–35	
208	do	Lutheran Hospital	Mary B. Ludy	35	3	11	75	65	No	9	8th grade	19	
209	Indianapolis	Indianapolis City Hospital	Florence J. Martin, R. N.	50	3	18	293	211	No	9	C. S.	21	
210	do	Joseph Eastman's Hospital	Mary Gertrude Hearn, R. N.	8	2	2	16	10	Yes	10	H. S.	21	
211	do	Dr. W. B. Fletcher's Sanatorium	Urbana Spink	25	3	7	50	40	No	12	8th grade	18	
212	do	Methodist Episcopal Hospital	Jessie A. Hern, R. N.	40	3	14	65	60	No	9	1 year H. S.	21–35	
213	do	Protestant Deaconess Hospital	Selina S. Segerlund	56	3	13	126	96	No	9	8th grade	21	

* Statistics of 1910.

[1] Abbreviations used: C. S.=Common school. H. S.=High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission. Education.[1]	Requirements for admission. Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	INDIANA—continued.											
214	Indianapolis	St. Vincent's Hospital *	Sister Margaret	37	3	11	135					
215	Jeffersonville	Jeffersonville City Hospital	Mary King	5	2	2	12	5	Yes	8	8th grade	20
216	La Fayette	Home Hospital	Fanny Elizabeth Knecht, R. N.	15	3	2	45	25	No	9	H. S.	21–35
217	....do	Wabash Valley Sanitarium	F. A. Loop, M. D	18	3	1	30	25	Yes	10	8th grade	20–35
218	Lebanon	Williams Hospital	Olive H. Goin	5	3	3	10	4	Yes	9	H. S.	18–26
219	Madison	Denny's Sanitarium	George E. Denny, M. D	4	2	2	20	10	Yes	12	C. S.	19
220	....do	King's Daughters' Hospital	Laura Belle Roser	3	2	1	10	5	Yes	10	....do	18–21
221	Marion	Grant County Hospital	Marion Whitten	10	3	2	22	16	Yes	9	8th grade	20
222	Muncie	Home Hospital	Bernetha M. Smith, R. N.	3	2	1	20	8	No	9	H. S.	19
223	Richmond	Reid Memorial Hospital	Mary B. Sollers	14	3	6	65	35	No	8½	....do	20
224	South Bend	Epworth Hospital	Edith E. Willis, R. N.	20	3	2	50	30	Rarely	9	....do	21–35
225	....do	Lewis Hospital *	Margaret K. Lewis	3	2½	2	25					
226	Terre Haute	Union Hospital	Ethel L. Chisholm, R. N.	20	3	3	60	40	No	9	C. S.	20–32
227	Valparaiso	Christian Hospital	Mrs. Nora Woodruff	10	2½	4	25	10	Yes	10	H. S.	20–30
228	Vincennes	Good Samaritan Hospital	Minnie E. Haman	6	2	2	20	12	Yes	10	....do	21
	IOWA.											
229	Boone	Eleanor Moore Hospital	Mary Elizabeth Good	8	3	3	30	10	Yes	8	H. S.	21–35
230	Burlington	Burlington Hospital	Miss C. C. Keeler	22	3	5	65	45	Yes	10	8th grade	20
231	Cedar Rapids	Mercy Hospital *	Sister Mary Alphonsus	20	3	2	70					
232	....do	St. Luke's Hospital	Grace E. Baker	25	3	4	65	40	No	10	8th grade	20
233	Centerville	St. Joseph's Mercy Hospital *	Sister Mary Evangelista	6	3		28					
234	Clinton	Agatha Hospital	Marietta Tanner	21	3	4	50	40	No	8	H. S.	18
235	....do	St. Joseph's Mercy Hospital	Rev. Mother M. Pius	19	3	6	50			9	....do	20
236	Council Bluffs	James Edmundson Memorial Hospital	Ella M. Stimbach	23	3	5	55	33	No	12	....do	21–30
237	....do	Mercy Hospital	Sister Mary Thomas, R. N.	25	3	10	150	75	Yes	9	8th grade	20
238	Davenport	....do	Sister Mary Alphonsus	30	3	7	100		No	10	H. S.	21–30
239	....do	St. Luke's Hospital	Martha Oaks	15	3	4	45	25		10	....do	21–35
240	Des Moines	Iowa Methodist Hospital	Millicent Schoer	65	3	10	145	110	No	9	1 year H. S.	19–35
241	....do	Mercy Hospital	Sister Mary Mechtildes	45	3	10	100	90	No	9	8th grade	19–35
242	Dubuque	Finley Hospital	Alice E. Isaacson, R. N.	24	3	7	50	30	No	8½	1 year H. S.	20–30
243	....do	St. Joseph's Mercy Hospital	Sister Mary Ursula	40	3	4	220		No	10	C. S.	19–30

244	Iowa City	Iowa State University Hospital *	Mary E. Nesbit	56	3	7	125						
245	....do	University Homeopathic Hospital	Anna C. Goodale	12	3	4	30	20	Yes	9	1 year H. S.		
246	Iowa Falls	Ellsworth Hospital	Margaret Stoddard	3	3		15	6	Yes	7–9	C. S.	20	
247	Keokuk	W. C. Graham Protestant Hospital *	Mary C. Jackson, R. N.	10	3	2	35						
248	....do	St. Joseph's Hospital	Sister Superior	13	3	4	150		Yes	10	H. S.	24	
249	Lyons	St. Joseph's Mercy Hospital *	Sister Mary Louis	20	3	3	80						
250	Marshalltown	Mercy Hospital	Sister M. Dorothy	8	3	4	30		Yes	9½	1 year H. S.	18–25	
251	Mason City	City Park Hospital *	Helen Gill	7	3		25						
252	Muscatine	Benjamin Hershey Memorial Hospital	M. Grace McIlvary	8	3		25	13	Yes	9	H. S.	20	
253	Nevada	Iowa Sanitarium	C. W. Heald, M. D.	21	3	6	40	33	Yes	6–10	8th grade	18–35	
254	Ottumwa	Ottumwa Hospital *	Elizabeth Trotter	12	3	5	50						
255	Sioux City	German Lutheran Hospital	Dorothy Fick	18	3	5	44	30	No	8	H. S.	20	
256	....do	St. Joseph's Mercy Hospital *	Sister Mary Daniel	55	3	14	100						
257	....do	Samaritan Hospital *	Nellie M. Porter	31	3	9	65						
258	Waterloo	Syndical Presbyterian Hospital	Aurilla J. Perry	18	3	7	36	29	No	9	H. S.	18–35	
	KANSAS.												
259	Ellsworth	Ellsworth Hospital	Henry Z. Hissem, M. D.	4	2	3	15	4	Yes	12		19	
260	Kansas City	Methodist Training School of the Bethany Hospital.	Elizabeth J. Eason	25	3	5	50	30	Yes	9	H. S.	20–35	
261	....do	Douglass Hospital	Frances M. Williams	5	2		20		Yes	10	....do	20	
262	Lawrence	Lawrence Hospital	Laura Hostetter	6	3		20	10	Yes	10	....do	20	
263	Leavenworth	Cushing Hospital	Almey C. Murray	9	2	3	75	25	Yes	8	8th grade	20	
264	....do	St. John's Hospital	Sister Mary Rita	10	3	2	60		Yes	10	H. S.	21	
265	Pittsburg	Mount Carmel Hospital	Sister M. Alphonsus	8	2	3	40	25		9½	....do	19	
266	Rosedale	University of Kansas	Minerva Wilson, R. N.	13	3	4	25	20	No	9	....do	20–30	
267	Selma	St. Barnabas' Hospital	Lydia M. O'Donnell	4	3		31	7	Yes	9	C. S.	20–35	
268	Topeka	Christ's Hospital	Alice Muriel Gaggs, R. N.	35	3	8	85	56	No	9	H. S.	21–32	
269	....do	Jane C. Stormont Hospital	Theresa Smith	16	3	4	50	33	Yes	8½	....do	20–35	
270	Wichita	Wichita Hospital	Isabel M. Woodburn	22	2½	7	75	50	No	10½	1 year H. S.	21	
	KENTUCKY.												
271	Dayton	Speers Memorial Hospital *	Sophia Steinhauer	21	3	8	75						
272	Franklin	Southern Kentucky Sanatorium	Flora Keen, R. N.	6	3	1	26	15		9	1 year H. S.	20–35	
273	Henderson	City Hospital *	Sarah J. Barnett	6	2	3	20						
274	....do	Letcher Hospital *	Katherine M. Shaw	4	3		12						
275	Lexington	Good Samaritan Hospital *	Mary R. Shaver	38	3	7	100						
276	Louisville	Children's Free Hospital	Katherine M. Arnold	10	3	1	50	35	No	9	H. S.	20–35	
277	....do	Citizens National Hospital	E. A. Jackson	6	3	2	12	4	Yes		8th grade	18	
278	....do	German Methodist Deaconess Home and Hospital.	Elizabeth Borcherding	17	2	10	33	30	No	10	C. S.	19–35	
279	....do	Jewish Hospital *	Katherine Daum, R. N.	8	3		60						
280	....do	John N. Norton Memorial Infirmary	Nellie Gillette	34	3	10	100	50	No	9	C. S.	20	
281	....do	Louisville City Hospital *	Eliza Johnson	28	3	13	250						
282	....do	Red Cross Sanitarium *	Petra F. Pinn	6	3	1	12						
283	Owensboro	Owensboro City Hospital *	Ella Green Davis	6	3	1	25						

* Statistics of 1910.

[1] Abbreviations used: C. S. = Common school. H. S. = High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission.	
											Education.[1]	Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	LOUISIANA.											
284	Alexandria	Alexandria Sanitarium	J. L. Wilson, M. D	4	2	1	20	8	Rarely	12	G. S	18
285	New Orleans	Charity Hospital *	Sister Dolores	128	2	39	1,050					
286	do	Hotel Dieu	Sister Mary Grace	30	3	6	60	54	No	10½	C. S	20
287	do	Sarah Goodridge Hospital	R. T. Fuller, M. D	8	3	4	16	12	Yes	7	8th grade	18
288	do	Touro Infirmary	E. K. Zeller	60	3	15	160	130	No	9	C. S	21–35
289	Shreveport	T. E. Schumpert Memorial Sanitarium	Sister Mary Raphael	28	2½	8	200	115	No	10	C. S	20–35
290	do	Shreveport Charity Hospital	J. M. Callaway, M. D	22	2	2	209		No	11	H. S	21
	MAINE.											
291	Augusta	Augusta General Hospital	Mrs. Sarah Hayden	20	3	2	58		Yes	9	do	22–35
292	Bangor	Eastern Maine General Hospital	Ida Washburne	35	3		120	85	No	9		23–35
293	Biddeford	Trull Hospital	Lucy Jeannette Potter, R. N	24	3		50	25	Yes	11	H. S	23
294	Lewiston	Central Maine General Hospital	Rachel A. Metcalfe	33	2½	8	75	60	No	10	do	21
295	do	St. Mary's General Hospital	Sister Campeau	20	2½	6	140	85	Yes	8–9	do	21
296	Portland	Children's Hospital	Helen L. Redfern	24	2½	5	70	64	No	9½	do	20–30
297	do	Dr. King's Private Hospital	Minerva Kenrick	9	3	2	28		No		do	21–35
298	do	Maine Eye and Ear Infirmary	Nellie M. Pine	18	3	3	75	38	No	9	do	21–28
299	do	Maine General Hospital	Harriet M. Hohenfeld, R. N	55	3	20	175	108	No	8	do	21
300	do	St. Barnabas' Hospital	Maud B. Rooney	75	3	25	30	21	No	12	do	21
301	Rockland	Knox County Hospital	Margaret D. Sibley	6	2½	1	25	10	No	9	do	21–31
	MARYLAND.											
302	Baltimore	Biedler-Sellman Hospital	Pearle A. Beuling, R. N	14	3	3	125		No	8½	do	21
303	do	Church Home and Infirmary	Edith R. Bennett	46	3	11	185	135		10	do	21
304	do	Franklin Square Hospital	Florence E. Garner, R. N	16	3	3	90	48	No	9	do	20–35
305	do	Robert Garrett Hospital for Children	Sarah F. Martin, R. N	10	2–3	3	32	21	No	12½		
306	do	Hebrew Hospital	Mary Belle Struble, R. N	24	3	6	100	90	No	10	C. S	19–33
307	do	Hospital for the Women of Maryland	Frances K. M. Butler	6	3		59	41	No		H. S	22
308	do	Johns Hopkins Hospital	Elsie M. Lawler, R. N	139	3	35	360	307	No	8	do	22–35
309	do	Maryland Homoeopathic Hospital	Mary J. Putts	20	3	5	65	45	No	10	do	20–35
310	do	Maryland General Hospital	A. E. Wheeler	34	3	9	150	130	No	10½	8th grade	21

