FIFTH ANNUAL CONVENTION

—OF—

The American Society of Superintendents of Training Schools for Nurses

HELD IN

PUBLIC HALL, EDUCATION DEPARTMENT, NORMAL SCHOOL,

Toronto, Canada.

February 8, 9, 10 and 11, 1898.

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FIFTH ANNUAL CONVENTION

OF

THE AMERICAN SOCIETY

OF

SUPERINTENDENTS OF TRAINING SCHOOLS
FOR NURSES.

The Convention was called to order in Public Hall, Education Department, Normal School, in St. James Square, Toronto, Canada, at ten o'clock Wednesday morning, February 9, 1898, by the President, Miss M. A. Snively.
ADDRESS OF THE PRESIDENT.

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

[Read before the American Society of Superintendents of Training Schools for Nurses in Toronto, February, 1898.]

LADIES: I would like to express the great pleasure I experience in extending to you all a very cordial welcome. We welcome those who are here simply as visitors. We welcome our fellow-workers, women who have returned to us temporarily, and we welcome especially our American friends, many of whom have been content heretofore to glean their knowledge of Canada from pictures or books, possibly more especially from the advance army of representatives that Canada has contributed to swell the ranks of the nurse's profession throughout the United States. Let me assure you not only on my own behalf but on the behalf of the profession, that we deem it a privilege to return in a measure the hospitality which has been extended to us in so many of the larger American cities since the organization of this society.

In welcoming the British Association to Toronto last summer, our worthy Mayor took occasion to refer to the original pronunciation of the name of our city as "Taranta" meaning in the aboriginal tongue "meeting place." In the light of this derivation Toronto has remained true to its traditionary character notwithstanding the change in the pronunciation of its name.

In considering the numerous conventions which have chosen our city as a centre, it is pleasant to reflect that none is more welcome than the Association which presents itself within the walls of the Education Department this morning. We welcome you to our Dominion, to our city, to our institutions, and to our hospitality.

Although Canada, unfortunately, may be less experienced in the special department in whose cause we have met, and whose interests we desire to subserv, still we earnestly trust that our meeting here may result in bringing to each of us fresh enthusiasm, courage, and inspiration. Enthusiasm, for without this progress is impossible. "It is the genius of sincerity, and truth accomplishes no victories without it." It is the beacon fire kindled on some peak, whose light shooting up into the darkness is seen by some watcher from afar, who following the example kindles his own signal, when lo! another, and still another follows, until the whole horizon is encircled with light.

Courage, that we may bravely face the difficulties yet to be overcome, recognizing that these are meant to arouse not to discourage,
“that even defeat is nothing but education, nothing but the first to something better,” and “failures with heroic minds are the stepping stones to success.”

And shall even the most faint-hearted, no matter what her environment, fail to gather inspiration, when we recall the words of Ruskin? “Every noble life leaves the fibre of it, interwoven forever in the work of the world.”

Someone has said “The great use of intercourse with other minds is to stir up our own, to whet our appetite for truth, to carry our thoughts beyond their own tracks.”

We have met together to study questions of mutual interest, to get light from those who can impart it, and also, as the Scripture puts it, to be ourselves “ready to distribute, willing to communicate.”

As has already been stated Canada is less experienced in the work of nurse training schools, than is our sister country, and yet it may be a matter of surprise to some, that Canada claims to have organized a school for nurses prior to the organization of the Bellevue School.

In the winter of 1873, a school originally intended to be a Church of England Sisterhood was established in St. Catharine, a town of about 10,000 inhabitants, situated on the southern side of Lake Ontario, about twelve miles distant from Niagara Falls, the native town of the President of this society and the adopted home of two other members of this association.

A lady superintendent, two trained nurses, and two probationers were brought over from England. These together with one Canadian probationer made up the entire school. Two of the number were placed in the General and Marine Hospital, and the others in Springbank, a private sanitarium in charge of the late Dr. Mack. The school was named the Mack Training School for Nurses, and still exists under that name. It has at the present time ten nurses in training, and has graduated in all seventy-five nurses.

Beyond the establishment of this school, no further real advance was made in the Dominion, until ten or twelve years subsequently when a school consisting of a superintendent and sixteen nurses was organized in this city in connection with the General Hospital.

Our work, however, as nurses is to-day the same as when the first school was established, only based on broader, and let us hope, more intelligent lines. Our primary aim still is to care for the sick, the helpless, and the suffering, in hospitals, and in the community. We find cause for rejoicing, however, in that, while our work is eminently practical, we may, without egotism, be regarded in the light of handmaidens to science. Science, indeed has wrought much within the last score of years, but is it not also true that the success which
has crowned her efforts to some extent at least within the realm of scientific medicine and antiseptic surgery, has only been possible through the attention to details that is the requisite of absolute cleanliness, and the intelligence and care brought to bear in their administration, such as is found under a perfected system of nurse training? Writers, not a few, in this Victorian Jubilee Year, when called upon to recount the benefits which have accrued to mankind during Her Majesty’s reign, have not failed to mention the advent of the trained nurse.

Hospitals and Sanitariums have multiplied the world over, district nursing, and nursing settlements are spreading rapidly in all our large centers, and why? So good an authority as the late Dr. Lusk said: “There is no such efficient medicine for the sick as tidiness, system and order, and because of these things, the poor now eagerly avail themselves of hospital privileges. Where in old times sullenness and fear prevailed, now serenity and peace are to be found, for the poor know that they will receive the same watchfulness, the same consideration that is commanded by the rich in their homes.”

Every trained nurse, who appreciates her privileges and lives up to them, becomes at once a missionary and a reformer, in the true sense of the word. It is said that the Chinese Viceroy recently stated that of all the foreign forces that might be employed to conquer China, the only one likely to succeed, was the trained nurse as a missionary.

True, many of the problems which have confronted us in the past are as yet unsolved.

We are still wrestling with the question of overcrowding: the ideal nurse of whose virtues poets have sung from decade to decade, transformed into such from what is properly styled by the laity the “born nurse” so numerous and easily attainable in fiction, and such a “rara avis” in the experience of the anxious superintendent, is still the “will o’ the wisp” which we are diligently pursuing. We are still anxious to find some means by which the people receiving limited incomes may share in the benefits which trained nursing confers, without pauperizing the individual or underbidding the nurse. And we are still seeking to ascertain the best method of preventing the constant influx into our ranks of partially trained women.

But reforms are ever slow. Ruskin tells us that: “If a good thing can be done at all, it can be done easily. But it is in that kind of ease with which a tree blossoms, after long years of waiting.”

In this connection let us, for our partial encouragement, turn to an article which appeared in “Chambers’ Journal” in May, 1865, entitled “The Nursing Profession in England.” The writer in speaking of the ill-conditioned women to be found on almost every staff of hospital nurses goes on to say: “The supply of desirable women is
always far short of the demand, in fact, it is with a feeling akin to despair that persons who are aware of the truth look about through society and see the need of hundreds, nay, even thousands of qualified nurses.

Here and there, it may be hoped, one and another among the pupils may be pointed out by the authorities as qualified to be head-nurses, and possibly, among hundreds some one may disclose the capacity of being matron or trainer of nurses."

It will be a great marvel to our children's children that such a state of things could exist a quarter of a century after Mrs. Fry had opened the first School of Nursing, and ten years after Florence Nightingale had returned from the Crimea."

That a marked increase in the percentage of women capable of acting as "trainers of nurses" has undoubtedly taken place within the last thirty years, since the above paragraph was written, witness such a gathering as the American Society of Superintendents of Training Schools for Nurses.

Moreover when we consider that only three years have elapsed since the question of higher standards and greater uniformity began to be discussed, we certainly must find some cause for encouragement along educational lines. Our Report for 1897 tells us that already sixteen schools have adopted the three years course. Fifty-two schools now use text-books, have a regular system of class teaching and course of lectures given by medical men. The Report also states that with three exceptions final examinations, conducted by an examining board consisting of medical men, are held in all of our representative schools.

Nurses' Registries, Associated Alumnae Registries, and Alumnae Associations are also multiplying, while our National Alumnae Association has completed the first year of its history.

The work before this convention is eminently practical. We expect to become enlightened regarding that very important factor in every training school—"The Superintendent." What the ideal superintendent ought to be, and how this ideal may be attained, also in the same connection, how other people may be influenced so as to allow the superintendent liberty and independence to attain this ideal.

We acknowledge with regret that nurses are not always loyal to each other, but we hope to have presented for our consideration some suggestions regarding a suitable code of ethics which shall serve as a standard for nurses, and as the best means of inculcating a proper professional spirit among our ranks.

We are also looking forward with pleasant anticipations, in the hope that those who have had large experience, may be ready to aid us in solving such weighty problems as those which relate to diet
and cleanliness, and lastly we hope to carry away with us some valuable practical hints as to the best method of attaining a measure of uniformity in the practical parts of our work.

And now another year of work is opening before us, a year of larger possibilities and broader outlook than has yet been ours.

We are in a position to comprehend in a measure the magnitude of the work we have undertaken, and frequently obtain glimpses of the possibilities which the future may disclose.

It remains for us to conceive an ideal and to erect a standard, and having done this to be true to our ideal and to each other. Or, as St. Paul puts it, "That ye all speak the same thing, that there be no divisions among you: but that ye be perfectly joined together in the same mind, and in the same judgment."

The future history of the nursing profession is being shaped by the workers of to-day. And this, I take it, brings us to consider the question of individual responsibility. "What a man thinks, he is," we are told, and why? "The thought becomes the word, the word the deed, the deed the habit, the habit the character, the character the eternal being of the soul." Emerson says, "We shall one day see that the most private is the most public energy, that quality atones for quantity, and grandeur of character acts in the dark, and succors them who never saw it."

"The individual who wakes up to the consciousness of having been created for progress and perfection, looks with new eyes on himself and on the world in which he lives."

"The noblest influence on earth is that exerted on character, and this power is granted to us, to inspire with disinterested principles, to bring about improvements which may spread through a nation, through the world."

