FIRST AND SECOND

ANNUAL CONVENTIONS

... OF ...

The American Society of Superintendents of Training Schools for Nurses.

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INTRODUCTION.

The beginning of the American Society of Superintendents of Training Schools for Nurses is found in the year of the World's Fair, 1893.

Among the many international gatherings or "Congresses" held in Chicago at that time was the Hospital and Medical Congress, being a section of the Congress of Charities, Correction and Philanthropy.

The idea of having a "nursing section" in connection with it originated with Mrs. Bedford Fenwick, of London, who was in Chicago in the winter previous to the World's Fair on business connected with the English Hospital and Nursing Exhibit. The suggestion was favorably received by the organizers of the Congress, and Dr. Billings, of Washington, who had been appointed chairman of the Hospital and Medical Congress, was asked to form a sub-section on nursing. He also gave the plain cordial support, and appointed Miss Isabel Hampton, superintendent of nurses at the Johns Hopkins Hospital, chairman of the nursing sub-section.

The Nurses Congress was held in the Hall of Columbus, in June 1893, on the 15th, 16th and 17th of the month, and the records of its proceedings are elsewhere reported. It was attended by a number of superintendents of training schools for nurses, most of whom were from Canada or the United States. The Chair took this opportunity of suggesting, informally, the formation of an Association of Superintendents of Training Schools, and the idea was cordially received by those to whom it was presented. Miss K. L. Lett, of St. Luke's Hospital, invited a number to meet in her sitting room to talk it over; and it was there agreed that a general meeting be called the next morning. Accordingly, at the close of the session of the nursing sub-section on the following morning, the Chair requested all the Training School Superintendents to remain. About eighteen were present, among whom were.
Miss Alston, Mt. Sinai Training School, New York.
Miss Betts, Homœopathic Hospital, Brooklyn, New York.
Miss Bannister, Wisconsin Training School, Milwaukee.
Miss Darche, New York City Training School, Blackwell's Island.
Miss Dock, late of Johns Hopkins Hospital, Baltimore.
Miss Davis, University Hospital, Philadelphia.
Miss Greenwood, Jewish Hospital, Cincinnati, O.
Miss Hampton, Johns Hopkins Hospital, Baltimore.
Miss Lett, St. Luke's Hospital, Chicago.
Miss McKeechie, City Hospital, Louisville, Ky.
Miss Nourse, Michael Reese Hospital, Chicago.
Miss Palmer, Garfield Memorial Hospital, Washington, D.C.
Miss Sutcliffe, New York Hospital, New York.
Miss Somerville, General Hospital, Lawrence, Mass.
Miss Wallace, Children's Hospital, San Francisco, Cal.
The Chair explained the purpose of the meeting and outlined her view on the advantages of an association. The discussion was informal and showed a unanimous feeling in favor of so uniting. A temporary organization was then effected, Miss Alston being chosen chairman, and a committee was appointed to meet at St. Luke's Hospital to frame resolutions for presentation on the day following. Members of the committee were: Miss Hampton, Miss Davis, Miss Darche, Miss Alston, Miss McKeechie, Miss Palmer, Miss Sutcliffe and Miss Lett. At the meeting the next day, June 16th, they reported as follows:
The committee appointed to draft resolutions, preparatory to forming a Society of Superintendents of Training Schools for Nurses, would respectfully report—that it is considered that such an association would be desirable, and it is recommended that it be formed under the following rules and regulations:

(1) Name and object of the Society—
This Society shall be known as The American Society of Superintendents of Training Schools for Nurses.

Its object—
1. To promote fellowship of members.
2. To establish and maintain a universal standard of training.
3. To further the best interests of the nursing profession.
(2) Qualification of members—
   (a) Members shall be graduates in good and regular standing from Training Schools connected with general hospitals, giving not less than a two years' course of instruction.
   (b) Members shall be Superintendents of Training Schools, connected with recognized general hospitals.

(3) Officers, their election and duties—
   There shall be a President, First Vice-President, Second Vice-President, Secretary and Treasurer. These officers to be appointed and hold office until the next meeting.

(4) Meetings of the Society—
   Meetings shall be held once a year. First meeting to be held in New York City, January 10, 1894.

(5) There shall be an Executive Committee on organization. This Committee to be composed of the officers of the Society and two other members. This committee to be appointed to prepare the Constitution and By-Laws, and to report at the first meeting in New York, January 10, 1894.

(6) There shall be a Board of Council.

(7) Dues—
   Members shall pay an initiation fee of $5.00 and a yearly fee of $1.00.

Respectfully submitted,

ISABEL A. HAMPTON,
Chairman Committee.

Chicago, Ill., June 15, 1893.

The resolutions were unanimously adopted, and it was moved that a Convention of Training School Superintendents be called for January 10th, 1894, to be held in New York. The motion was carried.

Officers of the preliminary organization were elected as follows:

President—Miss Alston.
First Vice-President—Miss Davis.
Second Vice-President—Miss Palmer.
Secretary—Miss Darche.
Treasurer—Miss Drown, Boston City Hospital, Boston, Mass. (not present).

The two other members elected, who were necessary to form with the officers an Executive Committee on Organization, were Miss Hampton and Miss Irene Sutcliffe.

The meeting then adjourned.
FIRST CONVENTION
OF
SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES
IN THE
UNITED STATES AND CANADA.

The first meeting of the convention was held in the Academy of Medicine, New York City, at 10 a.m., January 10th, 1894. There were forty-four Superintendents present, Miss Alston in the chair.

The meeting was called to order and the Chair delivered an address.

After welcoming the Superintendents present to New York City, Miss Alston explained the purpose of the Convention and recounted the steps taken in its formation, an extract from her address reading as follows:

"The first step toward our present convention was taken in the form of an announcement issued in the October number of the "Trained Nurse." It read as follows:

The superintendents of Training Schools attached to general hospitals in the United States and Canada are requested to send their names and addresses, with the name of the hospital with which their school is connected, to Miss A. L. Alston, superintendent Mount Sinai Training School for Nurses, 149 East Sixty-seventh street, New York City. At the Congress of Nurses held at Chicago in June an association of superintendents was proposed by Miss Hampton and approved by those present, and a temporary organization effected, the object being to advance and perfect the practice of nursing and to elevate the profession. At an early date notice will be sent out to call a convention, which will be held in New York City within a few months, and at which, it is hoped, there will be a large attendance.

[Signed] ANNA L. ALSTON,
President of the Temporary Organization and Chairman of the Executive Committee on Organization.

In response to this announcement thirteen answers were received—ten from the United States and three from Canada. This not
appearing a very encouraging beginning, it became necessary to adopt some other means of obtaining the names of superintendents of representative schools attached to general hospitals. From Dr. Billings, Washington, and from various other sources of information, at last seventy-one names were obtained, and seventy-one invitations have been sent out. Of the seventy-one invited forty-two have answered; twelve negatively, but with expressions of warm sympathy with the object of the proposed association, and regretting that unavoidable obstacles prevented them from being present; thirty have answered, saying that they would be present with us here, on this day and at this hour."

The roll was called of those who had been present at the preliminary meetings in Chicago. Members responding were Miss Alston, Miss Darche, Miss Davis, Miss Dock, Miss Hampton and Miss Sutcliffe.

Before proceeding with regular business the Chair informed the meeting that a letter had been received from Miss Perkins, formerly Superintendent of Bellevue Training School, which she desired to lay before the assembly. The Secretary read the letter as follows:

Norwich, Conn., Jan. 9, 1894.

Dear Miss Darche:—I thank you for the invitation to attend the Convention of Superintendents of Training Schools, especially as I have no claim to become a member of the society.

Though a superintendent of the Bellevue Hospital for twelve years, I am not a graduate of any school. My assistant has always been a graduate, fully competent to give theoretical and practical instruction to the nurses, and upon me, with the advice and assistance of the managers, devolved the executive work of the school. Under this arrangement the school increased and prospered, but it should not be considered a precedent, as the circumstances which rendered my appointment necessary at the time cannot probably occur again, and I entirely approve of the resolution that a superintendent should be a graduate of a training school of good reputation.

Though not counted in your number, my heart is with you, and I assure you of my warm regard and great interest in you individually, and in the object of your meeting together. There is no part of my life I look back upon with such pleasure and satisfaction as to the years spent in Bellevue Hospital, and now, when my days of active usefulness are over, it gives me great happiness to feel that I was once of some help and guidance to many of those now filling responsible positions, where they are doing much good in the service of God and for humanity.
May the blessing of our Heavenly Father rest on the convention, giving wisdom and harmony to its deliberations and decisions. Wishing you all a happy and useful new year,

I am sincerely yours,

ELIZA P. PERKINS.

The letter was received with applause, and a unanimous vote decided that the Secretary should return thanks to Miss Perkins. Miss Brennan then read a memorial of Miss K. L. Lett, late Superintendent of Nurses in St. Luke's Hospital, Chicago.

"It has fallen to me to mention the death of one of the original promoters of this Society, who took an active part in the first meeting at Chicago last June.

Miss Katherine L. Lett entered Bellevue Training School the fall of 1884, and from the first showed unusual zeal and adaptation to the work. Her force of character and exemplary conduct, while yet a pupil-nurse, marked her for a leader. Her influence among the nurses was always for good, and her thoroughness and unselfishness were proverbial.

After her graduation in 1886 she took charge of the Indianapolis Training School, and remained there until some time in 1888. After leaving Indianapolis she took a three months' course at the Somerville Asylum for the Insane, to fit herself for starting a training school in the New York State Asylum at Poughkeepsie. There she remained six months, and left on account of finding it impossible to do anything with the attendants under the existing conditions.

In 1889 she went to St. Luke's, Chicago, and it was there she died, November 3, 1893.

At St. Luke's her position was a trying one and her perplexities many, but under her wise direction the school prospered, and the whole hospital soon felt the influence of her judicious management. In her the nursing profession has lost a progressive, earnest and zealous member, and Bellevue a loyal and devoted graduate."

This tribute to Miss Lett was listened to with deep emotion, Miss Lett having been an active worker in the nursing profession and one of the most interested members of the Chicago Congress. She was the first member of the Society, having been the first to advance her initiation fee at the organization of the temporary Association in Chicago in June 1893.

The committee appointed to present a Constitution and By-Laws was asked for its report. The report took the form of a Constitution and By-laws which were first read consecutively and then adopted in the usual manner, paragraph by paragraph. Some slight amendments to the original form were
made. When finally voted upon as a whole the Constitution and By-Laws read as follows:

CONSTITUTION.

ARTICLE I.

This organization shall be known as the American Society of Superintendents of Training Schools for Nurses.

ARTICLE II.

The object of this Society shall be to further the best interests of the nursing profession by establishing and maintaining a universal standard of training, and by promoting fellowship among its members by meetings, papers and discussions on nursing subjects, and by interchange of opinions.

ARTICLE III.

There shall be four classes of members: (1) Active members, who shall be superintendents of Training Schools for Nurses, resident in the United States and British America; (2) Associate members; (3) Honorary members, and (4) Corresponding members.

ARTICLE IV.

The officers of the Association shall consist of a president, vice-president, secretary, treasurer, two auditors, and six other members of the Association to be called councillors, all of these officers together shall constitute a body which shall be known as the Council.

ARTICLE V.

The active members of the Association shall include members of the preliminary organization and all past and present superintendents of training schools connected with incorporated and well organized general hospitals.

Members shall be graduates in good and regular standing from training schools connected with incorporated general hospitals giving not less than a two years' course of instruction. The honorary members shall include those so designated in that list; the associate members shall include all assistant superintendents.

Every candidate for admission to the Association hereafter, in either of the three above-named classes of members, or as a corresponding member, shall be proposed in writing to the Council, in an application addressed to the president, with a statement of the candidate's name and residence, professional qualifications, and appointments then or formerly held, and certifying that she is a fit and proper person for membership. In the case of a candidate for active or associate membership, the application shall be signed
by two active members of the Association; and by three active members for the proposal of an honorary or corresponding member. The names of all candidates approved by a majority vote of members of the Council present at its annual meeting shall be presented on a written or printed ballot to the Association at its concurrent annual meeting, and the election shall be by a majority vote of the members present.

The only persons eligible for Associate membership are regularly appointed assistant superintendents of training schools for nurses that are regarded to be properly such by the Council; and they are eligible for such membership only during the time they are holding such appointments. After holding such an appointment two years an associate member may become an active member by making application in writing to the Council, and upon its approval being elected in the manner heretofore prescribed.

**ARTICLE VI.**

Boards of managers of training schools for nurses and trustees of hospitals, and others who have shown special interest in nursing work, or who have rendered signal service in promoting the interests of nursing shall be eligible for honorary membership.

Trained nurses, not resident in the United States and British America, who are actively engaged in nursing work, may be elected corresponding members.

Active and associate members only shall be entitled to a vote at any meeting. Honorary and corresponding members shall be exempt from all payments to the Association.

**ARTICLE VII.**

Any member of the Association may withdraw from it on signifying her desire to do so in writing to the secretary, provided that she shall have paid all her dues to the Association. Any member who shall fail for three successive years to pay her dues after special notice by the treasurer shall be regarded as having resigned her membership, unless such dues shall have been remitted by the Council for good and sufficient reasons.

Any member who shall be declared unfit for membership by a two-thirds vote of the members of the Council present at an annual meeting of that body shall have her name presented by it for action of the Association, from which she shall be dismissed if it be so voted by two-thirds of the members present at its annual meeting.

**ARTICLE VIII.**

The officers and councillors shall be elected at each annual meeting. They shall be nominated to the Association, on the second day of the annual meeting in the order of business of the first session of that day, by a committee of three, appointed for that
purpose by the president; and the election shall take place immediately. The election shall be made as the meeting may determine, and the person who shall have received the highest number of votes shall be declared elected to the office for which she has been nominated.

The president, vice-president, treasurer and auditors shall hold office for one year, or until the beginning of the term for which their successors are elected. The secretary, treasurer and one auditor are eligible for re-election. At the first election of councillors, two members shall be elected for one year, two for two years and two for three years; and thereafter two members shall be elected each year, to hold office three years, or until their successors are elected. The president, vice-president, one auditor and the two retiring councillors are ineligible for re-election to their respective offices for one year immediately following their retirement. All the officers and councillors shall enter upon their duties upon the ending of the present convention. When any vacancies occur in any of the offices of the Association they shall be filled by the Council until the next annual meeting.

A quorum of the Council shall be formed by five members, and by the Association of twenty active members.

**Article IX.**

The president shall prepare an address, to be delivered at the opening session of the meeting. She shall preside at all the annual or special meetings of the Association or Council, or, in her absence at any time, the vice-president shall act in her place.

The secretary shall keep the records of the Association and perform all the duties usually pertaining to that office, and such other duties as may be prescribed for her by the Council.

