METROPOLITAN LIFE INSURANCE COMPANY

NURSING SERVICE

****

MINUTES

SUPERVISORS' ANNUAL CONFERENCE

JANUARY - 1929

****

- * - NURSING SERVICE - * -

SUPERVISORS' ANNUAL CONFERENCE

January 28th - February 5th, 1929.

Monday, January 28th, A. M.

Place of Meeting: Directors' Room.

Present: Dr. Frankel, Dr. Armstrong, Dr. Shepard, Mr. Burnette, General Supervisors, and Welfare Division Bureau Heads and Staff.

Chairman: Dr. Frankel.

General Review of Welfare Division Activities for Year 1928.

Attached are the Minutes of this meeting.

****

Monday, January 28th, P.M.

Place of Meeting: Dr. Frankel's Office.

Present: Dr. Frankel, Dr. Armstrong, Dr. Shepard, Mr. Burnette, General Supervisors and Bureau Heads.

Chairman: Dr. Armstrong.

Purpose of Meeting: An Exchange of Opinions in re Welfare Activities.

Plan of Approach:

1. Activities of greatest interest and significance.

2. Purpose of Activity.
   a. Method of launching.
   b. Relation to Agency Staff.
   c. Reaction of Agency Staff.
   d. Reaction of Health Officer.

3. Home Office Assistance to Supervisor.

4. Progress of Activity.

5. Result.

Dr. Armstrong reported that a Home Office Committee is making a study of the relationship between the Welfare Division and its outside contacts.

He suggested that two or three General Supervisors be appointed to confer with such committee; these Supervisors to be appointed by Mrs. La Malle.

Exhibits, First Aid Rooms, etc.

Dr. Armstrong brought out the following points to be kept in mind in reference to the above:

1. Manager and Nurse should understand that the service is restricted to first aid only.

2. Treatment is not to be given except in emergency care.

3. Medication is not to be used except bicarbonate of soda, aromatic spirits of ammonia.

4. Treatments are not to be repeated. (Individuals asking for such treatment should be referred to their own physicians or clinics.)

5. In case of major accident or serious need for care, nurse should ask Agent to call a physician, preferably the Metropolitan examiner.

Dr. Frankel pointed out:

1. The Supervisor should be instructed to select a nurse who knows the policies of our service.

2. The nurse should be given a definite plan of procedure in this emergency aid.

3. That answer to a Manager's letter should contain definite information in reference to expense for service. A second nurse will increase the expense.

NOTE: Dr. Frankel felt that the idea of an emergency hospital should be maintained; that we should not give up having nurses at First Aid Stations, and that we must be careful to do nothing that is unethical from a medical standpoint.

Decentralized Offices.

Dr. Frankel requested the opinions of the Supervisors in reference to the following:

1. Is it a feasible project for the Supervisor to undertake the responsibility of contacts in the field for the Welfare Division?

2. Do we need changes in order to make this possible?

3. If so, what changes would make it possible?

4. What is the future of such activity?

NOTE: Dr. Frankel spoke most enthusiastically about Parent-Teachers Associations and referred to them as "the most democratic movement under the sun".

Questionnaires:

Dr. Frankel stated: It is an art to form a questionnaire in such a way that answers give the desired information. All questionnaires should be referred to Home Office for technical advice and approval before circularization.

Tuesday, January 29th, A. M.

Place of Meeting: Class Room.

Present: General Supervisors and Home Office Clerks.

Chairman: Miss Kearney.

Purpose of Meeting: To Study the Clerical as Outlined in the Job Analysis.

Miss Dougherty was in charge of this meeting and discussed in detail the clerical routine as outlined in the Job Analysis and emphasized the importance of a thorough knowledge of this same.

Substitute Nurses.

It was suggested that a form be printed for use in reporting the employment of substitute nurses.

Remuneration for Substitute Nurses.

Supervisors felt that the present system used in the remuneration of substitute nurses is not a satisfactory one.

Decision: That Home Office prepare a salary scale for substitute nurses and submit it to General Supervisors for consideration; this to be planned on a monthly and daily remuneration basis.

Automobile Upkeep for Substitute Nurses.

Decision: A plan of remuneration to be outlined on a monthly and a daily basis.

Monthly Reports: - General Report of Territory.
Advisory Nurse Report.
Debit Nurse Report.

Supervisors are requested to send these reports in triplicate to Home Office so that a copy may be retained in the Nursing Division, and one sent to the Welfare Division and to the Superintendent of Agencies.

Extra Clerical Help for Decentralized Office.

Supervisors are to write Home Office for extra help whenever such help is necessary, giving reasons for this request.

Remuneration for Substitute Clerical Help.

Bills are to be submitted to Home Office.

NOTE: In those cases where the Supervisor pays the substitute herself (we have no objection to this) she must submit the receipt signed by the substitute before Home Office can honor her bill.

Statistical Data and Records.

Miss Steeves reviewed the following:

1. The procedure used in the analysis of the year 1928 nursing data.

   She pointed out that those nursing centers which averaged less than 200 cases per year were not tabulated because the expense of tabulating a small number of cases was not justified.

2. Revised nursing forms.

3. Rating of nursing services.

4. Plan for reviewing nursing records in Decentralized Offices.

5. Correspondence pertaining to cases in Decentralized Offices.

6. Method of approving special nursing in Decentralized Offices.

   It was explained that in all places where 12 hour duty is customary that it is to be understood that an approval for 24 hours of special nursing means two periods of 12 hours each.

7. Desirability of changing the terms "satisfactory" and "unsatisfactory" as used on Form N. S. 7.

   NOTE: Dr. Frankel suggested the terms "Manual" and "Non-Manual" but decision was not reached.

Dr. Frankel spoke, emphasizing the necessity for General Supervisors carefully reviewing the yearly statistics and using them in plans for the year. He stressed the value of the figures given them and what that particular sheet should signify to them. That they should ask themselves why ------ territory should have ------ rating while their territory had ---- rating? Why is there a variation? Is it due to something in my territory? What am I going to do as an administrator? Dr. Frankel further stated that the Supervisors should find this sheet interesting and that it should present to each a problem - that of finding out why her territory did not rank as high or even higher than some of the other territories. He asked the Supervisors to study the sheet, give it serious consideration and see if they could not, in some way, raise their rating. For instance, one territory had a rating of 73% satisfactory. Dr. Frankel wanted to know why it was not 75% or 78% satisfactory. This was a problem for the individual Supervisor to solve for her territory.

Dr. Frankel also stated that the discrepancies in ratings might be due to the sizes of the territories, population of territories, and the agencies with which we have contracts. He felt each Supervisor should raise the rating of her territory.

He was interested in knowing if the present percentage of cases reported was the best possible. If so, why was it not higher? If not, why wasn't it? After discussing this point, it was decided that we have not reached the limit of cases reported by families but that it is worth while to urge families in this connection.

Dr. Frankel asked if it would be well this year to go a little beyond the actual recording of these figures to see the relationship between early reporting and high cases or the reverse? The consensus of opinion was that the education of the Agent in the instruction of the family was the vital factor in the accomplishment of this.

NOTE: It was emphasized that the cooperation of the Agent must be won and that it must be given definite organized information to use in the education of his policyholders if we are to get the best results.

Tuesday, January 29th, P.M.

Luncheon Meeting of General Supervisors, Vice-Presidents, and Superintendents of Agencies.

Place: Officers' Dining Room.

During the luncheon, Miss Johnson, Miss Bagley, Miss Ahern and several other Supervisors were called upon to give a brief resume of "My Territory as I See It".

Time did not permit all the Supervisors to speak.

Miss Hannah, Welfare Division, spoke briefly on community activities of the Managers, literature distribution, etc.

Each Superintendent of Agencies spoke briefly on matters pertaining to his territory.

Mr. Bradley, Metropolitan Territory, in speaking of his territory said that it had always been difficult for him to understand why the agents did not use the nursing service to its fullest extent. He said that his notation in reference to it had always been along these lines:

Education - Agitation - Instruction.