Toronto, Canada.
The roll call was read by the Secretary, showing that forty members were present. A number of applicants for membership were also present.

The President called attention to the fact that the members of the council were all wearing maple leaves, the Canadian emblem, by which they would be recognized.

The minutes of the last annual meeting were read and approved.

The Treasurer’s report was read by Miss Drown and approved.

REPORT OF THE TREASURER.

The American Society of Superintendents of Training Schools for Nurses in account with Lucy L. Drown, Treasurer.

CR.

Feb. 14, 1897. By cash, $236 41
By annual dues 66 members, 203 00
By initiation dues 8 members, 40 00
By luncheon fees, 46 00

$525 41

DR.

Feb. 14, 1897. To printing, $244 10*
To postage, 37 82
To reporting Annual Session, 35 00
To caterer, 115 00
To florist, 9 50

$441 42

To cash National Rockland Bank, 83 99

$525 41

February 9, 1898. Lucy L. Drown, Treas.

*This included, beside the report for the current year, the reprinting and binding into one volume of the reports of the first and second years, which had been in paper covers.
A letter from the Hon. G. W. Ross, Minister of Education for the Province of Ontario, was read, in which he offered any assistance within his power to the Convention.

Announcements were made by the President of the different social functions to which the members of the society were invited. There being no committee reports, the invitation received last year from the Matron’s Council of Great Britain and Ireland, to co-operate with them in an International Congress and nursing exhibit, was the next business in order.

The President. It was decided at the council meeting last evening that it would be quite an expensive thing for us to provide even for one delegate, paying her expenses to England, and that an exhibit which would be at all representative of American training schools would also be very expensive. In view of these facts it was decided by the council that it would recommend to the association that we send a letter of regret saying that the funds of the association at present would hardly admit of the outlay.

Miss Nutting moved that a letter be sent to England in accordance with this decision.

The motion was seconded by Miss Richards and was voted unanimously.

There being no further business for the morning the regular program was entered upon.
HOSPITAL LAUNDRIES.

By Georgea Nevin, Superintendent Garfield Hospital Training School.

[Read before the American Society of Superintendents of Training Schools for Nurses, in Toronto, February, 1896.]

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In the circulars sent out by some of our schools for nurses we say: "Only those best suited for the work can be considered," etc. I feel that the position of the unsuccessful applicant should have been mine to-day, inasmuch as I must at once disclaim any special knowledge of my subject. At the same time it is one which is not without interest. I find that many superintendents of training schools have given it thought, and more would be only too glad of the privilege.

"The work of the laundry is the one part of the hospital that I am not proud of," one of them says. Another: "This department is the most unsatisfactory in the hospital." A third: "We simply have to do the best we can with the means at our disposal." A fourth has from past experience been deeply interested in the management of laundries, as she found a great deal of mismanagement connected with them. She adds that she would rather state what she would like done, than what she has accomplished.

Information was requested concerning the marking, listing, the disposal of soiled clothing before reaching laundry, sorting, stains, disinfection, distribution and losses. This included the work required of nurses, the equipment of the laundry, and as far as possible its management. I wrote only to those training schools whose superintendents are members of this association. Answers were received from fifty hospitals. In fourteen, the office of superintendent of nurses and matron is combined, and she is responsible for the work of the laundry. In others a matron or housekeeper, and in two a man has charge.

Marking.—First, as to the marking of linen; pen and indelible ink with name of ward, dining-room, or whatsoever is desired, only, is in use in some hospitals. Others have a stencil plate with name of hospital in full, and the name of each department in addition. The name or number stitched with red marking cotton is another method and rubber stamps are also mentioned. Marking by hand with pen and Payson’s ink may be most satisfactory to many, and is undoubtedly more lasting, but the work involved is a consideration.
It would seem also that the full name of the hospital is desirable. An objection to the stencil is that the ink fades rapidly, but this is not an unmixed evil when pieces which are no longer good enough for one department, like towels, etc., in private wards, may be remarked for another. Directions for application of heat to the ordinary stencil ink do not usually come with it, but the sun or a hot iron renders it more indelible. New linen, especially towels, should be washed before marking.

Listing.—As in more than half the hospitals clothes are not listed before sending to laundry, there must be some doubt as to the benefits derived. Only five out of fifty, list clothes in both wards and laundry. In about fifteen hospitals, clothes are listed by probationers and junior nurses; in two, by head nurse of ward, who sends a duplicate list in the bag, and clothes are recounted by the sorter, under the supervision of the head laundress.

The seamstress counts clothes in the clothes room of one hospital, before they are sent to the laundry.

Patients' clothing is usually listed by the nurses. It is the custom to have books of private duplicate lists, one to be retained, and other sent to the laundry with the clothes. In one hospital, this list is returned checked by laundress. In order that this system succeed, it is highly necessary that the counting be done thoroughly at least twice; i.e., before leaving wards and when clean clothes are returned. Accuracy might demand two additional countings in the laundry for purpose of comparison, but I venture to say that this is rarely if ever attempted. The fact that so many superintendents of training schools do not control the laundry explains, for the most part, I have no doubt, the general indifference to listing as a protection from loss of linen in that department. One of the difficulties in some hospitals is that however carefully clothes may be counted in wards, different relays of linen are returned, and any comparison of count is, to say the least, discouraging in result.

Possibly my own experience is unlike that of superintendents in northern hospitals, in that the maids are colored, more or less ignorant and irresponsible, with an idea that the eighth commandment does not apply in institutions. For this reason I am convinced that counting the clean clothes in their presence and that of my assistant, does not at any rate tend toward a decrease of the linen supply. For the same reason, also, it seems best for all laundry employes to sleep in the hospital buildings when possible.

Disposal of Soiled Clothing.—Dry soiled clothing is usually placed in hampers, in bags of canvas or ticking or covered tin boxes or cans kept for the purpose in a closet or adjoining room, and sent to the laundry once or twice daily. In some hospitals, clothes are counted morning or night, or both, and then thrown down a chute to a room
from which they are collected. There are various methods in use as to the care of the very soiled and stained clothing. It may be rinsed immediately by nurses or orderlies, and then sent to laundry. This rule is so strictly adhered to in some hospitals that there are practically no stains which are not removed before clothes leave the ward. Again, nurses are only required to place such clothing in covered tin cans which are taken directly to the rinse house of the laundry, where it is thrown into tubs of disinfectant solution. Would not what is required of the nurse in this respect depend upon the character of the stain? For instance, a small accident to a blanket, otherwise clean, might be quickly remedied by the nurse. Whereas with the possible exception of fecal matter, most of which nurse or orderly would remove, is it not sufficient for her at once to place blood stained clothing, etc., to soak in cold water? It will be interesting to hear any argument for and against the methods as practiced in our best hospitals. In one of these, all soiled clothing is sprinkled with carbolic by the ward maid. The fact that linen can be so easily destroyed by the improper use of chemicals seems to be well understood, inasmuch as in large hospitals the removal of stains is usually the work of a man or woman appointed for the purpose. In small institutions, the head laundress under the direction of the matron or housekeeper is made responsible.

Chloride of lime for bleaching, oxalic acid for iron rust, etc., washing soda, ammonia and Labarraque’s Solution are some of the chemicals in ordinary use.

Although there is a difference of opinion as to how much of the soiled clothing shall be washed by the nurse, there is no question as to her duty in regard to infected clothing. Large cans for the purpose are kept in the lavatory or bath room and any linen soiled by typhoids, discharges from wounds, etc., are placed therein and covered with solution, carbolic acid 1-20 to 1-40 being the favorite. In the contagious wards, linen is sterilized by steam before it is washed.

Sorting.—Soiled clothes are sorted in the laundry as a rule, although in some instances the ward maids separate patients’ towels, doctors’ towels, napkins, bed linen, etc., into bundles before sending to laundry. It goes without saying that tray covers and table napkins will always be kept in a separate bag. In hospitals where the work is well systematized, there is a careful selection of the cleanest clothes, next cleanest and so on, before putting into the tubs, but there is apt to be much carelessness in this matter where the supervisor is not efficient.

It is not my purpose to dwell upon the laundry itself as the equipment of each differs greatly. In fact some hospitals have none at all, so depend entirely upon a public laundry. In others, the work is done by hand with the aid of washers and wringers, but
the greater number are fitted with steam appliances, including washers, extractors, mangles, drying bars, and in the best laundries, various labor saving devices are made use of, like body ironers, band finishers, collar and cuff ironers and sleeve ironers. Gas heaters for irons must also be mentioned as part of the furnishing.

One fortunate superintendent is able to write that her laundry is equipped with the best the country affords. In that hospital of 14 free beds and 100 private rooms, five employes do the work. It is impossible to state any rule for the number of employes, but it may be interesting to know that 42 are required to do the work in one hospital of 1,000 beds. In one of 800 beds there are 21 laundry women and 3 men, in another 18 women and 2 men. In a hospital of 300 beds 14 are employed, but in another of nearly 400 beds only 5 women and 3 men are found necessary. 13 employes is the average number for hospitals of 300 beds. How then, can 8 manage to do the work for 400?

Soap.—Ordinary soft potash soap seems to be most used in the steam washers. This is easily made from the kitchen grease and lye in a metal barrel or kettle and cooked by steam, and has the merit of economy, besides doing the work. Care must be taken that the rinsing of the clothes is thorough. At least twice and better three times should the water in the washers be changed. Cool water before soap is added.

The various chip soaps are much liked in many hospitals. Hard brown soap, Babbitt's preferably, for hand work, and Ivory soap are best for nurses' uniform dresses. The number of pieces allowed each nurse is from 18 to 32 weekly, making an average allowance of 23.