The treasurer shall receive and disburse and duly account for all sums of money belonging to the Association. She shall keep accurate accounts and vouchers of all her receipts and payments on behalf of the Association, and of all invested funds, with the income and disposition thereof, that may be placed in her keeping, and shall submit these accounts, with a financial report for the preceding year, to the Council at its annual meeting. Each annual statement shall be examined by the auditors, who will prepare and present at each annual meeting of the Association a report showing its financial condition. The Council shall have charge of any funds in the possession of the Association, and which shall be invested under its direction and control. The Council shall keep a careful record of its proceedings, and make an annual report to the Association of matters of general interest. The Council shall also print annually the proceedings of the meetings of the Association and the reports of the treasurer and auditors. The Council is
empowered to manage all the affairs of the Association, subject to
the constitution and by-laws; to appoint committees from the
membership of the Association, and spend money out of its surplus
funds for matters pertaining to the objects of the Association; to
apply the income of special funds, at its discretion, to the purpose
for which they are intended.

ARTICLE X.

Amendments to the constitution and by-laws shall be taken up
for consideration at the first session of the second day of any annual
meeting, and may be made by a two-thirds vote of all the members
present, provided that notice of such proposed amendment be given
in writing at the annual meeting next preceding. It shall be the
duty of the secretary to send to all the members a copy of any
proposed amendment at least two months previous to the meeting
when the action is to be taken.

BY-LAWS.

ARTICLE I.

The meetings of the Association shall be held annually. The
time and place of each meeting shall be named by the Council,
and reported to the Association for its action at the preceding
meeting. Each annual meeting shall be called by a printed an-
nouncement sent to each member, at least one month previous to
the meeting. The Council shall hold as many sessions, and at
such times, as the business of the Association may require.
Special meetings of the Council may be called by the order of
the Council. The president shall have authority at any time, at her
own discretion, to instruct the secretary to call a special meeting
of the Council; and she shall be required to do so upon a request
signed by six members of the Council. Such special meetings shall
be called by giving at least four weeks' written notice.

ARTICLE II.

The initiation fee shall be five dollars for active members and
three dollars for associate members; which shall include annual
dues for the first year.
Each and every active and associate member shall pay an annual
tax to the treasurer, the amount to be fixed annually by the Coun-
cil, not to exceed three dollars for an active member, or one dollar
for an associate member. Dues to be paid annually at annual
meetings.

ARTICLE III.

The order of business at each annual meeting of the Association
shall be determined by the Council and shall be printed for the
use of the Association at its meeting. The Council shall also make
all arrangements for the meetings of the Association, appointing such auxiliary committees from its own body or from other members of the Association, and making such other provisions as shall be requisite, at its discretion.

The following names were then enrolled as members of the permanent Association:

(Decesed.)

Miss A. E. Nourse, Michael Reese Hospital Training School, Chicago, Ill.

Miss L. Darche, New York City Training School, Blackwell's Island, New York.

Miss A. L. Alston, Mt. Sinai Training School, New York.

Miss Laura A. Betts, Brooklyn Homeopathic Hospital Training School, Brooklyn.

Miss M. Davis, Hospital and Training School of the University of Pennsylvania, Philadelphia.

Miss G. Livingston, Montreal General Hospital Training School, Montreal, Canada.

Miss D. C. Kimber, Assistant Superintendent New York City Training School, Blackwell's Island, New York.

Miss A. S. Brennan, Bellevue Training School, New York.

Miss Littlefield, Episcopal Hospital Training School, Philadelphia.

Miss L. Richards, New England Hospital and Training School, Roxbury, Mass.

Miss M. A. Snively, Toronto General Hospital Training School, Toronto, Canada.

Miss L. Walker, Presbyterian Hospital Training School, Philadelphia.


Miss Hollingworth, M. E. Hospital Training School, Brooklyn.

Miss Roberts, Syracuse Training School, Syracuse, N. Y.

Miss O. Lund, German Hospital Training School, New York.

Miss Hintze, Orange Memorial Training School, Orange, N. J.

Miss H. Macdonald, Lackawanna Hospital Training School, Scranton, Pa.

Miss A. N. Maxwell, Presbyterian Hospital Training School, New York.

Miss D. L. Dolliver, St. Luke's Hospital Training School, Utica, N. Y.

Miss V. Loomis, Williamsport Hospital Training School, Williamsport, Pa.

Miss I. McIsaac, Assistant Superintendent Illinois Training School, Chicago, Ill.
Miss E. S. Collier, Pennsylvania Hospital Training School, Philadelphia.
Miss M. E. Smith, Philadelphia Hospital Training School, Philadelphia.
Miss E. Wallace, San Francisco Training School, San Francisco, Cal.
Miss Greenwood, Jewish Hospital, Cincinnati, O.
Miss Draper, Royal Victoria Hospital, Montreal, Canada.
Miss L. J. Gross, Buffalo General Hospital Training School, Buffalo.
Miss Irene Sutcliffe, New York Hospital Training School, New York.
Miss L. L. Drown, Boston City Hospital Training School, Boston.
Miss F. Hutcheson, Flower Mission Training School, Indianapolis, Ind.
Miss M. I. Merritt, Brooklyn Hospital Training School, Brooklyn.
Miss C. Horrigan, Newark City Hospital Training School, Newark, N. J.
Miss G. Moore, Lady Stanley Institute Training School, Ottawa, Canada.
Miss A. McDowell, Newton Hospital Training School, Newton Lower Falls, Mass.
Miss B. Macdonnell, Elizabeth General Hospital Training School, Elizabeth, N. J.
Miss C. A. Sanborn, St. Vincent's Hospital Training School, New York.
Miss Mary J. Barry, St. Mary's Hospital Training School, Brooklyn.
Miss M. Orr, Paterson General Hospital Training School, Paterson, N. J.
Miss I. A. Hampton, Johns Hopkins Hospital Training School, Baltimore, Md.
Miss Ida Sutcliffe, Long Island College Hospital Training School, Brooklyn.
Mrs. L. Quintard, Connecticut Training School, New Haven, Conn.
Miss E. L. Stowe, Rhode Island Training School, Providence, R. I.
Miss M. McKechnie, Louisville General Hospital Training School, Louisville, Ky.
Miss S. F. Palmer, Garfield Hospital, Washington, D. C.

At twelve o'clock the meeting adjourned for luncheon, which was served in the dining hall of the building.

During the afternoon session papers were read by Miss Littlefield on "What is a Trained Nurse, and What are Nursing Ideals," and one by Miss Dock on the "Non-Payment System as Established in the Illinois Training School."

In the discussion on the first paper the question of length-
ening the course to three years was raised by Miss Hampton and met with a variety of opinions. While many superintendents thought it desirable, and approved the idea in the abstract, it was generally looked upon as being practically almost impossible. After a lively discussion it was moved by Miss Hampton that a committee be appointed to look into conditions in training schools and study the possibilities of a three years' course in conjunction with an eight hour system. The committee was appointed as follows: Miss Hampton, Miss Walker, Miss Dock.

There was also much difference of opinion as to the merits of the "Non-Payment System," some holding that it must tend to elevate the standard and others contending that it would keep out a large number of desirable but self-dependent women who could not afford to spend two years' time with no income.

The meeting adjourned at 4 p. m., to meet the next morning.

The Chair called the meeting to order at 10 a. m. on Thursday morning and the Nominating Committee distributed and collected ballots and counted votes for new officers. Those elected for the coming year were Miss Linda Richards, President; Miss Irene Sutcliffe, Vice-President; Miss Darche, Secretary; Miss Drown, Treasurer; Miss Kimber and Miss Ida Sutcliffe, Auditors; and Miss Hampton, Miss Livingston, Miss Snively, Miss Merritt, Miss Darche and Miss Maxwell, Councilors. Miss Darche begged to decline the office of Secretary and Miss Littlefield remained in that position.

Subjects brought up for discussion were:

**SICK FUNDS.**

Miss Brennan spoke of the Sick Fund in connection with the Alumnae Association of Bellevue and also described the suite of rooms built by Miss Lazarus in the Marquand Pavilion for the use of sick nurses.

**JOURNAL CLUBS.**

Miss Drown and Miss Hampton described methods pursued in Boston and Baltimore in Journal Clubs, intended as educational factors in the life of pupil nurses.
ALUMNÆ ASSOCIATIONS.

Miss McIsaac spoke of Alumnae Associations as a means of developing the ethics of nursing, also as nuclei for club life with lectures, etc. Miss Hampton referred to their importance in the future, as the basis on which a National Association might be founded, and expressed the belief that this present Association was the first step taken toward a National organization.

The question of the size and importance which a training school should attain before finding representation through its superintendent in the Society of Superintendents, was then taken up. After discussion Miss Sutcliffe moved that the Chair appoint a committee to investigate and report at the next Convention its conclusions as to the size and importance of training schools attached to general hospitals requisite for eligibility for membership in the Society.

The Chair appointed Miss Drown, Miss Littlefield, Miss Smith, Miss Brennan and Miss Snively.

The meeting was brought to a close by a vote of thanks to the Bellevue Board of Managers for the reception which had been given by them to the assembly; to the superintendents of Brooklyn and New York for their cordial reception and hospitality; to Dr. and Mrs. Meyer for their courtesy extended to the superintendents visiting the city; to the managing committee for their successful efforts in arranging and carrying through the programme of the present Convention. The guests were then invited, by the President, to spend the afternoon in visiting the hospitals of the city, and to assemble again at the Hotel Brunswick at 6 p.m., to partake of a parting dinner in honor of the occasion.

The meeting adjourned at 12 m.
SECOND ANNUAL CONVENTION

OF THE

AMERICAN SOCIETY OF SUPERINTENDENTS

OF

TRAINING SCHOOLS FOR NURSES.

OFFICERS FOR 1895.

PRESIDENT.
Miss Linda Richards,

VICE-PRESIDENT.
Miss Irene Sutcliffe.

SECRETARY.
Miss Darche.

TREASURER.
Miss Drown.

AUDITORS.
Miss Kimber.
Miss Ida Sutcliffe.

COUNCILLORS.

1 year.
Miss Snively.
Miss Dock.

2 years.
Miss Livingston.
Miss Maxwell.

3 years.
Miss Hampton.
Miss Merritt.
The Society was called to order by the president, Miss Linda Richards, in the parlor of the Hotel Thorndike, Boston, February 13, 1895, at 10 a.m. Miss Richards' address of welcome was as follows:

It is now more than twenty years since, in this city to which I now welcome you, I took charge of my first training school. Many are the changes which have taken place in the years which lie between that time and to-day. Perhaps in no one particular do we notice this more than in the revolution of feeling toward training schools and trained nurses.

Then this work was all experimental, and as such was looked upon with great distrust, and grave doubts were entertained regarding its success. Time has changed all that, and training schools have proved themselves among the greatest blessings of our land, and are recognized as such to-day.

Every training school in New England feels honored by having this association hold its second annual meeting in this city, and very hearty is the welcome which to-day I extend to you from each hospital and school in connection therewith.

May we take time to look backward to compare your reception at this time with my own twenty years ago? The school of which I was to have charge had been in existence one year. In that time it had had two superintendents, each with some practical knowledge of nursing, but without having any training. These women had done the best they could, but what woman with no training can be expected to properly manage a training school? Is it a wonder that the doctors had pronounced it a failure and wished to return to the old order of things? Such was the case, and so discouraging was the report given by them to the board of trustees that they were in grave doubts concerning the wisdom of giving it a second year's trial. But when it was put to a vote it was, by the overwhelming majority of one vote, allowed one more year of grace, provided a trained nurse could be found to take it in charge. I was asked to come and help them, and did so. I came, not knowing into what I was coming. I was not met with outstretched hands of welcome; the doctors did not want me; the nurses, who had framed their own rules and planned their own work, did not wish for a trained superintendent, who, very likely, would change their ways into those of her own; the trustees, with the exception of the president of the board, left me to myself. Shall I ever forget or cease to be thankful to him for taking pains to call upon me to express his faith in the work and assure me of his willingness to render assistance in any way possible?

The training school committee were very kind indeed, and gave me all needed support, but my days—yes, and many of my nights
(for I often acted as special nurse to trying cases)—were spent among those who wished me in any place but the one to which my duty called me; not a very pleasant picture to look back upon, and I seldom recall it excepting for the purpose of contrasting it with the present. The plan of the work in the wards was so unique that I will give a little sketch of the duties of one nurse for five days. This will describe the duties of each, as it was a rotary system. Nurse A., on Monday, had charge of the ward, attending to the duties of a head male nurse; on Tuesday she had entire charge of the food for the ward, with the usual rounds, also of pantry, washing all dishes, etc. Wednesday she attended to the general cleanliness of the ward and linen closet; Thursday she stood at the sink in the bath-room till noon and washed poultice-clothes and bandages; in the afternoon she slept, and went on duty Thursday night. Her hours, when on night duty, were supposed to be from 8 p. m. to 7 a. m., but she reported for duty when she felt like doing so at any time before 10 p. m.; on Friday she rested, to be ready to start the round again Saturday. The nurses dearly loved this method, and bitter were the tears shed when the superintendent, whose training at the New England Hospital under Dr. Dimeck had been thorough, though limited, thought well to change it. After graduating from the New England Hospital, and spending thirteen months as night superintendent under the leadership of Sister Helen, whose wonderful executive ability placed the New York Training School, in connection with the Bellevue Hospital, upon its firm foundation, and as a result of this training, she thought the superintendent the person to plan, work and make rules for the guidance of her nurses. This she proceeded to do; the changes were made; the trials accompanying such changes need not be mentioned; they are too well known to every superintendent to make a repetition necessary. The work moved on; soon more wards were given the school; then came a new class; women who were a joy and a pride—they have ever continued to be; to them was due very largely the entire change of feeling toward the training school. Their faithful and intelligent work met with appreciation; their presence gave dignity to the place, and after a time smiles, instead of frowns, greeted us, and occasionally a word of commendation was heard, at first cautiously spoken, and before very long those who had at first looked upon us with disfavor, became our firmest friends, and when the school was declared a success, they spoke of it as "our school," and thought the idea of its organization originated with themselves.

They adopted it, and we rejoiced in having won friends from among those who once had seemed to be our enemies. These are only a few passing memories of one school. Others were soon organized in this city and in other cities in New England, each
facing and conquering its own peculiar trials, and each in turn proving to be a wonderful blessing to the hospital with which it is connected. To you, who are superintendents of hospitals and training schools, is this wonderful change due. How vastly different are the hospitals of to-day from those same hospitals a score of years ago! A painful duty was a visit to most of them then. To-day a visit to these same hospitals is an inspiration. Visit Bellevue, Blackwell's Island, Tewksbury and many others. They all tell the same story. The perfect cleanliness and order of the yards, the homelike appearance, the contented faces of the patients, make even hospital workers wonder how so much can have been done; truly a wonderful work is this which we are permitted to take a part in. But the progress of the past twenty years is small in comparison with that which will be made in the twenty years to come. Training school superintendents have a mighty work before them; there are perplexing questions to be settled, new branches of the work are to be opened, and new methods of doing the ordinary every-day work are to be thought out. Instructions in schools must be made more uniform, the standard must be raised, and upon the superintendents rests the duty of having these matters properly adjusted. Women at the head of training schools are to-day bearing great responsibilities; each one must feel this. The organization of this association meant a great deal more perhaps than some of us realized. It means much for each member; the responsibilities will not grow less as time goes on; and in extending to you a welcome I welcome you to the considering of very grave questions, the solution of deep problems which must take much thought, and will influence each school represented here, and through these schools, all training schools in America. May the judgment of this Society be sound, and its decisions wise; so shall we bring much good, not only to our own schools, but to those not represented at this meeting.