He said that he was very much interested in knowing how each district stands relatively with respect to the nursing service, policies in force,

cases nursed, where nursing service is used the least, and why. He felt these problems should be discussed with the Manager who should follow them up until improvement is brought about. He said he relied upon the Welfare Division in all its aspects in reference to carrying on the work in the Metropolitan Territory.

Mr. Trethewey, Atlantic Coast Territory, suggested that we get out a booklet - something attractive (to hang in the kitchen), the title to be "The Metropolitan Nursing Service". He said that we should emphasize to policyholders that they are paying for the nursing service and that they are entitled to it. He believed that this might make the policyholders use the nursing service for people always want to get the things for which they pay.

Mr. Wilkes, Vice-President, spoke of the mortality of each territory and each State in the Union. He believed a knowledge of this would appeal to the agent. He also agreed with Mr. Bradley in reference to the nursing service being credited to the district.

Mr. Smithies, Northwestern Territory, spoke in appreciation of Miss Atchison's splendid work. He felt that the Debit Nurse should be continued and said that he believed it also was one of the most important contributions that had been made. He emphasized the importance of the General Supervisor being given the proper assistance.

Mr. Wright, Keystone Territory, said he was at a loss to understand why it was necessary to urge the agents to emphasize the value of the nursing service and spoke in highest terms of the Welfare Work in general. He was particularly interested in the yearly classification of deaths and reduction of death rate.

Mr. Lawrence, Southern Territory, spoke of the value of the Debit Nurse and of the nursing service in general. He mentioned that there had been a turnover of 40% of agents in the Southern Territory in the past year, which brought to his mind the importance of constant agitation in order to keep the new agents educated.

Mr. Williams, Pacific Coast Territory, emphasized the value of the Debit Nurse and spoke of his appreciation of the nursing service in general.

Mr. Du Flon, Middle West Territory, agreed with Mr. Lawrence that the turnover of agents made agitation a most important factor in keeping the new agents interested and giving them a knowledge of the nursing service. He was particularly desirous to keep in touch with the number of calls, saying he felt that we should have "more calls and better calls". He felt this responsibility was the Manager's in the same way as the responsibility of production is the Manager's. He stated that several Managers had testified that Miss Johnson's instruction to the new agents was invaluable. He also emphasized the great value of the Debit Nurse.

Mr. Ringer, Southwestern Territory, spoke very highly of the nursing service and referred to the nurse who gave him his first instruction in this service, saying that he felt all his success in business was due to

that nurse. He felt the Debit Nurse and her services were invaluable.

Mr. North, Canada, emphasized that nursing service should not be a means of getting business, that it should be divorced from the mercenary idea. He felt that each man should be willing to serve the policyholders in some other way than from a business point of view.

Mr. North, Central Territory, felt that education not only of the policyholder but of the agent was most important and he said he heartily agreed with Mr. Trethewey in his suggestion of getting out a booklet to supplement the work of the Debit Nurse, for the education of the policyholders. He felt the small folder "Your Friend the Nurse" is not adequate.

Dr. Frankel, in closing the meeting, explained that the work is being systematized so that the Superintendents of Agencies will have definite information. He also spoke of the problem of Group Nursing, stating that he felt we must consider this from an entirely different angle.

He expressed his appreciation to the Superintendent of Agencies for their kindness in giving their time and stated he felt this was the best meeting we had ever had in reference to the nursing service.

Wednesday, January 30th, A. M.

Place of Meeting: Directors' Room.

Present: General Supervisors, Dr. Armstrong, Dr. Shepard, Dr. Dublin.

Chairman: Mrs. La Malle.

Purpose of Meeting: To discuss Manual rulings and policies governing the Nursing Service.

NOTE: Discussion of above topics was postponed until February 4th.

"The Uses of Community Data." - Dr. Dublin.

Dr. Dublin brought to the attention of the Supervisors that it was possible for them to have the information they desire in reference to towns and cities in their territories, and felt that they should not only welcome such information but should make the best use of it.

He asked for recommendations as to the improvement of Card 67 and he requested that the Supervisors carry on a correspondence with the Statistical Bureau in reference to any help they needed pertaining to the information contained on these cards.

He called their attention to the Statistical Bulletin published

monthly, which gives a picture of the condition of the country which can be used as a background of conditions in each territory.

He spoke of the plan of the Metropolitan Life Insurance Company to cooperate with the American Public Health Association and the United States Chamber of Commerce in a plan which takes the form of a competition for the purpose of helping communities to raise their health standards.

According to this plan, the services of the American Public Health Association in studying Health Departments will be offered to health officers of certain cities. At the end of the year, the communities which have gone into this competition will be given an opportunity to show their accomplishments and a prize will be offered to that city which indicates that it has made the best effort to improve health standards. It is expected that 40 to 50 cities will respond to this offer and enter the compstition, thus bringing public spirited citizens, health officers, nursing representatives, and Board members into this plan.

Dr. Dublin emphesized the opportunity our General Supervisors have to assist people and health officers especially to see the value of this offer by passing this word along.

NOTE: The Statistical Bureau will send a list of the cities and outline of plan to the Supervisors as soon as it is in readiness.

Monday, February 4th, A.M. and P.M.

Place of Meeting: Directors' Room.

Present: General Supervisors.

Chairman: Mrs. La Malle.

Purpose of Meeting: To discuss Manual rulings and policies governing the Nursing Service.

NOTE: Continuation of meeting of Jan. 30th, A.M.

Osteopaths.

Question: Is the Manual ruling in re Osteopaths satisfactory, or should we consider giving care to policyholders under care of Osteopaths (not M.D.) in those States where they are licensed to practice?

The question was discussed by General Supervisors, Dr. Armstrong, Dr. Shepard, and Dr. Dublin.

Decision: That the rule remain as is for the present.

NOTE: A letter with more detailed information was sent to each General Supervisor under date of March 22, 1929.

Individual cases having a problem that has to do with Osteopaths to be referred to the Home Office for decision.

Visits to Mothers' Clubs.

Question: Should visits to Mothers' Clubs be paid for?

Decision: Dr. Frankel's decision at the present time is not to pay for visits to Mothers' Clubs because he feels that the services rendered do not correspond to those that a nurse gives in the home or the care a mother gets at a clinic. However, a decision may be based on the conduct of the Mothers' Club.

Dr. Frankel said: "If you are going to do this, ascertain what is done at these clubs. Do they find out if the patient is in charge of a physician? Do they get in touch with the physician? All of this hinges around the doctor. If you are going to make studies, find out what the doctor says, what the local medical society says, does the patient get medical care? Without examination you are not getting very far. This is the important thing if we are going to cut down albuminarian cases.

NOTE: Supervisors are to make a study of organizations which hold pre-natal classes to determine,

1. Adequacy of care given.
2. Policy of Mothers' Clubs.

Newborn Non-Insured Baby Service.

Question: In such post-natal cases where it is necessary to give additional visits to the mother, is the nurse privileged to give additional care to the baby?

NOTE: Miss King to make a study of the low post-natal visits in Metropolitan Territory. Why are we running a low number of visits in one-tenth of our service and the other nine-tenths are relatively high?

Decision deferred until after Miss King's study.

Fracture Cases.

Question: Is Manual ruling in re fracture cases satisfactory?

Decision: Yes. Nurses should use good judgment in reference to this matter and not be so tied down by ruling that care is refused in those cases where it should be given.

Poliomyelitis and Osteomyelitis Cases.

Question: Is the Manual ruling in re poliomyelitis and osteomyelitis cases satisfactory?

Decision: The Manual ruling is O.K. but the Supervisors should know the facilities of each community for such care, and should consider that it is our business to try and get these children well.

That a committee be formed to get definite information in re care to poliomyelitis and osteomyelitis cases and that our ruling in reference to the care of these patients be based upon the findings of this committee of which it was suggested Dr. Armstrong be Chairman.