An attempt was made to find out the days of the week on which the washing is done, with the idea that if they were the same in a number of hospitals there must be a good reason for the arrangement. It was found that the washing for the wards is usually done on every working day except one, and that exception may be any one of the six. This is probably an unimportant point, as the supply of linen allowed, the number of laundry employes, and the amount of machinery must influence the management of work in different hospitals. I might add in this connection, that in a hospital of 100 beds, 34 of these being private rooms, and 26 nurses, the following arrangement has proved satisfactory: Ward linen and nurses' underwear and aprons on Monday, ward linen and nurses' uniforms on Wednesday, officers clothing including bed linen on Thursday, and ward clothes again on Friday. Four women are employed, and on Saturday night the laundry is clear of all but clothes collected on that and the previous day. The servants' washing is easily managed in large hospitals where it is usually done by the
laundresses, I believe. But in small institutions, where the washing, and especially the ironing for 15 or 20 maids is a large item in the work, it is sometimes a little difficult to arrange satisfactorily. In some instances, each maid is expected to do her own work, but this necessitates an irregular use of the laundry, with a waste of soap, starch, etc., which is not desirable. I have compromised by having all servants' clothes washed in the laundry on the same day by the laundresses and each maid irons her own—only at stated times, however.

Clean linen may be sorted immediately as it comes through the mangle, and placed in the basket ready for the ward where it belongs. Or all of it may be sent to a general linen room. In some places, only the body linen goes to the linen room, there to be mended and sorted for the wards. In other hospitals all of the linen is kept in a general linen room, but I did not learn by what method it reaches the wards, whether ordered by head nurses daily or as needed. Private patients' personal clothing, that for the officers and for the nurses may be made up into bundles before leaving the laundry, or the nurses clothes may be taken to the nurses home, and there sorted.

About one half the number of hospitals have a standard list of linen for each department. This list may be kept in an inventory book for each ward, and as far as possible the supply of linen is made to conform to it. Worn out linen is usually replaced once a month by the system of exchange. In one large hospital where the department under consideration seems particularly well managed the entire stock of each ward is counted monthly, when old articles are exchanged for new, and the losses are made up.

The monthly count by head nurses is in vogue in a number of other institutions, but as far as I can learn, only the worn clothing is exchanged at that time. In those hospitals where an inventory of the entire linen supply is made quarterly, twice yearly or annually, it is then that losses are made good. Several superintendents report magnificent losses in linen, by far the larger number could not say, and one hospital of 200 beds gives 1,005 as the number of pieces lost annually. This must vary according to the general management, whether it be competent or otherwise. Of course the laundry is not entirely responsible by any means, as there are countless other ways in which linen may disappear.

It has been suggested that a large hospital laundry might be nothing less than a training school for maids and managed on much the same principle as our own schools. It seems to me that the greatest obstacle in the establishment of such a system would be the women themselves, but this is a theory which I must leave to others to work out.
It would be interesting to know the experience of any superintendents of training schools who from choice or circumstance have assumed control of the laundry, to know if they have been able to institute reforms, and to note improvement in the quality of work done. Is there any superintendent who has not welcomed the experience or who would not wish it for her nurses, especially for those whose qualifications indicate ability for hospital administration?

It makes us feel that four years are none too many for all that we would like to do toward fitting women for positions of responsibility. What of teaching methods, of office work, housekeeping, marketing, to say nothing of the wards, linen room and the laundry.

May I take this opportunity to extend my hearty thanks to those members of this Association who so kindly and promptly responded to my request for information?

*Washington, D. C.*
Miss Banfield, I was much interested in the information afforded us in Miss Nevins' valuable paper. The chief difficulty seems to be, that too often the superintendents of nursing have not the control of the laundry. It is noteworthy that only fourteen of the fifty schools which were heard from have such control. Of one thing I am daily more and more persuaded, namely: The extreme desirability of combining the general administration of such departments as housekeeping, laundry, and nursing, under one central administrative head. It is to be remembered that the feeding of the patients, the changing and supply of their clothing and bed linen, together with ward supplies, is of necessity so inextricably bound up with the nursing of the patients, that it appears obvious that independent administration of such requirements must almost inevitably cause friction. When they are independently administered, I think I may safely say, they always do cause friction. The matron (who is rarely a nurse) supplies linen in such order and quantity as she sees fit. Naturally, the point of view of the superintendent of nursing and that of the matron being essentially different, their conclusions are apt to be different; and strangely enough, it seems to be the general idea that the nursing department should be the one to give way.

I do not mean that the superintendent of nursing should do the actual work of overseeing the work of these departments herself. In a hospital of any considerable number of beds that would be plainly impossible. Let her be given a proper number of capable assistants, a good linen matron, a good housekeeper, and efficient head laundresses as the size of the hospital may require; but if it were understood that the superintendent of nursing controlled these departments, it seems certain that we should soon have a more orderly system, and the supply regulated in better accordance with the demand.

I cannot help thinking that if these matters were laid before Boards of Trustees they would not be unwilling to aid their
executive officers in arranging the administrative details of hospital work in accordance with what could be so clearly demonstrated as being in the best interests of the patients. After all, it is the patients who usually suffer when any work connected with the care of the sick is arranged on a radically wrong basis. We shall hear later on of the necessary qualities and virtues of the superintendent of nurses and nursing, but I hardly think it would demoralize her to have her work made a little easier by doing away with avoidable sources of friction. The unavoidable will surely be sufficient.

I agree with Miss Nevins in considering that loss of linen should not always be put down to the laundry; especially so, when there is no methodical system of listing the soiled linen, or regular time for sending it to the laundry; of recounting it on return; of replacement of worn articles; of monthly or tri-monthly stock-taking. But as I think we have agreed, none of these things can be done efficiently when each department runs, or tries to run, independently of any other.

Miss Griswold. We have in our laundry eight women, who do the work for our 150 beds and fifty nurses. They are trained Swedish women who have learned laundry work in their own country.

The President. The General Hospital of this city has 400 beds and eight laundry maids. The laundry is a vexed question.

Miss Richards. It is easier to manage a laundry in a large public hospital than in one where there are many private patients.

Miss Nevins. Our laundry work at present is all handwork, and from 3,000 to 5,000 pieces pass through the laundry weekly. We have seven laundresses, and they are seldom in the laundry after 3 o'clock. We do not wash the personal linen of the private patients.

Miss Twitchell. We use a marking ink prepared by the New York Stencil Company, with which we have no difficulty. It does not fade.

Miss Nutting. We have from 25,000 to 35,000 pieces weekly and 31 laundry employees. The superintendent has no control
over the laundry. The losses are great. I should like to know if others find much loss is to be attributed to the laundry.

Mrs. Robb. To have the superintendent's department and laundry work in harmony the superintendent should have full charge, with the proper assistants and sufficient help under her direction.

Miss Elliott. As to the marking of linen I have come to the conclusion that there is nothing better than red marking cotton, though it necessitates more labor. There is no doubt the laundry should be under the superintendent's control, as so much depends on the cleanliness of linen, especially in surgical wards. By our laundry processes the linen is, as far as possible, sterilized. I think nurses should remove stains before articles are sent to the laundry, and that infected articles should be disinfected in the wards.

Miss McIsaac. In the Cook County Hospital red marking cotton is used, the name of the ward only being put on. The work is done by machine.

Miss Drown. Miss Richards referred to the laundry of private patients—in the laundry connected, with the hospital in which I have charge we have tried a plan within the last two or three years that has worked well. If articles of clothing are sent to the laundry, even if they are so frail in their nature and have seen such vicissitudes that they can never return, they can never be replaced in value! Our method is—when the clothes are listed, to have it done always in the presence of another nurse, so that there can be no question later. The nurse in charge of the patient makes a list of the clothing that is to be sent to the laundry, and this is signed by the head nurse of the ward. The list is sent with the clothing to the laundry and given to the head laundress. Certain days in the week these lists are carefully scanned by the head laundress and compared with the articles of clothing, and as fast as the list is complete the clothing is rolled up in a bundle and put in the ward basket to which it belongs. In this way we have been able to avoid very much loss.

Miss Richards. Miss Drown has charge indirectly of the
laundry and is also matron of the hospital, and I think that the only proper way is to have all the departments which bear upon the ward, under the charge of the superintendent of nurses, and give her sufficient trained help to have her ideas carried out.

Miss Nutting. If the superintendent has control she can make this an educational department which will be of the utmost importance to those of her pupils who expect to take hospital positions. The small hospitals cannot afford to have both superintendent and matron, and the superintendent must understand practical housekeeping.

The meeting then adjourned for luncheon.

Second Session.

Wednesday Afternoon, February 9.

The Convention was called to order by the President at 2.30 p.m. and the program continued.
HOSPITAL DIET FROM THE STANDPOINT OF THE HOSPITAL SUPERINTENDENT.

By M. E. Davis, Superintendent University Hospital, Philadelphia.

[Read before the American Society of Superintendents of Training Schools for Nurses, in Toronto, Canada, February, 1898.]

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Whenever "hospital dietaries" are made the subject of deliberation it begins and ends with two ideas: First, to deplore the monotony and to suggest that greater variety be introduced into the menu; and, second, to insist that the cost per capita be brought to the lowest possible figure.

How can these two apparently contradictory but desirable results be brought about?

In order to find out if anything was being done along these lines I put a few questions to the superintendents of large and small hospitals, in the United States and Canada, and received the information which will appear as we proceed.

My first question was, How is the food supply obtained?

The reply from the majority of the large hospitals came: "By a person at the head of the food department, called either steward, purveyor, matron or housekeeper, as the case may be, who, in consultation with the superintendent, arranges the menu, purchases what is required each day, or two or three times a week, and is made responsible for all the subsistent supplies, from the buying to the placing on the table."

A few obtained their supply by contract, or partly by contract, supplemented by the superintendent's daily or tri-weekly purchases.

In the smaller hospitals the superintendents, in the majority of cases, made all the purchases, making their own bargains with the dealers, taking advantage of the markets in the abundant season of fruits, vegetables and poultry, &c., to vary the bill of fare without increasing the expense.

A few of the hospitals had tried other methods besides the one at present used, but all expressed themselves as tolerably well satisfied with the existing regime and offered a few suggestions in the way of improvements.