311	....do	Mercy Hospital	Sister Mary Claude Raden, R. N.	66	3	18	300	275	No	9	H. S.	22–30
312	....do	Provident Hospital*	Annabel Wilson	6	3	1	25					
313	....do	St. Agnes's Hospital*	Sister M. Lama	38	2, 3	5	255					
314	....do	St. Joseph's German Hospital	Sisters of St. Francis	42	3	7	234	170	No	8	H. S.	20–32
315	....do	Union Protestant Infirmary	Roberta L. Ball	45	3	14	110	80	No	9–9½	1 year H. S.	22–35
316	....do	University Hospital	Alice F. Bell	75	3	17	253	200	No	9	....do	20
317	Cumberland	Allegany Hospital	Sister Angelica	15	3	2	40	25	No	9	2 years H. S.	21–27
318	....do	Western Maryland Hospital*	Florence A. Tanney	20	3	2	52					
319	Frederick	Frederick City Hospital	Mary Loose Nies	8	3	2	50	30	No	10	H. S.	20–35
320	Hagerstown	Washington County Hospital	Emma M. Glover	10	3	3	22	15	Yes	9	....do	20–30
321	Salisbury	Peninsula General Hospital*	Mary Francis Shell, R. N.	14	3	3	150					
	MASSACHUSETTS.											
322	Attleborough	Attleborough Sanitarium*	Mary B. Nicola	15	3		75					
323	Beverly	Beverly Hospital Corporation	Alice C. S. Cushman, R. N.	16	2½	2	50	30	No	9	H. S.	21–35
324	Boston (Jamaica Plain)	Adams Nervine Asylum	Susan E. Tracy	19	2½	4	52	50	No	10	....do	21–30
325	Boston	City Hospital	Emma M. Nichols, R. N.		3	39	1,061		No	9	C. S.	23–35
326	Boston (South Boston)	Carney Hospital	Sister Marciana	67	3	25	200		Yes	8	H. S.	21–32
327	Boston	Charitable Eye and Ear Infirmary	Mary Carnahan	4–6	2		210	150	No	9½		
328	....do	Children's Hospital	Sister Margaret	8–12	3	10	100	70	No	8	H. S.	21
329	....do	Cushing Hospital	Olga Cushing Leary, M. D.	15	2	5	30	24	No	10	....do	21
330	....do	Emerson Hospital	Frances W. Cockburn, R. N.	30	3	8	48	28	Yes	10	....do	21–30
331	Boston (Jamaica Plain)	Faulkner Hospital	Alice K. Ruggles	13	3	5	30	18	No	9½	....do	21
332	Boston	Massachusetts General Hospital	Sara E. Parsons, R. N.	140	3	34	322	303	No	8	....do	19–36
333	....do	Massachusetts Homœopathic Hospital	Alice H. Flash	100	3	30	350	251	No	9	....do	21–30
334	....do	Long Island Hospital	Charles E. Donlan, M. D.	37	2	13	319	304	No	11	C. S.	21–30
335	....do	Lying-in Hospital	Jean C. Cartwright	23	1½		46	38	No	10		23–35
336	....do	New England Baptist Hospital	Emma A. Anderson	25	2½	8	50	40	Yes	10		
337	....do	New England Deaconess Hospital	Adeliza A. Betts, R. N.	28	3	11	50	43	Yes	9	H. S.	21–32
338	....do	New England Hospital for Women and Children.	Jane Merwin Barker, R. N.	31	3	13	150	78	No	9	....do	21
339	....do	Plymouth Hospital	Cornelius N. Garland, M. D.	12	3	4	15		Yes	6	C. S.	19–35
340	....do	St. Elizabeth's Hospital	Thomas F. Harrington, M. D.	26	3	6	110	66	Rarely	10	H. S.	
341	....do	Woman's Charity Club Hospital	Eva M. Moore	14	2	8	30		No	8	C. S.	21
342	Brockton	Brockton Hospital	Grace B. Beattie, R. N.	20	2½		50	39	No	9	H. S.	21–30
343	Cambridge	Cambridge Hospital	Nellie G. Partridge	23	2½		60	37	No	9	....do	21–35
344	Chelsea	Rufus S. Frost General Hospital	Agnes Alice du Brau	14	3		60	35	No	9	....do	22–35
345	Clinton	Clinton Hospital	Winifred Leslie Stevens	17	3	4	30	28	Yes	9	1 year H. S.	21–35
346	Everett	Whidden Memorial Hospital	Hannah F. Searcy	9	3	2	22	10	Yes	9	C. S.	21–35
347	Fall River	Union Hospital	Anna E. E. Rothrock, R. N.	28	2½	11	80	40	Yes	9	8th grade	21
348	Fitchburg	Burbank Hospital	Freeman A. Tower, M. D.	20	2½	6	50	44	Yes	8½	H. S.	21–33
349	Gloucester	Addison Gilbert Hospital	Deta H. Kinney, R. N.	13	3	3	30	19	Yes	8½	C. S.	21
350	Greenfield	Franklin County Hospital	Anna M. Sweeney	14	2	3	46	16	No	9–10	C. S.	21
351	Haverhill	Hale Hospital*	Anne Charlotte Parker	14	3	5	35					
352	Holyoke	City Hospital	Laura S. Pratt	30	3	13	80	64	No	9	1 year H. S.	21
353	....do	House of Providence Hospital	Mother Mary of Providence	24	3		70		No		C. S.	21–35
354	Lawrence	Lawrence General Hospital	Martha P. Parker	33	3	10	100		Rarely	8	H. S.	22
355	Lowell	Lowell Hospital Association	Cora J. Simpson	17	2	8	85	54	No	11	....do	21–30
356	....do	Lowell General Hospital	Sara A. Bowen, R. N.	25	3	8	70	43	No	8½	....do	20

* Statistics of 1910.

[1] Abbreviations used: C. S.—Common school. H. S.—High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission. Education.[1]	Requirements for admission. Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	MASSACHUSETTS—con.											
357	Lowell	St. John's Hospital	Sister Celine	21	3	3	65	45	No	9	1 year H. S.	22–35
358	Lynn	Lynn Hospital	Annie I. Fletcher, R. N.	25	2	....	90	.....	No	11	C. S.	21–35
359	....do	Union Hospital	Julia Agnes Smith, R. N.	19	3	6	35	30	Yes	9	H. S.	21–35
360	Malden	Malden Hospital	Charlotte M. Perry, R. N.	27	3	4	80	43	No	9	1 year H. S.	21–35
361	Melrose	Melrose Hospital	Alma E. Grant	13	3	4	19	14	Yes	9	H. S.	21–35
362	....do	New England Sanitarium	William E. Bliss, M. D.	41	3	11	80	.....	Yes	8	1 year H. S.	20
363	Montague City	Farren Memorial Hospital*	Sister Mary Immaculate Heart	8	2	2	50	.....	.....	.....	.....	.....
364	Natick	Leonard Morse Hospital	N. J. van Cor	14	3	5	25	15	Yes	10	1 year H. S.	21
365	New Bedford	Emergency Hospital	Charles Arthur Derby, M. D.	6	2	....	20	17	Yes	9½	H. S.	21
366	Newburyport	Anna Jacques Hospital	Brenda F. Mattice	15	2½	4	40	25	No	12	8th grade	23
367	....do	Newburyport Homœopathic Hospital	Clara B. Peck, R. N.	14	3	3	30	18	Yes	10	H. S.	21–30
368	Newton Lower Falls	Newton Hospital*	Mary M. Riddle	65	3	21	165	.....	.....	.....	.....	.....
369	North Adams	North Adams Hospital*	Lillian A. Hanford, R. N.	17	2½	9	65	.....	.....	.....	.....	.....
370	Northampton	Dickinson Hospital	Mary Rose Raser	32	3	5	100	50	Yes	12	H. S.	21–30
371	Pittsfield	Henry W. Bishop, Third, Memorial Training School of the House of Mercy Hospital.	Mary M. Marcy, R. N.	56	3	13	130	74	No	9½	C. S.	20
372	Plymouth	Jordan Hospital*	Emma Margaret Smith	9	2½	....	20	.....	.....	.....	.....	.....
373	Quincy	City Hospital of Quincy*	B. M. Thayer	10	2	3	50	.....	.....	.....	.....	.....
374	Salem	Salem Hospital	Caroline Brown Wilks	26	2 7/12	5	100	.....	No	10	H. S.	21–35
375	Somerville	Somerville Hospital	Elizabeth C. Hogle	20	3	6	40	26	Yes	10½	1 year H. S.	22–35
376	South Framingham	Framingham Hospital	Ethel Humphrey, R. N.	41	3	2	50	30	Yes	9½	H. S.	20–35
377	Springfield	Mercy Hospital	Mother Mary of Providence	29	3	7	150	7	No	10	1 year H. S.	21–30
378	....do	Springfield Hospital	Jessie E. Colton	5	3	11	100	88	No	10	H. S.	20–23
379	....do	Wesson Memorial Hospital	Hilda M. Boyd	4	3	11	60	30	Yes	9	....do	21
380	Taunton	Taunton Hospital Co. Training School of the Morton Hospital.	Jennie S. Berry, R. N.	12	3	4	25	16	No	9	....do	21–35
381	....do	Taunton Emergency Hospital*	Charles B. Learoyd, M. D.	3	2	....	15	.....	.....	.....	.....	.....
382	Waltham	Waltham Hospital	Beatrice de Veber	92	4	14	100	50	Yes	9	C. S.	19–35
383	Westfield	Noble Hospital	Nellie B. Hall	13	3	2	55	27	No	8½	....do	21
384	Woburn	Choate Memorial Hospital	Grace B. Hanckley	8	2½	....	20	15	Yes	9	H. S.	20–35
385	Worcester	Worcester City Hospital	Louise Eleanor Keister	110	3	34	290	210	No	9	....do	20–30
386	....do	Hahnemann Hospital	Edith Robbins, R. N.	12	3	1	25	14	Yes	10	....do	21
387	....do	Memorial Hospital	Donna G. Burgar	67	3	....	150	.....	No	9	1 year H. S.	20–35
388	....do	St. Vincent Hospital	Mother Mary Providence	26	3	8	110	85	No	10	H. S.	21–35

	MICHIGAN.												
389	Alma	Brainerd Hospital	I. N. Brainerd, M. D.	5	2	3	15		Yes	12	C. S.	18	
390	Ann Arbor	University Hospital	Luella Bristol	75	3	19	300	240	No	10	H. S.	20–32	
391	....do	University Homœopathic Hospital	D. W. Myers, M. D.	40	3	9	100	85	Yes	10	....do	21–35	
392	....do	Peterson's Hospital	Fantine Pemberton	10	4	3	9		No	9	....do	19	
393	Battle Creek	Battle Creek Sanitarium and Hospital *	Mrs. M. S. Foy	180	3	41	650						
394	....do	Nichols Memorial Hospital	Maud Agnes Cline, R. N.	14	3	6	46	28	Yes	9	H. S.	18–21	
395	Bay City	Mercy Hospital	Sister Mary Baptist	20	3	7	100	40	No	9½	....do	21	
396	Benton Harbor	Mercy Hospital	Millicent B. Northway, R. N.	9	2½	4	27	12	No	8	1 year H. S.	19–30	
397	Big Rapids	Mercy Hospital	Sister Mary Philomena McDonald.	15	3	4	100	35	Yes	8	8th grade	20–30	
398	Calumet	Calumet and Hecla Hospital *	Lisle Freligh	10	3	2	25						
399	Detroit	Boulevard Sanitarium	Miss Hulme, R. N.	14	3				Yes	10		21–35	
400	....do	Grace Hospital *	C. P. van der Water	62	3	9	150						
401	....do	M. Ferrand Training School of the Harper Hospital.		84	3	35	200	191		8	2 years H. S.	22	
402	....do	Red Cross Hospital	Lottie Chambers	4	2	2	24	12	Yes	10	H. S.	18–35	
403	....do	St. Mary's Hospital	Sister Lucina	50	3	15	200	15	No	10	C. S.	20–30	
404	....do	Solvay General Hospital	Melvina M. Malhiot	14	3	4	50	24	Yes	9	8th grade	20–35	
405	....do	Woman's Hospital and Infants' Home	Miss S. Melville	21	2½	4	100	70	No	8	H. S.	21–35	
406	Grand Rapids	Butterworth Hospital	Elizabeth O. Flaws, R. N.	45	3	14	100	70	No	9	1 year H. S.	21	
407	....do	St. Mary's Hospital	Sister M. Thomas	20	3	4	45		Yes	10	H. S.	21	
408	....do	Union Benevolent Association Hospital	Ida M. Barrett, R. N.	40	3	10	70	59	No	9	....do	21–35	
409	Jackson	Jackson City Hospital	Margaret M. Moore	17	3	3	50	27	No	10	C. S.	21	
410	Kalamazoo	St. Caroline's Training School of the Borgess Hospital.*	Sister M. Raphael, M. D.	12	3	5	125						
411	....do	Bronson Hospital	Irene v. B. van Pelt	23	3	10	45	25	No	9½	1 year H. S.	20–30	
412	Lake Linden	Lake Superior General Hospital *	Zetta De Witt	8	3	2	30						
413	Lansing	Lansing Hospital *	Mabel L. Morgan	19	2½	3	25						
414	Laurium	Houghton County Training School of the Calumet Public Hospital.	Nettie L. Lester, R. N.	8	3	2	25	10	Yes	12	H. S.	21	
415	Ludington	Paulina Stearns Hospital *	Nellie E. Dart	8	2½	4	16						
416	Manistee	Mercy Hospital *	Sister M. Camillus	14	3	3	75						
417	Marquette	St. Luke's Hospital	Mrs. Clara L. Mack	7	2	2	26		No	10	H. S.	20	
418	Mount Clemens	St. Joseph's Sanitarium *	Sister M. Bertha	14	5	3	100						
419	Muskegon	Hackley Hospital	Elizabeth A. Greener, R. N.	20	3	9	60	37	No	9	2 years H. S.	20	
420	....do	Mercy Hospital	Sister M. Joseph, R. N.	47	3	3	42	25	Yes	10	H. S.	18	
421	Petoskey	Lockwood Hospital	Mary R. de Boer	4	2½	1	18	12	No	8½	2 years H. S.	21	
422	Port Huron	Port Huron Hospital	Elizabeth McClaskie	12	2	4	34	17	No	12	H. S.	19	
423	Saginaw	St. Mary's Hospital	Sisters of Charity	27	3	9	90	65	No	8			
424	....do	Saginaw General Hospital	Ida E. Proctor		3	3	50	28	No	10	1 year H. S.	20–35	
425	....do	Woman's Hospital *	Ida M. Tracy	12	2½	4	22						
426	Sault Ste. Marie	Sault Ste. Marie Hospital	Rosa Thomas	9	2		34	15	Yes	10	3 years H. S.	20–30	
427	Trimountain	Copper Range Hospital	Colina MacDonald	4	3	1	30	15	Yes	8	....do	20	
	MINNESOTA.												
428	Brainerd	Northern Pacific Benevolent Association Hospital.	Maude Isabel Manning	17	3	4	87	50	Yes	9½	2 years H. S.	21	
429	Crookston	Bethesda Hospital *	Deaconess Ovidia Olson	5	2	2	26						

* Statistics of 1910.