Prenatal-not-at-Home Visits.

Question: What should be the policy in regard to paying for not-at-home prenatal visits?

Decision: It was agreed, in so far as possible, to discourage not-at-home prenatal visits. The first and second visits will be honored but Supervisors should take up this matter with the organizations, explaining to them that we do not feel we should be charged for not-at-home visits.

NOTE: Dr. Frankel feels that the nurse who fails to find a patient at home, should leave word at the home as to the time of her second visit. Associations will find a solution to this problem if we do not sanction payment for extra visits to not-at-home policyholders.

Fee Basis Nurses.

Question: Should a nurse engaged on a fee basis be given the same fee paid to Associations within that locality?

Decision: That each case be studied individually and that Supervisor submit her recommendation based on locality, area covered, etc.

NOTE: Dr. Frankel feels that such nurses should be eliminated wherever possible. Satisfactory nurses should be placed on some other basis than fee; the resignations of unsatisfactory nurses should be considered.

Payment for Fee per Visit Nurses.

Question: Shall we change our plan and reimburse nurses for visits at the termination of the case?

Decision: Each Supervisor is to make a study of this question among the fee per visit basis nurses in her territory and submit her recommendation to the Home Office.

Automobile Advance and Upkeep.

Question: Is the present automobile advance sufficient?

Supervisors agreed that the amount of automobile advance be restricted to $250.

NOTE: Before coming to a decision, a study will be made to determine the average number of visits made per day by nurses, etc.

Education of Agents re Nursing Service.

Question: Should the Premium Receipt Book be used for the distrtibution of information pertaining to the Nursing Service?

Would it be more advisable to adopt a sticker for use on P.R.Bs. containing the information:
CALL THE DOCTOR AND THE NURSE - Telephone #

Should we supply each Decentralized Office with a rubber stamp containing this information?

Decision: The Supervisors were requested to make a study of this question and to submit a definite recommendation in reference to it to the Home Office.

NOTE: It is important that Supervisors do not decide on the use of stickers or rubber stamp without consulting with Home Office.

Local Supervision.

Question: How many staff nurses can a Local Supervisor supervise efficiently?

Should Local Supervisor supervise nurses within a certain radius of her own staff?

Decision: A Local Supervisor should be able to supervise the nurses within a certain radius of her local center. This is particularly true where the staff is limited to 3, 4, or 5 nurses.

NOTE: A Local Supervisor should be able to systematize her work so that

she is able to go out within 50 miles of her territory to supervise other nurses, the Senior Nurse to be left in charge of the staff, which position will encourage her and arouse her interest in seeking promotion.

Monthly Report Form for Decentralized Office.

A form to be arranged by Home Office and tried for a period of one year after which time its efficiency can be determined.

Demonstration Visits to Maternity Cases Delivered in Hospitals.

Question: Should these visits be continued?

Decision: Demonstration visits have a value and should be continued.

Practice Centers.

Dr. Frankel felt that in principle we should aim to get well trained nurses and not have the problem of training nurses. No definite decision was reached as to the establishment of Practice Centers.

NOTE: Dr. Frankel felt that a nurse going into the district for a definite period of time in charge of a Local Supervisor would profit by this and should be able to go into a district and carry on in the same manner as the nurse who has been under the local supervision. He felt also that we should not think in terms of development of large Practice Centers.

Staff Conferences for Nurses in Outlying Districts.

Question: Should a nurse who has had experience in a Practice Center be assigned to hold staff meetings with local nurses?

Decision: Yes, this is an excellent plan and should be carried out.

Public Health Course Scholarship Form.

The following change was made in this form: Service Rating was omitted.

NOTE: Much controversy arose over the professional rating of 80% but the final vote was to leave the professional rating of 80% to stand.

Disability during Absence at School or Practice Center.

It was the consensus of opinion that deduction of the premium for disability insurance should be made from the nurse's last salary check before leaving for course. This will be taken up with each nurse at time of applying for scholarship.

New Salary Schedule.

Supervisors in conference outlined a new salary schedule which has been accepted by Dr. Frankel.

NOTE: Each Supervisor has been supplied with a copy of the schedule.

Each Supervisor is requested to paste the new schedule in Job Analysis.

Plan for Circularizing District Office Account Policyholders.

Supervisors should study the District Office Account and make plans to reach and educate all policyholders to a knowledge and correct use of the Nursing Service.

Disability for Debit Nurses and Advisory Nurses.

Question: Should Debit Nurses and Advisory Nurses be given Disability Insurance?

Decision: If employed for a year, they should have Disability Insurance.

Duties of the Advisory Nurse.

1. Educate the Agent.
2. Contact with Visiting Nurse Association.
3. Find out what Policyholders want.

Establishment of Nursing Service.

Question: How are we to meet the demands of Managers for nursing service in debits made up of less than 4000 policies?

Decision: Dr. Frankel said that as a rule service should not be established but certain exceptions may make it advisable to do so, such as

Group.
The place in question being the capitol of the State.
A pronounced high morbidity or high mortality among our policyholders. NOTE: It may be wise to establish such a service even for experimental purposes.
A community with a high maternity service.
A community where we are trying to cut down a high infant mortality.

NOTE: Dr. Frankel said that he was particularly interested in knowing the result of service in small communities both from the point of view of cost and the amount of bedside nursing, and that such information could be obtained only as a result of special study. He stated that the small community is one of the most difficult problems of control we have.

Question: How shall we provide nursing service to policyholders living just outside the city limits in those places where the organization refuses to give such service?

Decision: Dr. Frankel said that the first thing to do is to see if we can make an adjustment with the V. N. A., unless there are some specific reasons why they cannot go beyond. A slight increase in fee might be necessary.

Provided the number of policyholders living outside the boundary runs up to 10 or 15% of our policyholders, we ought very definitely to consider the establishment of our own nurses. A careful analysis of the situation should be made in order to determine what our attitude in reference to establishing nursing service should be.

NOTE: If Supervisor cannot make such an analysis, it should be done in the Home Office.

The following policies came up for discussion and it was decided that they remain as outlined in our Manual:

Pre-natal Care.
Post-partum care.
Post-partum care to Midwife Cases.
Care to Insured Babies.
Care to Insured Sick Babies.
Insured Babies - Welfare Visits. NOTE: Feeding cases should be listed on Form N.S. 92 and N.S. 6-W, and not on Form N.S. 6 as a sick case.
Hourly Service.
Attendance at Operations.
Insulin.
Patients reporting at sub-stations.
Infant Welfare and Tuberculosis Cases.
Clinic Service, Delivery Service, Welfare Visits.
Method of submitting records when patients are insured in both the Metropolitan and John Hancock.
Care to Chronics.

Crediting Calls By District.

Decision: Each district to be credited with its own calls in all places having more than one Manager.

Each Manager to be furnished with a report of his particular district, and each Superintendent of Agencies to be furnished with reports of all districts in his territory.

Home Office will prepare the 1928 report for this work but each Supervisor is requested to take care of similar work for the year 1929.

Supervisors are requested to instruct the Visiting Nurse Associations in reference to this matter to get their cooperation in keeping the records according to this plan.

NOTE: Miss Ahern and Miss Bagley were requested to submit an outline of the method followed in their offices in reviewing records.

Principal Aspects of Industrial Nursing. - Dr. Lanza.

Dr. Lanza in his talk on Group Nursing emphasized the importance of all who had to do with our Nursing Service (organizations, salaried nurses, etc.) realizing the magnificent opportunities presented by Group Nursing. He felt that at the present time the Group were not availing themselves of the service and were they to avail themselves of our nursing service, that we are not prepared to give them the service we have promised.

Regional Conferences.

It was suggested that regional conferences, bringing representatives of organizations together to discuss the question of Group Nursing, be held in a few large cities. No definite decision was given in re this matter.

Satisfactory and Unsatisfactory Visits.