The contract system seems to have been abandoned by nearly all the large hospitals and not to be in the highest favor with those
who still partially adhere to it, as being accountable largely for the poor quality of food served and the difficulty of fixing responsibility. More especially is this the case when the contract is given to the lowest bidder, as is usually the rule. The dealer intends to make a profit. If he underbids all the others, he must make his profit. He can do it in a variety of ways which find their equivalent in the expression "tricks of the trade." It requires a good deal of skillful manipulation and engineering for the dealer to make a profit, but the result is sure to be disastrous to the hospital menu and accounts; for, contradictory as it may appear, the man whose products are cheapest almost invariably presents the largest bill, at the end of the month. This all causes friction, extending through every department, from the dealer to the Board of Managers.

In awarding a contract many things ought to be considered with the price; the dealer's standing in the community; where he obtains his supplies; what facilities he has for caring for foods; the manner in which he actually does care for his stock; the service he renders his customers; all these should be taken into consideration, as well as his price.

A contract made with a dealer able to satisfy you on those points would result in about the same outlay as though the head of the hospital made purchases as needed, paying more when foods were high and less when cheap.

The blank forms for contracts should be sent to a number of dealers and awarded to first one and then another known reputable dealer, but never to one who had nothing to recommend him except the low figures affixed to the articles with which he agrees to supply you.

In a hospital small enough to admit of the method, the purchasing supplies by the superintendent is unquestionably the ideal method, as it approaches more nearly the family relations where the head of the house, possessed of a large amount of intelligence and very limited means, goes to market, makes selections and purchases, knowing that only by the strictest economy joined to a knowledge gained by experience and observation can the quantity be made sufficient, and the quality fulfill the two ultimate uses of food, supplying the body with material for growth or renewal, and with energy or the capacity for work, at the same time keeping the expense within the income.

A purveyor or steward or head of the food department sounds as though the whole question were solved, and so no doubt it would be were it not for a few "ifs."

Assuming that you have been able to secure a straightforward, honest person who cannot be bribed, if he knows all about flesh foods, the digestibility and nutritive value of each animal, and of
the different cuts of the same animal, if he knows what vegetable products are cheap, no matter what their cost, because they contain abundant nourishment and very little residue, and what are dear at any price, because they neither contribute to the renewal of tissue or produce force, and therefore in the economic system could only be considered luxuries—if in making up his daily menu he knew how to combine the proper amounts of proteids, fats, and carbohydrates to supply waste and renew tissue in the sick and furnish energy or capacity for work in the well, at a minimum of cost, then the system may rightfully be considered a success.

In spite of the “ifs,” it is undoubtedly a step in the right direction and will probably be adopted by all the large hospitals in the course of time, as a preparatory measure. Another question was: What facilities have you for storing supplies in large quantities? With two exceptions, the answer was “No facilities for storing in large quantities.” Most had large refrigerators, which kept the day’s supply in good condition; but a regular system of cold storage seems not to be considered essential in the construction of a hospital, nor a necessity in hospital economics. Everybody knows that buying in small quantities is an expensive way to provide the essentials for the maintenance of large or small bodies of people; and yet that is precisely what most hospitals do, when they buy a two or three days’ supply.

For instance, a housewife who makes her own bread and buys flour by the twenty-five pound bag, pays one-fifth more for the weight contained in a barrel, than the one who buys a whole barrel at once. Just such false economy is practiced by the hospital that buys three barrels of flour where it should buy fifty. There may be reasons, and doubtless are good and sufficient ones where many families are obliged to buy in that expensive way. Their means are limited, they have no credit, and the space they occupy is circumscribed. None of these reasons ought to exist in a hospital. When the hospital is planned, storage for foods should be one of the first considerations. If a large hospital is contemplated, then storage for large quantities should be provided, and a small hospital in the same ratio, always with facilities for enlarging as needed. The beginnings of most hospitals are small. The kitchen, range, steam apparatus, closets, sinks, and so forth, will but just meet the requirements at their inception. They enlarge and expand, add ward to ward and wing after wing, but the accommodation for the storage and preparation of food remains practically as it was in the beginning. They may put in a larger range, another steam cooker or two, which makes the space in which the work is to be performed more limited, and from the consequent confusion, the fact made more apparent, that they have outgrown their conveniences for prop-
erly preparing food, and systematically and hygienically caring for it after it has been prepared.

Work that ought to be done in the lightest, cleanest, most healthful surroundings is usually relegated to the darkest, worst ventilated, most inconvenient corner of the building. Cooked foods are stored in the dark, warm, non-ventilated closets, or heaped promiscuously in inadequate refrigerators, the one object being to get them packed in, the principle of keeping each class of foods separate being entirely lost sight of by the necessities of the case, and cannot therefore be insisted upon. The embodying in the plan of a hospital cold storage and an ice plant ought to be as common as providing for heating, lighting, plumbing, ventilation or any other essential equipment. The original cost might seem excessive, but the economy in foods and the knowledge that the food supply was being conscientiously, scientifically and hygienically managed would give a feeling of confidence to the intelligent public who contributed to the support of the hospital, of gratification to the consumer, and of satisfaction to the managers, which, from every point of view, would amply compensate for and justify the original outlay.

We might here mention some of the articles on which a large percentage could be saved by purchasing in quantity: Flour, oatmeal, Indian meal, rice, tea, sugar, canned goods, evaporated fruits, dried beans, split peas, etc., all of which require a cool, dry, well-ventilated place. Beef, mutton, poultry, and so forth, which require a dry temperature of 34 degrees F., may be kept two or three weeks, and should be bought in bulk. Perishable articles and articles which deteriorate with age, such as milk, butter, eggs, fish, oysters, fruits, vegetables, and so forth, the purchases should be made frequently, except, perhaps, winter apples, potatoes, cabbage, turnips and a few other vegetables, which, if properly stored, will keep for months, in good condition, with very little loss.

The question was asked, Where is the food prepared, in a central kitchen, or in various small kitchens? The answer was in nearly all cases, "in a central kitchen," and if the kitchen is properly planned and equipped there is where it should be prepared, in my opinion.

The man who engages in purveying to the public, whether in a hotel or restaurant, knows that if he would be prosperous in his business he must serve good food in an attractive way, at the minimum of cost. He begins by planning to have space enough to have his food properly taken care of, systematizing the work of preparation, so that each one may become expert in the part of the work he has undertaken to perform; introducing labor-saving machines, whenever found to be such; making the kitchen and surroundings attractive enough to induce persons of intelligence and education
to manage and direct them; and the manual labor to be performed by capable, reliable people so that there shall be no waste of energy, of time, or material.

True, the primary object of hospital dietaries is not money making, only in so far as a penny saved is a penny gained; yet planners and managers of hospitals can easily learn a lesson in how to provide wholesome, nourishing, palatable food at the smallest outlay, from institutions that exist with only that object in view. How long will it be before public sentiment demands that when a body of people assumes the responsibility of the management of a hospital, they place at the head of the food department a person who is as well versed in the theoretical values of foods and their economic functions, as the person at the head of the drug department, for instance, is in his.

Until public sentiment demands it, we will go on in the good old-fashioned way of entrusting the preparation of the nutrients of life to the least educated and intelligent class. So long as they are permitted to hold a position for which no special training has been received; so long as they are rewarded in accordance with the estimation in which their calling is held and not in accordance with the responsibility of their position, so long will hospital dietaries be expensive, monotonous, and generally unsatisfactory.

“Born cooks” stand on about the same platform as “born nurses or apothecaries.” They have an aptitude for the work perhaps, which if combined with intelligence and education, may be developed into a science by careful and prolonged training.

The science or profession of nursing has been brought from as low a standard as cooking occupies to-day, to its present dignity and importance. The preparation of food can be as readily elevated, once its importance is recognized and its scientific treatment insisted upon. I venture to say there is not a nurse who would not feel proud of her ability to compound a prescription, who might yet think it much beneath her dignity to prepare a wholesome dish of food, yet food is the more important of the two, for it is life-sustaining, while medicine simply stimulates some of the organs into healthy activity, and assists nature to return to the normal.

Each hospital that introduces a diet-kitchen or cooking school, with a woman who has been taught “the science of the kitchen” and is also a trained nurse, has taken the initiation towards this elevation of the care and preparation of foods, to the dignity of a profession, and may look upon itself as a pioneer in a great reform, and doubtless will so look upon itself, looking back, over the progress these schools have made towards placing the food department of hospitals on a proper basis.

I will leave it to our friend, Miss Stowe, to tell us in her paper how
they are at present managed, the work they are accomplishing, and how they can be made more effective so as to eventually absorb the whole dietary system.

To show us how, by judicious purchase, the initial step is taken in the reduction of cost of material, not at the expense of quality.

By having a place for everything and everything in its place the work can be systematized, each one taking up her part and carrying it to completion without confusion or loss of time and with no anxiety as to the ultimate result; making the preparation of food a scientific process and the care of it a hygienic measure; clearly demonstrating that by judicious purchase, ample storage, intelligent care and skillful, scientific preparation, the results so ardently longed for can be brought about—a varied and healthful menu, at a manifestly reduced expenditure.

*Philadelphia, Pa.*
Miss Parker, superintendent of the Salem Hospital, who was to have taken part in the discussion, not having been able to come, sent a written discussion, as follows:

"My first point would be that the hospital superintendent and the superintendent of the training school be one and the same person. Since being in hospital work I have become convinced that the diet is of the utmost importance to the patient's welfare, as to quality, quantity and administration, and the superintendent of the training school is the one who comes into closer relationship with the patients' needs in this direction than any other official, through her intimate connection with her nurses, from whom she can get much valuable information each day regarding the food coming to the patients and also through her bed-to-bed visits through the wards; hence to my mind the supplies should be under her direct supervision.

"Again, when she finds occasion for correction the cooks, feeling themselves directly under her supervision, yield to reproof much more graciously. My experience goes also to prove that a woman is a better buyer and a better planner than a man. She pays more attention to details, and it is this attention to details which gives us better food at a less cost.