[1] Abbreviations used: C. S. = Common school. H. S. = High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission. Education.	Requirements for admission. Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	MINNESOTA—contd.											
430	Duluth	St. Luke's Hospital *	Frances E. Smith, R. N.	30	3	7	100					
431	Fergus Falls	George B. Wright Memorial Hospital *	Eva M. F. Bratton, R. N.	14	2	3	27					
432	do	St. Luke's Hospital	Sister Marie Olson	10	2	3	38	25	Rarely	10	8th grade	20
433	Minneapolis	Abbott Hospital	Susan Holmes	12	2	4	30		No	10	H. S.	21–31
434	do	Asbury Methodist Deaconess Hospital	Amy Allison	42	3	14	103	75		9	C. S.	23–35
435	do	Maternity Hospital *	Martha G. Ripley, M. D.	12	1	4	58					
436	do	Minneapolis City Hospital	Francis E. Morley	42	3	12	250	195	No	9	8th grade	21
437	do	Northwestern Hospital *	Grace Watson	41	3	9	90					
438	do	Norwegian Lutheran Deaconess Hospital *	Sister Superior Lena Wilson	20	3	4	90					
439	do	St. Barnabas' Hospital *	Grace H. Cameron, R. N.	35	3	10	90					
440	do	St. Mary's Hospital *	Sister Mildred	30	3	10	100					
441	do	Swedish Hospital	Elizabeth Peterson	47	3	11	150	110		8–9	1 year H. S.	21
442	do	University of Minnesota	Louise M. Powell	16	3		52	48	No	8	H. S.	20–35
443	Moorhead	Darrow Hospital	Daniel C. Darrow, M. D.	5	3	1	30		Yes	10	C. S.	20
444	Princeton	Northwestern Hospital	Frances S. Cooney	8	2	1	25	20	No	8	H. S.	18
445	Red Wing	St. John's Hospital	Hannah Keller	12	3	4	50	27	Yes	9	8th grade	21–35
446	St. Paul	Bethesda Hospital and Deaconess Home *	Sister Elenora Slattengren	10	3	6	120					
447	do	City and County Hospital *	Mrs. Frances D. Campbell	85	3	14	600					
448	do	Cobb Hospital	Lydia H. Keller, R. N.	8	3	2	18	14	No	8	8th grade	21
449	do	Luther Hospital	Sylvia Thorgrimsen, R. N.	15	3	4	45	30	No	10		20–30
450	do	St. Joseph's Hospital	Sister Bernardine	80	3	21	150	108	No	8	H. S.	19–35
451	do	St. Luke's Hospital	Margaret A. Growl, R. N.	44	3	11	100		No	10	do	21–35
452	Stillwater	Stillwater Hospital	Mrs. Harriet G. Knapp	7	2	3	25	12	Yes	9	do	18
453	Warren	Warren Hospital	Mrs. A. C. Greene	7	2	5	25	22	Rarely	10	C. S.	21–34
454	Winona	Winona General Hospital	Elizabeth D. Davis, R. N.	18	2	9	52	31	No	8	8th grade	20–30
	MISSISSIPPI.											
455	Alcorn	Alcorn Agricultural and Mechanical College *	R. A. Gordon, M. D.	12	3	2	12					
456	Gulfport	King's Daughters' Hospital *	Elizabeth A. Lealey	7	2		24					
457	Jackson	Jackson Sanitorium		8	2	2	40	15	Rarely	8	H. S.	21
458	Natchez	Natchez Charity Hospital	Emma May Henning	22	3		180	120	Yes	10½	do	18–35
459	Vicksburg	Mississippi State Charity Hospital	Marian J. Parks	20	2½	11	190		Yes	9½	C. S.	18–30
460	do	Vicksburg Infirmary *	M. L. Godbolt	12	2	5	30					

	MISSOURI.												
461	Columbia	Parker Memorial Hospital Training School for Nurses of the University of Missouri.	Dora B. Batteon, R. N.	11	3	5	31	16	Yes	9	H. S.	20	
462	Hannibal	Levering Hospital	Maude Landis	14	2½	6	35	20	Yes	9½	C. S.	20–35	
463	Joplin	St. John's Hospital	Elizabeth Lyda O'Shea, R. N.	9	3		40		Rarely	10	8th grade	18	
464	Kansas City	General Hospital	Harriet Leck, R. N.	40	3	18	350	300	No	8	1 year H. S.	19–32	
465	do	German Hospital	Anne M. Casey	15	4½	4	65	33	No	8½		20–35	
466	do	St. Joseph's Hospital	Reverend Mother Agnes Gonzaga Ryan.	50	3	12	110	95	No	9	8th grade	21–30	
467	do	St. Luke's Hospital	L. Eleanor Keely	13	3	3	25	18	No	9	do	21–30	
468	do	South Side Hospital*	K. McDonald	16	3	2	32						
469	do	University Hospital*	Fanny E. S. Smith	36	3	13	52						
470	do	Wesley Hospital	Myra Messinger	28	3	6	75	60	No	9	C. S.	22–30	
471	St. Joseph	Deaconess Home and Hospital Association	Ethel Hastings	33	3	8	75	51	No	9	H. S.	20	
472	do	St. Joseph's Hospital		21	3	6	101		Yes	10	C. S.	18–30	
473	do	Bethesda Hospital	Edward W. Saunders, M. D.	22	3	10	70		Yes	8–12	do	19–32	
474	St. Louis	Centenary Hospital*	Mary Eloise Welsh	28	3	5	75						
475	do	Christian Hospital*	Clara B. Sharpe	14	3	2	50						
476	do	Deaconess Hospital	Sister Magdalena Gerhold	8	3		90	85					
477	do	Jewish Hospital	Jessie R. Chisholm, R. N.	40	3	11	100	60	No		H. S.	21–35	
478	do	Lutheran Hospital*	Ida Gerding	34	3	10	96						
479	do	Mayfield Sanitarium	W. H. Mayfield, M. D.	18	3	4	75	50	Yes	9	C. S.	19	
480	do	Mission Baptist Sanitarium*	Francis S. Neal	42	3	9	150						
481	do	Provident Hospital*	A. A. Craddock, M. D.	4	3	1	16						
482	do	Rebekah Hospital*	Elizabeth M. Gill	25	3	8	70						
483	do	St. Anthony's Hospital	Henry Schwarz, M. D.	18	3		100		No	10	C. S.	17–27	
484	do	St. John's Hospital	Sister Mary Aloysius	22	3	6	80	67	No	10	do	20–35	
485	do	St. Louis Baptist Hospital Association	C. C. Morris, M. D.	18	3	3	75		Yes	10	8th grade	20–35	
486	do	St. Louis City Hospital	M. Annie Gillis, R. N.	45	2	15	500	425	No	10	C. S.	21–33	
487	do	St. Louis (Mullanphy) Training School of St. Louis Hospital Association.	Sister Gabriella Lynch	30	3	8	150		No	10	do	20–30	
488	do	St. Luke's Hospital	Theodosia Manwell	41	3	13	92	56	No	9–9½	1 year H. S.	23–35	
489	do	Washington University	Menia S. Tye	41	3	6	200	86–90	No	10	8th grade	18–30	
	MONTANA.												
490	Butte	Murray Hospital	Della H. Folger, R. N.	22	2½	8	75	50	No	9	do	20–30	
491	do	St. James' Hospital*	Sisters in charge	27	3	2	110						
492	Great Falls	Columbus Hospital	Sister Gaspard	21	3	8	202	80	Yes	8	1 year H. S.	18	
493	do	Montana Deaconess Hospital	E. Augusta Ariss	18	3	8	68		Yes	9	H. S.	22	
494	Helena	St. John's Hospital*	Sister Mary Coletta	20	2½	6	50						
495	Missoula	St. Patrick's Hospital	Sister Aldric	18	2½	3	160	50	No	10	8th grade	19–30	
	NEBRASKA.												
496	Beatrice	Beatrice Sanitarium	C. P. Fall	4	2		20	8	Yes	9	H. S.	21	
497	College View	Nebraska Sanitarium	Orville Rockwell, M. D.	22	3	3	75	50	Rarely	8	1 year H. S.	20	
498	Fremont	Fremont Hospital*	Anna Douglas	18	2	5	40						
499	Kearney	Kearney Public Hospital*	Sylvia D. McKinney	10	2		24						
500	Lincoln	Dr. Benjamin F. Bailey Sanitorium Company	Anna M. Trippe, R. N.	26	2	11	54	50	No	10	8th grade	20–30	

* Statistics of 1910.

[1] Abbreviations used: C. S.—Common school. H. S.—High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training.	Daily number of hours on duty.	Requirements for admission. Education.[1]	Requirements for admission. Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	NEBRASKA—contd.											
501	Lincoln	Nebraska Orthopædic Hospital*	Bessie M. Bixby, R. N.	11	2	5	65					
502	do	Sun Light Sanitarium*	Minnie van der Flute	15	2	4	42					
503	Omaha	Clarkson Hospital	Ellen Stewart	36	3	6	80	64	No	8½	H. S.	21–30
504	do	Creighton Memorial, St. Joseph's Hospital*	Sister M. Hedwig	7	2		200					
505	do	Douglas County Hospital*	Mabel Christie	14	2	5	300					
506	do	Immanuel Hospital*	Deaconess Anna Flint	17	3	4	65					
507	do	Nebraska Methodist Episcopal Hospital and Deaconess Home School for the Training of Nurses.	Victoria Anderson	50	3		100	80	Rarely	9	H. S.	21–35
508	do	Omaha General Hospital	Mary C. Wieck	24	3	6	80	45	No	10	C. S.	20
509	do	Presbyterian Hospital*	J. E. Graham	22	3	4	50					
510	do	Swedish Mission Hospital	Hilda Christine Fleetwood, R. N.	16	3		45	20		8	C. S.	21
511	do	Wise Memorial Hospital	Ida B. Hulette	34	3	12	65		No	8	H. S.	20–35
512	South Omaha	South Omaha Hospital	Leila Halverson	8	2	3	21	18	Yes	9½	8th grade	21
	NEW HAMPSHIRE.											
513	Claremont	Claremont General Hospital	Nellie A. Steere	11	2	7	25	18	Yes	9½	H. S.	20–35
514	Concord	Margaret Pillsbury General Hospital	Irene Bowers	17	2½		60	30	Yes	9	1 year H. S.	21–35
515	do	New Hampshire Memorial Hospital for Women and Children.	Roseanna O'Donoghue	10	2½		25	18	Yes	9	H. S.	21–33
516	Dover	Wentworth Hospital	Grace P. Haskell, R. N.	14	2½	4	40	25	No	9	do	21–35
517	Exeter	Exeter Cottage Hospital	Henrietta B. Chisholm, R. N.	10	3		25	15	Yes	9	C. S.	20
518	Hanover	Mary Hitchcock Memorial Hospital	Ida Frances Shepard, R. N.	21	3	6	36	37	Rarely	10	1 year H. S.	21–35
519	Keene	Elliot City Hospital*	Ella McCobb	23	2½	7	30					
520	Laconia	Laconia Hospital Association	Eva Wood, R. N.	7	2	4	25		No	9	1 year H. S.	21–35
521	Manchester	Elliot Hospital	Nellie M. Harding, R. N.	18	3	4	40	21	No	10	H. S.	21–35
522	do	Sacred Heart Hospital	Mother M. Regis	16	3	2	60	45	No	9	8th grade	21–30
523	Nashua	St. Joseph's Hospital	Sister M. C. Masselean	16	2½	6	60	29	Rarely	9	do	20
524	do	Nashua Hospital Association	Elizabeth E. Heinemann, R.N.	14	2½		25	20	Yes	8		21
525	Whitefield	Morrison Hospital	M. S. McIntire	16	3		26	10	Yes	10	H. S.	20
526	Woodsville	Woodsville Cottage Hospital	Eliza Wheaton	9	3	1	26	8	Yes	10½	do	20

	NEW JERSEY.											
527	Atlantic City	Atlantic City Hospital	Nannette S. Burkhard	10	3	7	150	80	Yes	12	do	21
528	Bayonne	Bayonne City Hospital *	Della M. Fletcher, R. N.	14	2	3	38					
529	Bridgeton	Bridgeton Hospital	Dorothy M. Ferree	8	2	3	30	12	Yes	12	C. S.	20–35
530	Camden	Cooper Hospital	Frances Allen Worrall	35	3	7	125		No	10	1 year H. S.	20–30
531	do	West Jersey Homœopathic Dispensary and Hospital Association.	C. E. MacNichols	13	3	3	40	35	Rarely	10	C. S.	21–35
532	Elizabeth	Elizabeth General Hospital and Dispensary	Mary Reynolds Herrmann	39	3	9	130	75	Yes	9	do	21–30
533	Englewood	Englewood Hospital	Eleanor E. Hamilton, R. N.	18	3		56	30	Rarely	9	2 years H. S.	21–23
534	Hackensack	Hackensack Hospital	Mary J. Stone	12	2		60	40	No	12	1 year H. S.	21
535	Jersey City	Christ Hospital	Edith A. Hooper, R. N.	35	3	12	102	90	No	9	C. S.	22
536	Long Branch	Monmouth Memorial Hospital	Margaret J. Herries	30	2½	7	120	75	No	8	H. S.	22
537	Montclair	Mountainside Hospital	Harriet T. Meiklejohn	27	3	8	86	45	Rarely	9	1 year H. S.	20–35
538	Morristown	Morristown Memorial Hospital	Eliza McKnight	16	2½	5	74	54	No	9	do	20
539	Newark	Homœopathic Hospital of Essex County, N. J.	Nina R. Wilcox	23	2½	8	50	25	Rarely	10	2 years H. S.	20–35
540	do	Newark Beth Israel Hospital	Hilda Fischer	26	3	7	90	75	No	10	C. S.	18–30
541	do	Newark City Hospital	Mary Frances Mason	76	3	23	320	306	No	9	H. S.	20–32
542	do	Newark German Hospital	Wilhelmine Kobbelöer	19	3	9	75	58	No	9	2 years H. S.	21–35
543	do	Hospital of St. Barnabas	Augusta Hobart English, R. N.	24	3	6	84	67	No	9	1 year H. S.	22
544	do	St. James' Hospital	Elizabeth Conroy	21	3	8	75		No	11		21
545	Orange	Orange Memorial Hospital	Grace Elizabeth Stamp	35	3	13	128	83	No	9	C. S.	21
546	Passaic	Passaic General Hospital	Margaret A. Wallace	18	3	7	70	50	No	12	1 year H. S.	20–30
547	do	St. Mary's Hospital	Margaret S. Wilson	16	3	4	50	40	No	11	C. S.	18
548	Paterson	Paterson General Hospital *	Eva A. Castle	35	3	10	125					
549	do	St. Joseph's Hospital	Anna M. Flanigan	40	3	11	150	100	Yes		H. S.	21
550	Perth Amboy	Perth Amboy City Hospital	Beatrice M. Bamber	6	3		26	20	No	10½	C. S.	20
551	Plainfield	Muhlenberg Hospital	Josephine Hughes, R. N.	21	3	4	57	44	No	9	1 year H. S.	20–35
552	Trenton	William McKinley Memorial Hospital	Laura M. Weber	18	3	6	75	50	No	9	do	20–35
553	do	Mercer Hospital	Alice A. Gemmill	20	3	4	76	60	No	9½	C. S.	20–35
554	do	St. Francis' Hospital	Loretta T. Harrity	30	3	6			No	11	H. S.	18–35
555	Weehawken	North Hudson Hospital	Kate L. B. Tulley	14	2½	6	42	33	No	10	do	20–26
	NEW MEXICO.											
556	Albuquerque	St. Joseph's Hospital	Sister Philip Neri	14	3	6	100	60	Yes			18–30
	NEW YORK.											
557	Albany	Albany Hospital	Susan C. Hearle	110	3	11	350	235	No	10	2 years H. S.	21
558	do	Homœopathic Hospital of Albany, N. Y.	Rose M. Heavren, R. N.	29	3	5	90	54	No	9	1 year H. S.	20–35
559	do	St. Peter's Hospital	Sister May Philomena	32	3	9	103	90	No	9	do	21
560	Amsterdam	Amsterdam City Hospital	Helen M. Garrett, R. N.	11	2½	2	50	19	No	9	do	21
561	Auburn	Auburn City Hospital	Florence M. Grant	26	3	5	100	63	No	9	C. S.	21
562	Binghamton	Binghamton City Hospital *	Margaret Bryden	20	3	6	64					
563	Brooklyn	Bethany Deaconess Hospital	Myrtha Binder	4	3		34	25	No	8	C. S.	21–35
564	do	Brooklyn Eastern District Dispensary and Hospital.	Margaret T. Herlihy, R. N.	12	2½	2	44	34	No	8	1 year H. S.	21–30
565	do	Brooklyn Hospital	Mrs. Margaret L. Rogers, A. R. R. N.	44	3	9	196	124	No	9½	do	20–30

* Statistics of 1910.