The Minutes of the meeting for organization in Chicago, and of the first convention of the Society, were next read by the secretary.

On motion, this report was accepted.

Report of Treasurer was also accepted.

The names of eight superintendents were proposed for active membership, and five for associate. The president explained that other names had been presented, but owing to the absence of several members of the Committee on Eligibility who had looked up applicants' credentials, a complete report could not be made until later, and only such applicants had been recommended for immediate election as were personally known to
the members of the committee present. In the event of superintendents being present whose applications were still under consideration, a cordial invitation was extended to them to take part in the convention.

It was announced that the membership fee for this year had been fixed at three dollars and the initiation fee at five dollars.

The Committee on Eligibility was continued and requested to report at the next meeting.

Invitations to receptions at the City Hospital and at the Grundmann Studio were read, also a letter from Dr. Morris Richardson, inviting the superintendents to be present at a clinic at the Massachusetts General Hospital on Friday morning.

On motion, the President appointed the following committee to nominate officers for the ensuing year: Mrs. Hunter Robb, Miss Irene H. Sutcliffe and Miss Isabel McIsaac.

SECOND SESSION.

The second session was called to order at 2 p. m. by the president.

A paper on "A Uniform Curriculum for Training Schools" was read by Miss M. A. Snively, Lady Superintendent of the Toronto General Hospital.
A UNIFORM CURRICULUM FOR TRAINING SCHOOLS.

By Mary Agnes Snively, Superintendent Training School, Toronto General Hospital, Toronto, Canada.

At the request of my colleagues I have consented, with much reluctance and many misgivings, to present for the consideration of this association a paper on the subject of a uniform curriculum for training schools.

Notwithstanding the numerous difficulties which present themselves when we enter upon the consideration of this important subject, there is encouragement in remembering that, if we are prepared to admit the imperfections of the present system of education in our nursing schools, and the need of greater uniformity in our methods of work, we will have taken the first step towards reformation; the system will gradually evolve, and in time become complete.

We are all familiar with the proverb, "Rome was not built in a day." This means to us—be of good cheer, the world has never yet witnessed any great revolution which was not brought about gradually, sometimes almost imperceptibly. In proof of this we have only to look backward over the history of our own profession. Only thirty-five years ago how degraded it was! At that time we find Florence Nightingale, and some other good and noble women, pondering the question of reform, and seeking by earnest effort and self-sacrifice, amid untold difficulties, discouragement and opposition, to introduce a system of management into one of the large London hospitals. The position which the profession of nursing occupies to-day, and the hundreds of training schools for nurses throughout the length and breadth of our land, tell us how well they succeeded in their work.

We stand to-day upon the attainments of our predecessors, and our gathering here is proof that we realize how much yet remains to be accomplished. We are living not for the present only. Be it ours so to do our part, that those following us may occupy a much higher plane than we now occupy—ours to "open into the future a better and more perfect way." With this thought in view we will consider briefly the present position of the training school system, the desirability of inaugurating uniformity of education in nursing, and briefly the present position of the training school system, the desirability of inaugurating uniformity of education in nursing, and some of the possible methods by which uniformity could be introduced and made practicable. Nursing, as it existed a few years ago, was simply mechanical, education of any kind not being deemed essential. Any kindly woman of ordinary ability, or intelligence,
who was capable of administering medicine and nourishment according to directions, willing to cater to the whims of her patient and make herself generally useful, was considered a most valuable nurse. Later, when the practice of medicine became more scientific, came the demand for nurses so trained in the various departments, medical; surgical and gynaecological, as to be able to co-operate with the physician along scientific lines. It therefore became essential that a nurse should receive instruction in many branches once thought to be entirely out of her province and beyond her requirements, in order that the theoretical knowledge thus obtained might control, and make of the highest importance the practical part of her work. Accordingly lectures and class teaching were introduced into many of the larger schools.

The advantage afforded by this course of study soon became apparent, and medical men were not slow to observe the effect produced in reducing percentages of mortality in the various hospitals in which this higher system of nursing had been adopted.

Strange as it may appear, there are still to be found those who cry out in alarm against what they are pleased to call "an attempt to educate nurses." They object to the idea of nurses being taught the symptoms, treatment, etc., of the various diseases, and claim, on the principle that "a little knowledge is a dangerous thing," that nurses should remain in ignorance, and still go on in the mechanical fashion of a few years ago. But who will estimate the value of a nurse in charge of a case of enteric fever, for instance, who understands the ulcerated conditions of the intestines, and the importance of thorough cleanliness, ventilation and disinfection of excreta; the possible complications which may arise during the progress of the disease, such as hemorrhage, delirium, etc., and how to combat these in the absence of medical advice, or the great care which must be exercised as to diet, etc., during the period of convalescence, as compared with the ignorant, though kindly, woman, who understands none of these things, and is quite in accord with the patient when he clamors for a meal of beefsteak and potatoes, and hastens to satisfy the cravings of his appetite with what to him should be forbidden food, often proving all to clearly that it is the want of a little knowledge which is dangerous. And if in the case of medical cases so much better results have been accomplished, in surgery it is that modern medical science has achieved its most wonderful success. Daily in our large hospitals we see apparently hopeless cases in the hands of a skillful surgeon, assisted by a nurse, who thoroughly understands and applies the principles which govern aseptic surgery, and once more we behold the lame walk, and the blind receive their sight. And not only in this department of surgery, but in cases of simple fracture also, we find that "knowledge is power."
Take, for example, a case of fractured femur where extension and weight have been applied by the surgeon. The nurse who has been taught knows that extension must be maintained uniformly, if a minimum amount of shortening and union of the bone is to be looked for as a result, while the uninstructed nurse will, without hesitation, lift the weight repeatedly, all unconscious of the injury she is doing her patient. Nor will the young aspirant for fame in the region of gynaecology, who longs to rank among the successful operators of the day, think of engaging a nurse who is not thoroughly posted as to what constitutes the modern idea of surgical cleanliness, and is not thoroughly conversant with the technique employed in the various operations in the realm of pelvic surgery.

Or what obstetrician, whose proud boast heretofore has been that he has never once in his own practice been obliged to write as a cause of death, "Puerperal septicemia," will not prefer as his co-worker in the field a nurse who understands that even mastitis can be prevented by care and cleanliness, and that phlegmasia alba dolens is possibly the result of septic absorption, and consequently preventable, rather than entrust his reputation to the time-honored family nurse, whose skill has been called into requisition repeatedly through successive generations, and who regards the before-mentioned complications as only natural, and reckons them among the ills which usually pertain to the parturient state.

Examples such as these could be furnished without number were it necessary, but fortunately for the nursing profession it is now generally conceded that a refined, conscientious, thoroughly educated nurse is one of the greatest blessings of the nineteenth century. True, there are many so-called trained nurses who cannot be regarded in this light, "T true, 'tis pity, and pity 'tis, 'tis true." The further consideration of this subject leads us to note the great diversity which characterizes the different nursing schools of today. Not only is this seen in the character of the education afforded, but in the length of time spent in the various departments of hospital work. Some schools have a regular and thorough course of lectures and class teaching, with annual or semi-annual examinations, and definite standards by which the proficiency of the pupils can be ascertained.

Others, again, have no course of study whatever. Possibly instruction of a varied nature may be guaranteed in the prospectus, or in the form of a printed circular, which announces in bold characters, "Course of lectures for training school for 1893-4," but beyond this the education never extends. Days and weeks lengthen into months and years—the nurse meanwhile either becoming self-educated or not educated at all, and she ultimately receives her certificate. By the way, this is not an imaginary illustration. Be-
tween these two extremes there are to be found an infinite variety of methods—or lack of method, as the case may be.

Again, some schools require two or three years spent in hospital work, while others, whose income depends largely upon the money obtained by nurses, send out their pupils to nurse in private families, often for months in succession—the nurse meanwhile under no supervision whatever.

Again we find training schools attached not only to large and small general hospitals, but to the children's hospitals, private hospitals, hospitals for special diseases and sanitariums.

It naturally follows, therefore, that the practical experience gained in these different institutions must of necessity be exceedingly varied both in character and amount. Strange that, after thirty-five years, so little has been accomplished in the way of organization! For our encouragement, however, let us call to mind the fact that only eighty years ago the medical profession was in the same chaotic state, as far as the education of its members was concerned. In the year 1815 preliminary examinations were instituted as the first step towards uniformity. These examinations were made compulsory, and year after year new subjects introduced, and higher percentages required, in order to demonstrate the fact that a liberal general education had been received. And it was not until twenty years after that the legal profession took similar steps to exclude the uneducated from its ranks.

The idea of uniformity of education in training schools is not by any means a new one. For many years it has engaged the attention and earnest thought of those interested in nursing, and yet little real progress has been made. Individual schools certainly have shown a progressive spirit. In these the standard of preliminary qualification has been raised, systematic teaching has taken the place of inefficient work, more subjects have been added to the curriculum, and examinations have meant more than formerly. Books, also, written both by superintendents of training schools and members of the medical profession, and published expressly for nurses, have multiplied in great profusion. These things are certainly an evidence of progress, and, so far, are encouraging, but much yet remains to be done, and if other professions have succeeded in bringing order out of chaos, why should not the nursing profession? The ideal organization would call for state recognition, with its fixed curriculum, its board of examiners, appointed and paid by government, its centers, where at fixed periods examinations would be held, and degrees of qualification both in theoretical and practical work obtained. At present, however, this ideal seems beyond our reach; still by keeping the ideal before us, we will attain a higher standard than would be possible were we to rest satisfied with present methods. Meantime, let us consider how we can approximate
the ideal. It remains, then, for this association, in view of the present lack of uniformity and the various degrees of knowledge which are implied in the term "trained nurse," to take some initiative action, in order to bring about, at least, a certain amount of uniformity in the various nursing schools here represented. Complete uniformity in practical work will never be attainable, nor, indeed, is it desirable. As long as doctors differ there will of necessity be diversity of training in the various hospitals and schools. Still, even in the practical part of a nurse's education, some approach to uniformity can be attained.

First of all a nurse's training should embrace medical, surgical, gynaecological, and, if possible, obstetrical nursing for a given time in each of these departments, in a hospital containing a sufficient number of beds to afford thorough, practical experience in these branches. Should the number of beds in a given hospital be considered insufficient, the term of service should be lengthened in order to make up for this deficiency; that is to say, if it were decided that in order to obtain a thorough experience in practical work a nurse must spend two years in a hospital containing not less than 150 beds, then it might be determined that in a hospital containing not less than seventy-five beds the term of service should be at least three years. This arrangement would enable many of the smaller training schools to come into the association, and would tend to equalize the experience to some extent, and bring about a certain amount of uniformity in the practical part of our work. Then, as regards the theoretical education, it will be necessary to decide what shall constitute preliminary qualification—whether a thorough English education shall be considered sufficient, or some knowledge of anatomy, physiology, hygiene, etc., be required, as is the case in the training school connected with the Royal Infirmary, Glasgow. Past experience teaches most clearly that in fixing the standard of preliminary qualification high, we will be working along the lines which tend perhaps more than any other to elevate the profession of nursing to its proper position.

Having arranged the standard of preliminary qualification, it will then be necessary to decide what text books shall be used, what subjects shall constitute a curriculum, what length of time shall be spent in hospital work—whether private nursing shall be recognized as a part of nurses' training, how often examinations shall be held, whether examinations shall be written or oral, or both, and what percentage shall be recognized as a test of a nurse's knowledge in the various subjects.

Any number of training schools, therefore, attached to general hospitals, containing a sufficient number of beds necessary to furnish the requisite nursing experience, having arranged a satisfactory curriculum, and agreeing to teach the subjects, and maintain the
standard of percentages mentioned in the curriculum, can, if thought advisable, agree to form an organization which shall be known as "The International Training School Association," let us say. This association can then agree to grant a certificate themselves, or endorse the certificates of such schools as belong to this association, and recognize as "trained nurses" only such as have complied with the requirements laid down by this association.

To those who may be disposed to look upon this step as a harsh measure, and one likely to embarrass training—schools attached to small hospitals, hospitals for special diseases, etc., it may be explained that while those in charge of such institutions may for a time experience some difficulty in securing pupils, in the end it is calculated to benefit the nursing profession, and through them the general public. The effect will be to stimulate nurses to supplement the training they may have obtained in small hospitals, or hospitals where training in all the required branches has not been available by a further course in some other hospital—gynecological, contagious, or maternity, as the case may be. A nurse in this way gains her experience in several institutions, and finally, by producing satisfactory evidence of her knowledge, theoretical and practical, in the requisite subjects, obtains the certificate of "The International Training School Association." The smaller hospitals and institutions meanwhile receive an equal benefit, in that they would be able in this way to secure more experienced nurses than they could otherwise obtain. Later on, if thought advisable, other subjects could be added from time to time to the curriculum, and more stringency observed in the preliminary and final examinations; this, together with more and more careful training in the details of ward work and actual nursing, with careful records kept as to the essential details in individual cases, would be calculated to raise the profession of nursing in such a way as to hasten the time when the ideal should be attained, and state recognition an actual reality.

And now to sum up what has been presented: With the object of bringing about uniformity of education in the various training schools for nurses throughout the United States and Canada, the following uniform conditions are suggested:

1st. That a uniform matriculation examination be required before admission. This examination could be of an elementary character at first, and the standard raised as circumstances indicated. It is recommended, however, that preliminary qualification, such as a thorough English education and a knowledge of literature, and matters of general interest, are always desirable for those who minister to the sick.

2d. That a uniform period of training be required in certain hos-
That this training shall embrace medical, surgical and gynaecological nursing, supplemented by a given number of lectures, etc., the character and extent of which shall be sufficient to qualify the nurse to perform the practical part of her work with intelligence and skill.

3d. That certain examinations shall be passed by a nurse subsequent to matriculation, and before receiving a certificate.

These examinations to be divided into primary and final. The primary to be held at the end of the first year, and the final at the end of the second year. These examinations could be held by individual training schools and in the event of a nurse removing to some special line of work, on presenting certificates of such training, and having passed the subjects embraced in the curriculum, such subjects could be proportioned and allowed. In this way a curriculum could be definitely established, and advanced from time to time as it was found possible or necessary to elevate or perfect the standard. Further, that such curriculum could be adopted by such an association as the present, or, if thought advisable, by an independent board of prominent medical men residing in various parts of the continent and interested in hospital work and the systematic training of nurses. I quote the following as an opinion of one of our prominent medical men:

"I feel sure that the work of trained nursing carried on in an organized manner would tend to the greatest possible benefit. It will only be a matter of comparatively short time when the medical profession and the public will know what such a certificate would mean as a qualification, and I feel sure would beget not only a great degree of confidence in the possession of it, but also a superior character of work on the part of those who are desirous of being fully qualified, and bringing the profession of trained nursing to that degree of eminence to which I feel it is fairly entitled."