"When I entered upon my present position the hospital was being supplied with western eggs, whereas we now have fresh eggs brought in twice a week by a gardener at a less cost to the institution, and I am very sure at a much greater value to our patients. In improving our diet it seems to me desirable to take some one thing at a time and try to improve upon that, be it eggs, butter, milk or the inevitable hospital soup. If we decide upon the soup let us have the best ingredients, let us watch the seasoning, let us be sure it is served hot, let us be sure it is not served in "nicked bowls." I feel that the time is coming when every hospital will have a trained nurse at its helm, and as her training has made her observant of details so she will better the hospital diet, and do it at a lower expenditure of money."
Miss Palmer. The hospital I represent being small, the question of food can be dealt with from the standpoint of the family. I do all the wholesale buying myself, leaving the retail orders to the housekeeper, who is directly in charge of the meals, and of the whole work of the kitchen. We have no routine bill of fare. We never know, when we sit down, what we are going to have. Prunes have been entirely eliminated from the bill of fare. People in masses seem to object to them. We range in cost from fourteen to twenty-six cents a day according to the season; that includes servants, nurses and patients. It does not include the cost of preparation. The great secret in satisfying people in large numbers is in not having any routine in the bill of fare. If they do not know what they are going to have, and have simple fare, well-cooked and well served, they well be satisfied. I feed only from 150 to 200 persons a day, and under the simple system that we have it goes very easily and there is little fault finding and very little friction.

The President. Miss Palmer's plan is ideal. If we could rid our minds of the knowledge of what was coming we should enjoy food in an institution much better. The fact that that is possible in a hospital of 200, makes it within the range of possibility for many.

Question. Will Miss Palmer tell us who does the thinking for each day?

Miss Palmer. That responsibility is divided somewhat between the housekeeper and myself. I do little except to suggest. It is her special business to plan the meals so that there shall be variety without increasing the expense. She comes to me for advice when she needs it. Sometimes I see her three or four times a day, and sometimes not for two or three days at a time. My ideal is to have a trained nurse in this position. There has always been a certain amount of friction between the untrained person in the kitchen and the trained people in the house. If we can have a trained woman in charge of the kitchen that difficulty will be done away with. She will be in sympathy with the requirements of the house. The time is coming when we must have not only trained women in charge
of the school, but at the head of every department of the institution. Until we get that we shall not have perfect success in our kitchen or in any other part of the house.

Miss Banfield. I should like to ask if the cost of from fourteen to twenty-six cents was for one meal or three?

Miss Palmer. For three meals. The changes in the market and changes in the bill of fare make the difference. About eight cents a meal is a fair average for the raw material. I think Dr. Billings considers anything under about thirty-six cents a day, economy; above that, extravagance.
PRACTICAL DIET KITCHEN WORK AS PART OF THE TRAINING SCHOOL CURRICULUM.

By Emma L. Stowe, Superintendent of Nurses, Rhode Island Hospital.

[Read before the American Society of Superintendents of Training Schools for Nurses, in Toronto, February, 1896.]

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We all realize how little most of our trained nurses know of the art of preparing suitable nourishment for the patients under their care. That they can guide them through a serious illness is well understood, but when the stage of convalescence approaches, they are often puzzled to know how to sustain the life that, with their skill and knowledge of nursing, they have helped to save.

Formerly most girls were taught at home how to prepare the more common dishes, and some few dainties, but now the knowledge is mainly derived from cooking schools.

No one will deny that it is a very important part of the treatment of most cases of illness to have the food properly cooked and properly served. Diet is being recognized as a very important subject in the curriculum of a medical school, and more attention is being paid by the physician in the selection, preparation, and manner of serving food. Hence the necessity for practical instruction in invalid cookery in our training schools.

Seventy papers, containing a list of seventeen questions, were sent to the different members of our association.

Fifty-eight replies were received, of these twenty-three stated that they had practical diet-kitchens in good working order.

Nineteen stated that their pupil nurses were sent, either to a cooking-school for instruction, or were taught by a competent teacher at the hospital, or at their nurses' home.

Sixteen schools regretted that they gave no instruction whatever in sick cookery.

Forty-two schools, out of the seventy written to, stated that invalid cookery was a part of their curriculum.

The methods of teaching are various. In twenty-three schools the nurses are taught in the diet-kitchen; in others, by classes in practical work; in others, by lectures—the lecturer doing most of the practical work. In some the methods are combined.

That nearly all superintendents are interested in this important branch of our work, is shown by the kind letters received from
them, and their expressed wish that a diet-kitchen, with a competent teacher, might become a possibility in their particular schools. Several stated that they expected to have a diet-kitchen soon; others, that they were prevented from having one by the lack of appreciation by the Board of Managers of the necessity; and others, by the unavoidable expense necessary for fitting out such a kitchen.

The class instructor receives from fifty cents to three dollars a lesson for each pupil, the price varying with the school and with the training that the teacher has received. The material used for the class is, in most cases, extra.

In one school the estimated cost of the class instruction at the nurses' home was from eight to nine dollars per lesson. This includes the teacher's salary and the materials used.

Three schools stated that class instruction, given to the pupils by the superintendent of nurses or by the housekeeper, was estimated to cost from fifty to seventy-five cents for each lesson.

One school pays seventy-five dollars for twelve lessons, for a class of eight nurses at cooking-school, and five dollars for materials for each lesson.

Another school sends a class of twelve nurses to cooking-school and pays seventy-five dollars for the course.

It was more difficult to get an estimate of the cost of maintaining the diet-kitchen per week.

In almost every instance the cost of supplies and working expense were included in the general running expenses of the hospital. No separate account was made, the diet-kitchen being considered a part of the hospital.

The cost varies greatly in each institution, depending on the number of private patients, various serious cases, the character of the work of the hospital, whether an active service (acute cases) or a mixed (acute and chronic).

As a matter of fact, is a diet-kitchen managed by a member of the training school a source of expense? A certain number of special dishes must be prepared at all times, and it seems reasonable to think that an intelligent nurse would use supplies more economically and with less waste than an ordinary cook. The wages are less, or about the same. Only so much would be prepared as was ordered. The service surely ought to be more satisfactory with the food better cooked, better prepared, better served, and always on time. In the rush of getting out meals in a general kitchen, the time and attention given to details cannot, of course, be paid to this question as in a smaller and quieter place.

In one hospital containing one hundred beds, the cost of the diet-kitchen was estimated at twenty-two dollars weekly.

In another of two hundred and twenty-five, and still another of
two hundred and seventy-five beds, where all the special and liquid
diets ordered were prepared in the diet-kitchen, nothing going to the
wards from the general kitchen but the regular house, farinaceous
and plain milk diets, the estimated cost was from forty to sixty
dollars per week.

Many special articles of food are prepared, and the patients re-
cieve all their diet from this kitchen, until they are able to take
more substantial food.

In one diet-kitchen the teacher receives thirty dollars per month.
The material used is estimated at three dollars per week. In this
school the instructor is well trained in her line of work. She gives
class instruction as well as lectures.

The length of time the nurse remains in the diet-kitchen varies
from three weeks to three months. In class instruction she re-
cieves from six to twenty-four lessons. Nurses usually receive this
instruction during the second year. Probably it will be given during
the third year in those schools which have adopted the three years'
course.

The orders on the diet-kitchen are sometimes given by the super-
intendent of nurses, but generally by the member of the hospital
staff on duty, or by the interns.

The chief difficulties in starting a diet-kitchen seem to be the in-
ability to provide a suitable room, fitted out with the necessary
equipment, and to secure a teacher of ability at a moderate salary.
The probable expense, and the limited finances of most hospitals,
make it difficult to increase the nursing staff, in order to have a
sufficient number to keep one nurse on duty in the diet-kitchen, giv-
ing her undivided time to this branch of nurse's practical instruc-
tion. These difficulties form some of the chief obstacles that the
superintendent of nurses has to contend with, when she brings the
need of a diet-kitchen to the attention of her Board of Trustees.

On the other hand, there are advantages to be derived from a well-
organized, practical diet-kitchen. It relieves the general kitchen
of the troublesome details which interfere, in a great measure, with
the preparation and serving of the regular meals. In this way it is
an invaluable help. One superintendent replies that the diet-kitchen
has been "an economy to a considerable extent, and a source of help
and comfort in that greatest of trials and essentials, hospital diet
and fare." Another claims the above, and adds, that "there has been
less friction in the hospital, and fewer complaints from patients and
their friends" (an item worth remembering), "since the diet-kitchen
was established some five years ago."

Class and lecture instruction, and practical demonstrations are
of some benefit perhaps, but can this be of permanent benefit? What
the nurse prepares over and over again; the interest she takes to
tempt the appetite of her patient, who has a distaste for any kind of food, will stimulate energies to greater effort to provide something, that shall be taken and enjoyed, and which shall nourish the patient. To cook efficiently and furnish proper food is an art, which is only acquired by practice.

Then, shall the cost of the introduction of a diet-kitchen be considered too great an obstacle to be overcome by hospitals, that promise a regular course of training to their accepted applicants, which shall make them efficient in the art of nursing?

Of course, there is the first cost of fitting out the room with a gas or coal range, kitchen tables, various cupboards, refrigerator, and utensils—a list of those necessary will be found at the end of this paper. It will be found, too, that fewer utensils can be gotten along with if necessary.

**HOW TO ORGANIZE A DIET-KITCHEN.**

First, select a room as well ventilated as possible, one with two windows is desirable, all the air that can be obtained in summer is needed, for the discomfort from the hot air is made the more intense by the moisture given by the cooking food.

Have the room as centrally located as possible, and near the source of supplies and general kitchen; as the food from this kitchen is sent to the wards with the food from the general kitchen.

See that it is near the water pipes, and that it can be connected with waste pipes and gas. Having secured the best room available for the purpose, plan out the furnishing for the convenience of the work to be done.