[1] Abbreviations used: C. S.—Common school. H. S.—High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission. Education.[1]	Requirements for admission. Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	NEW YORK—contd.											
566	Brooklyn	Jewett Training School for Nurses of the Bushwick Hospital.	Jane S. Buchanan, R. N.	12	3	1	32	23	Yes	9	1 year H.S.	20–30
567	do	Cumberland Street Hospital	Rebecca Taylor, R. N.	23	2½	9	200	150	No	9	2 years H.S.	21–35
568	do	German Hospital	Ella B. Kurtz, R. N.	29	3	9	146	100	No	10	1 year H.S.	20
569	do	Jewish Hospital of Brooklyn	Anna M. Sabol	46	2½	11	250	213	No	8	do	19
570	do	King's County Hospital	Isabel Burrows, R. N.	65	2½	25	710	600	No	8	do	21–35
571	do	Long Island College Hospital	Mary H. Bodine, R. N.	55	3	14	275	208	No	9	do	21–31
572	do	Memorial Hospital for Women and Children*		9	2½	2						
573	do	Methodist Episcopal Hospital	A. S. Kavanagh, D. D.	80	2½	24	225	175	Rarely	10	1 year H.S.	21–35
574	do	New York State School for Training Nurses of the Prospect Heights Hospital and Brooklyn Maternity.	Gertrude M. Gibson, R. N.	20	2½	9	50	45	No	8½	do	21–35
575	do	St. John's Hospital	Helen Lawrie Smith, R. N.	31	3	10	80	56	No	9	do	21
576	do	St. John's Long Island City Hospital	Caroline Marques, R. N.	36	2½	7	225	150	No	9	do	20–30
577	do	St. Mary's General Hospital	M. Lavinia Copeland, R. N.	53	3	25	270	200	Yes	10	do	20–33
578	do	Williamsburgh Hospital	Stella Fuchs, R. N.	20	2½	3	65		No	10	do	21–35
579	Buffalo	Buffalo General Hospital	Miss R. Morley, R. N.	87	3	20	365	250	No	12	do	21–35
580	do	Buffalo Hospital of Sisters of Charity	Sister Vincent	60	3	21	250	141	No	10	do	20–30
581	do	Buffalo German Hospital	Cornelia L. Sleck	25	3	11	74	54	No	9	do	21
582	do	Buffalo Homœopathic Hospital	Anna L. Alline, R. N.	33	3	3	117		No	8	do	20
583	do	Buffalo Woman's Hospital	Mrs. Harriet D. Stone	16	3	2	35	29	No	9	do	20–35
584	do	Children's Hospital	Mrs. Evangeline Nye	30	3	9	86	61	No	9	2 years H.S.	20–30
585	do	City Hospital*	Agnes R. Gottenveich	5	2½	2	26					
586	do	Emergency Hospital of Sisters of Charity and St. Mary's Maternity Hospital.	Sister Louise May	21	3	2	80	60	No	8, 9	1 year H.S.	20–30
587	do	Erie County Hospital	Nellie Davis	47	3	16	450	425	No	8	do	20
588	do	German Hospital	Ada Dean	13	3	1	72	51	No	10	do	21–35
589	do	La Fayette General Hospital and State Hospital*	Kate Beator	6	3	1	35	30	Yes	8	do	20–35
590	do	Lexington Heights Hospital	Alta E. Phillips	10	3	3	24	8	No	9	H. S.	23
591	Canandaigua	Canandaigua Hospital of Physicians and Surgeons.	E. Luella Morrison, R. N.	10	3	5	50	18	Yes	9	1 year H.S.	21
592	do	Frederick Ferris Thompson Hospital	R. Elizabeth Bidmead, R. N.	17	2½	6	55	34	No	9	do	19–30

593	Clifton Springs	Clifton Springs Sanitarium	Edna L. Boyce, R. N.	45	3	17	254		Yes	9	do	21–35
594	Cohoes	Cohoes Hospital	Mrs. Elizabeth F. Alvis	14	3		60	30	No	10	do	25
595	Cooperstown	Thanksgiving Hospital	Deborah M. Caldwell, R. N.	8	2	4	50	20	No	9	do	19
596	Corning	Corning Hospital	Josephine E. Thurlow	11	2½		27	16	No	9–10	do	20–34
597	Cortland	Cortland County Hospital	Elizabeth MacDill		2	5	54		No	9	do	21–35
598	Dansville	Jackson Sanatorium	Alma McCumber, R. N.	16	3	6	175		No	9	do	21–34
599	Dunkirk	Brooks Memorial Hospital	Maude E. Hagar, R. N.	10	3	2	40	20	No	9	do	20
600	Elmira	Arnot-Ogden Memorial Hospital	Grace R. D. Kinney	18	2	7	80	45	No	9	H.S.	20–35
601	Geneva	Geneva City Hospital	L. Alice Chambers, R. N.	11	2½	7	53	16	No	9	do	21–35
602	Glens Falls	Glens Falls Hospital	G. Leta Card, R. N.	17	3	1	75	35	No	9	1 year H.S.	21–32
603	Gloversville	Nathan Littauer Hospital	Ida M. Root, R. N.	11	3	1	50	29	No	9	do	21–25
604	Hudson	Hudson City Hospital	Ruth Gardner Clark, R. N.	12	2½	3	32	20	Yes	9	do	20–35
605	Jamestown	Woman's Christian Association Hospital	Nettie A. Romans	21	3	7	65	46	Yes	9	do	21–35
606	Kingston	City of Kingston Hospital	Mary Amelia Cecelia Moore, R. N.	8	3	2	30		No	10	C.S.	20–25
607	Little Falls	Little Falls Hospital	Mary E. Morrell, R. N.	9	2½	1	25	13	No	10	1 year H.S.	21
608	Lockport	Lockport City Hospital	Vera de Mille Eaton, R. N.	11	3		25	19	Yes	9	do	18–35
609	Middletown	Thrall Hospital	Harriett Southworth, R. N.	12	3	4	43	28	Rarely	9	do	21–35
610	Mineola	Nassau Hospital	Adah H. Adams	24	3	5	70	50	No	11	H.S.	18–35
611	Montour Falls	Bethesda Sanitarium*	Loretta L. Clawson	6	2		35					
612	Mount Vernon	Mount Vernon Hospital	Mary A. Land, R. N.	14	3	4	32	24	No	9	1 year H.S.	26–35
613	Newburgh	St. Luke's Hospital	Sara S. Henry, R. N.	24	2½	9	75	45	No	10	do	20
614	New York	Bellevue and Allied Hospitals	Clara D. Noyes, R. N.	143	2½	46	1,223	1,113	No	10	do	21
615	do	Beth Israel Hospital	Sarah Carr Sharp	33	2	18	134	120	No	9	C.S.	21–33
616	do	Flower Hospital	Harriette E. Wildey	40	3	13	140	120	No	9	1 year H.S.	21
617	New York (Flushing)	Flushing Hospital and Dispensary	Florence L. Wetmore, R. N.	20	3	4	60		No	10	do	19–35
618	New York	French Benevolent Society Hospital	Minnie Hinks Jordan, R. N.	24	2½	9	115	75	No	9	2 years H.S.	21–33
619	do	German Hospital and Dispensary	Anna L. Schulze, R. N.	23	3	21	256	239	No	11	1 year H.S.	21–35
620	do	Hahnemann Hospital	Alice I. Twitchell, R. N.	35	3	9	100	66	No	9	do	20–30
621	do	Italian Hospital of the Borough of Manhattan	Anna Marion Beadle, R. N.	16	2	5	48	41	No	9	do	19–35
622	New York (Jamaica)	Jamaica Hospital	Eldora H. Ward, R. N.	9	3		55	35	No	8½	do	19
623	New York	Laura Franklin Free Hospital for Children	Frances L. Larkins, R. N.	20	2½	8	60	67	No	10	do	18–32
624	do	Lebanon Hospital	Josephine C. Schreyer, R. N.	54	3	16	192	165	No	9	do	21–35
625	do	Lincoln Hospital and Home	Alice E. Pierson, R. N.	48	3	10	425	370	No	11	do	21–35
626	do	Lozier Memorial Training School for Nurses of the New York Medical Colege and Hospital for Women.	Juel A. Dillon, R. N.	25	3		50	45	No	9	do	21
627	do	New York City Training School for Nurses of the City, Maternity, and Gouverneur Hospitals.	Jane M. Pindell, R. N.	90	2½	42	935	852	No	10	do	21–35
628	do	Metropolitan Hospital	Agnes S. Ward, R. N.	78	3	31	1,545	1,480	No	9–10	do	20–35
629	do	Misericordia Hospital	Sister Marie, R. N.	25	2½		300	150	No	8–9	do	20
630	do	Mount Sinai Hospital	Anne T. Van Kirk	165	3	40	500	430	No	9½	C. S.	21
631	do	New York Foundling Hospital*	Sister Teresa Vincent	40	2	18	160					
632	do	New York Hospital	Adeline Henderson, R. N.	92	2	35	250	225	No	8½	C. S.	23–33
633	do	New York Infirmary for Women and Children	Sarah C. Olmsted, R. N.	27	2½	12	98		No	9	do	22–33
634	do	Margaret Fahnestock School for the Training of Nurses of the New York Post-Graduate Medical School and Hospital.	Susan E. Emmott, R. N.	100	3	29	225	180	No	10	1 year H. S.	23–33

* Statistics of 1910.

[1] Abbreviations used: C. S. = Common school. H. S. = High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission.	
											Education.[1]	Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	NEW YORK—continued.											
625	New York	Presbyterian Hospital	Anna C. Maxwell	113	3	25	233	214	No	8½	H. S.	22–35
626	do	Roosevelt Hospital	Isabel D. Richmond	63	2½	30	254	190	No	8½	2 years H. S.	23–33
627	do	St. Luke's Hospital	Mrs. C. E. Bath	125	3	29	310	290	No	9	H. S.	22–33
628	do	St. Mark's Hospital of New York City	Mrs. L. Graham Williams, R. N.	31	5	3	70	70	Yes	8½	1 year H. S.	20–30
629	do	St. Mary's Free Hospital for Children	Sister Esther Clement	24	2½	12	122	90	No	9	do	19–23
630	do	St. Vincent's Hospital	Catherine A. Sanborn, R. N.	92	3	24	382	322	No	10	do	21–33
631	New York (Borough of Richmond).	do	Julia A. Sheehan, R. N.	23	3	7	72	60	No	9	do	19–30
632	New York (Tompkinsville).	S. R. Smith Infirmary	M. R. Pratt, M. D.	40	3	18	150	100	No	9	H. S.	21
633	New York	Sydenham Post-Graduate Course Hospital	Olga Sandell, R. N.	33	3	9	85	68	No	9	1 year H. S.	21–35
634	do	Washington Heights Hospital	Marcia E. Martyn	10	2½	1	35	20	No	9	do	19–30
635	do	Woman's Infirmary and Maternity Home	Mahlon E. Swartz, M. D.	13	2	10	6					
636	do	Yorkville Hospital	Margaret E. McCormack	4	2		28					
637	Niagara Falls	Niagara Falls Memorial Hospital	Irene M. Johnson	30	3	6	90					
638	Ogdensburg	Mary Immaculate School for the Training of Nurses of the City Hospital.	Sister Mary Florence, R. N.	20	3	4	65	60	No	10	1 year H. S.	18–25
649	Olean	Olean General Hospital	Caroline M. Wilson, R. N.	7	3	2	15	12	No	10	H. S.	20–30
650	Oneida	Broad Street Hospital	Alice A. Dougall, R. N.	6	3	2	30	13	No	9	1 year H. S.	18
651	Oneonta	Amelia Osborn Memorial Hospital	Eva Caddy	7	2½	1	25	15	No	10	do	20–35
652	Ossining	Ossining Hospital	Elizabeth Lounsbery	9	2	3	30		Yes	10		20–30
653	Oswego	Oswego Hospital	Mary MacPhee, R. N.	18	3	1	60	33	No	9	1 year H. S.	20
654	Peekskill	Peekskill Hospital	Marion D. Lingenfelter, R. N.	10	2½	3	50		Yes	9	do	19–30
655	Poughkeepsie	Vassar Brothers' Hospital	Claribel A. Wheeler, R. N.	24	3	8	65	50	No	7	do	20
656	Rochester	Graham Highland Park Sanatorium and Maternity Hospital.	C. T. Graham, M. E., M. D.	11	3	2	45	30	No	10	do	18
657	do	Hahnemann Hospital of Rochester	Mary B. Curtice	35	3	8	115	85	No	10	do	18–30
658	do	Lee Private Hospital	Laura E. Lewis, R. N.	18	3		51	46	Yes	10	do	
659	do	Rochester General Hospital	Mary L. Keith, R. N.	81	3	26	140	103	No	8½	do	20–30
660	do	Rochester Homœopathic Hospital	Jessica S. Heal, R. N.	54	3	12	144	105	No	8½	do	20
661	do	St. Mary's Hospital	Sister Clementine	20	3	8	200	125	No	10	do	21
662	Rome	Rome Hospital	Arvilla E. Everingham, R. N.	12	3	3	30	16	Yes	8–9	do	20
663	Saratoga Springs	Saratoga Hospital	Catherine Lawrence	13	3	5	60	22	No	10	do	19–35