As this paper is chiefly suggestive, I beg to close by recommending the appointment of a committee, with power to add to its numbers, to take the whole subject into consideration, and communicate by circular or otherwise with the members of this association some time during the year, so that we may be in a position to take some definite action at the next annual meeting of this association.

**Discussion**

*Miss Darche. Miss Suively suggests that the committee which she proposes shall be composed of doctors. Could not an independent board be formed of superintendents of all schools, forming thus a board of directors?*

*Miss Darche leader in all discussions.*
Miss Snively. The idea I wish to present is this—that our effort must be centralized. Some body of people should regulate the standard. Then everyone that wishes to come up to that standard could come into the association and agree to its terms. I should recommend that this association regulate the standard. I think it would be more practicable than if we had a separate medical board.

Miss Darche. You would have the association settle the curriculum, but you would have a separate board make the examination.

Miss Snively. No, I do not mean that. A certain number of schools could regulate the standard. I do not suppose it would be possible for everyone here to come into it at once. Suppose that a dozen schools agree to form an association, that would be a nucleus. We would give it the name of "The International Association." Graduates of those schools coming up to the standard would be recognized as trained nurses. The idea is not to injure any school. If this association takes as a standard a hospital with one hundred and fifty beds, then hospitals with half that number would give a longer course than would be necessary in the larger hospital. We can agree on certain percentages and have certain fixed examinations. What we want is to bring into this association some of the smaller general hospitals. The aim is to make nurses, all-around nurses, not those trained for specialties only. It is an infinite pity that there are hospitals which are to-day turning out so-called trained nurses who are only able to nurse in one department. We need a standard which we can adopt and that will enable us to call those who have attained that standard trained nurses, women who shall be recognized as such. We have no power to prevent others from calling themselves trained nurses, but by and by the public will come to recognize the benefit that must accrue to those who have attained all the requirements for a completely trained nurse.

Miss Darche. Is your idea, in working this out practically, to have a committee formed here, who shall decide what this curriculum shall be?

Miss Snively. That is my idea. The sooner we have the nucleus of such an association the sooner we shall reach uni-
formity. We must not be too stringent when we begin. Our idea is not to exclude, so much as to raise the standard and secure uniformity.

Miss Irene Sutcliffe. It would be well to have the standard high to begin with.

Miss Davis. I think the standard ought to be high, but it should be broad enough to take in a great many.

Miss Darche. We must have a practicable standard.

Miss Irene Sutcliffe. The scheme seems to me practicable.

Miss Kimber. I move that a committee be formed to consider this subject and to prepare a suitable curriculum for a standard.

Miss Drown. I would like to hear from those superintendents who have considered the subject of the longer curriculum.

Miss Dock asked that further discussion be deferred till after the reading of other papers, and this was ordered.

A paper was then read by Mrs. Hunter Robb on "A Three Years' Course in Connection with the Eight-Hour System." (This paper takes the place of a report from the Committee on a Three Years' Course.)
THE THREE YEARS’ COURSE OF TRAINING IN CONNEC-
TION WITH THE EIGHT HOUR SYSTEM.

By Mrs. Hunter Robb, Late Superintendent of Nurses, Johns Hopkins Hospital, Baltimore.

Sometime over a year ago it was my privilege to prepare for the International Congress of Charity and Correction a paper dealing with the standards of education to be demanded of nurses, both before and after their entrance into a training school. It may be remembered by some of you who are now present that I spoke at some length of the necessity of a careful elimination of the undesirable candidates who present themselves. I insisted that not every woman who desires to take up the profession of a trained nurse has the natural capabilities or has had the educational advantages which are necessary to such a career. But I pointed out that, after obtaining suitable material, it is necessary to make the best possible use of it, and that here the second part of our duty begins.

Among other changes advocated in the paper just referred to was the extension of the course over a period of three years, with a day of practical work consisting of eight hours. At that time the reasons for these changes and suggestions as to the manner in which they could be carried out could be only broadly outlined. The object of the present paper is to consider these reasons in detail and try to arrive at some practical conclusion which will facilitate the establishment of such a course in the various training schools.

The subject should be dealt with without bias for any school in particular, but with a view to the best interests of all training schools which are able to undertake satisfactorily the important duty of training nurses. Between these schools there should exist a spirit of unity, and it should be our earnest desire to establish a standard of education that will be common to all. To bring about this should be, and I believe is, one of the chief aims of our association. And it seems to me that, just at present, no better opportunity could be afforded us to accomplish our end than in uniting in developing the three years’ course of instruction, and agreeing, after due discussion, upon the adoption of some scheme which should also include (1) specifications of the necessary qualifications of applicants; (2) a curriculum for teaching and study, and (3) a proper grading in tests and in final examinations for certificates.

That some extension of the period of training is generally desired was evidenced by the informal discussion of the subject that took place in this assembly last year; by the suggestions since offered by the writers in our various magazines devoted to the subject of nursing, and by the fact that since the International Congress some one or two schools have lengthened their course so as to make it
extend over three years, while others have this step under serious consideration.

A superintendent of a training school owes a duty, first, to the hospital, and, secondly, to the nurses under her. These duties are of equal importance: the hospital must not be sacrificed, but neither have we any right to sacrifice the well-being of our nurses; some scheme must be adopted which shall prove advantageous to both. I shall, therefore, consider a little in detail the advantages or disadvantages to the hospital and to the nurses which may result from the adoption of the plan suggested. For the hospital the advantages are readily seen. In the first place, the hospital would have better nurses, since it would be benefitted by having more experienced nurses during the third year of their course. Again, the hospital and training school would be relieved of the disadvantages of having to deal with so much raw material at such frequent intervals, and the school would be enabled to select from the candidates much more closely, and thus a higher standard could be more easily obtained.

If the third year's instruction were made to include a course for nurses who wished to prepare themselves more especially for hospital positions, the hospital would again be benefited, because, under present conditions, superintendents of schools have no opportunity of learning the administrative duties of such a position until after they have undertaken it. Our present methods of training allow but few opportunities for a woman to gain this practical knowledge; hence the success of a new superintendent of a training school must depend upon her native ability and such stray knowledge as she may have been able to pick up while occupying the position of head nurse. More than one nurse's career as a superintendent has been cut short by mistakes through ignorance in the beginning of her administration, mistakes which would never have occurred had she had an opportunity beforehand to become practically acquainted with the duties of her new position. Again, it must not be forgotten that while such a process of development is going on, and the superintendent is becoming competent, the hospital and pupils alike suffer, and the best work and the best teachings are not attainable.

A third year is also necessary in many cases to complete the training of pupils, who, while having all the requisite qualities of goodness and reliability, are not intellectually over-bright, and need an additional year to make them thoroughly competent in their profession. Then, there are others who, while exactly opposite, are bright, quick and easily taught, nevertheless lack a thorough comprehension of the dignity and responsibility which they have undertaken, and who do not fully appreciate the value of the discipline which they receive in the course of their training. For such pupils the protection, influence and teaching of the school during an ad-
ditional third year are necessary before they can be safely left to their own judgment. In any case, a third year is to be regarded as a period of assimilation or digestion, without which the learning of the first two years will be far less valuable. That many nurses feel that they are not fully qualified at the end of two years is evidenced by the number of intelligent women who love their work, and who are interested in their profession, and who beg to be allowed to stay another year. By the establishment of the three years' course it is hoped that the number of such women would be much increased, since we may naturally expect and hope that the commercial woman will be excluded by the adoption of this plan, and, even if we have fewer graduate nurses, they are much more likely to be competent, and after all this is the main point. As a matter of fact, a slight diminution in number would not be an altogether unmixed evil. Just now the number of graduate nurses engaged in private nursing is, I am told, so great, and is growing so rapidly all the time, that many nurses are without patients half the time, I am informed that in the city of Philadelphia there are so many that a committee of physicians have already held a meeting in order to discuss the possibility of taking advantage of this condition, in order to reduce the remuneration for the services of graduate nurses—a somewhat unwarrantable proceeding on their part it would seem. But if this question is to be regulated by the laws of supply and demand, then a diminution in the number of graduates will insure a lucrative occupation to those who have had a thorough training, and who hold certificates of competency.

So much for the advantage of a three years' course to the hospital and to the nurses. But should this change alone be made, we would be worse off than before, and unless the day's work of practical nursing be limited to eight hours it would be better to go on as at present. The board of trustees recognize the advantages which would accrue to the hospitals from the adoption of the three years' course, and they would cheerfully add on the third year were it not for the fear of additional expense which would be incurred should the day's work be shortened to eight hours. I shall have some suggestions to make later on, which will perhaps relieve them to a great extent of anxiety on this point. But, first, I wish to bring forward a few reasons why one change necessarily involves the other. On the question of the length of the day's practical work, we superintendents of training schools ought to know more than other hospital authorities. We have been through every step of nursing work ourselves, and should be best competent to judge of what is right and expedient in the matter, and if we are convinced that a day of eight hours is sufficient, we should all agree in giving the project our warmest support. We are the representa-
tives of the nurses, and if we do not advocate their rights and in-
terests, we can hardly expect others to take thought of us.

As I said just now, a superintendent of training school un-
doubtedly has obligations to the hospital in which she works, and
is in duty bound to give it her best thought, work and loyalty, but
she has, at the same time, obligations and responsibilities also to
the nurses who put themselves under her care.

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, more especially 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 pro-
ducing 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, and it is very questionable if a woman working ten, eleven,
twelve, or more hours a day for three years will be equal to really
good work during the third year, even if her health apparently
holds out to the end of her time. Able-bodied laboring men are
now everywhere advocating a working day consisting of eight hours.
If this is a reasonable demand, then we are surely not justified by
putting a harder task upon women who are not only upon their
feet during the greater part of their time, but in addition have an
enormous tax being constantly made upon their patience and tem-
per, as well as being burdened with no little mental anxiety and
responsibility.

From another standpoint let me ask, will the patients obtain the
best nursing in this way, and is a neurasthenic nurse fit to take
charge of patients?

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 preserva-
tion 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 which come under her care during her train-
ing and after she has graduated.

I said just now that we must take into consideration certain
means of meeting the extra expenses which might be incurred if the
staff of nurses be increased in order that the hours of work may be shortened. I commend this problem to the ingenuity of every one of my hearers and shall be glad if the discussion evoked by this paper may bring out something better than what I myself have at the present time to propose. It seems to me that if the eight-hour system were once set in good running order, it would be found that the necessary increase in the number of nurses would be very small. The two propositions which I would submit are as follows: First, a uniform remuneration for each of the three years, instead of an increase every year, according to our present custom; second, the adoption of a three years' course, with a working day of eight hours, without remuneration.

At the present time the practice is to allow the pupil nurses eight dollars a month for the first, and twelve dollars a month for the second year. We say in our circulars that "this is in nowise intended as a salary, but is allowed for uniforms, text-books and other expenses incidental to their training." If this money is not intended as a remuneration for services rendered, why is the amount increased the second year, seeing that the expenses are in reality much greater the first year, when the probationer has to supply herself with the necessary text-books and a full set of uniforms. If the amount allowed during the first year is sufficient, then the second years' allowance is more than enough; in any case, the expenses of a third year would not be more than those of either of the other two, and the allowance need not be increased for the third year. Would it not be better to make a uniform allowance, say of ten dollars a month for all the course? The extra expense, then, to the hospital would resolve itself into the cost of maintenance of a certain number of additional nurses, together with their allowance of ten dollars a month.

The second proposition should, I think, find no objection, at least on the part of hospital trustees, and, as I shall explain later, the apparent objections from the nurses' standpoint, are not insuperable. This proposition advocates the establishment of a three years' course, with a practical working day of eight hours, on the non-payment plan. The pupils would thus receive their uniform, board, room, laundry work and a really liberal education as an equivalent for the three years' service, as a result of which they would be qualified for lucrative posts, either as superintendents of training schools, managers of small hospitals, private nurses, assistants to practicing physicians, or, in fact, to fill any position where the knowledge and skill of a trained nurse can be fully utilized. This non-payment system would also place the schools, at once, on a scholastic basis, and be another means of attracting to them as students refined and intelligent women. In this connection, scholarships could be founded, which would be the means of helping poor
but really competent women to their education. I am not sure that nurses more than any others who are preparing to enter a scientific profession should expect to be self-supporting from the very outset, and I do not believe that this arrangement would hinder any desirable additions to our numbers.

But above all, such an arrangement would leave no solid ground upon which hospital authorities could object to the two changes just advocated, since the requisite increase in members would add but little to the expense, and some of the money now devoted to the remuneration of the pupil nurses could be spent in paying a trained staff of head nurses, all of which should be graduates.

Further expense could be saved by having only one responsible head under the superintendent of the hospital for domestic management. In fact, it is only by such an arrangement that the third year's training could be made as practical as it should be. This position should be occupied by the superintendent of nurses and principal of the training school, so that besides the responsibility of the work of the nurses in the wards she should have the care of the nurses' home, the linen room, the laundry, and the buying for the hospital. Her staff should consist of a graduate head nurse in each ward, one for the nurses' home, one for the laundry and linen room, and one for the office. Their assistants in all these departments should be drawn from the pupil nurses of the third year; the head nurse might also be a third year nurse. The division of the practical work during the three years might be somewhat as follows:

For the first two years—Four months in the medical wards; four months in the surgical wards; three months in the gynaecological wards; one month in obstetrics; two months in the children's wards; three months in the private wards; two months in the operating room; one month in the diet school; one month in the dispensary; one month on special duty; one month on vacation.

For the third year—Two months obstetrics; four months as assistant in superintendent's office; three months as assistant in laundry and linen room; three months as assistant in nurses' home.

During the six months in the superintendent's office, the assistants preparing for the hospital position would be expected to give a certain amount of class-teaching to pupils of the first and second years. Nurses preparing for private duty should spend part of their third year in the wards, but all should serve their time in the linen room, and in the performance of the housekeeping duties at the home.

The first two years' teaching would consist of classes and lectures covering about the same ground as at present. Class instruction could be given twice instead of once a week, and since the pupils would have more time and the instructors would be more numerous,
the various subjects could be dealt with much more thoroughly than with our present system. For third year students, class instruction could be given once, or perhaps twice a week. The first four months of the first year could be devoted to class instruction on practical nursing and materia medica only, the second four months to human anatomy and physiology. At the end of the first year examinations might be held upon: (1) practical nursing; (2) materia medica; (3) anatomy and physiology; (4) diet. At the end of the second year: (1) children, (2) medical nursing, including massage; examination of urine and hygiene; (3) surgical nursing, including the duties of the operating room and the nurse's duty in emergencies; (4) gynaecological and obstetrical nursing.