Provide a gas or coal range, preferably the former; it is cleaner, it is always ready to light, it takes but a short time to heat the oven or the broiler; there is no danger that the fire will “go out,” leaving the nurse in despair, and causing great delay in the serving of food ordered for patients. Few nurses understand the management of a coal stove. If the nurse does not, the fire would burn low at times, and there must be a long wait before it comes up again. With the gas range, if the flame goes out, it is easily relighted.

A kitchen table, three feet by four, with two shelves beneath for saucepans, griddles, broilers, double broilers, etc.; two drawers for knives, forks and spoons, a standard above for hanging up iron spoons and small ware, may occupy the center of the room. Another table, perhaps five feet long by three wide, may extend along the side of the room from the gas range to the sink. A refrigerator, a chair, and a dresser for china, with small closets beneath for tin boxes of various sizes, to contain spices, sugar, flour, salt, cereals, and supplies of all kinds. There should be two drawers for napkins, towels, aprons, etc. Another table fitted with drawers and open shelves for tin cans, kettles, and other kitchen utensils, will be
found necessary. On this may be put the covered tin boxes in which the food is carried to the ward kitchen.

Two sets of Boston Cooking School receipt pamphlets can be bought and framed, and hung on the wall for ready reference. It will be found necessary to have cooking receipts for the nurses to refer to, especially if there is no permanent teacher.

In the Rhode Island hospital diet-kitchen all the special dishes and liquid diets for patients are prepared by the nurse on duty. She gives her undivided time to the kitchen, and is assisted in the roughest work by a competent ward maid.

When we first opened our diet-kitchen, about six years ago, a graduate of the Boston Cooking School happened to be one of the pupil nurses. She was the first nurse appointed to take charge. After establishing the system, she instructed another pupil, remaining several days with her; and so the lessons have been taught every since by the nurse about to leave the kitchen to her successor. Two nurses are in the kitchen together at least three days, and each nurse from three to four weeks. If an order, which the nurse cannot prepare from receipts, is sent in, she reports to the superintendent of nurses, who helps her out of the difficulty. The doctors order special diets for very sick and for convalescing patients, and the head nurse in the ward carries the written order to the diet-kitchen nurse, who puts it on her list.

A requisition for supplies is made out in duplicate every morning. One copy is sent to the matron and the other, with a list in detail of food supplied to each ward, is submitted to the superintendent of nurses, and by her presented to the superintendent of the hospital.

Beef tea, chicken, mutton, clam and oyster broths, gruels of different kinds, jellies, custards, baked, steamed, and boiled; light puddings, apple snow, blanc mange, rice, etc.; steak, chop, broiled chicken; eggs cooked in various ways, dropped on toast, scrambled, boiled, omelet, and eggnog; cream and butter toast, tea and coffee; These are some of the usual diet-kitchen orders. Our nurses take a great deal of pride in having the food temptingly prepared and daintily served.

The night matron goes into the kitchen about midnight, and prepares a light, hot supper for the night nurses and specials, and also for friends who are remaining all night with their very sick patients.

The average weekly cost of our kitchen is about thirty-two dollars for food alone, as water, and the expense of an extra nurse, and the time of the ward maid, would probably bring it up to forty-five or fifty dollars per week. We do not consider this an additional expense, for we have simply taken the preparation of this food from the general kitchen, and transferred it to the diet-kitchen, where a
nurse in training prepares it more intelligently and with greater economy than could be possible in the general kitchen, where nothing but regular meals are now served.

In closing, I would say that, in my opinion, the ideal method of giving instruction in invalid cookery would be, first, to equip a large airy room, if possible, with the furnishings necessary, to have all the cooking utensils needed, and to supply pretty china for the food. To secure a professional instructor, who shall give her undivided time to the nurse (or nurses), who, in turn, shall be allowed to give undivided time to this practical branch of her training. She should be taught that absolute cleanliness in every detail of cooking, in the care of the utensils used, and of the room, must be observed. She should be instructed in food values; the chemistry of the simpler foods; the foods for special forms of disease, and why they are best; and those most nutritious for convalescing patients. Special attention should be given to setting the tray attractively, and with the right quality and quantity of food. She should be taught the cost of food material, and the care and preservation of it. She should know something of marketing, and where the best and most economical cuts of meat are found, the part to select for beef-tea, and the most nutritious cut. The nurse should understand that the diet-kitchen is a department of the hospital, and that the food prepared is really a part of the treatment; that it may call forth her best efforts, to prepare and present it to the patient in the most nutritious form, and in the most attractive manner. It is important that a nurse should be efficient in this branch of her art, as many articles of diet have a definite place in the treatment of disease.

The instructor should criticise the nurse's work in the kitchen, and point out why she failed to obtain the desired result. She should be drilled over and over again, that she may know from continued experience how to properly prepare any article of invalid cookery without hesitation, and that she may never be at a loss to serve a dainty meal, or to provide a pleasant surprise for her patient, when she needs something to tempt the appetite.

She should remain in the diet-kitchen one month, at least, receiving instruction in careful and economical preparation, and dainty serving. She should not be required to do ward work during this time, but should be allowed to keep her mind on this particular line of her practical work. She should be assisted by a ward maid in the rougher part of the kitchen work.

In presenting this subject to you, I hope I have been able to convince you that, with proper system, instruction, and material, a diet-kitchen, such as I have described, may prove a benefit both to the hospital and to the nurse.
LIST OF UTENSILS NEEDED IN A COOKING SCHOOL.

China and Glass Ware.—Two two-quart pitchers, 2 quart pitchers, 1 eight-quart bowl, 2 pint bowls, 12 custard cups, 6 small oval platters, 2 blanc-mange moulds, 1 teapot, table dishes as required, 1 dozen quart Mason's jars, 1 dozen pint Mason's jars.

Wooden Ware.—One medium bread-board, 1 hard-wood meat board, 1 small round chopping-tray, 1 potato-masher, 1 scrubbing-pail, 2 pails for refuse, 1 knife-box, 1 gallon ice-cream freezer, 1 wooden mallet, 1 ice-pick, 2 butter-paddles, 2 plain wooden spoons, 1 broom, 1 whisk-broom, 2 small scrubbing brushes, 1 scrubbing-brush for floor, 1 stove blacking-brush, 1 stove polishing-brush, 2 dust-brushes, 1 long-handled mop, 1 knife-scouring box, 1 egg basket, 1 large market basket, 1 hardwood rolling-pin, 2 nests of boxes, 2 nests of buckets, spice boxes, 2 dish-mops, 1 sink-scaper, meat-squeezer, 1 lemon-squeezer, refrigerators.

Agate Ware.—One two-quart double boiler, 1 four-quart covered kettle, 1 two-quart saucepan, 1 quart saucepan, 2 pint saucepans, 1 hand-basin.

Iron Ware.—One gas stove, 1 double-lipped spider, 1 griddle, 1 teakettle, 1 six-quart enamelled kettle, clock, thermometer, 6 kitchen knives, 6 kitchen forks, 2 vegetable-knives, 1 carving-knife, 1 bread-knife, 1 chopping knife, 1 meat-fork, meat-hammer, 1 can-opener, 1 boning-knife, 2 large wooden-handled iron spoons, 6 common teaspooons, 2 ivory saltspoons.

Tin and Wire Ware.—One nutmeg grater, 1 apple-corer, 1 pepperbox, 1 flour-dredger, 1 sugar-dredger, 1 salt-dredger, 1 small tunnel, 1 wire soap-dish, 1 wire potato-masher, 1 fine wire strainer, 1 large dish-pan, 1 quart measure, 2 half-pint measure cups, 3 tin scoops (three sizes), 1 two-quart double boiler, 1 cracker-trunk, 1 churn, 1 quart coffee pot, 1 dust-pan, 1 short-handled skimmer, 1 large Dover egg-beater, 1 flour sifter, 1 extension wire strainer, 1 colander, 1 wire dish-cloth, 1 small long-handled sipper, 1 ladle, 1 gallon milk can, 6 two-quart milk-cans, 1 canister for tea, 1 canister for coffee.

Miscellaneous.—One dozen fine dish-towels, 2 hand-towels, roller, 6 coarse towels, 6 oven-holders, 3 floor-cloths, 3 sink-cloths, 9 dish-cloths, soft cotton cloth for washing meat and fish, cheese-cloth, strainer-cloth, 1 canvas bag for ice, gimlet, screw-driver, corkscrew, hammer, chairs, as required.

Providence, R. I.
DISCUSSION.

Miss Loomis, of the Williamsport Hospital, being unable to come, sent a written discussion as follows:

There are many difficulties in the way of establishing a uniform curriculum in our training schools, on account of the different character of the institutions with which they are connected. But this important branch of a nurse’s training, the cooking and dispensing of food to the sick, is one that can be uniformly taught in all our schools, for the sick must be fed in every institution, whether it be large or small, general or special, public or private.

Fully realizing the importance of diet in the treatment of disease, we should endeavor to impress our Boards of Managers with the necessity of establishing diet-kitchens in every hospital, not only as a means of instruction for the nurses, but as a material aid in the treatment of the sick. This latter argument will bear more weight with many Boards than the former.

A person who can do general cooking well can easily adapt herself to cooking for the sick. The manner of testing the candidate in this respect would afford another subject for discussion.

Miss Stowe mentions gas as the most desirable fuel for use in the diet-kitchen. This is no doubt true from the hospital standpoint, being the most cleanly and convenient. It is desirable, however, that every nurse should understand the management of a coal fire, as that is the most universal fuel. The practical, thrifty housewife, expecting her husband and children home at mealtime, is never thrown into consternation by her fire going “out” at the wrong time. Thus it should be with the trained nurse. In many cases the Superintendent may be able to suggest ways and means by which it may be accomplished.

The preparation of food does not include the whole subject by any means. The selection and arrangement of the menu, the judicious increase of food in amount and variety, from liquid to general diet, during convalescence; the diet in special diseases; the manner of feeding; the importance of thorough mastication, &c., are all allied subjects in which all nurses should be thoroughly instructed.