The question came up as to what constitutes a "Satisfactory" and what constitutes an "Unsatisfactory" visit.

The consensus of opinion was that the only visit that is truly unsatisfactory is the one where the patient has not been found due to a wrong address.

It was decided to appoint a committee to consider the drafting of rules for guidance in Group Nursing, and for re-drafting certain other rulings in the Manual pertaining to Group Nursing.

The Committee: Dr. Lanza, Chairman
Mrs. La Malle
Miss Bagley
Dr. Shepard
Miss Horn
Miss Waterbury
Miss Moore
Miss Hidden
Miss Kearney
Miss Steeves
Mr. Kopf

Dr. Lanza believed that one meeting of this Committee should be held in Chicago, Ill.

Nurses, Patients, and Pocketbooks. - Dr. Burgess' Study.

Supervisors wished to go on record as endorsing the recommendations formulated by Dr. Burgess, namely:

1. To reduce and improve the supply.
2. To replace students with graduates.
3. To help hospitals meet costs of graduate service.
4. To get public support for nursing education.

Meeting of Nursing Supervisors

January 28, 1929.

Dr. Frankel

Improvement In Mortality

I do not think it is necessary to tell you that we have had rather an interesting year. I shall not attempt to do more this morning than to try to bring out the highlights of what has happened during the past year in comparison with the past years of the Welfare Division.

Probably the most interesting event of the year, and probably the one that pleased me most of all, is the fact that we have a new Vice-President in the Welfare Division. Those of you who know the conduct of this institution do not have to be told that this promotion was not due to influence or so-called "pull". I have never seen anybody advanced in the service in this Company except on merit. It is delightful for me today to be able to tell you of how pleased the President was to consider Doctor Armstrong's promotion when I suggested it. I should like to expound on this very much at length. I could do so if Doctor Armstrong were not present. He is an extremely modest individual, frequently hiding his light under a bushel, and for that reason, all I can say is that I have had no experience quite as delightful as the years I have had with Doctor Armstrong here - with my faithful, loyal, good friend. I look forward with pleasure to the possibility that in the future the plans which he and I have discussed might mean only one thing, and that is the betterment of the service which the Welfare Division ought to be in a position to give.

I am going to start this morning at the wrong end possibly, and tell you the results of the work of the Welfare Division, as expressed in terms of mortality. In the last analysis, what we are doing must be measured in the reduction of the death rate and in the prolongation of life. I am doing this not only because the Supervisors are here, but because it is the first opportunity that the Welfare Division itself has had of hearing what has been accomplished. I do not have to say to you, as I have said heretofore, that the data which are given to you this morning are given to you in confidence and are the data which the President eventually uses at the annual convention. You are in the fortunate position of knowing it several days in advance.

We have had a successful year from the standpoint of mortality. I am going to read you some of the figures. It has been successful in every respect but one, namely, that our death rate for 1928 is just a trifle above that of 1927. The death rate among Industrial policyholders in 1927 was 8.4, per 1,000 and it went up to 8.6 in 1928. That is not a marked difference. The causes of it are very plain indeed. It is due primarily to the influenza epidemic in the early part of 1928 and the latter part of 1928, which only began to reflect itself, I may say, at the end of the year as far as our mortality was concerned, owing to the fact that frequently our death

claims are not paid until a week or ten days or even two weeks after death occurs. Many of the deaths in 1928 probably were recorded in 1929. For that reason, I am somewhat doubtful as to whether our 1929 mortality at the end of the year will be any better than our 1928 mortality. Aside from that one factor of the slight increase in the general death rate, I think we are safe to say that our record for the year is rather good.

Viewing our mortality over a period of years, as we have been doing right along, and viewing our statistics from 1911 to 1928, 1911 being the first year for which we have any accurate statistical record, the results, of course, are continuingly gratifying. The decline in our mortality since 1911 has been 31.2%. If we look at it from the standpoint of dollars and cents, we paid out just short of $50,000,000 in 1928 for Industrial death claims, and if the mortality of 1911 had prevailed, we would have paid out $22,000,000 more. $22,000,000 you will note, is about half of what we actually paid out.

Of course, we are always interested to know what that means with respect to the population mortality. Naturally, we can make no claim for anything for which we are not responsible. There has been a marked improvement in the population mortality as well as in the Company mortality. Taking the whole period of years, from 1911 down through 1927, our mortality decline was 33% and in the general population it was only 16%. The Government statistics for 1928 are not available. We do not, as a rule, get these figures until well into 1929. I think it is rather an interesting commentary on the situation that practically within fifteen days after the close of the year, the Statistical Department is able to furnish us with a complete record of our mortality statistics, whereas it will take the United States Government almost nine months to accomplish what we are able to do, as I say, within the first fifteen days of the year. We have no government statistics, of course, for 1928, therefore the last comparable data are for 1927. --- Now what we may take credit for is the difference between 33% and 16%. I have said this repeatedly for years. We have no way of explaining this marked improvement in our mortality over the population mortality other than by the assumption, which I think is quite a justifiable assumption, that it is due to the accomplishments of the Welfare Division, which are having some effect on the general population and, of course, are effecting an improvement in our mortality. What this means is that there has been a saving in 1927 - just for the year, remember - of over 36,000 lives. I am pausing for a moment because I want that to sink in; I want you to realize just what this means. Those of you who are mathematicians can figure out how many lives we are saving every day, by dividing this number by 360. It means that about 100 lives a day were saved in 1927 alone.

If you want to look at it from the standpoint of saving, it means that in one year we saved over $11,000,000 in death claims. The cumulative saving for Metropolitan Industrial policyholders over the whole period, 1911 to 1927, is roughly 515,000 lives. The saving in mortality over and above the population mortality is $75,000,000. That is a very useful and handy number. You can simply say that what

this really means is a saving of $75,000,000, and at the rate at which we are going I think it is only a question of time when you ladies will be able to go into the field and say "a mere bagatelle of $100,000,000".

There is another very interesting way of putting it. You must remember that our mortality in 1911 was worse than the population's mortality. What has happened is that our decrease has come down so that today the deathrates for the Company and for the country-at-large are almost the same. We practically have passed the death rate of the population at various years. How has our expectation of life changed with respect to the population-at-large? Both of them have improved - ours more than the population's. The expectation of life of Metropolitan policyholders has increased 9.79 years. Just a little bit more and we would have been able to say the expectation had been increased by ten years. It would have been so much nicer. In the population there was a gain of only 6.06 years. Do not misunderstand that. It does not mean that our death rate is better, but because our death rate was so much worse in 1911, it means that our expectation of life has increased by almost ten years, whereas in the general population it has only increased a little over six years.

In 1911 the death rate among our insured was 24% higher than among the general population. In 1909, of course, it was even worse. At the present moment our death rate is actually lower than in the general population.

It is rather interesting, to study this from the standpoint of disease because, after all, our work has been concentrated along certain definite lines. We made no effort whatever over a period of twenty years to do anything constructive along the line of cancer. We have not because there is nothing to do except to have general campaigns of education for early diagnosis. Further than that, there is very little which can be accomplished. We have not gone into the field of heart disease to any extent. We have not attempted to go into the field of venereal disease, because we thought that was a subject for others to undertake.

What is of real importance is to determine to what extent our work has been reflected in our mortality. How far have our campaigns of personal hygiene among policyholders and the work that we have done in connection with public health been reflected in the improvement in our mortality? That is shown most clearly. It is frequently amazing as I read these figures for the year. When you come to the specific diseases, you will find that in typhoid fever there is a reduction in mortality in this period of just short of 80%. Typhoid fever is disappearing in the United States. There ought to be none, and while our rate is extremely low, I still feel that from time to time we ought to be hammering away at this thing. I was thinking of the epidemic we had in New York State. Typhoid fever is due absolutely to impure water or milk and we can eradicate it completely, by our educational campaigns.