664	Schenectady	Ellis Hospital—Schenectady Hospital Association.	Esther T. Jackson, R. N.		2	8	100	59	No	9	do	20
665	do	Schenectady Physicians' Hospital	Julia E. Littlefield, R. N.	10	3	9	26	21	No	9	do	21
666	Syracuse	Hospital of the Good Shepherd	Edith W. Seymour, R. N.	71	3	26	186	114	No	8	do	18–35
667	do	St. Joseph's Hospital	Esther G. McCarty	30	2½	9	130		Yes	9	H. S.	21–30
668	do	Syracuse Homœopathic Hospital	Louise R. Sherwood, R. N.	16	2	4	44	36	No	10	1 year H. S.	21
669	do	Syracuse Hospital for Women and Children	Laura A. Slee	38	3	7	102	86	No	9	do	21
670	Troy	Samaritan Hospital	Louise F. Arnold, R. N.	36	3	8	125	100	No	9	1 year H. S.	20–25
671	do	Troy Hospital	Sister Annie Keenan	37	3	14	115	100	No	10	do	20
672	Utica	Faxton Hospital	Florence Struthers, R. N.	27	3	8	60	35	No	9	do	20–33
673	do	St. Luke's Home and Hospital	Ruth Pentland, R. N.	30	2	10	80	65	No	10	C. S.	20
674	do	Utica General Hospital	Anna O'Neil	16	3	6	75	50	No	9	1 year H. S.	21
675	do	Utica Homœopathic Hospital	Caroline Evans, R. N.	10	3	2	20	12	No	9	H. S.	20
676	Watertown	Home of the Good Samaritan*	Mrs. Lucy R. Joy, R. N.	16	2½	7	50					
677	do	St. Joachim's Hospital	Sister M. Stella Maris, R. N.	20	2½	7	60	35	No	9	1 year H. S.	
678	White Plains	White Plains Hospital Association	Ida Nudell, R. N.	15	3	6	50	30	No	12	do	21
679	Yonkers	Cochran Training School for Nurses of the St. John's Riverside Hospital.	M. E. Wood, R. N.	36	3	11	78	59	No	9	do	21–35
680	do	St. Joseph's Hospital*	Letitia E. Shaughnessy, R. N.	22	2½	10	75					
681	do	Yonkers Homœopathic Hospital	Marion McLimont	17	3	6	70	20	No	12	1 year H. S.	18
	NORTH CAROLINA.											
682	Asheville	Dr. Carroll's Sanitarium	Miss S. A. Wilson	17	3	3	60	35	Yes	9½	do	19
683	do	Asheville Mission Hospital*	Mary Perkins Laxton	24	3	4	60					
684	Biltmore	Clarence Barker Memorial Hospital and Dispensary.	M. H. Trist	8	3		16	10	Rarely	10	C. S.	21
685	Caroleen	Caroleen Hospital	Amanda T. Harrill	3	3		15	5	No	10	H. S.	20–30
686	Charlotte	Good Samaritan Hospital	C. M. Strong, M. D.	5	3	3	16	12				
687	do	Presbyterian Hospital*	Ella H. McNichols	20	2	4	45					
688	do	St. Peter's Hospital*	Mary A. Cordner	19	2		50					
689	Durham	Lincoln Hospital	A. M. Moore, M. D.	10	2		40	20	Yes	8½	C. S.	20
690	Greensboro	St. Leo's Hospital	Sisters of Charity	25	3	6	100	60	Yes	12	H. S.	20–30
691	Laurinburg	James Sanatorium	Mrs. L. D. James, R. N.	8	3	1	60	15	Yes	12	do	21
692	Lincolnton	Lincoln Hospital*	Radiant F. Sistare	4	3	3	12					
693	Lumberton	Thompson Hospital*	Mrs. Effie R. Hatfield	5	3	1	15					
694	Morganton	Grace Hospital	Maria Purdon Allen, R. N.	10	3		22	9		8½		18
695	Raleigh	Rex Hospital		15	3	4	48		Yes	10	H. S.	21
696	do	St. Agnes' Hospital*	Dr. Catharine P. Hayden	13	2	4	52					
697	Salisbury	Whitehead-Stokes Sanatorium*	Ella Price Smith, R. N.	20	3½	5	50					
698	Sanford	Central Carolina Hospital	Mabel A. Wallace	6	3	1	17		Yes	10	C. S.	18
699	Statesville	Statesville Nurses' Training School Company of the Long's Private Sanatorium.*	Anne Ferguson	8	3	1	26					
700	Tarboro	Pittman Hospital	Mattie T. Shackleford	4	3		30		Yes	9	C. S.	20–30
701	Washington	Washington Hospital	Martha Jean MacDonald	12	3	4	30	18	Yes	10	C. S.	20
702	do	S. R. Fowle Memorial Hospital*	Isabella Patterson	8	3	1	30					
703	West Durham	Watts Hospital	Mary L. Wyche	30	3	5	105		Yes		H. S.	20
704	Wilmington	James Walker Memorial Hospital	Mildred Diana Hatch, R. N.	21	3	7	75	47	No	9	1 year H. S.	21–30
705	Wilson	Wilson Sanatorium*	Ada E. Allen	10	3	3	36					
706	Winston-Salem	Twin City Hospital*	L. Eugenia Henderson, R. N.	11	3	3	30					

* Statistics of 1910.

[1] Abbreviations used: C. S.—Common school. H. S.—High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission. Education.[1]	Requirements for admission. Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	NORTH DAKOTA.											
708	Fargo	St. John's Hospital *	Sister Madeleine	23	3	6	72					
709	Grand Forks	Grand Forks Deaconess Hospital *		11	3	4	55					
[illegible]	do	St. Michael's Hospital *	Sister Leocardia	16	3	1	60					
710	Jamestown	City Hospital *	Maude H. Sides	5	2	3	15					
711	Northwood	Northwood Deaconess Hospital	Deaconess Mildred Olson	10	2	5	30	13	Yes	10	C. S.	18–30
	OHIO.											
712	Akron	City Hospital of Akron	Marie Anna Lawson	25	3	5	80	76	No	9	H. S.	21–35
713	Alliance	Alliance City Hospital *	Sara B. Franklin	8	3	2	18					
714	Ashtabula	Ashtabula General Hospital	Agnes Jane Stark, R. N.	13	3	2	38		Rarely	9	H. S.	20–34
715	Canton	Aultman Memorial Hospital	Alice N. Hemmingway	14	3	4	60		Yes	12	1 year H. S.	21–30
716	Cincinnati	Bethesda Hospital	Louise Golder	24	2,3	9	85	61	No	10	C. S.	20
717	do	The Christ Hospital	Alice Thatcher	54	3	14	120	85	No	8	H. S.	20–30
718	do	Cincinnati Hospital	Olive Fisher	72	3	26	500		No	9	do	21–30
719	do	Episcopal Hospital for Children	D. Schenck	10	1½	5	66	50	Yes	10	C. S.	18–30
720	do	Good Samaritan Hospital *	Sister Mary Cyril	26	3	1	78					
721	do	Jewish Hospital	Mary H. Greenwood	33	3	8	125	80	No	9	H. S.	21
722	do	Ohio Hospital for Women and Children	Laura Ball	3	3	1	19	8	Yes	9½	do	21
723	do	Ohio Maternity Hospital Training School of the German Deaconess Hospital.	Sister Albertine	10	2	2	25		Yes	10	8th grade	20–35
724	Cleveland	Canfield-White Hospital	Florence Nightingale Mailleue	8	2½	3	20	10	Rarely	10	H. S.	22–32
725	do	Cleveland City Hospital *	Emily M. Gent, R. N.	59	3	13	350					
726	do	Cleveland Training School for Nurses of the Huron Road Hospital.	Annie E. Irving	29	2½	5	112		No	10	H. S.	21
727	do	German Hospital	Marian Czarina Mason, R. N.	11	3	3	50	35	No	10	8th grade	21–40
728	do	Lakeside Hospital	Mary Alexandria Samuel	90	3	30	271	212	No	8	H. S.	21–35
729	do	Lutheran Hospital	Elise Mannel, R. N.	8	2	3	35	20	No	10	C. S.	21
730	do	Maternity Hospital	Mrs. Anna S. Center	10	1	9	16		No	12	H. S.	25
731	do	Mt. Sinai Hospital	Sophia M. Folsom	8	2	1	30	25	No	10	C. S.	21
732	do	St. Clair Hospital *	Miss B. Secord	18	3	5	65					
733	do	St. Luke's Hospital	Frederika K. Gaiser	40	3	11	90	70	No	9	1 year H. S.	21–35
734	do	St. Vincent's Charity Hospital	Sister M. Marcelline	48	3	16	140	130	No	10	2 years H. S.	20–23
735	Columbus	Grant Hospital	Rachel Bourke	76	3	12	150	150	No	8½	H. S.	21–35

736	....do	Hawkes Hospital of Mt. Carmel	Sister Mary Wilfrid	61	3	21	250	100	Yes	11	....do	20–30
737	....do	Lawrence Hospital	Louise Vollmer	8	2½	2	20	15	Yes	8	....do	20–28
738	....do	Mercy Hospital	Mrs. Sue Patterson	8	2½	....	25	15	No	12	C. S.	21–35
739	....do	Protestant Hospital Association	Mrs. H. A. Fenzel	42	2	21	100	70	No	12	H. S.	21
740	Dayton	Miami Valley Hospital	Florence A. Bishop	44	3	14	150	110	No	....	....do	21–35
741	East Liverpool	East Liverpool City Hospital *	Nell Florence Parrish	14	3	8	50	....	....	....	....	....
742	Findlay	Home and Hospital	Charlotte Kerans	11	2	2	40	18	Yes	10	H. S.	21–35
743	Hamilton	Mercy Hospital	Sister Mary Raymond	16	3	....	120	....	No	....	C. S.	20–30
744	Kenton	St. Anthony Training School for Nurses of the Antonio Hospital.	Sister Rose Francis, R. N.	6	3	....	25	....	....	....	....	....
745	Lima	Lima Hospital	Margaret B. Mateer	19	2½	6	68	34	No	12	C. S.	20–30
746	Lorain	St. Joseph's Hospital	Sister M. Chrysostom	20	3	....	85	50	Rarely	....	....	20
747	Marion	Ohio Sanatorium Company	Myrta A. Harris	12	3	....	70	45	Yes	10	H. S.	18–30
748	Newark	Newark City Hospital	Ruby Castle Wilson	7	2	....	20	12	No	8½	....do	20
749	Painesville	Painesville Hospital	Blanche Stair, R. N.	10	2	3	25	15	Yes	8	C. S.	21–32
750	Ravenna	White Hospital	Wilford W. White, M. D.	7	3	2	20	12	No	8	H. S.	19–25
751	Sandusky	Providence Hospital *	Sister Mary Aurelia	9	3	....	29	....	....	....	....	....
752	Springfield	Springfield City Hospital	Mary A. Jamieson	22	10	3	100	55	No	8½	H. S.	21–35
753	Steubenville	Gill Hospital *	Hanna Driscoll	2	3	....	25	....	....	....	....	....
754	Toledo	Lucas County Infirmary Hospital	A. J. Hammer, M. D.	7	2	5	75	70	No	9	C. S.	21
755	....do	Maternity Hospital	Lucy A. Lanman	5	1	....	50	32	No	8	H. S.	23–35
756	....do	Robinwood Hospital	Mabel Morrison	20	3	4	100	35	Rarely	10	....do	20–30
757	....do	St. Vincent's Hospital	Sister St. Simon	60	2½	22	175	150	No	9	C. S.	21–30
758	....do	Toledo Hospital	Margaret M. Wallace, R. N.	35	2½	5	150	85	No	10	H. S.	21
759	Youngstown	Mahoning Valley Hospital *	Sister Augustine	6	3	2	40	....	....	....	....	....
760	....do	Youngstown Hospital	Cecil L. Schreyer, R. N.	....	2½	16	136	116	No	9	1 year H. S.	20–30
761	Zanesville	Bethesda Hospital *	Clara B. Chesbrough	9	2	1	33	....	....	....	....	....
	OKLAHOMA.											
762	Guthrie	Oklahoma Methodist Hospital	Renette Hill	10	3	4	24	15	Yes	9	H. S.	20
763	McAlester	All Saints Hospital	James C. Johnston, M. D.	10	3	....	75	35	Yes	9	C. S.	19
764	Mangum	Border Hospital *	Mary Beaumont	4	2	....	12	....	....	....	....	....
765	Shawnee	Shawnee General Hospital	Annie T. Smith	12	2	2	50	15	No	9	8th grade	20
766	Tulsa	Physicians and Surgeons Hospital	Miss McCarty	4	2	....	25	15	No	12	C. S.	20
767	....do	Tulsa Hospital *	Miss H. C. C. Ziegeler	12	2½	....	50	....	....	....	....	....
	OREGON.											
768	Portland	Good Samaritan Hospital	Rebecca Maybury Jolly	90	2½	26	250	....	No	9	1 year H. S.	20–33
769	....do	St. Vincent's Hospital	Sister M. Mathilda	71	3	16	375	....	....	10	C. S.	20–30
770	Salem	Salem Hospital	Lillian McNary	12	2	4	50	....	....	9	H. S.	22
771	The Dalles	The Dalles Hospital	Lydia Bottemiller	13	2½	4	75	40	Yes	9	C. S.	20–30
	PENNSYLVANIA.											
772	Allentown	Allentown Hospital	Clara V. Haring	31	2½	9	100	81	No	10½	H. S.	21–35
773	Austin	North Pennsylvania General Hospital	M. Elizabeth Dorchester	5	2	1	27	13	Yes	10	C. S.	21
774	Bellefonte	Bellefonte Hospital	Miss L. S. Bettz	10	3	2	38	26	Yes	10	H. S.	21
775	Bellevue	Suburban General Hospital	Florence A. Blanchfield	6	2½	2	19	15	No	9	C. S.	18–30
776	Bloomsburg	Joseph Ratti Hospital	Sister Mary Pierre Desmond	6	2	4	16	....	No	10	H. S.	18

* Statistics of 1910.