Let the effort be made to include practical diet-kitchen work in our curriculum. Should we fail to do this, our only alternative is to make proficiency in general cooking one of the essential qualifications for admission to our training schools.

Miss Milne, of the Presbyterian Hospital, Philadelphia, also sent a written discussion:
In adding a few words to Miss Stowe’s able paper, I think it will be of interest to give a short account of our diet-kitchen, which was established in May, 1893.

The room used for the purpose is on the fifth floor of the building and communicates with the general store room and kitchen by means of a dumb-waiter. The rooms of the private patients are just below on the fourth and third floors and the trays are served in the kitchen and sent down to the floors below. The nurses are taught how to manage the coal range, as we have not a gas one. The kitchen table is covered with zinc as the boilers and kettles can be set on it in serving. A teacher, a graduate in cooking, is in charge, and has working under her direction three nurses and a maid. Each nurse is in the kitchen for three months, which does not seem too long in her three years’ course for such an important part of her training. The work done in the diet-kitchen consists of all diets sent to private patients (we have thirty private rooms), broths, beef-tea, custards, junkets and all special diets ordered for ward patients. The general kitchen only supplies the “house” or general diets.

On entering the diet-kitchen the nurse serves a month as junior, her work consisting of the preparation of meats, making of beef-tea, broths, beef-juice, and of coffee, tea and cocoa. She is taught to know the different parts of meat, that which is most suitable for beef-tea, beef-juice and broth. She learns the difference between tender and tough meat, and how to make a selection of fowls and birds. She is also taught the effect of hot and cold water on meat and the results of cooking with each.

The second month’s work includes the cooking of meats and vegetables, making of toast, and so forth. With each new preparation the nurse is taught the reason for doing it, and is reviewed on what has been taught in lectures, the composition of foods, the effect of cooking, what are easily digested, etc. The nurse also takes charge of the special diets, as for diabetes or rheumatism, and in this way she learns the character of the different foods.

During the third month the nurse is responsible for the serving of the trays, that all special orders are served to their particular wards, or to the right patient. She has the care of the refrigerators, and makes all desserts. She is taught to make bread, and takes the teacher’s place when she is absent. It seems a good plan to have a nurse in her second year in the diet-kitchen, as after she returns to the wards her knowledge is useful to her in serving the meals, and it might be in making a suggestion as to a patient’s diet.

As to the probable cost of the diet-kitchen, the food would have to be bought just the same and is used much more economically by a trained teacher than by an ordinary cook. The extra cost to the hospital would only be the teacher’s salary, thirty dollars a
month. This teacher gives six lectures yearly to the school on dietics, but we depend more on the practical instruction in the diet-kitchen. Another great advantage is the absence of complaints from private patients and their friends as to the cooking and serving of the food, surely a great boon.

Miss McIsaac. We have found Thomas' Dietetics useful in our cooking school lessons, as it gives lists of diet for special diseases, as Brights, diabetes, obesity, chronic constipation, etc. We cut out the lists and hang them in the diet-kitchens, and they are of great advantage to the nurses in preparing special diets.

Miss Banfield. We have one of Mrs. Rorer's graduates. I believe her course of instruction for public school and institution work is of two years' duration. They are thoroughly instructed in food values, which is of great help in the understanding and proper carrying out of diet orders for the sick. They also take advantage of the markets in a way that I should not feel capable of doing, even if I had the time. Of course, they need to be taught hospital administration; I have, however, always found them ready to fall in with our ideas. The housekeeper, who is a lady by birth and education, is one of the officers of the house, and is responsible for every detail of her department. She has charge of the food supply of the whole hospital, and gives special supervision to the serving of food to the private room patients. A nurse is appointed as her assistant, and in this way the nurses also learn the practical application of their cooking lessons, marketing, and the general-principles of housekeeping in institutions. They are also able to substitute in case of illness or other eventualities.

Question. What would be the salary of the trained housekeeper?

Miss Banfield. We pay thirty-five dollars a month, but it should be noted that this includes instruction in cooking to a weekly class of eight nurses. These classes last from October to May inclusively.
Third Session.

Thursday, February 10.

The Convention was called to order at 10.30 a. m. by the President, who called Miss Nutting, the Vice-President, to the chair.

The committee appointed last year to incorporate the provisions of the Eligibility Report into the constitution reported through Miss Snively, chairman, as follows:

Your committee begs to report that in classifying members according to the qualifications laid down in the Report on Eligibility, it was found best for the sake of clearness to call the visiting members a separate class, thus naming five classes of members instead of four.

The amendments, which were sent to each member according to the constitution, read as follows:

Amendments to the Constitution as embodied in the Report on Eligibility to be voted on in February, 1898:

Article III.

To remove the word “four” in the first line and substitute the word “five.” To place after the number “(3)” the words “Visiting Members.” To place after the number “(4)” the words “Honorary Members,” and to add the number “(5),” placing after it the words “Corresponding Members.”

Article V.

To add, after the words “general hospital,” at the end of the first paragraph, the words “of not less than fifty beds, giving not less than two full years of training in the hospital.” In the second line of the second paragraph, to add after the words “general hospital” the words “of not less than fifty beds,” and in the third line after the words “course of instruction” the words “in the hospital.”

To strike out the words in the last two lines of the second paragraph, beginning with the words “The Honorary Members” and ending with the words “Assistant Superintendents,” and to insert in their place the words “and shall be acceptable to the Society.”

To transpose the fourth paragraph to the place of the third paragraph.

To omit from the transposed paragraph the words from the end of the first line to the end of the third, beginning with “Superintendents” and ending with “standing, and.”
To insert after the words "such appointments" the words "Visiting Members shall be graduates of schools whose superintendents are eligible for full membership, who may be in charge of small general hospitals or special hospitals of not less than twenty-five beds, all such schools giving not less than two full years of training. Such members to be acceptable to the Society."

To transpose the first and second paragraphs of Article VI. to the end of Article V. as they stand.

To transpose paragraph three of Article V. as it at present stands to be paragraph one in Article VI. To omit from the second line of this paragraph the words "in either of the three above-named classes of members or as Corresponding Members," and insert in their place the words "in any of the above named classes of members." To add, in the eighth line, after the word "associate" the words "or visiting." To add in the last paragraph of Article VI. in the second line after the word "meeting," the words "Visiting Members shall not be entitled to vote or to hold office, but shall have all other privileges of the Society."

BY-LAWS.

To add, in Article II. of the By-Laws, in the second line after the words "Associate Members" the words "and dollars for Visiting Members." To add in the next paragraph of Article II. of the By-Laws, in the first line after the word "Associate" the words "and visiting," and to add in the last line after the word "Associate" the words "or dollars for a visiting member."

It is to be added that the Council has determined the fees and dues for Visiting Members shall be two dollars initiation fee and one dollar annual dues.

Respectfully submitted,

M. AGNES SNIVELY,
Chairman of Committee.

LUCY L. DROWN,
ISABEL HAMPTON ROBB.

The report was approved. Miss Snively then took the chair, and the changes were acted upon separately and as a whole, and adopted as they stand.

Miss Nutting. I move to amend Article VIII. of the constitution by inserting the word "President" in the third line of the second paragraph. The amended article shall then read thus:

"The President, Secretary, Treasurer and one Auditor are eligible for re-election."

The motion was seconded by Miss McIsaac.
Miss Banfield. Will there be any limit to the number of years for which a President may be re-elected?

Miss Nutting. That was considered very seriously, and it was thought best to leave it open, as there might be a President whose re-election year after year would be desirable.

Miss Dock. I believe the experience of many clubs goes to show that unless there is a definite limit fixed to the number of terms for which a President can serve, a political element is likely to be introduced, with wire-pulling and the formation of cliques. While it is often desirable to continue the same President in office, it is less so in a society like this which has no executive work to do.

Miss Palmer. There should be careful consideration before any fresh changes are made in the constitution.

The President. There will be a year in which to consider the motion.

Mrs. Robb moved that a manual of Parliamentary Law be adopted as the standard authority of the Society and that a committee be appointed by the chair to decide upon a manual.

The motion was seconded and carried.

The chair appointed Miss Palmer, Miss Drown and Mrs. Robb.

The election of new members followed.

Miss Richards and Miss Brent were appointed to distribute, collect and count the ballots.

The following new members were declared elected:

**ACTIVE MEMBERS.**

Mrs. Deane, Mt. Sinai Hospital, New York City.
Miss A. Taylor, General Hospital, Kingston, Ontario.
Miss Hanna Kindbom, John Sealy Hospital, Galveston, Texas.
Miss A. Murray, Royal Victoria Hospital, Montreal, Canada.
Miss McMillan, Lakeside Hospital, Cleveland, Ohio.
Miss Margaret Macmillan, Jubilee Hospital, Victoria, B. C.
Miss I. F. Giles, Homeopathic Hospital, Pittsburg, Pa.
Miss A. M. Goodrich, Post Graduate Hospital, New York City.
Miss L. Lighthourne, House of the Good Shepherd, Syracuse, N. Y.
Miss E. Church, Western Penn. Hospital, Pittsburg, Pa.
Miss C. M. Bowman, Hamilton City Hospital, Hamilton, Ontario.
Miss E. B. Clarke, Grace Homeopathic Hospital, Toronto, Ontario.
Miss E. J. Keating, Erie County Hospital, Buffalo, N. Y.
VISITING MEMBERS.
Miss M. E. May, Rochester State Hospital, Rochester.
Mrs. H. M. Lawson, Cancer Hospital, New York City.
Miss M. McD. Clark, Lakeside Hospital, Chicago.
Miss Annie Robinson, Galt Hospital, Galt, Ontario.
Miss E. C. Gordon, General Hospital, Belleville, Ontario.
Miss Catherine Newman, Faxton Hospital, Utica, N. Y.
Miss C. Hall, Jamestown Hospital, Jamestown, N. Y.

ASSOCIATE MEMBERS.
Miss C. Grant, Asst. Supt. Illinois Training School, Chicago, Ill.