Take the campaign we are carrying on against communicable diseases of children. I do not want to take too much credit for that. I do not think we have known a tremendous lot about measles, although we have carried on a campaign. The same is true about whooping cough. But we do know about diphtheria and from this statement that I hope you will all read, you will see that we have really accomplished something.

In cancer, our increase has been 11%, while the population increase is 28%. It is at least ten years since we first started circularization recommending early examination. This may possibly have influenced the fact that our increase is so much less than that of the general population.

You will be particularly interested in the diseases in connection with child-bearing. If the nursing service has meant anything, it ought to have been evidenced in connection with these diseases. Considering the whole period, from 1911 to 1927, we show a decrease of 20.7% in all diseases, as compared with 16.9% in the population. In puerperal septicemia, however, our decrease was only 27.3%, as compared with the population decrease of 31.2%. I think it is safe to say that septicemia is something over which we have very little control. On the other hand, in albuminuria, our reduction has been 31.9%, as compared with the reduction in the general population of 6.4%. Do you appreciate what that means? This, more than anything else, shows the effect of the prenatal care our policyholders receive through the nursing service.

Our reduction in mortality from accidents has been 17.4%, as compared with 8% in the general population. "First Aid" was one of our first booklets and has always been one of the most popular. We can see its effects in this greater reduction in our mortality from accidents as compared with that of the general population. In automobile accidents alone, there is an increase of 713%. The increase in the population has been even more - 790%. You will see that automobiles are becoming one of the most important causes of death. Quite a number of cities are now going to show marked improvement in the death rates from automobiles as a result of new traffic laws and safety campaigns. I wish each one of you would get a copy of this memorandum which Doctor Dublin has prepared and study it carefully. It is an extremely valuable document for you ladies to have in the field.

I have asked Doctor Dublin to prepare some supplementary data for me, to show how our mortality for the year 1927 compared with the year 1926 and how it compared with the population improvement for the same years. When I received this, I found that we had not been sitting as pretty as I thought we were. As a matter of fact, what really happened was that our improvement for those two years was 4.9%, whereas the population improvement was 5.1%; in other words, the improvement in the general population was better than ours. That worried me. I then analyzed the figures even more carefully, and learned that there is nothing to worry about in a .2% difference.

Of course there are some things that we are not responsible for and for which we cannot be held accountable. Take the things for which we are accountable. In the diseases of childhood, our improvement was 23.9% as compared with 23.2% in the general population. Last year was a diphtheria year all over the United States, so both our mortality and that of the Government were effected by it. Our rate increased 7.4%, and the Government rate increased 5.6%. In influenza and pneumonia, we show almost identical gains with the Government.

Getting down to the diseases of child-bearing, and this is extremely significant, we had an increase of 6.7% in puerperal sepsticemia. There was no change in the Government statistics. In albuminuria, notwithstanding the whole year was worse for us than for the general population, our decrease was 11.1% as compared with the population decrease of 7.9%. When I saw those figures, I no longer worried about the rest. In other words, where we are doing something, we are showing good results, even in bad years.

From all the statistics which we have been able to gather from every part of the United States, the influenza epidemic seems to be altogether on the wane. It has passed its peak completely on the Pacific Coast. In 1918 we had a mild epidemic in September, and there was a recurrence in December which ran into January of 1919. We are now at the end of January and there has been no recurrence. I am hopeful, therefore, that we are going through this year without a devastating epidemic.

Expenditures

What has all this meant to us during the year with respect to expenditures? I am taking up now the financial aspects of this whole situation. We come now to this one sheet that amazes me and puzzles me because I do not understand anything about figures. You see what has happened. I do not know whether you all have these sheets in front of you, but I am not going to spend much time on this particular subject. The interesting thing is that we spent $14,000 in 1909 and we spent $5,476,983.92 in 1928. Now that is an amazing lot of money. Doctor Armstrong called my attention the other day to the fact that this was 2½ or 3 times as large as the budgets of all the national health organizations, including the National Health Council, National Tuberculosis Association, American Public Health Association, and the American Heart Association. Now if that is the case, we ought to be accomplishing something.

The disbursements of the Welfare Division for the entire period were over $37,000,000. As I have frequently said at conventions, don't let's bother about this because, after all, what is $37,000,000 among friends? It does not mean anything. I am more interested in the distribution of it and I want to say now that one of the things I am going to stress at this convention is the problem of finance and the problem of a system of accounting that will give us information. We have not concerned ourselves particularly about this end of it, other than to spend money. We have been fortunate enough to be able to get it without any particular comment or criticism from our superiors; but when we begin to spend $5,400,000,

then I think we have to sit up and take notice and see whether we are spending it wisely, whether we are spending it economically.

One of the things I should like to do this year is to make sure that we are spending it wisely and that we know how we are spending it, and while I appreciate, of course, that none of you desire to talk finances or the details of it, nevertheless I am going to spend just enough time during the convention to try to bring home to you the necessity of uniformity in your accounts, particularly now that we are getting decentralized offices, and by reason of the fact that what we are going to have in the near future is not one office, but fourteen. We have absolutely separated the Pacific Coast and Canada. There are certain things, of course, which cannot be done in decentralized offices, but just as far as it is possible, I want to transfer the financial end of our work into the decentralized offices. That means we shall have to be able to check up the expenditures made by you ladies and the gentlemen here, who are administrators of separate municipalities, or call them what you please. They are administered under your direction, but we here in the Home Office have to know eventually whether the work that you are doing compares with the work that is being done in another territory. Therefore, without attempting to comment, I am simply asking a question here when I want to call your attention to certain things that strike me immediately as I read this sheet.

I am referring to one that is called Financial Statement 1928 for General Welfare, compared with 1927. This is for the entire Welfare Division and has no specific reference to nursing. Remember what you are going to do in the district offices and decentralized offices. Eventually I hope to be able to transfer to you not merely the activities, but likewise the financial control.

I want Mr. Burnette and Doctor Shepard particularly to note these. I have an item here on salaries. I see in 1928 the Pacific Coast is being charged with over $13,000 for salaries and the same item in the Canadian Head Office is only $5,100. Frankly, I think there is something wrong with our system of accounting. For that reason, I shall not go into it more carefully. We have to set up some form of accounting that will be uniform for everybody, Home Office, Head Offices, and decentralized offices. I am hoping that we can distribute our expenditures for every bureau and for every decentralized and head office so that at the end of each month and not at the end of each year, we can say "these are the facts", so that we can make monthly comparisons as to the work that is being done and the expenditure that is being involved. Mr. Burnette probably is allotting items differently from the way we in the Home Office are doing. I do not want to go into this too much in detail. He can discuss this later with Doctor Armstrong. But I want the ladies to understand.

I want to know, for example why on the Pacific Coast Head Office $1,200 was spent last year for campaigns and in Canada nothing at all. I find an express item - one of the things for which I have

been jumping on our Home Office for the last six months. Our express account went up this year, I think, $25,000. In the Pacific Coast Head Office, express items were $4,400; in Canada, $2,400, just half that of the Pacific Coast. The postage account was $600 on the Pacific Coast and $211 in Canada. What is the postage account in the decentralized offices? We ought to be in a position at the end of each month to know exactly what is being spent for these various items. Our postage account was $4200 in the Home Office. Our travel account was $7500. I am not quite sure whether that includes traveling expenses of the decentralized offices or not. This is as compared with $2,055 on the Pacific Coast and $2,700 in Canada. Now you see how odd this seems, when it appears that the Canadian Head Office, according to these figures, has a travel account only one third as large as the Home Office. Now I am sure this is incorrect; in other words, we are not charging these items up uniformly. Later on when you come to analyze these figures as I have done, you will find that some of these charges have been put under the nursing traveling expenses in the one territory and not in another.

One of the things I am hoping you will do when you are in conference here, is that you will take up this problem of a reporting form. It is one of the things we should start the first of January or, in fact, the first of December as far as nursing is concerned. This applies to the head offices as well as to the decentralized offices.