The third year examination should include: (1) methods to be adopted in class teaching; (2) administrative duties of the superintendents of training schools; (3) practical care of the wards, the nurses' home, linen room and laundry; (4) hospital buying and supplies; (5) private nursing.

I need not say that the above is only a suggestive sketch for the third year teaching; I have only tried to indicate the leading points. It will remain for the association to draw up a schedule in which certain modifications can be made applicable to all training schools.

Among other things it will be their duty to decide upon the necessary qualifications for applicants, the standards of examination, the term of probation and to provide for other emergencies. My object at present is to put before you the leading points; when these are settled the rest can, I think, be comparatively easily arranged.

The daily division of work for the eight-hour system could be made to work very nicely and interfere little, if any, with the present hours for meals by taking as a basis the hours 4 and 4 for some of the nurses, and 6 and 2 for the remainder. For instance, in a ward of thirty patients, with six nurses, supposing the entire staff comes on at 7 a.m. Two are sent off at 11 a.m. (1st dinner) 2; same to return from 7 until 11 p.m. (1st supper) 2. Four and four hours work.

Two off from 11 until 1 p.m. (1st dinner); with same two on from 1 until 5 p.m. (1st supper). Four and four hours work.

Two on from 7 until 1 p.m. (2d dinner); same two on from 5 until 7 p.m. (2d supper). Six and two hours work.

The night nurse from 11 p.m. until 7 a.m.

In this way either of the hours 7 a.m. until 11 p.m. may be taken, or hours from 6:30 a.m. to 10:30 p.m., or hours from 6 a.m. to 10 p.m. With this plan the nurses' classes and lectures could very well be arranged, and one, two or more nurses could be sent off at once, according to the condition of the wards. In this way the full staff could be on during the busy hours of the morning, and there would always be two nurses in the ward during meal-time. The
hours of the head nurse and her first assistant, or senior, who would always be a third year nurse, should be so arranged that one or the other should be in the ward at all times during the day, and that both should never be absent at the same time.

These are some of the conditions under which I think the three years' course could be successfully adopted. It would possibly not be advisable to try to alter the present condition at one stroke, but to make the change gradually, so that in the course of the next five years, the new system could be adopted in all of our good schools. Another consideration in connection with the subject is the co-operation of the larger with the smaller hospitals, but this I must leave to be discussed at some other time.

In conclusion, I would suggest that a chairman and committee be appointed from the present convention to draw up a plan based somewhat upon the lines which have been suggested in this paper. That this plan, after having been duly considered, should be forwarded by the committee to the authorities of the various hospitals for their consideration and approval, and that the committee should ask that a trial of such a scheme may be permitted for a certain length of time in certain hospitals selected for that purpose in order that it may be thoroughly tested, after which some action may be taken, as the results of such trials would seem to indicate.

**DISCUSSION.**

**Miss Darche.** The eight-hour system would require three relays of nurses. Some of the schools have adopted the three years' course; if they have taken in connection with it the eight-hour system, we would be glad to hear from their representatives.

**Miss Davis.** We have the three years' course, but not the eight-hour system. I hardly see how that could be done at the present time, although I agree that a committee should be formed to see how it can be arranged.

**Miss Nively.** In our hospital—The Toronto General—if this system were adopted, the nurses' quarters would have to be enlarged. I am sure that the extra expense would be objected to. As to having graduates in charge of the wards the extra expense would not be incurred.

**Mrs. Robb.** This change will come about within four or five years, and the schools will be on an absolutely scholastic basis. I have been over the ground pretty thoroughly. I have talked with nurse after nurse, especially with those who, it seemed
to me, could not get through without some help, and they have been in favor of the non-payment system. The commercial woman who wishes to stay two years, and have a certificate, and come out and earn her twenty-five dollars a week, is in favor of the payment system. But most of the refined women, even when they have been very poor, I have found, advocated the non-payment system. My observation is that nurses spend a great deal of their allowance, not on text books and uniforms and things necessary for their education, but on other things, on extra suppers and trash.

Miss Dock. It is not necessary to enlarge nurses' homes to carry out this plan. The eight-hour system can be managed without that. We have worked out on paper the necessary arrangements, and we think it can be done. The objection is that it cuts up the nurses' time. They do not have as much consecutive time under this arrangement as they would under the old arrangement.

Mrs. Robb. I should be willing to undertake the care of a training school with the same number of nurses that we have at the present time and introduce the eight-hour system. It does not seem to me that it cuts up the time.

Miss Darche. In many of the schools the nurses work twelve and thirteen hours a day. I think it would be harder for those schools to change around and make three divisions of eight hours each.

Miss Walker. I have had experience in England in a three years' course. The junior nurse sees nursing from the start, but she is not responsible the first year; she is a probationer in the ward. At the end of the first year she has to pass an examination in practical and theoretical work; if that is passed well, she is advanced. In the second year, she does not rank next the assistant. The third year she does, and is fitted to look after the patients. Her housekeeping course is given after the three years' course. I think that is a mistake; it should enter into the nurse's education.

The housekeeper of a hospital ought to be a trained nurse. It is a very good plan to have a graduate nurse as a housekeeper, and to have under her a nurse in training. I think it
takes three years to give a nurse proper experience. I know in the third year I learned three times as much as I did in any other year. In the first and second years I was taking in; the third year I could give service. We had long hours, but not nearly as much theoretical teaching as is given now. We had very little class work. We were on duty from seven in the morning until nine at night; that was killing work. I used to think that if we only had eight hours work it would be excellent. I think one nurse to two and a half patients is about right. When the course is made longer, the juniors have something to look forward to; every year they are getting better training and taking in more branches. They cannot attend evening classes after ten hours' work. Of course a great many hospitals would have to make some changes and furnish more room; but there is no reason why hospital committees should not be educated up to providing more room. If only five or six hospitals could agree to try this system and to educate their boards to try it, I think it would be a success. I am in favor of the non-payment system. If our best hospitals would start that, I think we should get a better class of women.

We want educated women. We get now probationers who have had a fair English education, but nothing of anatomy or physiology. In the hospital where I was trained, elementary anatomy was required. I am trying to give five hours' work to those on probation, with two hours class-work a day, and two hours' study. And at the end of two months they will be examined. That is all I can do at present. I think it is a good plan to have scholarships for those who cannot afford to study without pay. It will be only those who are very bright who will be taken in.

At the hospital where I was trained, there were twenty-seven probationers who paid a guinea a week for the privilege of coming there and learning to work. It was a very good thing, for we got educated women who would not have come in if they had had to receive money from the outset.

I should not have studied under those circumstances. I went in thinking I was doing something for other people and paying my way, and when I was once in wanted to remain.
We get our best nurses in that way, and we have found it a good plan. We had a special probationer in each ward.

Miss Darché. I think it a pity to compare women of wealth and leisure in England with our American women. That system is not possible in this country. I do not see the objection to giving people money to help them along when they are in the schools. The work is not altogether scholastic; there is a great deal of repetition and of hard work. The monthly allowance was not objectionable to us in our training. In our own school we would exclude many of our best pupils by cutting off the allowance. I feel as if we should be making it unnecessarily hard for some women to work their way.

Mrs. Robb. I have never in my experience been able to give a nurse less than five patients, and at Johns Hopkins Hospital they have the reputation of having an easy time. In preparing this paper I came to the conclusion that I would like to make the course four years instead of three. I would like to give nurses an opportunity to learn the administrative duties of superintendence.

Question. At what age would you admit probationers?

Mrs. Robb. The committee should settle that.

Miss Palmer. I suggest that the third year in the course should be a special executive course, and that for those intended for private nursing, it should be more theoretical. I think such a plan might be worked out.

Miss Drown. Some months ago I sent out a number of circular letters to our graduates, asking them questions about this three years' course, and almost invariably the reply came that they favored it. And when asked what they would advise in regard to the extension of the subject-matter, of course they had various opinions. Some advocated more instruction in sick-cookery; others wished a department of maternity nursing. But they were all very much interested in the idea of a three years' course, and most of them thought that the fact of the course being extended to three years would not materially affect the application of really desirable candidates. The eight hour system was not touched upon. For myself, I prefer the three years' course. I do not see my way clear to bring
it about. With regard to the eight-hour system I am very much in the dark.

Miss Snively. I quite agree with Miss Drown, but I have no expectations of being able to work the eight-hour system out.

Miss Irene Sutcliffe. I believe in the three years' course, but I do not see how to arrange the eight hour system.

Mrs. Robb. I move that a committee of nine be appointed by the Chair, to draw up a plan of study and to present this plan to a few hospital authorities, asking them to try it as an experiment for this coming year. The report of this experiment can be made at our next annual meeting.

The President. Your idea is to have it set to work at once?

Mrs. Robb. Yes.

The vote was then taken, nearly all voting in favor of the motion.

The discussion on Miss Snively's paper was then resumed.

Miss Snively. If we can secure reports from the hospitals that are favorable to a uniform curriculum, other hospital boards will soon come into line.

Mrs. Robb. You would have the committee decide on the qualifications for nurses who are applicants, as well as prepare the course of study, the tests and the final examinations?

Miss Snively. Yes.

Mrs. Robb. I think the committee could do all this, but I do not think I should have so many committees as to be confusing to hospitals. This Association really represents the training schools of the country, and in listening to it the hospital authorities will be listening to the superintendents of the training schools. It seems to me they will be perfectly willing to co-operate with us in respect to the curriculum. I am not so sure about the three-years' course or the eight-hour system.

Miss Snively. We hope that the standard agreed upon will be something worth while; otherwise we shall not be able to do as much as we hoped.

Mrs. Robb. I renew my motion that the Chair appoint a committee from the various training schools to draw up a plan for a curriculum of study as outlined by Miss Snively and, in
connection with that, to consider a three-years' course and the eight-hour system; that this committee lay before the authorities of a certain number of selected hospitals this plan and request them to try it for the coming year, and that it is reported on next year, so that we may have something practical to go upon.

This motion was seconded and passed and the following committee appointed: Miss Drown, Miss Dock, Miss Draper, Miss Merritt, Mrs. Robb, Miss Walker, Miss Nutting, Miss Darche and Miss Snively.

Adjourned at 4 p. m.

THIRD SESSION.

The third session was called to order at 10.15 a. m., Thursday, February 14, by the President.

Miss Davis invited the Society to meet in Philadelphia next year. On motion the invitation was accepted for the 12th and 13th of February, 1896.

Miss Darche. It seems to me that in appointing a single committee to consider the curriculum and the three-years' course with the eight-hour system we may have put too much upon one committee. If it is proper, I should like to move a reconsideration of the vote with reference to that committee.

Miss Drown seconded this motion, and it was voted to reconsider the question.

Miss Snively moved that a committee of five be appointed to draft a curriculum on a two years' basis, and that the President appoint the committee.

The motion was seconded by Miss Darche and unanimously adopted.

Miss Snively, Miss Drown, Miss Irene H. Sutliff, Miss Darche and Miss Merritt were appointed as the committee.

Mrs. Robb then moved that a committee of five be appointed to work out a three years' course with an eight-hour system, with a curriculum of study and the necessary qualifications of the applicants, the proper gradings, and tests and final examinations.
The motion was seconded and voted, and the committee (not appointed until after the close of the convention) was as follows.

Mrs. Robb, Miss Dock, Miss Nutting, Miss Walker and Miss McIsaac.

The chairman of the nominating committee reported the names for election. The following members were then elected by ballot:

President—Miss Davis, of Philadelphia.
Vice-President—Miss Snively, of Toronto.
Secretary—Miss Littlefield, of Philadelphia.
Treasurer—Miss Drown, of Boston.
Auditor—Miss Brown, of Boston.
Councillors—Miss Richards, of Brooklyn; Miss Darche, of New York.

Mrs. Robb. I move that the proceedings as prepared this year should include the proceedings from the beginning of the association up to date.

Seconded and voted.

Miss Kimber then read the following memorial tribute to Miss E. P. Perkins, who had died during the year:

"Since the last meeting of our convention we have been called to lament the death of a pioneer superintendent of training schools. Miss Perkins, for fifteen years Superintendent of Bellevue Training School, New York, died in June, 1894. It seems fitting that this convention should record expressions of regret for the death of Miss Perkins and of appreciation for the work done by her. We are all indebted to her for her efforts to establish and maintain a high standard of training, and especially for her persistent determination to have the trained nurse properly recognized by the medical profession and by the public. I therefore beg to move a resolution that the foregoing expression of regret be embodied in the minutes of this meeting."

The tribute was adopted by a rising vote.

A paper was then read by Miss Drown, Superintendent of Nurses at the Boston City Hospital, entitled:
A CONSIDERATION OF METHODS FOR THE PROTECTION OF TRAINING SCHOOLS FOR NURSES, FROM APPLICANTS WHO HAVE BEEN DISCHARGED FOR CAUSE FROM OTHER SCHOOLS.

By Miss Drown, Superintendent of Nurses at the Boston City Hospital.

With Carlisle "we are firm believers in the maxim that for all right judgment of any man or thing it is useful, nay, essential, to see his good qualities before pronouncing on his bad."

There are several classes of women whose inclination or aspiration leads them to desire a nurse's training, and, having succeeded in finding the "open sesame" that unlocks the portal to some training school for nurses, they enter in.

The upright, conscientious probationer or pupil who has overestimated her strength or power of endurance or comprehension, is not included in the much-to-be-dreaded applicant mentioned in the subject. Nor is the nurse named who receives an imperative summons to put self and self interests more completely out of sight, and thereby is obliged to relinquish for a time, at least, her long cherished plan.

The training school parasite, if I may so call her, is one who has a mental and moral obliquity of vision, preventing her from right living and thinking. Hospital rules are evils to be avoided. A possible opportunity of escaping a "life of single blessedness" seems often to be the loadstone that draws her to hardships and self-denial. In making an equation, she is equivalent to zero, notwithstanding her possible adaptability and capability, because she is minus the essential principles of truth and honesty.

Having attempted with a few strokes to portray this undesirable candidate, the problem arises how to detect and prevent her from taking the place that an honorable woman should occupy.

We may view this question from the point of the prevention and that of cure.

The Prevention.—The school connected with the Boston City Hospital has been very fortunate in regard to objectionable probationers and pupil nurses. This fact is due largely to the system we have of inquiring into the antecedents and qualifications of the applicants before coming to a decision as to their merits and deficiencies. A letter is received from a young woman in some remote locality, announcing her intention to enter a training school for nurses, and asking for information in regard to making application. Critically scanning the lines, noting construction, penmanship, spelling and other important details, the prospectus of the school, circular "A" and a circular letter "B," inviting her to reply by sending a brief history of her life, and giving such information as will
aid us in ascertaining her qualifications, are sent to her. This circular letter also includes a request for three names in reference, not of her kindred, and a statement if she has ever been a nurse in any hospital or asylum, and if she has applied elsewhere, and, if so, where and when. If the reply contains the essential points of education, health and strength, age and general fitness, we forward to the names in reference the letters of inquiry, circulars "F" and "G," consisting of fifteen (15) questions in regard to her previous history for the past three or four years, her work of experience in the direction of nursing, etc.