† Abbreviations used: C. S. = Common school. H. S. = High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission. Education.[1]	Requirements for admission. Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	PENNSYLVANIA—contd.											
777	Braddock	Braddock General Hospital	Ida May Gallay, R. N.	22	3	6	65	45	No	8½–9	C. S.	20–30
778	Bradford	Bradford Hospital	Elisa B. Callander, R. N.	30	3	8	100	68	No	10	do	20
779	Bryn Mawr	Bryn Mawr Hospital	Elisabeth Boone Echman	19	3	3	65	35	No	9	1 year, H. S.	21–33
780	Butler	Butler County General Hospital *	Imogene Palmer	13	3	5	50					
781	Carbondale	Carbondale Emergency Hospital *	Alice Hart	14	2	6	42					
782	Chambersburg	Chambersburg Hospital	Miss M. N. Gable	10	3	1	38	24	Rarely	8–10	C. S.	18–35
783	Chester	Chester Hospital	Mary L. Harper	25	3	5	125	65	No	12	H. S.	21
784	do	J. Lewis Crozer Home for Incurables and Homœopathic Hospital.	Annie O'Bryan	14	3		50		No			
785	Clearfield	Clearfield Hospital *	Jessie M. Durstine	7	3	3	34					
786	Columbia	Columbia Hospital	Lillian F. Wardell, R. N.	8	3	2	36	20	Yes	10	H. S.	19
787	Corry	Corry Hospital	Ida R. Falconer	12	3	4	50	19	Yes	9	1 year, H. S.	21
788	Du Bois	Du Bois Hospital		7	2½	1	22		No	10	C. S.	19–25
789	Easton	Easton Hospital	Sister Marie Sovée	45	3	5	100	68	Yes	8–9	H. S.	21
790	Erie	Hamot Hospital	M. Ella Wickersham	23	3	4	100	61	No	10		21–35
791	do	St. Vincent's Hospital	Sister M. Anita Pariseau	31	3	10	100	67	No	10	8th grade	20–30
792	Fountain Springs	State Hospital for Injured Persons of the Anthracite Coal Regions.	J. C. Biddle, M. D.	29	3	9			Rarely	10	H. S.	19–35
793	Greensburg	Westmoreland Hospital	Estelle V. Fost	15	3		74	51	No	12	6th grade	20–30
794	Harrisburg	Harrisburg Hospital	Clara M. Swank	23	3	4	100	80	No	9	do	20
795	Hazleton	Hazleton State Hospital	Laura J. Allen	16	2½		103		No	9	H. S.	21–35
796	Johnstown	Conemaugh Valley Memorial Hospital *	Jessie L. Greene	32	3	11	120					
797	Kane	Kane Summit Hospital	Mary J. Hays, M. D.	18	3	1	56	23	Yes	10	8th grade	18–35
798	Lancaster	Lancaster General Hospital	Clara Belle Schmehl, R. N.	33	3	9	125	70	Yes	10	H. S.	21–35
799	do	St. Joseph's Hospital	M. Agnes Lowell, R. N.	20	3	4	110	60	Yes		do	21
800	Lebanon	Good Samaritan Hospital	Elizabeth Hanson	7	3		35	18	No	9	1 year, H. S.	20–35
801	Lock Haven	Lock Haven Hospital *	Cornelia W. Happersett	18	3	1	60					
802	McKeesport	McKeesport Hospital	Katherine Dempster, R. N.	34	3	11	150	125	No	9	H. S.	18
803	McKees Rocks	Ohio Valley General Hospital *	Harriet M. Noble	10	3	2	60					
804	Meadville	Meadville City Hospital	Lydia A. Whiton	16	3	6	60	29	No	9	C. S.	19–35
805	do	Spencer Hospital	Sister Emilieus Ellis	10	2½	1	40	32	No	8	do	20
806	Mercer	Cottage State Hospital	Elizabeth L. Shea	4	2		37	13	No	9	do	18–30
807	Mount Pleasant	Mount Pleasant Memorial Hospital *	Zulu Hennebergar	12	3	3	52					

308	New Brighton	Beaver Valley General Hospital	Austa Whitmyre	14	3	2	50	30	No	9		21–30
309	New Castle	Shenango Valley Hospital	Lydia MacKinney	21	2	5	100	50	No	9½	H. S.	19–30
310	Norristown	Charity Hospital	Miss P. Schneider	12	3	4	56	32	No	12	8th grade	20–35
311	Oil City	Oil City General Hospital *	Emma J. Keating, R. N.	20	3	8	60					
312	Philadelphia	Children's Hospital of Philadelphia	Miss F. Virginia Ludekens	30	2½	6	75	60	No	9	8th grade	18–25
313	do	Children's Homœopathic Hospital	Alice Brownell	20	2½		130	63	No	10	C. S.	20
314	Philadelphia (Frankford).	Frankford Hospital	Anna C. Garrett	15	3	6	65	50	No	9½	H. S.	20–35
315	Philadelphia	Frederick Douglass Memorial Hospital	Elsie M. Browne	12	2½	4	65	30	Yes	9	do	21–35
316	do	German Hospital of Philadelphia	Sister Marie Koineke	42	3	11	220	180	No			21
317	Philadelphia (Germantown).	Germantown Dispensary and Hospital	Mrs. R. F. W Crossland	26	3	8	150	100	No	9	C. S.	21
318	Philadelphia	Gynecean Hospital*	Edith Ritter	17	2	8	45	28	No	9	do	19–30
319	do	Hahnemann Hospital of Philadelphia	Eva J. Hood	78	3	26	300	150	No	11	H. S.	20–32
320	do	Henry Phipps Institute	A. K. Sutton	10	2	8	26	24	No	9	C. S.	21–23
321	do	Hospital of Women's Homœopathic Association		21	3	5	125	40	Yes	10	do	20–40
322	do	Howard Hospital	Anna E. Barrett	22	2	6	80	50	No		H. S.	21–36
323	do	Jefferson Medical College Hospital	Anna E. Laughlin	94	3	41	300	215	No	10	do	21–35
324	do	Jewish Hospital of Philadelphia	Susan C. Francis	53	3	16	180	140	No	9	C. S.	20–35
325	do	Kensington Hospital for Women	Harriet E. Parker, R. N.	20	2½	7	50	35	No	7–8	H. S.	21–35
326	do	Medico-Chirurgical Hospital	Elizabeth V. Lobb, R. N.	70	3	18	210	140	No	9	do	21
327	do	Methodist Episcopal Hospital	Alice M. Garrett	40	3	11	125	83	No	9	C. S.	21–35
328	do	Mt. Sinai Hospital	May Cook	16	3	1	65	50	No	10	do	21
329	do	Philadelphia Orthopædic Hospital and Infirmary for Nervous Diseases.	Margaret S. Nelson	32	2½	9	126	90	No	9½	H. S.	22–32
330	do	Pennsylvania Hospital	Margaret A. Dunlop	72	3	20	315	230	No	9	1 year H. S.	21
331	do	Philadelphia General Hospital	Nellie May Rennyson	116	3	24	1,700	1,700	No	9½	H. S.	21
332	do	Philadelphia Lying-in Charity Hospital	Carrie C. Tallman, R. N.	20	2	12	60	35	Yes	9	C. S.	21–35
333	do	Philadelphia School for Nurses	Lillie Frazier	136	2	39			Yes		do	18–40
334	do	Polyclinic Hospital	Miss F. Freese, R. N.	30	3	10	100	75	No	9½	H. S.	20
335	do	Presbyterian Hospital	Caroline I. Milne, R. N.	58	3	17	220	140	No	9	1 year H. S.	21–35
336	do	Hospital of the Protestant Episcopal Church in Philadelphia.	Katharine Brown, R. N.	78	3	20	425	300	No	9½	do	21–35
337	do	St. Agnes' Hospital	Katherine Veronica Kane	49	3	6	304		Yes	8½	C. S.	21
338	do	School for the Training of Cadet Nurses of the St. Christopher's Hospital for Children.	Rena P. Fox	20	1½	12	55	40	Yes	9	do	18–32
339	do	St. Joseph's Hospital	Sister Elizabeth	61	2, 3	21	175	130	No	9	do	22–35
340	do	St. Luke's Hospital	Margaret Jones	21	3	9	55	41	No	10	do	21
341	do	St. Mary's Hospital	Frances J. Lundy	24	3		185	83	Yes	11	do	18
342	do	St. Timothy's Hospital	Eva Simonton, R. N.	21	3	4	75	48	No	9	12th grade	18–35
343	do	Samaritan Hospital	Gertrude H. Lauman, R. N.	50	16	3	135	115	No	8–10	H. S.	20–35
344	do	Stetson Hospital of Philadelphia	Lewis S. Somers, M. D.	15	3	3	55	80	No	10	do	21–30
345	do	Hospital of University of Pennsylvania	Anna Rogers	92	3	1	300		No	10	C. S.	21–35
346	do	West Philadelphia General Homœopathic Hospital.	Juliet Snyder	13	3	4	40	30		9½	H. S.	21
347	do	West Philadelphia Hospital for Women*	Elizabeth Walton Aucker	21	2½	2	50					
348	do	Woman's Southern Homœopathic Hospital of Philadelphia.	Mary A. Collett	9	2	4	39	26	Yes	8½	1 year H. S.	20–30
349	do	Hospital of the Woman's Medical College of Pennsylvania.*	Anna K. Bitner	15	2½	5	48					

* Statistics of 1910.

[1] Abbreviations used: C. S.—Common school. H. S.—High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission. Education.[1]	Requirements for admission. Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	PENNSYLVANIA—contd.											
350	Phoenixville	Phoenixville Hospital	Agnes C. Shore	16	2½	7	75	23	No	10	H. S.	21
351	Pittsburgh	Allegheny General Hospital	Gertrude Muldrew, R. N.	97	3	26	325	300	No	9	do	21
352	do	Pittsburgh Training School for Nurses of the Homœopathic Hospital.	Caroline E. Gray, R. N.	62	3	19	150	105	No	10	8th grade	21–35
353	do	Mercy Hospital	Sister M. Etheldreda	84	3	24	610	360	No			
354	do	Passavant Hospital*	Sister Margaret	31	3	9	90					
355	do	Pittsburgh Hospital	Sister Marcella	35	3	10	100	88	No	9	1 year H. S.	21
356	do	Presbyterian Hospital	Mary M. Spears	36	3	10	100	86	No	10	do	21–35
357	do	St. Francis' Hospital	Edna Russell Sparey, R. N.	66	3	11	535	325	No	9	do	19
358	do	St. John's General Hospital	Veda P. Baybrett	24	3	3	110	70	No	10	2 years H. S.	21
359	do	St. Margaret's Memorial Hospital	Caroline E. Sparrow	17	3		80	48	No	9	H. S.	20–35
360	do	South Side Hospital	Jeannette L. Jones	32	3	6	200		No	9	C. S.	21–35
361	do	Western Pennsylvania Hospital	Jessie J. Turnbull	78	3	15	260	251	No	10½	H. S.	21
362	Pittston	Pittston Hospital Association	Margt. M. Cumming	8	2	3	35	18	Yes	9	2 years H. S.	
363	Pottstown	Pottstown Hospital	Kathr. A. Moyer, R. N.	12	3	4	40	25	Yes	11	H. S.	18–30
364	Pottsville	Pottsville Hospital	Miss E. A. Loomis	27	3	4	100			10		21
365	Punxsutawney	Adrian Hospital	Fannie Sanders	18	2	12	72		No	8	H. S.	21
366	Reading	Homœopathic Medical and Surgical Hospital	Mrs. L. D. Chamberlin	18	3	4	75		Yes	12	do	18–30
367	do	Reading Hospital	Huldah Randall, R. N.	20	3	4	65	62	No	9	do	21–30
368	do	St. Joseph's Hospital	Sister Mary Fulgentia	18	3	3	135	77	No	10	C. S.	18–30
369	Ridgway	Elk County General Hospital*	Clara Smith Lynn	14	3	5	50					
370	Roaring Spring	Nason Hospital	Olive M. Bayer, R. N.	7	2½	4	40	20	Yes	9½	1 year H. S.	21
371	Rochester	Rochester General Hospital	Blanche K. Fleming	6	3		36	19	No	8½	C. S.	21–32
372	Sayre	Robert Packer Hospital	Mary D. Mitchell	22	2		90	65	No	9	H. S.	21
373	Scranton	Hahnemann Hospital of Scranton	Emma Eschenbach	23	3	10	75	40	No	11	do	21–32
374	do	Moses Taylor Hospital	Janet Gordon Grant		3	6	84	61	No	9½	do	21–35
375	do	State Hospital	Miss M. Robertson	40	3	10	150	120	No	10	1 year H. S.	20
376	Sharon	Christian H. Buhl Hospital	Adeline B. Sinsabaugh	12	3	3	60	34	No	10	C. S.	21–35
377	South Bethlehem	St. Luke's Hospital	Marie Schley Brown	29	3	2	83	65	No	9½	do	20–35
378	Titusville	Titusville Hospital	Maude Williams	4	2½	2	25	14	Rarely	9	1 year H. S.	20
379	Uniontown	Uniontown Hospital	Grace G. Brumbaugh	18	2½	8	84	50	No	9	H. S.	20–35
380	Warren	Warren Emergency Hospital	Mary A. Hassett	15	3	4	75		Yes	10	C. S.	20–35
381	Washington	Washington Hospital	Elizabeth M. Gainor	15	2½	6	60	30	No	10	do	19–35

882	West Chester	Chester County Hospital	M. E. Worrest	25	3	5	100	50	No	10	H. S.	20
883	Wilkes-Barre	Mercy Hospital	Sister Mary Antonia	36	2	15	125	70	No	12	do	20–35
884	do	Wilkes-Barre City Hospital	Caroline Hill, R. N	37	2½	13	158	95	Yes	9	do	20–35
885	Wilkinsburg	Columbia Hospital	Helen Madison Ucker	53	3	12	150	85	No	8½	C. S.	20
886	Williamsport	Williamsport Hospital	Daisy B. Mann	32	3	13	162	93	No	10	H. S.	20–30
887	York	York Hospital and Dispensary	D. Jeannette Copeland	17	3	5	70	55	No	9	do	21–35
	PORTO RICO.											
888	Ponce	St. Luke's Memorial Hospital	Carl Vogel, M. D	14	3	3	65	35	Yes	11	C. S.	22
889	San Juan	Insular School for the Training of Nurses of the Municipal Hospital.*	Pilar Cabrera	16	2	4	40					
890	do	Presbyterian Hospital	M. Louise Beaty	13	3	4	45		No	10	8th grade	17–25
	RHODE ISLAND.											
891	Newport	Newport Hospital	Janet MacLaurin	33	3	10	100	50	No	8½	H. S.	21–35
892	Pawtucket	Twin City Hospital*	William H. Heimer, M. D	7	2	1	20					
893	Providence	East Side Hospital	Elizabeth P. Wilson, M. D	14	3	3	35	20	No	10	C. S.	18
894	do	Rhode Island Hospital	Inez Clark Lord	160	3	45	400	310	No	10	do	21
895	do	St. Joseph's Hospital	Sister Mary Ovila	25	3	5	100	93	Yes	12	H. S.	23
896	Woonsocket	Woonsocket Hospital	Lucy C. Ayres	6	2	3	30	18	No	9	C. S.	21
	SOUTH CAROLINA.											
897	Charleston	Roper Hospital	Rosa A. Issertell	35	2	13	200	150	No	10	H. S.	18
898	do	Hospital and Training School for Nurses*	Celestine L. Martin	10	3	4	20					
899	do	St. Francis Xavier Infirmary	Sister Mary Bernardine	14	2		42	37	Yes	10		20–35
900	Chester	Pryor Training School for Nurses of the Magdalene Hospital.	Leila A. Bleeker	10	3	2	30	20	Yes	8	H. S.	18–35
901	Columbia	Columbia Hospital	Susan Shrive	26	3	9	56	45	No	9	do	21–35
902	do	Knowlton Hospital	A. B. Knowlton, M. D	17	3	4	26	18	Yes	10	C. S.	21
903	do	Taylor Lane Hospital*	M. A. Evans, M. D	9	3	3	30					
904	Sumter	Sumter Hospital	Lila M. Davis	14	3	2	35	30	Yes	9	H. S.	21–35
	SOUTH DAKOTA.											
905	Aberdeen	St. Luke's Hospital	Sister Mary Dominic	22	3	3	100		No	9	do	18
906	Deadwood	St. Joseph's Hospital	Sister M. Rose	22	3	7	50		Yes	9	8th grade	18
907	Hot Springs	Our Lady of Lourdes Hospital	Sister M. Augusta	20	3	3	52	40	Yes	9	do	18–30
908	Madison	Madison Hospital	Mrs. A. E. Clough	10	2	4	35	15	Yes	12	C. S.	18
909	Sioux Falls	Sioux Falls Hospital	Clara Savereide	15	2	5	35		Yes	10	do	20–35
910	Watertown	Watertown Hospital*	Winifred Boston	3	2	1	20					
911	Yankton	Sacred Heart Hospital*	Sister M. Juliana, R. N	7	3	4	25					
	TENNESSEE.											
912	Chattanooga	Baroness Erlanger Hospital	Alma M. Weller	20	2	8	100	65	No	10		19
913	Knoxville	Knoxville General Hospital	Lucia K. Wagner	25	3	3	80	34	No	9	H. S.	20
914	Memphis	Presbyterian Home Hospital	Louise Buford	25	2	13	35	30	Yes	12	do	18–30
915	Nashville	Nashville City Hospital*	W. M. McCabe, M. D	15	3	1	110					

* Statistics of 1910.