The sheet showing the summary of our expenditures is extremely interesting. As I have said to you heretofore, we have never worked under any definite budget, but I have always known what the President had in mind and I have tried to keep ourselves within a fixed limit. Last year, 1927, our disbursements were 1.82% of the premium income, and it is interesting to note that for the year 1928 the ratio is exactly the same as in 1927 - 1.82%. In that 1.82% are included certain items which, in the policy of the Company, are charged against the so-called "general welfare". For instance, the expenses in connection with radio broadcasting, while we are not responsible for them, are charged against us. There are a number of other items of this kind which are included. When we deduct these, we get the net disbursements of the Welfare Division. These were 1.61% of the premium income in 1927 and 1.62% in 1928. Running over a period of years, our disbursements are a little more than 1.5% of the premium income.

Next year I want these figures for every decentralized office. I am hoping that our accounts can be so kept that we can divide them up and show comparisons of disbursements in precisely the same way as we are now showing it for the nursing. Every item of expenditure ought to be charged against each territory. I think our accounts are now reaching the stage where we can charge even literature distribution by territory. In the Home Office account, excluding those items for which we are not responsible, the disbursements amounted to 1.56% of the premium income. In the Pacific Coast Head Office account, they amounted to 2.09%, and in the Canadian Head Office account, to 2.11%.

Sub-dividing these amounts, we find that the disbursements under nursing in the Home Office account amounted to 1.29%; in the Pacific Coast Head Office, 1.6%; and in the Canadian Head Office, 1.83%. I have tried to determine why the cost of nursing in Canada should be higher than on the Pacific Coast or here. The average cost per visit in Canada is still lower than in the United States. For that reason, these are the things that we must study very calmly in order to find out why these averages differ so markedly. There is a difference between 1.2% in the Home Office and 1.83% in Canada. There are a number of things of that kind shown in this statement. Under General Welfare, for instance, $85,000 was spent on the Pacific Coast, and only $54,000 in Canada. These are the kinds of variations that we have not in the past considered because I felt the thing we ought to do first of all was to get our work standardized. Now that we have our work standardized to a certain extent, it is necessary to get down to these refinements of our work.

I hope you will get copies of these sheets and study them. I am thinking of you in terms of administrators. I think last year I called you "presidents". As administrators, you must know not merely what you are doing, but what the other administrators are doing, and make comparisons. I wish we could get these statements out monthly instead of annually. It would help tremendously in determining where we stand.

Other items I should like to call your attention to are the various surveys which the Company has undertaken: the burial survey, common cold investigation, diphtheria campaign, influenza investigation, study of municipal health department practice, etc.

We have made a study of latent tuberculosis among school children in Philadelphia, in cooperation with the Henry Phipps Institute under Doctor Opie. This is not mentioned in our Annual Report, because there has not been enough progress made. Doctor Opie is having examinations made of school children who presumably are perfectly well, and through a special method which they are developing they are enabled to ascertain nacent tuberculosis long before it could be discovered by any other method now in existence. He hopes that as a result of finding tuberculosis children in this very nacent stage, by proper care and by proper diet and treatment, he is going to prevent a large number of these children from getting active tuberculosis.

We are making a study in Missouri of the problem of silicosis among miners, in connection with the United States Bureau of Mines.

There is considerable research work being conducted at Mount McGregor in connection with the Calmette serum. I received the other day from Doctor Baudouin a statement of what they are doing in Montreal. We are subsidising a study here in New York being made by Doctor Park in connection with the Calmette serum, which is being carried on under the most careful control. At the present moment, we are not prepared to express an opinion one way or another. It

is a matter for research and at the present time is a very controversial subject. There are a number of physicians who claim that the Calmette serum should not be used. However, we are interested in it and are having this experimental work on infants done here to a limited extent, and on animals at Mount McGregor.

Adventuring for Health

I wish to call your attention to the Annual Report of the Welfare Division. It has been made a little more elaborate this year because we are celebrating the twentieth anniversary of the Welfare Division - 1909 to 1929. This has emanated primarily from the brain of one of the smallest in our office. The smallest, however, does not mean the weakest. Little Miss Fox, sitting demurely back there in the corner, has done a perfectly corking piece of work on this report.

This is being printed in a fairly large edition. It is called "Adventuring for Health - A Series of Expeditions in Behalf of the Metropolitan Life Insurance Company's Industrial Policyholders" Then it goes on to describe what these expeditions are and what they have accomplished. I should say here that the Publicity Division has done a splendid job with the illustrations, which graphically describe in an allegorical form the various activities of the Division over a period of twenty years. I am hoping that this will be a sort of a Bible. It will be beautifully gotten up. Our managers should use it and our agents should use it and they should show it to the type of people who are interested in our work. It is not for distribution to our policyholders, but I am quite prepared to say that you ought to bring it to the notice of people in the United States who make public opinion.

I would like each of you to get before you leave a copy of the report that we make annually to the Welfare Committee of the Company. It is a different report from this. It goes into details and is a summary of a report that is made to the Welfare Committee monthly. It summarizes everything that we have done during the year.

The report begins with nursing, and there the figures are very clear. We have had more cases and made more visits. I do not want to go too much into detail here because you can find all this in the report. We had 649,000 cases in the Industrial Division alone, as compared with 584,000 last year. There was an increase in our expenditures in the Nursing Division from $3,178,000 to just short of $3,500,000. As I told you before we spent last year $5,400,000, all told. Out of that $5,400,000, almost $3,500,000 went for nursing service. A large percentage of our budget is spent for nursing. The cost of nursing in both the Group and Intermediate Divisions has increased.

Field Literature Bureau

I should like to give you a bird's-eye-view of all the other activities of the Welfare Division. The distribution of literature increased this year. We distributed over 48,000,000 copies as compared with 46,000,000 copies in 1927. This distribution was made under the most careful supervision, at least as far as the Home Office is concerned. The accomplishments of the Field Literature Bureau

have a significance for all of us, that is, their method of record keeping. This is the division that is under Miss Hannah. It is assuming responsibility for the correspondence with all of our agents. I think you ladies in the field will come to realize what that means, as you undoubtedly have the same experience that I do of meeting men who come up and tell me how pleased they were with the last letter I sent them. Even the Superintendents of Agencies admit it creates a splendid esprit de corps.

Miss Hannah will be glad to show you the various forms that are used in her bureau. In this connection, it is interesting to note that the Printing Division uses one large requisition form for all the material a Manager may need, with the exception of that of the Welfare Division, for which there is a special form for requisitions. The result is that there is an absolute record not only for each territory, but for each district. We know from one day to the next just what the status of the manager is with respect to literature distribution. These records will be placed at your disposal, and they will be placed in the hands of the managers. We are trying to place everything that we possibly can at the disposal of the superintendents of agencies, and I wish you would get in touch with Miss Hannah and see how thoroughly this is done.

At the back of the annual report to the Welfare Committee, you will find a complete statement of the literature distribution by pamphlet, not only for last year, but for the entire period since the pamphlet was issued. This is very useful because it shows which pamphlets are desired most by the field and which they are using in the largest quantity.

Social and Health Agencies Bureau

On further going through this report, we find the Social and Health Agencies Bureau, as it is now called, has likewise done an important piece of work this year. I am hoping that you will hear more on the subject of exhibits, clean-up campaigns, and diphtheria campaigns. In New York State, where we carried on an intensive diphtheria campaign, in cooperation with the State Charities Aid Association, the diphtheria death rate outside of New York City has been going down continuously. New York City is now starting a campaign to which we have given financial help. Our slogan originally was "No diphtheria by 1930". Doctor Wynne, the Health Commissioner, has added one year and hopes to wipe diphtheria out of New York City by 1931.