If there is any doubt concerning the desirability of the candidate, the application blank, circulars "D" and "E," are not forwarded until the reply to each inquiry made of the names given in reference has been received by us. The applicant, in filling out circular "E," must affirm, deny or ignore the question: "Have you been in any training school or employed in any hospital or asylum?" Thus is completed a chain of five links in testimony, in which it would hardly be possible for the one to evade or the other to be in ignorance of any previous hospital training of the applicant.

After the arrival of the probationer she is under the close scrutiny of the head nurses and senior nurses, who would be apt to notice any familiarity with the details of hospital work from previous experience, and the printed form "I," containing fourteen questions, is filled out by the head nurse at the end of the first and second months. There is also another agency that aids in determining the genuineness of the candidate, and that is the probation of two months instead of the brief four weeks in the early history of training schools. At the end of the first month of probation she is questioned by the physician, who has the care of the health of the nurses, in regard to her previous history, and he makes out his report on circular "J."

The way to the position of the assistant nurse is thus guarded on all sides, and we can appreciate the sigh of relief with which the accepted probationer dons the uniform and enters into the full rights and privileges of the pupil nurse. At the end of her first six months her work is carefully reviewed, and she has a personal interview with the superintendent of the hospital and training school.

Not to our knowledge has there been any probationer or pupil in the school for many years, who has come from some other school, without our being acquainted with the fact, and making careful investigation into her previous standing in that school. It will be of interest to learn the methods of prevention used in other schools.

The Cure.—The probationer or pupil nurse, who proves herself to be totally deficient of the qualities required by the best standard, must be summarily dealt with. The school having exercised the offending member, will, in the spirit of good fellowship and true
interest in all that pertains to nursing, do all in its power to save
other schools from the same trying ordeal.
Twenty years ago the hospitals for the insane in New England,
in order to defend themselves from unworthy attendants who
wandered from one asylum to another, contrived a plan by which
all might be on their guard against such invaders. The plan con-
sisted of sending a postal card to all the hospitals in alliance, giving
the name of the attendant who had been discharged, and for what
cause. The following circular is proposed instead of the postal
card for evident reasons:


\underline{Hospital} \\
\underline{Date} \hspace{1cm} 1895.

\textbf{To}

\textbf{Miss} \hspace{1cm} \underline{Superintendent Training School for Nurses,}

\underline{Hospital.}

\textbf{Dear Madam:—}

\textbf{Miss} \hspace{0.5cm} \textit{a probationer (or pupil nurse), admitted to this school (date) was dis-
missed (date) for (cause given.)}

\textbf{Yours very truly,}

\textbf{Signed} \hspace{1cm} \underline{Superintendent Training School for Nurses.}

A committee who may be appointed to confer on this matter will
doubtless improve upon the suggestion. When the form has been
declared upon by the committee, reported to the society and adopted,
the society may consider it advisable to instruct the secretary to
have copies of the same printed, together with a circular stating
that for the protection and advancement of training schools for
nurses, the co-operation of all schools is solicited in adopting the
plan recommended by the society in convention in Boston. A copy
can then be sent to all the important hospitals in America, the ex-
 pense to be met by the treasurer. The hospitals can reduplicate the
form as occasion requires by typewriter, if desired.
\textbf{We do not express the convictions of our opinion on this subject}
\textbf{too strongly when we say that all representatives of all the hospitals}
north, south, east, west, and over the sea, will unite in condemning
the pretender who attempts to enter our noble calling, and is urg-
ing an effectual barrier against her admission.

Some notification of this kind applies to candidates who have been
accepted after careful investigation, and who withdraw for trifling
or very trying pretexts when summoned to enter the school.

DISCUSSION.

Miss Palmer. When a student is rejected from West Point,
his name is printed in the papers throughout the country. I
do not see that we need any such publicity, but there ought to
be some way by which it could be known when undesirable
persons are dropped from the training schools.

Miss Snively. Are the circulars to which reference has been
made in printed form?

Miss Drown. Yes, and they are ready for distribution.

Miss Snively. I would like to move that these circulars be
printed in "The Trained Nurse" with Miss Drown's paper.

Miss Kimber seconded Miss Snively's motion and it was
voted.

Mrs. Robb. At present we use our own judgment as indi-
viduals in selecting candidates. I think, perhaps, a system
such as has been outlined would do away with some disagree-
able features, and that we should have a better understanding
than we have at present, and that it would save us a great deal
of trouble.

Miss Sutcliffe. I think it may be quite right to take pro-
bationers into one school that may have been rejected from an-
other. The standards of the schools may differ.

Mrs. Robb. That may be true, but where an applicant or
probationer has been rejected by one superintendent because
she is dishonest or utterly unfit, and another superintendent
accepts her, it is evident that the latter's judgment may be at
fault.

Miss Sutcliffe. That is altogether wrong, of course. A
probationer should not be accepted by another school if she has
been dismissed for cause.

Miss Darche. I would recommend that a committee be ap-
pointed to follow out Miss Drown's idea and work out some
practical scheme by which every superintendent should be notified when an applicant has been dismissed for cause. If such an applicant is received at another school, that is at their own risk.

**QUESTION.** Are not there some schools where a superintendent has not full power to accept or reject—where the power is in some committee?

**Mrs. Robb.** In such a case, anything against such an applicant should be submitted to the committee.

On motion, it was voted that a committee of three, with Miss Drown as chairman, be appointed to take this matter into consideration and work out such a scheme as had been suggested.

**Committee—Miss Drown, Miss Davis, and Miss Irene H. Sutcliffe.**

A paper was read by Miss Palmer, late superintendent of the Garfield Memorial Hospital, Washington, D. C., on
TRAINING SCHOOL ALUMNAE ASSOCIATIONS.

By Miss Palmer, late Superintendent of the Garfield Memorial Hospital, Washington, D.C.

In gathering up material for this report on alumnae associations that I have the pleasure of presenting for your consideration this morning, I have succeeded in obtaining from various sources a list of one hundred and sixty-four training schools; twenty in Canada* and one hundred and forty-four in the United States.

To the superintendent of these schools I addressed a circular card of inquiry and received personal answers from one hundred and nine. The remaining fifty-five did not respond.

In a number of instances I had sent communications to hospitals having no training schools, and the superintendents or matrons of these hospitals wrote me very courteous letters, informing me of my mistake. I think I am justified in concluding that those superintendents who did not respond have no alumnae to report, and are not interested in the subject, for in almost every instance of superintendents reporting no organization, some explanation is offered or regret expressed. A number of schools in this list have not yet graduated a class; in others the number of graduates is small and very much scattered, and in several cases superintendents were waiting to obtain information on the subject at this meeting before taking active measures for organization.

I have made no attempt to classify these schools with reference to their eligibility for membership in the Superintendent's Association, excluding, however, the schools connected with asylums for the insane, private hospitals, and the theoretical schools.

I wish to say further, in explanation, that the list of schools prepared by Dr. Billings for Burdett's Hospital Manual numbers only forty-nine in the United States, so that I feel quite sure my list includes all the larger or more important schools, and a fair proportion of the small ones.

Taking, then, one hundred and sixty-four as the number upon which this report is based, I have twenty-one training schools with alumnae associations or clubs organized and in active operation, with constitution printed.

Ten training schools, with alumnae associations in process of organization, constitution not printed, making a total of thirty-one. Seventy-eight training schools reporting no organization (but showing interest); fifty-five not heard from, making a total of one hundred and thirty-three.

*The laws of Canada require a special permit from the government for the organization of beneficial societies of any kind, with a fee of one hundred dollars.
I have received copies of constitutions of twenty-one societies, and these I have divided into three classes:

First—Those organized and managed entirely by graduates, which are alumnae associations proper.

Second—Nurses' clubs, admitting to membership pupils of the school of graduates of other schools.

Third—Religious societies, with a number of the officers, clergymen or members of the training school board.

Those included in the first class have practically a common object and the same form of government; differing, of course, in detail to meet the peculiar requirements of each society.

The object of these associations is for the union of the graduates of the respective schools, for mutual help and protection; to promote social intercourse and good fellowship; to provide friendly and pecuniary assistance in times of illness or death among members, and to advance the interest of the nursing profession.

Several societies pledge themselves to support the directory and school.

Only those graduates in good standing in the profession are eligible for membership.

Fees vary from five dollars to fifty cents a year.

The officers are a president, a vice-president, secretary and treasurer, who are elected by ballot, at the annual meeting, to serve for one year, or until other successors are chosen.

Several of the societies have two vice-presidents, two secretaries—recording and corresponding—and two treasurers, the treasurer proper, not a member of the society, and a sub-treasurer, who is a member, and who performs the duties usually belonging to the treasurer.

The duties of the treasurer proper are to have charge of the permanent or invested funds.

The president presides at all meetings, and in her absence the duties of her office are performed by the vice-president.

The duties of the secretaries I need hardly explain. In the majority of cases the officers form the executive committee, and transact all the business of the association. They investigate all charges against any member, and she is given opportunity for defense before being expelled from the society.

Several of the societies have a board of trustees composed of gentlemen, whose election is permanent; one member acting as treasurer, already mentioned. This board invests the money of the association, and advises the officers of the society, when necessary.

Where a society has received legacies, or owns real estate, I should suppose a board of this kind would be necessary; but in small associations, having only a contingent fund, it would seem to me better for the governing body to be composed entirely of members of
the association, and the form of government to be as simple as possible.

The executive committee, composed of the officers, would certainly be an easy and comprehensive plan to adopt, when a society is forming. Meetings are held monthly or quarterly, usually in the training school parlors. Notice of meetings and special business is sent by mail at least five days in advance, by the secretary. Papers, discussions, lectures and social intercourse are the usual features of the meetings.

In a number of societies the election of officers is by ballot, sent by mail; in others, voting is by members present, and the number necessary for a quorum differs.

The benefit fund is composed of all moneys not appropriated for the necessary expenses of the society obtained from initiation fees, yearly dues, donations and bequests. One has both a sick fund and an annuity fund, the latter being made up of all that is left after expenses and benefits have been paid.

One has a beneficial society that is a separate organization, with an additional fee of six dollars, although all of the alumnae are eligible for membership.

The amount allowed a sick member from the benefit fund also varies; in some cases the amount is limited to ten dollars a week; in another, it is left to the discretion of the executive committee, and when feasible the nurse to be cared for at the hospital, the society bearing the expense.

Married members, supported by their husbands, are not entitled to benefits.

Nearly all have honorary members, who pay no dues, and have no vote, but are allowed to speak in meeting.

One has honorary members who pay an annual fee of ten dollars, ($10.00) and life members who pay fifty dollars ($50.00).

There are minor points of interest in all the constitutions, but they are too many to enumerate at this time.

Of the clubs, there are only four, and they differ from the alumnae associations, principally in their rules for membership. Pupils, as well as graduate nurses, are eligible for membership, and can hold office, and the superintendent of the school is the president.

Two of these clubs require no regular membership fee, but the expenses are met by voluntary contributions. These clubs have no benefit fund.

One requires an annual fee of six dollars for graduates, and three dollars for pupils, but this club has a benefit fund; its primary object being the care of sick members.

There is one Directory Club, open to all graduates of regular schools, but with a membership of eighty-nine names only three
are from outside schools. This, I will mention, is in connection with the Rochester City Hospital.

All of these clubs are well organized, but would, I think, be required to make some changes in their constitution in order to be eligible for membership in a national alumnae association.

Of the religious societies there are two, and like the clubs, changes in the constitution would be necessary before membership in a national alumnae could be considered. These societies are in connection with church hospitals, and should be classed properly with guilds. They unquestionably hold an important place in the schools with which they are connected.

There is a Graduate Nurses' Club in Boston admitting to membership graduates from all schools in good standing. Its object is largely instructive and social, and it is exceedingly popular, and to nurses in the city falls the need, in a measure, of an alumni association in connection with their own schools.

The organization of alumnae associations in connection with training schools is comparatively a new movement, and general interest has been stimulated by the agitation of the subject, both in Chicago and at a meeting of this Society a year ago.

I do not consider it necessary for me even to touch upon the advantages of such societies to nurses, the object of this paper being simply to show the material available for a national alumnae.

In conclusion I want to urge upon the superintendents of schools that have not yet taken steps for organization, the importance of immediate action in this matter.

Organization is the power of the age. Without it nothing great is accomplished.

All questions having ultimate advancement of the profession are dependent upon united action for success.

The Directory question, the Uniform Curriculum, the Rejected Probationer, every subject that concerns individual graduates, as well as schools, can only be reached through this channel.

The superintendent can do so easily, what is so very difficult for the graduates alone to accomplish; and she is the proper person to make the call for the first meeting. Even if she is not a graduate of the school, the hospital and the school are mutual points of interest to the older, as well as the younger graduates, and all would recognize her as the proper leader in the movement.

Do not wait for large numbers before taking action. A little society of ten members, let it be largely social, if you will, forms a nucleus, that time will develop. One superintendent, a New England girl, trained at the Massachusetts General, who went west some years ago, "to grow up with the country," reports a small
school, with an alumnae of three members. That is the proper spirit.

If you have not a large school, make the most of your small one. Remember that it is only through organization that individual members can be reached, and their co-operation in progressive movements be obtained, and that without their support and their good influence with the public we lose an immense power.

I sincerely trust that when this association of superintendents holds its next annual meeting, schools reporting "no organization," may be very much in the minority.

Adjourned at 4 p. m.

FOURTH SESSION.

The fourth session of the Convention was called to order at 2 p. m. by the president.

A paper was read by Miss Dock, superintendent of the Illinois Training School, Chicago, on Nurses’ Directories.
DIRECTORIES FOR NURSES.

By Miss L. L. Dock.

In undertaking to present a paper on "Directories for Nurses," it is with no assumption of special knowledge on the subject, or wish to figure as one having claim to authoritative views, but rather with the hope simply of starting discussion and having light thrown on this practical and important branch of work by the contribution of experience that you will be able to make.

Of actual practical work in the management of nurses' registries I have had none, and of direct observation but little. I do not, therefore, intend to go into technical details, but will ask for a brief consideration of two or three general principles, which seem to me to underlie the work, and which, though as yet perhaps dormant in some minds, will, I believe finally dominate the situation and receive general acceptance. The first is this:

It should be for nurses themselves to fix the rates of payment charged in private duty, and to state these rates to the registry—not the registry to the nurses. This principle is already acknowledged to some extent, and the fact that it is so, marks the last one of an interesting series of modifications, traceable from the beginning of trained nursing to the present time.