[1] Abbreviations used: C. S.—Common school. H. S.—High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission.	
											Education.[1]	Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	TENNESSEE—contd.											
[illegible]	Nashville	Walden University Meharry Medical College Mercy Hospital.	G. W. Hubbard	7	3	5	32		Yes	8	2 years H. S.	20
[illegible]	do	St. Thomas' Hospital	Sister Scholastica	20	3	7	85	70	No			
[illegible]	do	Woman's Hospital of the State of Tennessee	Emily Gordon Friend, R. N.	17	2	4	40	30	No	9	H. S.	19
[illegible]	Sewanee	Hodgson Memorial Hospital *	Carmi Suddath	3	2	2	20					
	TEXAS.											
[illegible]	Amarillo	St. Anthony's Sanitarium	Sister Mary Winifred	8	3		100	40	Yes	9	C. S.	18–28
[illegible]	Austin	Austin Sanitarium	Ethleen Rowe, R. N.	16	3	2	50	20	Yes	11	H. S.	18
[illegible]	do	Seton Infirmary	Sister Ursula	12	3	3	50		Yes	9	C. S.	18–28
[illegible]	Dallas	St. Paul's Sanitarium	Sister Margaret	30	3	4	130	95	Yes	10	do	21–35
[illegible]	do	Texas Baptist Memorial Sanitarium	Mary Chiles Scott, R. N.	45	3		135	68	No	10	H. S.	21–35
[illegible]	El Paso	Hotel Dieu—Sanitarium	Sister Elizabeth	28	3	6	150	70	Yes	9	do	21–35
[illegible]	do	Providence Hospital	Miss E. L. Koehnback	20	3	20	60		No	10	do	20–30
[illegible]	Fort Worth	St. Joseph's Hospital	Mother Cleophas	33	3	2	400	200	Yes	10	do	20
[illegible]	Gainesville	Gainesville Hospital	James Edward Gilcreest, M. D.	7	2	3	20	10	Yes	9	do	21–35
[illegible]	Galveston	John Sealy Hospital*	Ethel d'A. Clay	32	3	1	150					
[illegible]	do	St. Mary's Infirmary	Sister Mary Elizabeth	17	2	6	160	120	No	8	H. S.	18–36
[illegible]	Houston	Houston Infirmary Sanitarium	Sydney J. Smith, M. D.	12	3	3	100	65	Yes	10	C. S.	18–35
[illegible]	do	St. Joseph's Infirmary	Sister M. Sebastian	25	2	4	200	100	No	11	H. S.	18–36
[illegible]	San Antonio	Baylor Hospital	Elizabeth Baylor	10	2	4	30	25	No	9	do	19
[illegible]	do	Physicians' and Surgeons' Hospital	Marjorie M. Taylor	18	2	1	50	38	No	8		20
[illegible]	do	Santa Rosa Infirmary *	Sister M. Robert	34	3		250					
[illegible]	Sherman	Saint Vincent's Sanitarium *	Sister Vincentia	19	3	7	75					
927	Texarkana	Texarkana Hospital	Bess. A. Campbell, R. N.	8	2	4		15	No	8	H. S.	22–32
928	Victoria	Valley View Hospital	Selma E. Lichey	3	2	2	14	4	Yes	6	C. S.	19–30
	UTAH.											
[illegible]	Provo	Provo General Hospital	Zina Johnson	4	2	1	20	8	Yes	9	1 year H. S.	18–30
[illegible]	Salt Lake City	Holy Cross Hospital	Sister M. Sylvina	24	3	2	150	85	No	12	8th grade	18–35
[illegible]	do	Dr. W. H. Groves' Latter Day Saints Hospital	Charlotte E. Dancy, R. N.	50	3	11	105	80	No	8	do	19
[illegible]	do	St. Mark's Hospital	F. D. Lees	40	3	13	150	100	No	8½	H. S.	18–35

	VERMONT.											
943	Brattleboro	Brattleboro Memorial Hospital	Mary Louise Wakefield	23	3	4	32	25	Yes	10	do	18–35
944	Burlington	Mary Fletcher Hospital	Clara J. Churchill	43	3	8	120	90	Yes	10	1 year H. S.	20–35
945	Hardwick	John S. Holden Memorial Hospital *	Elizabeth S. Parker	3	3	1	15					
946	Montpelier	Heaton Hospital *	Elenora Stalker	20	2	6	40					
947	Proctor	Proctor Hospital	Annabel L. Stewart	12	2½	3	17	14	No	8½	C. S.	21–35
948	Randolph	Randolph Sanitorium	Florence L. Howe	8	2	5	15		Yes	10	do	18–30
949	Rutland	Rutland Hospital	Anna A. Aitken	18	2½	9	40	3	Yes	10	H. S.	20–35
950	St. Albans	St. Albans Hospital	Nina A. Smith	10	2½	1	20	14	Rarely	10	do	23–35
951	St. Johnsbury	Brightlook Hospital	E. Myrtle Miller	15	2	1	26	18	Yes	10	C. S.	21
952	Winooski	Fanny Allen Hospital	Sister Superior in charge of nurses.	15	2	10	65	47	Yes	9	do	19–35
	VIRGINIA.											
953	Alexandria	Alexandria Hospital	Miss N. A. Simmons, R. N.	9	3	2	36		No	12	do	21
954	Charlottesville	University of Virginia Hospital *	Mary Jean Hurdley	28	3	5	110					
955	Danville	Danville General Hospital	Celia A. Brian, R. N.	20	3	1	75	26	Yes	8	C. S.	22–35
956	Fredericksburg	Mary Washington Hospital	F. H. Beecherer, R. N.	6	3	2	16	7	Yes	9	do	20
957	Hampton	Hampton Training School for Nurses of the Dixie Hospital *	Esther Morgan, M. D.	23	3	7	23					
958	Lynchburg	Home and Retreat Hospital *	S. L. Earhart		3	4	80					
959	Newport News	St. Francis Hospital	Miss L. G. Atkinsin	6	3	2	25	20	Yes	10	H. S.	19
960	Norfolk	Norfolk Protestant Hospital *	Ethel Smith	32	3	11	140					
961	do	St. Vincent's Hospital	Sister Catherine	46	3	[illegible]	300	150	No	10	C. S.	21–30
962	do	Sarah Leigh Hospital	Mary A. Newton	21	3	[illegible]	50	37	No	8½	do	20–33
963	Petersburg	Petersburg Hospital	Mary Julia Moore	15	3	4	55		No	10	H. S.	20
964	Portsmouth	King's Daughters' Hospital *	Florence E. Leslie	8	3	1	30					
965	Richmond	Hygeia Hospital *	Miss F. W. Henderson	7	3	1	40					
966	do	Memorial Hospital	Mary K. Smith, R. N.	45	3	15	150		No	8	1 year H. S.	21
967	do	Retreat for the Sick	Lottie G. Thomas, R. N.	18	3	8	54		Yes	8½	do	20–35
968	do	St. Luke's Hospital	Ruth I. Robertson, R. N.	35	3	8	80		No	9	H. S.	22
969	do	Sheltering Arms Free Hospital	Mary Broadders	10	3	2	40	30	No	9	C. S.	21
970	do	University College of Medicine Virginia Hospital	Agnes D. Randolph, R. N.	40	3	14	80	55	No	8	do	21
971	Roanoke	Roanoke Hospital	Margaret Ossenbeck, R. G. N.	12	3	4	42	26	No	10	do	18–30
972	Staunton	King's Daughters' Hospital	Mrs. Jane Brown Lanson	8	3		21	15	No	8–10	H. S.	21
973	Winchester	Winchester Memorial Hospital	Angelica P. Didier	10	3	2	36	18	Yes	8	do	21
	WASHINGTON.											
974	Aberdeen	Aberdeen General Hospital	Mrs. Paul Smits	10	3		50	18	Yes	9½	C. S.	18
975	do	St. Joseph's Hospital	Sister M. Augustine	4	2½	2	60	10	No	10	1 year H. S.	20–35
976	Bellingham	do	Sister M. Aloysius	20	3	2	100	25	Yes	8	H. S.	20
977	do	St. Luke's Hospital	Ella A. Wilkinson, R. N.	10	2½	3	60	33	No	10	8th grade	20
978	Colfax	St. Ignatius' Hospital *	Sister Superior	6	3		52					
979	Everett	Everett Hospital *	Ida H. Brown	15	2½	4	50					
980	Hoquiam	Hoquiam General Hospital	Ruby C. Rogers, R. N.	11	2½	6	60	45	No	9	H. S.	20–30
981	North Yakima	St. Elizabeth's Hospital	Sister Laurienne	12	3	3	60	3	No	9	8th grade	20
982	Port Angeles	Port Angeles General Hospital *	Mrs. Shepard	3	2½		35					
983	Seattle	Minor Private Hospital	Lucy L. Pringle, R. N.	26	3	8	56	50	No	8	H. S.	20–30
984	do	Providence Hospital	Sister Vincent	45	3	4	180		No	9½	C. S.	20–30

* Statistics of 1910.

[1] Abbreviations used: C. S.—Common school. H. S.—High school.

TABLE 3.—*Statistics of schools for the training of professional nurses for the school year 1910–11—Class A*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission. Education.[1]	Requirements for admission. Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	WASHINGTON—contd.											
985	Seattle	Seattle General Hospital	Evelyn H. Hall	55	3	17	110	95	No	9	8th grade	20
986	do	Wayside Emergency Hospital	Katherine Major	8	3		50		No	8½	H. S.	20
987	Spokane	Maria Beard Deaconess Home	Myrtle M. Berkey	28	2½	14	50	32	No	8½	do	21
988	do	St. Luke's Hospital	Johanna Shepherd Burns		3	10	65	55	No	8	1 year H. S.	20–30
989	do	Spokane General Hospital	Jessie Marie Foster, R. N.	8	2	4	40	20	No	10	H. S.	20
990	South Bend	South Bend General Hospital	Miss Skaggs	5	3	1	30	8	Yes	10	do	18
991	Tacoma	Fannie C. Paddock Memorial Hospital*	Olive M. Sill	56	2½	12	100					
992	do	St. Joseph's Hospital	Sister Mary, O. S. F.	28	2, 2½	7	80	80	No	10	H. S.	19
993	Walla Walla	St. Mary's Hospital	Sister Hilary	15	3	1			No	10	8th grade	18
	WEST VIRGINIA.											
994	Charleston	Charleston General Hospital	Emma Vernon	11	3	4	60	30	Yes	12	C. S.	21
995	Clarksburg	Keesler Hospital	S. M. Mason, M. D.	10	3		30	18	Yes	9½	do	18–35
996	do	St. Mary's Hospital*	Sister M. Adelaide, R. N.	15	3	3	70					
997	Elkins	Davis Memorial Hospital	Miss M. E. Walker	12	3	3	50	20	Yes	9	C. S.	20
998	Fairmont	Cook Hospital	J. C. Miller	24	3	4	55	20	Rarely		H. S.	18–25
999	do	Miners' Hospital No. 3	J. W. McDonald, M. D.	8	2	1	50	35	No		do	20
1000	Glendale	Reynolds Memorial Hospital*	Wilma Hastings	10	2	5	84					
1001	Hansford	Sheltering Arms Hospital	Miss M. J. Parry	15	2		90	62	No	10	H. S.	21–35
1002	Hinton	Hinton Hospital*	Marion D. Lingenfelter	27	3	5	75					
1003	Huntington	Huntington General Hospital	Laura B. Illick	9	2	1	35	25	No	10		21
1004	do	Mount Hope Hospital*	Shelly Bryan	18	3	5	100					
1005	Keyser	Hoffman Hospital	C. S. Hoffman	9	3	4	25	13	No	10	C. S.	18–27
1006	McKendree	Miners' Hospital No. 2	B. B. Wheeler, M. D.	6	2		50	35	No	9	H. S.	18–30
1007	Parkersburg	City Hospital	C. W. Shaw	7	2	5	32		No	8		21
1008	do	St. Joseph's Hospital	Sister M. Bernadette Gans	10	3	3	50	25	No	9	H. S.	21
1009	Wheeling	City Hospital*	Mrs. M. G. Carpenter	24	2	5	60					
	WISCONSIN.											
1010	Beloit	H. P. Strong Emergency Hospital	Martha J. Head	6	2	4	17	9	Yes	8		
1011	Green Bay	Deaconess Sanitarium	Tillie Giese	10	3		30	20	Yes	10	H. S.	20–30
1012	do	St. Mary's Hospital	Sister St. Catherine	14	3	5	35	30	Yes	10	C. S.	22–29

1013	Janesville	Palmer Memorial Mercy Hospital*	Anna G. Dastych	11	2½	2	20					
1014	Kenosha	Kenosha Hospital	Helen de Spelder-Moore	15	2		50	28	No	8½	1 year H. S.	20
1015	La Crosse	La Crosse Lutheran Hospital*	Annabel T. Paxton	25	3	5	80					
1016	do	La Crosse Public Hospital*	Ella C. Ingversen	16	3	7	50					
1017	do	St. Francis' Hospital	Sister M. Gregory	20	3	1			Rarely	8	8th grade	20
1018	Madison	Madison General Hospital	Elfreda Johnston, R. N.	21	2	9	60	40	No	9	C. S.	21–35
1019	Milwaukee	Wisconsin Training School for Nurses of the Lakeside Hospital.	Elysian Thomas	24	2½	9	36	15	Yes	12	H. S.	20–30
1020	do	Milwaukee Hospital	Sister Emma Lerch	22	3	6	86	80	No	10	do	20–35
1021	do	St. Joseph's Hospital	Sister Mary Regina	40	2½	12	125	110	No	9–10	8th grade	20
1022	do	St. Mary's Hospital	Sister M. Dolores	40	3	12	200	100	No	10	do	22–30
1023	do	Trinity Hospital	Julia A. Duffy	70	3	26	80		Rarely	9	do	20–35
1024	Racine	Alice Horlick Memorial Hospital	Alma B. Kundert	12	2	1	38		Yes	10		20–30
1025	Waukwatosa	Milwaukee County Hospital	Helen W. Kelly	34	2	10	250	200	No	9	C. S.	21
	WYOMING.											
1026	Cheyenne	St. John's Hospital	Jessie Irwin	15	2	4	75	33	No	10½	H. S.	20–30
1027	Rock Springs	Wyoming General Hospital	Martha A. Converse	13	2	4	75	50	Yes	9½	do	20
1028	Sheridan	Sheridan General Hospital	Harriet Hastings	12	2	6	60	30	Yes	10		21

* Statistics of 1910.