I wish to say one word about another interesting piece of work that Miss Crosby, in particular, has been carrying on. We are making a study of insurance in dependent families. You may remember I spoke of this last year. We have known, from studies which I have made, that many of the families receiving charitable support were paying large insurance premiums. Doctor Berridge was, therefore, authorized to make a study of this whole question, and Miss Crosby has been in contact with social agencies throughout the country gathering data. We now have 111 cooperating social service agencies in the United States making studies of insurance in families under

their care. I am hopeful, considering the splendid way in which this is being taken up by the social agencies, that when we have all the data together, some definite plan can be established with respect to insurance in these homes. This problem will be one of the most important presented at the National Conference of Social Work in San Francisco next June. It is a step along a new line to make sure that we are doing the right thing and the proper thing among families who are dependent either on public or private relief.

There are other items of interest in connection with the Bureau of Social and Health Agencies. You will note that they received nearly 27,000 letters last year and sent out over 21,000. That will give you some idea of the volume of work being carried on.

A new motion picture film is to be shown at the business meeting. The four films that we have are in constant use. A definite record is kept showing how many people have seen these films. "Too Many Pounds", which was issued only about a year ago, has been seen by nearly 200,000 people. "New Ways for Old", the diphtheria film, has been seen by nearly 4,000,000 people. "One Scar or Many?" which you might think would have passed into oblivion by now, has been seen by 1,500,000 people; and "Working for Dear Life" has had the largest attendance of all - 5,200,000. Frankly, I believe these records are inaccurate. I am quite sure the number of people who have seen these films is double these figures.

I am rather pleased with our new film. This was likewise prepared by the Bureau of Social and Health Agencies. It has a startling title, "Man against Microbe". I should like you ladies to help in having this film shown in your territories. It is splendid from an educational point of view. It shows the development of the microbe theory from its inception in the seventeenth century to the present time, when we have entirely wiped out so many of the plague diseases.

School Health Bureau

And now a word about the School Health Bureau. I cannot go into that with any great detail, but I feel that last year was an extremely successful one. We had our usual meeting with the Educational Advisory Group. Miss Williamson will tell you more in detail what we have accomplished and the various studies that have been made. We have developed one thing this year which I think we can use in the field. Under the auspices of our Educational Advisory Group, we made a study of the health work done in the schools of Newton, Massachusetts. It was a very comprehensive study. I have in my possession the first copy of the monograph published by the School Health Bureau relative to this study. This is one of a series of monographs which have been issued from time to time. This monograph goes into great detail regarding the system of medical school examination as carried on in Newton, Massachusetts. As most of you probably know, our system of medical school examination leaves very much to be desired. The average community is years behind in this phase of health work. This is true to some extent even in my native city of Philadelphia.

This monograph is to be sent to every school superintendent in the United States; and I presume it can be used just as well in Canada. I shall advise the superintendent that if he is interested in trying to get a system similar to this, and if it requires larger funds than he has at his disposal, or the cooperation of the women's club, the parent-teachers' association, or the chamber of commerce, we will send a copy of our letter to our manager in his locality, and have him get in touch with the school superintendent to determine ways and means of developing better school examinations in his city.

This is really the first big contact we have been able to work out between our managers and the School Health Bureau. I have no hesitancy in saying that if this is done properly, in one year we shall have adequate school health examinations in at least fifty communities in the United States. This is something you ought to be talking about, thinking about, and eventually you ought to be cooperating with managers and school superintendents in the development of this campaign.

Montreal Health Survey

I should have mentioned one thing in passing - the Survey of the Public Health Activities of Montreal. I feel that each one of our supervisors ought to have a copy because, while it deals specifically, it shows a rather exhaustive study along modern lines, the types of survey and appraisal that would be made in any community, and this, I think, will give you a picture that is rather good and rather clear.

Parent Teachers Bureau

There are two other things that we want to try to do this year. In Miss Burgess' bureau we must try to effect a better and greater cooperation with the women's clubs of the United States, similar agencies in Canada, and with the parent-teachers' associations. I have for years felt that we have a tremendous opportunity if we can get closer to these associations. They are still in a rather disorganized form, and yet, there is a National Congress of Parents and Teachers. I was interested to ascertain whether our people know anything about parent-teachers' associations.

From what I myself had seen of parent-teachers' associations, they were rather kid glove affairs. I belonged to one myself at the Horace Mann School. We used to be invited to hear some worthy man talk about the problems of children; then we had punch and cake, and went home. Of course, it was very nice to meet the other nice fathers and mothers there, but it did not accomplish much.

Therefore we made a study this summer to find out whether any of our policyholders or agents knew anything about the parent-teachers' associations. This study was made with Mr. Bradley's cooperation in two districts in the Metropolitan Territory, and to my amazement I found out that in one of these districts 13% of the policyholders who were parents were connected with the parent-teachers' associations. The average for the two districts was 8%. The same was true of the agents. Now that was an amazing thing. We have now reached the stage where it might be worth while to try this more

nationally. I am not convinced just how we can do it. If you have any suggestions, let us have them. I can think of nothing better that we could do than to get our Industrial policyholders and our agents interested in these associations.

Federation of Women's Clubs

With respect to the Federation of Women's Clubs, I am gratified to think that, if anything, the chances there are better than they have been. I suggested some time ago that, rather than go on with a rather indiscriminate program of health, it include the studies that we have since made with them and which we printed. We suggested that it might be well, to coordinate their efforts and have their work done under an advisory group. As a result, they have an advisory group consisting of a dozen associations, including the American Public Health Association, the American Child Health Association, the United States Government (through the United States Public Health Service), the American Social Hygiene Association, the National Tuberculosis Association, and the Metropolitan Life Insurance Co. Representatives of these associations met here a few weeks ago. It was a very delightful meeting. The Committee is now beginning to formulate the health program for the Federation of Women's Clubs and work consistently with them, and I hope in the next six months something very definite will be developed.

With respect to the Immigrant Service Bureau, the one novel thing that we are trying this year is to see whether we can educate the immigrant policyholder and his family, particularly the policyholder who does not know English. We are trying out, first of all, an experiment in 10,000 homes. We wish to see whether it is really worth while. This is a booklet to enable the foreigner to teach himself, with the aid of members of his family who may understand a little English. It is an extremely simplified method of learning English. Mr. Kley submitted a report to me this morning, but unfortunately the book has not been out long enough for us to have any definite knowledge of its value. A special investigator is now visiting homes in certain cities to find out what the result is. As far as we have gone, we are quite encouraged and apparently the booklet can be used in the average home of foreign-born people where the child or someone else knows English and will be able to help the other members of the family. The same method could be applied in Canada, although the booklet might have to be changed somewhat.

I wish you would ask your nurses to assist in trying to bring home to our policyholders the fact that we have this Immigrant Service Bureau, at the disposal of the foreign-born. How much this means only comes home to us now and then. The other day we had a letter from one of our large Group policyholders and that man was so delighted with what had been done for one of his employees that he printed his own special circular telling about this case and calling attention to the Immigrant Service Bureau. These he distributed among his employees, and he not only wrote to me, but he wrote to the Group Division.

Cost of Medical Care

Another interesting study which we have been engaged in is the study on the cost of medical care. Last year we offered to make a study of this kind for the National Committee on the Cost of Medical Care and we printed 100,000 calendars which we are distributing among our policyholders. I am afraid that the result of this study is not going to be entirely satisfactory; yet we are obliged to complete it. I cannot help feeling that the method which we have used is wrong.

The matter was laid before each Superintendent of Agencies and he selected one agent in each district to distribute the calendars. Due to changes in the agency staff and various other causes, we are not receiving a full return on the calendars. It is for this reason I wrote to the managers and asked their cooperation in continuing this study for another six months. We received the most marvelous response that we have ever had to any circular letter. 73% of the agency staff has volunteered to distribute these calendars and see that they are filled in properly. This year each man will be responsible for only ten calendars and in this way I think we can be certain of better results.