The trained nurse of to-day is an evolution from the sister of the orders of the church, and the organization and methods of community life, where all needful is done for the individual who, during her life, gives her work, but has no individual liberty allowed her; these were, naturally enough, the models from which the first systems of secular nursing took pattern. Notice, for instance, how closely copied from the sisterhood plan are some of the more conservative German training schools of to-day. The nurses belong to them during lifetime under one arrangement or another, and for the time when no longer able to work, an elaborate pension system is planned with the precision of paternal government. The English training schools present further modifications, though still holding strongly to the idea that at no time must the nurse be a really independent being, but after graduation should rather remain in some more or less protected and dependent relation. When nursing was established in this country, a still further departure from the community idea was taken. The graduate nurse stood free and independent, unbound by promises or obligations to any institution. Her earnings were her own, and she might live where she pleased. One trace only of the early idea now remained, and it is this: The training school undertook to provide her with cases (for which privilege she paid yearly a trifling sum), but as to the rate at which
she should be paid, she had nothing to say. This was fixed for her, and from year to year has been handed down until it has acquired the character of an unwritten law, which it would be almost impossible to break.

A distinct shock at first accompanies the thought of a nurse charging more than the regulation twenty or twenty-five dollars a week, yet undoubtedly this last survival of a former condition is beginning to be felt an anachronism, and will soon be discarded, for, when one comes to candid consideration of the question, it is, of course, clear that no one person, or set of persons, can be found to possess an inherent right to say what any other person, or set of persons, shall work for.

I would not seem to fail in appreciation of what has been done for nursing and nurses by these primary methods. The utmost gratitude and recognition are due to those who did so much, not only to train the nurse, but afterward to secure her a just remuneration, yet while believing that their views and plans were the best possible at that time, the natural course of events and daily progress convince one that there will be further changes. Teachers on economics tell us that while the minimum rate in wages and salaries should be fixed, the maximum should remain open and subject to variation.

One takes for granted that no fully trained nurse will undersell another below a fixed point. It is also understood that to a certain extent the law of supply and demand will always tend to equalize nurses’ rates. May it not also be freely granted that a nurse has a perfect right to charge a higher rate than usual—if her opportunities or ability can command it?

The second principle I would advocate grows out of the first, and it is this: The woman who nurses ought to be paid equally with the man who nurses. We all know that men—even untrained ones—who nurse, command higher rates than women, while those who are trained charge from five to seven dollars a day. Now, without intending to express any unfriendliness to men nurses (for they are useful in their place, and many patients need them), I yet believe that nurses should strongly disapprove and resent this state of things.

The old argument that women must be content to be underpaid, because they take men’s work away from them, will not hold here, for it has always been undisputed that nursing is peculiarly a woman’s work. Nor can it be maintained that a man must be paid more because he supports a family, for the young men in training schools have no families, but usually make nursing a stepping-stone to medicine, while on the other hand, how many nurses do we not all know who help to keep the home for a father or mother, or educate a young sister, or give a young brother his start in life? No. This inequality exists, but neither of these reasons explain
why it exists, and not until nurses themselves learn to take con-
trol of their affairs will it be different.

The principle of self-government lies at the bottom of all we do,
but how far we are from carrying out this principle in practice!
Our fault in this regard, it is needless to say, arises from the lack of
organization, and with the advance of organization it will gradually
disappear. To education along this line we must look for that
strengthening of our professional spirit which will impel graduates
to unify and guard and discipline themselves as carefully as we do
our under-graduates, and which will make of private duty nurses a
highly organized branch of the service, governed by its own codes,
pruned of unworthy members by its own votes, and managed as to
its business affairs by its own representatives. The need of strict
discipline among private duty nurses is great, and just because it is
so, it is difficult for any unprofessional element to enforce it. It
seems probable that in time, and from loyalty to a standard, nurses
will voluntarily place themselves under a more rigid set of rules
in regard to private duty than they will submit to when some other
governing body imposes them. They have much to learn in this
regard. Some of the comments lately made in "The Trained Nurse"
upon my first article on Directories show plainly the one-sided
short-sighted views held by many nurses, and their need of en-
lightenment.

For the standard by which to measure the proper regulations of
directories may be taken (with modification as suggested, which
time will bring) the dignified and exclusive methods of some of
our training school directories. All minor methods, and hetero-
geous systems, such as those in vogue in various towns, the
directory run by unprofessionals, the directory at the drug store,
the directory under the control of the medical society, are to be
condemned. They break down professional pride and tend to dis-
integration, and what we need is to unite, and, in uniting, to avoid
all appearance of similarity to the intelligence office. Where one
good school directory covers the ground, nothing more will be neces-
sary, and in large cities where convenience to the public is an impor-
tant consideration, would it not be practicable to establish one
central directory in which the different schools would unite, and
which might stand to them all in the relation of the central post-
office to the sub-stations?

It might be so managed that convenience to the public would
reach a high state of perfection, and also that the needs of the
nursing profession would receive due attention. This seems to be
the only way in which graduate nurses can hope to own them-

selves, as it were, and to avoid scattering, and the appropriation of
themselves by various non-professional organizations.
I do not attempt to enter into details, but leave these suggestions to what fate they deserve.

**DISCUSSION.**

Miss Darche. Where would Miss Dock begin?

Miss Dock. I think with the superintendents of training schools.

Mrs. Robb. I would put the matter into the hands of the Alumnae Associations.

Miss Darche. I think the superintendents would be glad not to be in it.

Miss Brown. Has not this been looked forward to as one of the outcomes of the Graduates' Association?

Miss Brown. It has been considered, but nothing has been done.

Miss Hintze. Organization is power. It has been proven that directories connected with separate schools have not the same power as where there is one central directory. In Boston there has been a directory for fifteen years. The public and the doctors have been satisfied, but the nurses have not. You can never exclude selection from the directories. Cases cannot be dealt out in turn. Nurses must be selected for special patients. But I think it is a good plan to have a central directory, where a doctor can come and choose from a number of nurses.

Miss Darche. I should like to have the opinions of the superintendents in Boston on that subject.

Miss. Hintze. I should not like to see such a directory in every city, but there is no doubt that it has been successful in certain ways in Boston.

Miss Darche. We want to arrive at a satisfactory directory, and if Boston furnishes a good model, I should like to have the superintendents of Boston say so.

Miss Hintze. We want a directory that is satisfactory to nurses as well as to the public and the doctors.

Miss Brown. I am not well enough acquainted with the workings of the Boston Directory to express an opinion. I have understood that when it was organized it was at the re-
quest of doctors, who previously had been obliged to go to the Massachusetts General Hospital for nurses, or to the New England Hospital, and they were very much inconvenienced. I should not be willing to say that the Boston Directory had outlived its usefulness, because I think it has been acceptable to the public and to the doctors as a rule. I believe that some of the doctors now prefer to have a staff of nurses of their own, whom they keep employed and not to be obliged to refer to the directory. The number taking that course is limited.

Miss Darche. How about the nurses? Are they satisfied?

Miss Drown. There has been a great deal of grumbling on the part of the nurses, and such expressions as "favoritism" have been used.

Miss Darche. Does not the Boston Directory accept untrained nurses?

Miss Drown. They have a staff called "experienced" that register for less pay. But I think the number is quite small compared with the regular trained nurses.

Question. What are the fees?

Miss Hintze. Every patient who goes there for a nurse pays two dollars and a nurse is sent. A book is sent out to the nurse by a messenger boy, and the boy finds her, and gets her signature to an agreement to go at a certain time to the patient. Then the book is brought back and the person in charge knows that the nurse has started or will soon start. People are willing to pay the fee rather than to go from school to school to hunt up a nurse. The point I want to bring out is the power of concentration and the value of the society to the public, because the true test of anything of the kind is its value to the public. In New York I know that the medical journals have been fighting for years to get a central directory. The money earned in Boston by the directory goes for the Medical Library, and it amounts to something like two thousand dollars a year. A doctor comes to the directory and asks for a certain nurse. Unless there is a central directory there will not be nurses enough for him to choose from. There has been this undertone of grumbling on the part of nurses in Boston, but I think the nurses there owe a great deal to the
doctors for keeping up the directory. Perhaps the time has come for nurses to take it into their own hands. The doctors who have heretofore had it in charge are the most fair-minded of men. Two or three of the directors are the heads of training school boards. They sent out blanks to patients to be filled in regarding nurses' work; these reports when sent in were enrolled and this report kept for reference to be used only by the officers of the directory.

**QUESTION.** Does the nurse also pay a fee?

Miss Hintze The nurse pays five dollars when joining the directory. I think now they pay one dollar a year.

Miss Darche. We ought to ask whether the directory is to be in the interest of the nurses, the doctors, or both. Our trouble in New York is not so much that the doctors cannot get nurses as that the nurses cannot get doctors. We generally have twenty or thirty nurses on hand, and a doctor can get a nurse when he wants one. Each school has its own registry, and if a doctor wants a nurse from a particular school he can get her. There are also three or four central agencies, which take nurses from any school.

**QUESTION.** Is New York entirely satisfied with the method there?

Miss Darche. I think the doctors can get nurses when they want them.

Miss Maxwell. I think the great object of the doctors in New York in wishing a central directory is to get a nurse quickly. Sending to the hospital is often out of the way.

Miss Brown. I am told that there is a registry in San Francisco where trained nurses pay eight per cent. of all they earn into the directory.

Miss Maxwell. There are several in New York where they pay ten per cent. I know one nurse who has been on a case three years, and has paid ten per cent. all that time.

Miss Darche. That is managed in the interest of the individual who manages it.

Miss Palmer. It seems to me it is time that we took charge for the benefit of the nurses.
Miss Hintze. I think the time has come for the nurses to take it into their own hands.

The President. It seems to me that the women of our profession to-day are strong enough to take some stand on this subject.

Mrs. Robb. I believe that this is a matter that should be taken up by the Alumnae Associations. The thing should be regulated by nurses. We will get better results than now. There is no reason why the nurses should not combine and have an alumnae directory for nurses. Have it in a central portion of the city. Let it be made known to the profession at large, in New York and Brooklyn and other cities, and you will find in the course of two or three years that they will control the best nursing of these cities, simply because you will have no members who are not capable of doing the best work. Such nurses might bring credit to a directory, and they are bound to receive the recognition of the doctors and the public.

Miss Darche. The question would be, who is to be the agent? The agent has a great deal of power in her hands.

Mrs. Robb. If you form the directory from the associations of alumnae they can select their own agent by vote. It is a self-governing society, and they would be particular in selecting a woman who would be impartial.

Miss Maxwell. This arrangement was suggested three years ago in New York, and was opposed by every school.

Mrs. Robb. If New York were to undertake this and carry it out it would be a good model for other cities.

Miss Darche. I am not at all out of favor with the way registries are managed in New York. A central bureau might be established if the registries of different schools could be brought to a central bureau, with as many drawers as schools represented. When the call came for a graduate from a specified school that call could be answered by a nurse from the school chosen.

Miss Dock. There is a dangerous tendency for registries to go over into the hands of the physicians. For no special reason the doctors in Chicago tried to get control of the Illinois directory. Last winter the medical board made application to
have the directory handed over to them bodily. The reasons were so indefinite that they had little force. They quoted Boston and Philadelphia. There was a little uncertainty, several of the board seeing no reason why medical men should not control the nurses, but the vote was finally against it. But they have tried again and they may succeed.

Mrs. Rohe. That is the reason why New York and Brooklyn, which are so powerful, should set a good example. I shall be glad to give all the time that I can spare to keep the doctors from getting control of the directory. I think the association should feel that way if we are going to broaden out and help each other.

Miss Hintze. It seems to me that what we need is unity of purpose.

Miss Darche. As long as graduates are loyal to their own registries I do not see how the doctors can start any other directory. A central bureau could be started only by having a good deal of money contributed. I do not see who is going to give this money.

It was moved and seconded that the matter be laid before the managers of the Bellevue Training School for Nurses.

Mrs. Rohe. I think the other schools should be taken into consideration.

Miss Darche. I should like to ask why it should go especially before the Bellevue managers.

Miss Kimber. Because their registry is of longest standing in New York.

Voted.

A paper on "Comparative Value of Theory and Practice in Training Nurses," by Miss Brennan, Superintendent of Bellevue Training School, was next read by the secretary, Miss Brennan being unavoidably detained in New York:
COMPARATIVE VALUE OF THEORY AND PRACTICE IN TRAINING NURSES.

By Miss Brennan, Superintendent of Bellevue Training School.

Twenty-three years ago, it was said "that no refined, educated woman in this country could go through the severe practical training required to fit her to enter the profession of a trained nurse," whereas to-day in some of our schools a faint echo of the cry for higher education of women is heard. We take it as a sign of the times, but hope when taking up the higher, the lower education of women may not be neglected. The young woman who enters a training school, mark! it is not a school for nurses, but a training school for nurses, is supposed to do so for the purpose of becoming, at the end of two or three years' training, a thoroughly efficient nurse, and an intelligent assistant to the attending physician or surgeon—and the aim of all good schools is, in every way, to help, assist, and train the pupils to become such.

Now, no woman of education and refinement would spend two years in a large city hospital (and only those who have done so can understand what that means), unless she had some compensation in the form of theoretical teaching and study.

An uneducated woman may become a good nurse, but never an intelligent one; she can obey orders conscientiously and understand thoroughly a sick person's need, but should an emergency arise, where is she? She works through her feelings, and therefore lacks judgment.

In this progressive age, training schools cannot afford to stand still any more than other schools and colleges, and each year the graduates should be more skilled, more cultured, and, for this reason, more practical.

A nurse can always take better care of a patient if she understands the pathology of the disease her patient is suffering from; when typhoid, under no consideration will she allow him to help himself, neither would she, in pneumonia, turn him on his well side, etc., and I hold that all persons in charge of pupil nurses should strive to give a reason for, and explain why this is done or that is not done in each individual case.

The usual length of training is two years, and in that time how much has to be learned practically and theoretically, but we must discriminate and not sacrifice one for the other.

I have heard the study of the microscope advocated as necessary for the thorough education of the pupil nurse; I acknowledge it to be a most interesting and instructive one, but it requires a great deal of time and much patience. So, unless the hospital be a small one, and the patients few, the pupil nurse will not have the neces-
sary time to devote to it, and would gain much more useful experience if she spent the half-hour she had to spare in studying the character of the pulse in the different patients in the ward, or finding out just why some nurses can always see at a glance that this patient requires her pillow turned, or the next one her position changed.

These are all simple things, necessary to the comfort and well-being of the patient, wherein the microscope cannot help, no matter how proficient the nurse may be in its use. And should the pupil practice her profession after graduating, she will find that even at a private case she has no time to use it, neither would the attending physician expect her to, any more than he would to diagnose the case or write prescriptions.

In the universities and colleges of the world, the intention now is to make teaching far more practical than heretofore; this is particularly so in medical colleges. We all know that the young physician (who most likely has stood first and taken all the honors of his class), when he enters the hospital as internie, is utterly unfit, in spite of his splendid theoretical knowledge, to put into practice what he can fluently discuss.

Now with the nurse it is different, and just here the point trained comes in (I take it for granted that all training schools have the same fundamental principles): from the very first day she enters the school, she begins with the practical, and takes up the theoretical to enable her to give intelligent care to her patients, and to expand her mind by contact with greater minds, in lectures and books, etc., not in any way to make her pedantic or superficial, but to fit her for immediate usefulness when she is graduated.