[1] Abbreviations used: C. S.—Common school. H. S.—High school.

TABLE 4.—*Hospitals and schools offering postgraduate or special courses.*

	Location.	Name of school or hospital with which it is connected.	Superintendent of courses.	Students enrolled.	Months in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Entrance requirements.	
											Education.[1]	Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	CALIFORNIA.											
1	San Francisco	San Francisco Maternity Hospital	E. G. Harrison, M. D.	4	8	4	13		No.		C. S.	21–41
	DISTRICT OF COLUMBIA.											
2	Washington	Florence Crittenton Training School for Nurses *	Margaret L. White	12	7	9	8					
	ILLINOIS.											
3	Chicago	Chicago Lying-in Hospital and Dispensary Post-Graduate School.	Mrs. Emma E. Koch	8	3		15		No.	10		
	MASSACHUSETTS.											
4	Boston	Boston Floating Hospital Postgraduate School	Sarah A. Egan	52	3	44	240	167				
5	do	Infants Hospital Postgraduate School	Margaret Farquhar	6	4				No.	9		
6	Brookline	Free Hospital for Women Postgraduate School	Hannah Jane Ewin	15	4½	14	60	40	No.	8–9		
	MISSOURI.											
7	St. Louis	St. Louis Children's Hospital *	Ruth Riley	15	8		104					
8	do	St. Louis Maternity Hospital	Miss O. Beyer	12	2		30	18				
	NEW YORK.											
9	Brooklyn	St. Christopher's Hospital for Babies *	Jane Emily O'Daly	34	6		41					
10	New York City	General Memorial Hospital Postgraduate School	Helen Knight Smith, B. A., R. N.	25	6		100	58	No.	9–10		
11	do	Hospital for Scarlet Fever and Diphtheria Patients	Mary E. Kennedy, Principal	8	2.3		40		No.	9		
12	do	New York Eye and Ear Infirmary	Elizabeth G. Whitman	43	3		176	130	No.			
13	do	New York Polyclinic Medical School and Hospital Postgraduate School.	Agnes D. Carson, R. N.		9	32	96	80	No.	11		
14	do	Sloane Hospital for Women	Mary E. Huttinson	52	3		135	110	No.	9		
15	do	Society of Lying-in Hospital of the City of New York.	Mary I. Bustard	55	3		196	157	No.	12		

	OHIO.											
16	Mt. Vernon	Ohio State Sanatorium	C. Elizabeth Allen	4	3		96	63				
	PENNSYLVANIA.											
17	Philadelphia	Jewish Maternity Association Postgraduate School*	Rose Rubin, M. D	10	2.3		22					
18	do	Maternity Hospital	Mary D. Roche	5	3		22	16		9		
19	do	Pennsylvania Orthopaedic Institute and School of Mechano-Therapy.	Max J. Walter	73	3	51		40	No	6–8	C. S.	21
20	do	Preston Retreat Lying-in Hospital*	Margaret A. Thomas	60	2		50					
21	Pittsburgh	Elizabeth Steel Magee Hospital	Frances A. Stone	7	3.6		59	46	No	8		
22	do	Reineman Maternity Hospital*	Charles Edward Ziegler	20	3.6	19	34					
	RHODE ISLAND.											
23	Providence	Providence Lying-in Hospital	Alida Young	16	4		50	30	No	10		

* Statistics of 1910.

[1] Abbreviation used: C. S.=Common school.

TABLE 5.—*Statistics of schools for the training of professional nurses, for the school year 1910–11—Class B.*

[Class B includes schools connected with hospitals for the treatment of nervous and mental diseases, insane, etc.]

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission.	
											Education.[1]	Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	ALABAMA.											
1	Tuscaloosa	Brice Hospital	J. T. Searcy, M. D.	31	2	12	1,500	1,510	Rarely	8–10	C. S.	17
	CONNECTICUT.											
2	Middletown	Connecticut State Hospital	Anna E. Shepherd	21	2	8	2,500		No	10½	C. S.	18
3	Norwich	Norwich State Hospital	Thomas F. Erdman, M. D.	16	2	6	850		Yes	10½–11½	C. S.	18
	DISTRICT OF COLUMBIA.											
4	Washington	Government Hospital for Insane	Josephine M. Stransky, M. D.	47	2	18	2,978	2,887	No	10	C. S.	18
	ILLINOIS.											
5	Anna	Anna State Hospital	May Kennedy, R. N.	60	3	5	1,500		No	12	C. S.	20
6	Dunning	Dunning State Hospital	Charles Eberlein, M. D.	162	3	13		2,308	No	10	C. S.	
7	Jacksonville	Jacksonville State Hospital	Gertrude E. Craig, R. N.	75	3	4	1,570	1,565	No	12	C. S.	
8	Kankakee	Kankakee State Hospital	Sadie Barnes	75	3	10	140	130	No	10	C. S.	18–21
9	Peoria	Peoria State Hospital	George A. Zeller	100	3	6	2,100	2,100	No	8	C. S.	18
	IOWA.											
10	Cherokee	Cherokee State Hospital	M. N. Voldeng, M. D.		3	4			No	13	1 year H. S.	18
11	Clarinda	Clarinda State Hospital	Max E. Witte	19	3		1,150	1,062	No		C. S.	
12	Glenwood	Iowa Institution for Feeble Minded Children.	George Mogridge, M. D.	8	3	3	75	47	Yes	10	C. S.	18
13	Independence	Independence State Hospital	W. P. Crumbacker, M. D.	94	2,3	21	1,295	1,171	No	13	H. S.	20–23
14	Mt. Pleasant	Mt. Pleasant State Hospital	C. F. Applegate, M. D.	20	2	10	1,200	1,060	No	12	C. S.	20

	KANSAS.											
15	Ossawatomie	Ossawatomie State Hospital	L. L. Uhls	11	2	3	1,300	1,290	No	12	C. S.	18
16	Topeka	Topeka State Hospital	T. C. Biddle	60	2	5	1,380	1,360	No	12		
	KENTUCKY.											
17	Hopkinsville	Western Kentucky Asylum	H. P. Sights	17	3	3	1,200	1,150	No	12	C. S.	18–35
	MAINE.											
18	Augusta	Maine Insane Hospital	Jennie M. Smith, R. N.	13	2	6	900	890	No	9	C. S.	18–25
19	Bangor	Bangor Insane Hospital	Mrs. Mary E. Hickey	35	2	7	600	500	Yes	12	C. S.	21
	MARYLAND.											
20	Towson	Sheppard and Enoch Pratt Hospital	Cora R. McCabe	19	2	10	150	105	No	10	H. S.	21
21	Sykesville	Springfield State Hospital	J. Clement Clark, M. D.	14	2	5	1,040	1,025	Rarely	12	C. S.	20
	MASSACHUSETTS.											
22	Hathorne	Danvers State Hospital	Eunice A. Frick	23	2	7	1,500	1,437	No	10½	C. S.	21
23	Medfield	Medfield State Hospital	Edward French, M. D.	16	2½	8	1,750		No	12		
24	Monson	Monson State Hospital	Everett Flood	26	3	11	900	850	Yes	9	C. S.	21
25	Northampton	Northampton State Hospital	Alice E. Bedell	12	2	6	899	872	No	12	C. S.	18
26	Taunton	Taunton State Hospital	Reba G. Cameron, R. N.	113	3	8	1,000		No	8		
27	Tewksbury	State Infirmary	Laura E. McEachran, R. N.	71	3	21	2,000		No	9½		21–30
28	Waverley	McLean Hospital	Lucia E. Woodward	137	2½	37	225	222	No	12	H. S.	20–35
29	Westborough	Westborough Hospital	Lottie Haines Miller	90	2½	26	1,000	1,038	No	10	C. S.	20
30	Worcester	State Hospital	A. M. Quimby, M. D.	90	2	12	1,400	1,353	No	10	C. S.	
	MICHIGAN.											
31	Kalamazoo	Michigan Asylum	Theresa G. Leach	80	2	30	1,950	1,926	No	8	H. S.	21–30
32	Newberry	Newberry State Hospital	Helen Cairns Sinclair, R. N.	27	2½	4	825		No	9½	1 year H. S.	19
33	Pontiac	Eastern Michigan Asylum	E. A. Christian, M. D.	50	2		1,435	1,390	No	14	C. S.	20–22
	MINNESOTA.											
34	Fergus Falls	Fergus Falls State Hospital	George O. Welch	20	3	6	1,635	1,613	Yes	10		18–35
35	Rochester	Rochester State Hospital	R. M. Phelps	80	3	16		1,120	No	12		20
36	St. Peter	St. Peter State Hospital	H. A. Tomlinson	61	3	18	1,075	1,002	Yes	12	C. S.	18–27
	NEBRASKA.											
37	Lincoln	Lincoln State Hospital	Lillian B. Stuff, R. N.	26	3		700	600	No	14	C. S.	18–35
38	Norfolk	Norfolk State Hospital	Andrew Johnson, M. D.	11	2½	6	342	314	No	10–12	C. S.	21–35
	NEW HAMPSHIRE.											
39	Concord	New Hampshire State Hospital	Etta M. Bagley	60	3	15	1,114		No			21–35

[1] Abbreviations used: C. S. = Common school. H. S. = High school.

TABLE 5.—*Statistics of schools for the training of professional nurses, for the school year 1910–11—Class B*—Continued.

	Location.	Name of school or hospital with which it is connected.	Superintendent of nurses.	Students enrolled.	Years in course.	Graduates in 1911.	Capacity (beds).	Average daily number of patients.	Are students sent into families during training?	Daily number of hours on duty.	Requirements for admission. Education.[1]	Requirements for admission. Age.
	1	2	3	4	5	6	7	8	9	10	11	12
	NEW JERSEY.											
40	Cedar Grove	Essex County Hospital for the Insane.	Guy Payne, M. D.	50	2	12	1,500	1,350	Yes	13		21
41	Greystone Park	New Jersey State Hospital	B. D. Evans, M. D.	63	2	12	2,250	2,206	Rarely	16	C. S.	21
42	Trenton	New Jersey State Insane Hospital	Elvina R. Bailey, R. N.	21	2	11	1,425		No.	10		20–35
43	Vineland	New Jersey Training School *		3	3		40					
	NEW YORK.											
44	Binghamton	Binghamton State Hospital	Charles G. Wagner, M. D.	23	2	8	2,252	2,303	Rarely	11½	1 year H. S.	20
45	Brooklyn	Long Island State Hospital	Helen Clune	26	2	6	788	741	No.	11	1 year H. S.	21
46	Buffalo	Buffalo State Hospital	Arthur W. Hurd, M. D.	38	2	19	1,960	1,953	Rarely	10	C. S.	18
47	Central Islip	Central Islip State Hospital	George A. Smith, M. D.	47	2	14	4,200		No.	10½	H. S.	21–35
48	Gowanda	Gowanda State Homœopathic Hospital.	Daniel H. Arthur, M. D.	36	2	11	1,100	1,072	Rarely	11		18
49	Kings Park	Kings Park State Hospital	William Austin Macy, M. D.	24	2	13	3,464	3,226	No.	12	1 year H. S.	18
50	Middletown	Middletown State Homœopathic Hospital.	Maurice C. Ashley, M. D.	36	2	14	2,020	2,000	No.	12	1 year H. S.	19
51	New York City	Manhattan State Hospital	Ella B. Kurtz, R. N.	35	2	15	4,600	4,488	No.	12½	8th grade	19
52	Ogdensburg	St. Lawrence State Hospital *	Josephine A. Callahan	43	2	7						
53	Poughkeepsie	Hudson River State Hospital *	Charles W. Pilgrim, M. D.	27	2	12	3,000	2,924	No.	11	C. S.	18
54	Rochester	Rochester State Hospital	Mary Elizabeth Bell, R. N.	45	2	16	1,454	1,401	No.	11½		18
55	Utica	Utica State Hospital	Bessie B. Tibbitts, R. N.	49	2	24	1,443	1,400	No.	12½		
56	Willard	Willard State Hospital	R. M. Elliott, M. D.	27	2½	11	2,432	2,368	No.	10		18–35
	OHIO.											
57	Cleveland	Cleveland State Hospital	Charles H. Clark, M. D.	45	2	13	1,565	1,508	No.	12	C. S.	21
58	Columbus	Columbus State Hospital	Oral G. Perkins	26	2	17	1,730	1,723	No.	13	C. S.	21
59	Massillon	Massillon State Hospital	Mary Weise	60	3	16	1,630	1,600	No.	10½	C. S.	21–45

	PENNSYLVANIA.												
60	Danville	State Hospital for the Insane	H. B. Meredith, M. D.	68	2	21			No			20	30
61	Dixmont	Dixmont Hospital for the Insane	Miss B. M. Cornwall	130	2	2	600		No	10	C. S.	20	35
62	Norristown	State Hospital for the Insane (men)	W. W. Richardson, M. D.	25	2	8	1,380		No	10½	C. S.		20
63	do	State Hospital for the Insane (women)	Elizabeth C. Spencer, M. D.	60	2	9	1,460		No	12, 14		18–30	
64	Philadelphia	Friends' Asylum for the Insane	Eva Rawlings, M. D.		2	12	200	189	No	13½		18–35	
65	Polk	State Institution for Feeble Minded	J. M. Murdock	40	2	10	1,580		No	8	C. S.		20
66	Warren	State Hospital for the Insane	W. W. Hawke, M. D.	39	2	5	1,417	1,400	No	11	C. S.	21	35
	RHODE ISLAND.												
67	Providence	Butler Hospital *	R. Helen Cleland	130	2,3	15	200						
	SOUTH CAROLINA.												
68	Columbia	State Hospital for Insane *	Fanny Irwin	121	2	7	1,575						
	VERMONT.												
69	Waterbury	Vermont State Hospital *	Josephine E. Case	17	2	5	595						
	VIRGINIA.												
70	Staunton	Western State Hospital	J. S. de Jarnette, M. D.	7	3	3	1,182	1,107	Rarely	14	C. S.	19	

* Statistics of 1910.

[1] Abbreviations used: C. S.=Common school. H. S.=High school.