The nurses have also volunteered to cooperate in this study, and I would ask each one of you to do all in your power to see that we get a 100% response from the nurses. The nurse is in a particularly fine position to help in this study. I am very desirous that this second survey shall show good results and that we shall have an accurate picture of what medical care costs. My own belief is that we are on the verge of a very revolutionary change in the practice of medicine and that this study is going to be most helpful in the eventual solution of the problem.

The Committee on the Cost of Medical Care is a fact-finding body. They are extending their studies to hospitals and dispensaries and are giving special consideration to the physician, to determine what a man must earn after his years of training and study and the cost of his establishment. The study being made by Doctor Burgess on the cost of nursing is being tied up with the study on the cost of medical care.

I hope I have given you a fairly comprehensive picture of the Welfare Division. In regard to the Nursing Division, I am going to touch only the highlights and give you some of the figures. The totals are very interesting. We have had over 6,000,000 cases and have spent $25,000,000. The average cost per visit has jumped from $.48 in 1909 until now it is $.97. You will notice that Group nursing, as well as Intermediate nursing, has increased.

I do not think we are getting the correct number of cases nursed per 1,000 policies in any territory. You will see that from certain other data that I am going to give you. In other words, I think injustice is being done in certain territories. For that reason, an actual comparison among territories cannot be made. According to the figures we are now using, the lowest number of

cases nursed per 1,000 policies is in the Middle West - 16.1. Then comes the Keystone Territory with only 16.7 per 1,000. The highest is the Pacific Coast with 40 per 1,000. The Southern comes next with 38.7 per 1,000. As I say, I am questioning these figures. If they are true, they bring out certain very interesting data and the query necessarily arises, why are we running so much higher in one territory than in another? Taking Canada, knowing that a good deal of the work there is among the French Canadian population, their rate might be explained in part, but not in full.

Another outstanding point is the number of maternity visits. Canada shows 59%, while the Metropolitan Territory shows only 30%. Of course, we know why that is the case. I have always felt that we were giving too much time in Canada to maternity cases and not enough to acute conditions. On the other hand, the average number of visits in maternity cases varies from 6.5 in the Metropolitan Territory to 9.3 in Canada. That is due, of course, to custom. I do not know whether we are making too few visits in the Metropolitan Territory, and yet this work is being done here under a competent organization. We may be making an excess number of visits in Canada.

What I am trying to get is a system of recording and reporting so that we can make comparisons between territories and between districts. This should be your particular job during the coming year. Take, for example, the average number of visits per case, excluding maternity cases. This varies from 3.6 on the Pacific Coast to 5.9 in New England. I cannot imagine there is sufficient difference in the treatment of acute conditions to justify these differences. The low average on the Pacific Coast may be due to a younger population with fewer severe illnesses. On the other hand, why should the number of visits average nearly 6 per patient in New England? Last year, New England alone spent $5,000 on nursing, which is more than all of Canada and all of the Pacific Coast. Canada spent $287,000; the Pacific Coast spent $222,000. These are things to which we should give serious consideration.

What uniformity is there about our work? Does it mean that where we pay on a visit basis an entirely different situation arises than where we have our own nurses and where apparently the time of the nurse is not adequately employed in nursing of acute conditions so that, in addition, she can run up thousands of welfare visits a year. What is there in the individual territories that brings about such a marked change in conditions as is indicated by the welfare visits alone?

I have had these figures prepared in the hope that by analyzing them in a comparative way, we could determine which phases of the work require our most careful attention. I am trying to show you the value of these sheets. It is not going to be worth while getting them up unless they are used - unless you use them, first, for your own information, secondly, for the information that you may communicate to your local manager, and thirdly, I am hoping that

you will be able to discuss it with your Superintendent of Agencies.

Do you believe it is going to be worth while for us to go into this matter even more exhaustively than we have gone into it in the past? Is it worth while getting additional information along this line, and is it possible to do so, not merely on the annual basis, but on the monthly basis. I should like to have an expression of opinion to this before your meetings finally adjourn.

The preparation of these data is an expensive item. We had to abandon it some years ago. We are now trying to arrange the nursing data by district. We are trying it in New York, first of all, but this would apply to any city where there is more than one manager. We are trying to give the Superintendent of Agencies the information which he ought to have. At present we are taking every record for the year 1928 in the Metropolitan Territory and having the cases analyzed so that Mr. Bradley will have within a week a careful analysis of all the work per district and not simply per city. The question was raised here, I think by Miss Steeves, as to whether this information could be gathered more readily in the decentraliz offices than here in the Home Office. It does not make much difference where it is done.

The thing I should like each one of you to do this year is to take these figures and study them carefully, comparing the data for your territory with those of the other territories.

Debit Nurse

Another new development of the nursing service has been the appointment of the debit nurse. My own belief is that if we could put a debit nurse in every district in the United States, it would be the best thing we ever did. The contacts which she makes with agents and managers and the information she gets from personal interviews with policyholders are more valuable to the nursing service than anything else. We can safely assume that a debit nurse costs somewhere around $2,000 per annum. To put one into 750 districts would make the cost, roughly speaking, $1,500,000. The question arises, how far can we extend this work? I have been making some studies as to whether we can combine the work of a debit nurse with some other enterprise.

Liaison Nurse

We made two experiments this year. One was what I term a liaison nurse. This is not an exact description of her work, and we shall have to find some better term. This liaison nurse is not necessarily attached to one district. She travels from one district to another in large cities, her important work being, first of all, to meet the new agent, not immediately when he enters the service, but four or five weeks after. The only time she has for this work is when the agent is in the office. Her liaison work is to take complaints to the nursing association with which we are affiliated. She has to explain to the agent what the nurse is doing, and explain to the nursing association what the agent is doing.

The cost of employing a debit nurse will materially increase the cost per visit. I hope to make a further experiment this

year and employ a debit nurse in all cities where the increase in the cost per visit would be $.05 or less. This would include Boston, New York, Cleveland, Detroit, St. Louis, etc. I am hoping to have the opportunity of discussing this with you individually.

The point I want to bring out is that if we could combine the work of the liaison nurse with that of the debit nurse, she would meet the agent and teach the agent, and the remainder of her time she would spend in visiting policyholders and doing the work the debit nurse is now doing. We would get a bird's-eye-view of each district in which she works. She would average 25 visits a day. She can do a great deal, and within a year I am hoping we can get a picture of the entire community.

Instructing the agent

We must concentrate this year on the agent. We have no means at the present moment of educating him. The literature does not do it; the circular letter does not do it; the manager does not do it. The manager has not the time. I feel we have to make an effort to try personally to educate the agent. We have tried it out as an experiment this year, and in Chicago we appointed Miss Johnson as Instructor-at-Large to educate all the agents in the city. I may say the reason Miss Johnson was invited here to day as the only one outside the supervisors, is because I want her to tell you what she has done in Chicago in this experiment, to show what it means to go into a district office, sit down with an agent, and show what he can learn through personal contact. I want you to think of this.

What else can we do? I have my ideas of what we might do, but I am afraid to mention them because of the cost. We cannot do this in small cities. We have to limit it. Here is where your opinion is much more valuable than mine. Can we think of an advisory nurse on a territorial basis, for communities outside of large cities? Could she visit them often enough? How great is the change in agency staffs? Our difficulty lies in the turn-over of the agency force. A new man comes in and gets no instruction. Here in New York City he does, because here we have the school for new agents. Miss Kearney gives two lectures on the nursing service every week to the class for new agents. Those men have some acquaintance with the nursing service in the beginning of their service. What can we do in the smaller communities in the way of giving, if possible, personal instruction? Is this something that you, as supervisors, can do? If it is not your function, and I question whether it is, what method is there that we could use? I know of nothing more important to this group. I am not going into the question of professional standards. It is not necessary. I think we can definitely say that the standards nursing today in the Metropolitan are the equal of the standards of any community in the United States. Our real problem today, our one great weakness, is that we are not reaching all the people we should reach. We must begin to use the agent, after instructing him, so that the nursing service may become better known.