Theory in conjunction with practice is what we want, and although it is undeniable that theory has done more to elevate nursing than any amount of clinical practice alone could have done, still we must remember that "too much reading tends to mental confusion."

Practice helps to impress and retain in the memory the knowledge obtained by theory, otherwise forgotten without the practical application.

Any one who has been ill knows that the height of good nursing consists principally in what is done for the patient's comfort, outside of the regular orders. A theoretical nurse performs her duty in a perfunctory manner and may carry out the doctor's orders to the letter, but the patient recognizes there is something lacking, and we know that the skilled touch, the deft handling, the keenness to detect changes and symptoms, the ready tact, the patience, unselfishness, self-reliance, and good judgment can be acquired only by much practice, and a good nurse without these attributes, despite her wide theoretic knowledge, will never be a successful one.

Now with our superior intelligence and advantages we must not
ignore the necessity of possessing a large amount of good plain common sense to form a basis for the education of our nurses, which will hold the theoretical and practical training in a state of equilibrium. Theory fortifies the practical, practice strengthens and retains the theoretical.

The names of Miss Florence Nightingale and Miss Virginia Osborn having been previously proposed for honorary membership were now voted upon and unanimously elected by a rising vote.

On motion, it was voted that a committee should be formed of the superintendents of the New York and Brooklyn Training Schools with Miss Brennan as chairman, to formulate suggestions with reference to a Nurses' Directory, these suggestions to be presented to the Society of Superintendents of Training Schools for Nurses and to the Bellevue and other training schools.

Miss Brennan and Miss Marion E. Smith, two out of the five members of the committee on eligibility for membership, being unavoidably absent from the convention, it was voted, on motion, to lay over the report of this committee until next year.

On motion, it was voted that the council should appoint a committee on publication. The committee appointed were: Miss Darche, Miss Kimber and Miss Littlefield.

Miss Snively announced that she should ask for a revision of Article V. of the Constitution.

The change proposed consists in striking out the last sentence of Article V. and inserting after the words "The only persons eligible for associate membership are" the words, "Superintendents of small hospitals and training schools who are graduates of training schools in good and regular standing and,"

No action could be taken this year according to the constitution.

The President. The committee, with reference to a blank form for the protection of nurses, will report through Miss Drown, the chairman.

Miss Drown. The committee saw no reason for making any changes in the blank form presented for your consideration.
this morning. This circular is proposed for the purpose of notifying the superintendents of training school of probationers or pupil nurses who have been dismissed for cause from some hospital.

**BLANK.**

| Hospital. |

| To | Date 189 |

| Miss |

**Superintendent Training School for Nurses,**

| Hospital. |

Dear Madame:

| Miss | a probationer (or pupil nurse) admitted to this school (date) was dismissed (date) for (cause given.) |

Yours very truly,

Signed.

**Superintendent Training School for Nurses**

Before the motion is put for adopting this form, there are some changes in the plan proposed this morning which we would make. The new plan is this: Instead of this blank being sent out to each large hospital having a training school, the blanks are to be kept by the secretary. In case a school dismisses a probationer or pupil nurse for cause, the superintendent is to fill out a blank and return it to the secretary. The name of the person dismissed will be kept on file by the secretary of this association. The reason for this change is that it will avoid undue publicity. One blank will be sent to each
hospital, and duplicates can be made. This may perhaps seem a roundabout method, but I can see the advantage of it.

The report was approved.

Resolutions of thanks were offered and adopted as follows:

To the superintendents of the Boston Training Schools for their hospitality.

To the trustees and managers of the Boston City Hospital.

To the Graduate Nurses' Association.

To Dr. Morris Richardson.

To the Misses Maxwell.

To the Committee of Management.

To Miss Linda Richards, the President.

The President. I thank you all for your patience and I now have the pleasure of introducing the president for the coming year, Miss Davis, of Philadelphia.

Miss Davis. I sincerely thank this association for this honor conferred upon me. I hope I may meet the requirements of the office, although I have many misgivings, and I crave your kind indulgence in advance.

On motion the Society adjourned to meet in Philadelphia, in February, 1896.
APPENDIX.

REPORT OF TRAINING SCHOOLS.

Reports, more or less complete, have been received from 107 hospitals.
Of these, nineteen are in the Eastern States, 47 are in the Central States, 12 are in the Western States, 9 are in the Southern States and 20 are in Canada.

EASTERN STATES.

Of the 19 schools reported:
Beds.—Two have over 200 beds, 15 have over 20 and under 100 beds, 1 has 20 beds, 1 has 18 beds.
Pupils.—Five have over 20 and under 50 pupils, 14 have under 15 pupils.
Length of Term.—In 7, two years; in 1, three years; in 1 two and one-half years.
11 send pupils to private nursing.
6 have an obstetrical service.
4 have a contagious
1 district nursing.
All 19 have medical and surgical service.

CENTRAL STATES.

Of the 47 schools reported:
Pupils.—Three have over 50, 20 have over 20, 3 have under 20.
Length of Training.—In 46, two years; in 1, three years.
A number of beds and course of training not reported.

WESTERN STATES.

Eleven schools reported, and of these:
Beds.—Four have over 100, 2 have over 50, 1 has over 40.
Pupils.—Seven have over 20 and under 50, 4 have under 18.
Length and course of training not reported.

SOUTHERN STATES.

Of the 7 schools reported:
Beds.—One has 700, 1 has 200, 5 have 50 and under.
Louisville Infirmary and Samaritan, New Orleans, not reported.
Length of training in all, two years.
Of the 30 reported:

**BEDS.** — One has over 200, 5 have over 100, 5 have over 50, 7 have over 20 and under 40, 1 has only 4. Three have 54 beds and 50 pupils, 3 have over 30 beds and under 30 pupils. The others range from 4 to 18. Eighteen have a two years' training, 1 has a three years' training, 1 Children's Hospital.

In many of the small hospitals there is very little class teaching, but a number of lectures, and some send pupils to private nursing.
LIST OF MEMBERS.

Boston Convention, 1895.

Alline, Miss A. L. (Associate), Brooklyn Homeopathic Hospital, Brooklyn.
Ayers, Miss Eugene D., . . . Rhode Island Hospital Tr. Sch., R. I.
Barry, Miss Mary, . . . . . St. Mary's Hospital Training School, St. Mark's Ave., Brooklyn, N. Y.
Bannister, Miss Lucy A., . . . Wisconsin Training School, Milwaukee, Wis.
Betts, Miss Laura A., . . . Hahnemann Hospital Tr. S., New York.
Brent, Miss Louise, . . . . . Grace Hosp'l Training Sch., Toronto, Canada.
Brennan, Miss Agnes S., . Bellevue Hospital, New York.
Collier, Miss, . . . . . Pennsylvania Hospital Training School, Philadelphia.
Darche, Miss Louise, . . . New York City Training School, Blackwell's Island, N. Y.
Dock, Miss L. L., . . . . . Illinois Training School, Chicago, Ill.
Dolliver, Miss, . . . . . St. Luke's Hospital Training School, Utica, N. Y.
Doyle, Miss Maralla, . . . Attended the Boston Convention, but did not become a member till 1896.
Draper, Miss Edith A., . Royal Victoria Hosp'l Tr. Sch., Montreal, Canada.
Drown, Miss Lucy L., . . . Boston City Hospital Training School, Boston, Mass.
Elliot, Emma T., . . . . . Boston City Hospital Training School, Boston, Mass.
Greenwood, Miss Mary H., . Jewish Hospital Training School, Cincinnati, Ohio.
Griswold, Miss Alice A., . . Massachusetts Home Hospital Training School, Boston, Mass.
Gross, Miss Lucretia J., . Late of Buffalo General Hospital, Buffalo, N. Y.
Hintze, Miss Anne A., . . . Memorial Hospital Tr. S., Orange, N. J.
Hogle, Miss Alma C. (Associate), Boston City Hospital, Boston.
Holland, Miss B.,...Winnipeg General Hospital Training School, Winnipeg, Manitoba.
Horrigan, Miss Clara,...Newark City Hospital Training School, Newark, N. J.
Hutchison, Miss Florence,...St. Luke's Hospital Training School, Chicago, Ill.
Kimber, Miss Diana C.,...New York City Tr. Sch., Blackwell's Island, N. Y.
Littlefield, Miss Mary S.,...Episcopal Hosp'l Tr. Sch., Phila., Pa.
Livingstone, Miss Gertrude,...Montreal General Hospital Training School, Montreal, Can.
Loomis, Miss Virginia,...Williamsport Hospital Training Sch., Williamsport, Pa.
Lounsbury, Mrs.,...Ex-Supt. Brooklyn Homeopathic Hospital Training School.
Lund, Miss Alga,...German Hospital Training School, New York.
MacDonnell, Miss B.,...Gen'l Hospital Tr. S., Elizabeth, N. J.
MacDonald, Miss H.,...Lackawanna Hospital Training School, Scranton, Pa.
Maxwell Miss Anna C.,...Presbyterian Hosp'l Tr. S., New York.
Merritt, Miss Isabel,...Brooklyn City Hospital Training School, Brooklyn.
McDowell, Miss Annie,...Newton Hospital, Newton, Mass.
McIsaac, Miss Isabel,...Illinois Training School, Chicago, Ill.
Milne, Miss Caroline J.,...Became a member in 1896.
McKechnie, Miss Mary W.,...City Hospital Tr. S., Wilkes-Barre, Pa.
Moore, Miss Gertrude W.,...Lady Stanley Institute, Ottawa, Canada.
Nourse, Miss A. E.,...Michael Reese Hospital Training School, Chicago.
Nutting, Miss Mary Adelaide, Johns Hopkins' Hospital Training School, Baltimore, Md.
Orr, Miss Margaret,...Paterson Gen'l Hosp'l, Paterson, N. J.
Palmer, Miss Sophia F.,...Late of Garfield Hospital, Washington, D. C.
Plumer, Miss Persis M.,...Hartford Hospital Training School, Hartford, Conn.
Quintard, Mrs. New Haven Hosp'l, New Haven, Conn.
Richards, Miss Linda, Homeopathic Hosp'l, Brooklyn, N. Y.
Roberts, Miss Jessie, Syracuse Tr. School, Syracuse, N. Y.
Robb, Mrs. Hunter, Cleveland, Ohio.
Sanborn, Miss Katharine, St. Vincent's Hosp'l Tr. S., New York.
Smith, Marion E., Philadelphia Hospital Training School, Philadelphia, Pa.
Smith, Miss Amelia L.,  . . . . Maine General Hospital Training Sch.,
Portland, Me.
Snively, Miss Mary Agnes, . . . General Hospital, Toronto, Canada.
Stowe, Miss. Emma L.,  . . . . Rhode Island Hosp'l, Providence, R. I.
Sutcliffe, Miss Ida L.,  . . . . L. I. College Hospital Tr. Sch., L. I.
Sutcliffe, Miss Irene H.,  . . . New York Hospital Tr. School, N. Y.
Tompkins, Miss W. M.,  . . . . Ex-Supt. St. Luke's Hospital Training
School, New York.
Walker, Miss Lucy,  . . . . Presbyterian Hospital Training School,
Wallace, Miss E.,  . . . . San Francisco Training School, Chil-
dren's Hospital, San Francisco, Cal.
INDEX.

Introduction, ......................................................... 3
Draft of Resolutions, ............................................. 4
Officers of Preliminary Organization, ........................... 5
First Convention, ................................................... 7
Memorial to Miss Lett, ........................................... 9
Constitution as Adopted, ....................................... 10
List of Names Enrolled, ......................................... 14
Committee on Three Years' Course, ............................. 16
Committee on Eligibility, ....................................... 17
Second Convention, ............................................... 19
Paper—Comparative Value, etc., ................................. 65
Paper—A Uniform Curriculum for Training Schools, .......... 24
Paper—The Three Years' Course, ................................ 33
Paper—Methods for the Protection of Training Schools, etc., 47
Paper—Training School Alumnae Association, .................. 52
Directions for Nurses, ............................................ 57
Committee on a Two Years' Curriculum, ....................... 45
Committee on a Three Years' Curriculum, ...................... 45-46
Officers Elected, .................................................. 46
Memorial to Miss Perkins, ....................................... 46
Honorary Members, .............................................. 67
Committee on Publication, ...................................... 67
Revision of Constitution, ....................................... 67
Place of Next Meeting, .......................................... 69
INDEX
FIRST ANNUAL REPORT

of the

AMERICAN SOCIETY OF SUPERINTENDENTS
OF TRAINING SCHOOLS FOR NURSES

Allowance, 16
Alumnae Associations, 17
Call to Order, 7
Committees
   For Drafting Resolutions, 4
   On Eligibility for Membership, 17
   On Organization, 5 Officers, 5
To Study 3-Years' Course and 8-Hour System, 16
Congress
   Hospital and Medical, 3
   Nurses, 3
Constitution and By-Laws, 9
Eight-hour System, 16
Founders, 14
Journal Clubs, 16
Length of Course, 16
Lett, E. L., Tribute to, 9
Non-payment System, 16
Officers, 16
Origin, Am. Soc. Supts. of Training Schools, 3, 7
Papers
   What is a Trained Nurse and What are Nursing Ideals, L. L. Dock, 15
   Non-payment System as Established in the Ill. Training School, Miss Littlefield, 15
   Rules and Regulations, 4
   Sick Funds, 16
INDEX

SECOND ANNUAL REPORT

Allowance, 41
Call to Order, 20
Certificates, 29
Committees
ON Curriculum, 44
On Nurses’ Directory, 66
On Nominating Officers, 23
On Three-Years’ Course with 8-Hour System, 45
On Two-Years’ Course, 45
On Working Out Protection against Discharged Nurses, 52
Constitutions of Training School Alumnae Assns., 53
Circular for Notification as to Nurses Dismissed, 49, 67
Fees
Initiation, 23
Membership, 23
Members, List of, 73-5
Nursing Duties, 21
Officers, 46
Papers
Comparative Value of Theory and Practice in Training Nurses, Miss Brénnan, 64
A Uniform Curriculum for Training Schools, M. A. Sniveley, 24
A Consideration of Methods for the Protection of Training Schools for Nurses from Applicants Who Have Been Discharged for Cause from other Schools, L. L. Drown, 47
The Three-Years’ Course of Training in Connection with the 8-Hour System, Mrs. Hunter Robb, 33
Directories for Nurses, L. L. Dock, 57
Training School Alumnae Associations, S. F. Palmer, 52
Perkins, E. P., Tribute to, 46
Probation, 49, 67
Rates of Payment for Private Duty, 57, 58
Ratio of Nurses to Patients, 42, 43
Reports of Training Schools, 71
Regulations and Standards, 31
Revision of Constitution, 67
INDEX

SECOND ANNUAL REPORT (Cont'd.)

State Recognition, 27
Training for Nurses,
 Value of, 25
 Specifications for, 28
 Early Organization of, 20, 21
 Total no. of, 52