The election of officers for the coming year followed. The chair appointed Miss Richards, Miss Nevins and Miss Brent a nominating committee to prepare, distribute and count the ballots.
HOW FAR ARE TRAINING SCHOOLS RESPONSIBLE FOR THE LACK OF ETHICS AMONG NURSES.

By Eva Allerton, Superintendent Homeopathic Hospital, Rochester.

[Read before the American Society of Superintendents of Training Schools for Nurses, in Toronto, Canada, February, 1898.]

The subject assigned me by the Council does not admit of argument. It assumes that there exists a laxity of morals in some graduates from our training schools, and the question arises, to what extent are the training schools responsible for a state of affairs which we must admit exists to-day in the nursing profession.

We must take into consideration the fact that it is only within the last decade that women have come so prominently before the public as bread-winners. Not very many years ago the father, husband, or brother, dictated the mode of occupation for the female members of the household. If necessity demanded, a woman might teach school, music, clerk in a store, or sew; but she was daring, indeed, who ventured beyond these lines. In this age, without any special training to develop the stable side of character, a woman may support herself, or an entire family, by her professional work. Here she suffers from comparison with professional men, not only as regards the question of efficiency, but also in that of remuneration. This is largely the cause of so much adverse criticism of what is known as the "new woman."

While the public tolerates shortcomings in women who are engaged in other occupations, without any great amount of comment, it has fixed a higher standard of morality for the professional nurse. Why? Because her duties are of vital importance. She is brought face to face with the great problems of life, the mystery of death, and suffering in every form; she is taken into the home and confidence of the family where she is thrown into close relations with the inner life. Her duties are exacting, and if she fulfills her part and meets all the requirements she is often regarded as little less than an angel. If the reverse obtains, as is frequently the case, the faults and blemishes in her character appear more glaring than in any other class of professional women.

Fortunately or unfortunately, the criticisms we hear are those in regard to conduct rather than lack of skill or knowledge on the part of the nurse, except among one class of people known as the "newly rich," who apparently consider it a duty to find fault with any paid service rendered.

Now, to whom should the applicant for membership in our training schools be referred? Just here lies a great responsibility. I have made no attempt to learn in how many of the schools represented in
this body the selection is made by the superintendent of the hospital, who may be a physician, a minister or a layman. In some institutions a committee, composed of physicians and lady managers, pass upon applicants; or a single individual, man or woman, as the case may be, is vested with power to act. This is all very well, provided the acceptance or dismissal of the applicant, at the end of the probationary term, is left with the training school superintendent, who is, of course, a trained nurse. Almost every superintendent here could tell of the great difficulties experienced in getting rid of pupils, who, from a moral point of view, are not desirable, though they may be adapted to the work by virtue of natural gifts and personal advantages. If at all pleasing in appearance and manner, and can cry becomingly, it is easy for her to obtain one or more advocates among those interested in the management, in which case it is made so difficult for the superintendent to act that she yields the point in despair; the pupil is allowed to remain in the ranks, and to graduate, only to bring disgrace and shame upon the profession.

We need a more uniform method of selection. Assuming trained nursing to be a profession is it not right and just that the question of fitness should be decided by members of the profession into which the applicant aspires to enter? Doctors, lawyers, ministers and dentists are passed upon by those who have been graduated in their own special line of work and who are, consequently best able to judge of fitness. Therefore it seems right and just that the matter should be left with the superintendent, who is, of course, a trained nurse.

The question of age is of prime importance. Every girl must have her silly age, and she should have passed this before she can be considered a desirable pupil in any training school. I think I may say that the majority of schools represented here, do not admit applicants under twenty-two years of age. I prefer to take them at twenty-five, when every girl may be judged as a woman, and it should not be found necessary to excuse misconduct on the plea of youth.

It is my judgment that the first steps to be taken toward elevating the standard of ethics in nursing, is to allow time for the development of the practical side of character. Have we, as women, the moral right to bring into this work girls of unformed character, thus to obtain, before they are able to resist its influence, a knowledge of the many phases of life so peculiar to our hospital work? It becomes the duty of the nurse to administer to saint and to sinner, the same kindly, courteous treatment. "Familiarity breeds contempt" and it is my experience that it also breeds toleration.

"Vice is a monster of so frightful mien,  
As to be hated needs but to be seen;  
Yet seen too oft, familiar with her face,  
We first endure, then pity, then embrace."
When we give to the nurse her diploma, we virtually say to the public: "Here is this young woman. We find her virtuous, truthful and faithful. Take her into your homes; trust your loved ones with her; place your confidence in her; she will not fail you or be found wanting." Do we always conscientiously say this? Do we not occasionally feel like saying: "We hope she will not fail you?"

We should instruct our pupils to consider character of first importance, then look to their profession. The school should retain only young women with vigor and loveliness of character. Selfishness, sensuality, greed and disloyalty are degrading, and to be deplored; gentleness and veracity, in word and act, must be absolutely demanded. The same ethical principles which govern the school should govern the individual.

It is the duty of the school to thoroughly instruct its pupils with regard to the use and abuse of certain drugs and stimulants with which, in daily life, they become so familiar. It should never be taken for granted that they realize their danger. Here again familiarity is a great source of evil. To the woman of weak character, the alleviation obtained by such means, when the mental and physical strain is great, makes the forming of unfortunate habits comparatively easy. Let us warn those under our supervision of the danger which is in store for them if they yield to this form of temptation.

She must also be prepared and fortified against the peculiar trials and temptations which will surely come to her after she leaves the hospital. Here our responsibility ends and hers begins; and though we are naturally solicitous as to her progress and success, and desirous that she perform her duties in a faithful and conscientious manner, we should not further be held responsible for the conduct of the nurse who goes astray from the principles inculcated during the years of preparation in the training school.

Rochester, N. Y.
DISCUSSION.

Miss Gross sent a written discussion, as follows:

"Assuming that childhood and youth are the periods of character formation, and that ethics are the expression or fruit of character, we see at once that it is without the province of the training school to lay the foundations or bases of ethics.

"The women who enter and graduate from our training schools are past the plastic or formative period of life; the foundations of character are laid; their views of life and duty, noble or ignoble, are more or less fixed.

"The difference in character and qualities of nurses may not always be apparent during the period of hospital training, where there are many stimulants to well doing and where good discipline ensures generally even results.

"It is in the broader life, outside the hospital, that the nurse's character is more fully tested and revealed. There she is guided largely by the law of her nature, to which, in unguarded moments, she will respond much more promptly than to the remote influence of the Training School. Each individual nurse must live over again the old problem of choosing between good and evil, between higher and lower motives, between selfishness and unselfishness. High minded women will maintain high standards. But what external influence can prevent the selfish being selfish? the ambitious from pushing her rights a little too far? the busybody being too busy? The following illustration is borrowed by Emerson from the Orientals:

"'Take a thorn bush and sprinkle it for a whole year with water; it will yield nothing but thorns. Take a date tree, leave it without culture, and it will produce dates.'

"The responsibility of the training school, it seems to me, is composed in the following:

"First. The selection of women of high character and standards.

"Secondly. The presentation, 'line upon line' and 'precept upon precept' of the teachings of general as well as of nursing ethics; in other words, to choose a good foundation, and upon that to seek to build a noble superstructure.'"

Miss McIsaac. Our schools are lacking in teaching in professional ethics; our duty to one another and to the public. That should be a matter of instruction from the beginning. One of the first things the national association of alumnae should do is to frame a code of ethics, which should be an authority to us all and which we should try to teach and live up
to. It should be made a part of the nurse's instruction and they should be taught what is the difference in their lives in the hospital and their lives outside.

Miss Nutting. We cannot alter character in training schools. We can train women as nurses, but we cannot change the character. We may not be able to discover faults in character early; they may come out afterwards to our great regret and grief, and we should be very careful about signing our names to diplomas even after pupils have reached the degree required by the school and have come to the last months of their career there. We do not stand in the position of colleges and universities. They do not vouch for character, but only for a certain degree of training or schooling. We stand in a different and peculiar situation. We assume a moral responsibility for the character of the nurses we send out.

Miss Griswold. I have found it most helpful to meet my nurses once a week and teach them in these lines. I have kept a record of all the complaints that have come from doctors and patients, not only criticisms, but commendations and I have made it a point to go over these with my nurses, thus bringing up their standards as well as my own.

Miss Drown. In our training school literature, I do not remember at this moment of our being so fortunate as to possess a book on this subject of professional ethics among nurses. Here is a field for some one to write a classic that would be of great benefit to us all.

The President. A book by Miss H. C. Camp contains some very valuable hints on these points.

Miss Palmer. I would like to emphasize what has been said. An important thing to be considered is the question of weeding out and dropping nurses at the last moment if found to be unsuitable. That is one of the most disagreeable responsibilities of the superintendent.

I make it a rule in accepting a probationer to take her into my private sitting-room and talk with her as one woman to another, explaining to her as fully as I can what the profession of nursing calls for and telling her exactly what I expect of her as a woman, not as a nurse, in regard to her bearing in
the house, her relations to the different members of the house-
hold, the patients, the servants and in her general conduct all
the way through. I tell her that if she is deficient in any of
those traits and qualities which are necessary for success that
she may expect to be dropped, even at the last moment. Then
if unpleasant consequences follow she cannot turn upon me and
say she has never been told that this might be the result, for I
have warned her. I have had much less difficulty since that
plan was followed; I have found nothing that works any
better.

Mrs. Robb. I want to touch on one of the difficulties in the
way here, and that is the present system of nursing. We have
the patients with us always, and whether we have good pupils
or not they must be taken care of. The hospital may be very
full at the particular time when the nurses need to be weeded
out but the work must go on. Even in accepting probationers
when we would prefer to accept only first rate women we may
have to take second rate material because we have not the
first-class material to select from, for we must have the nurses
to do the work. That is one of the reasons why our graduates
are not always just exactly the women we wish them to be.
It is impossible for us as superintendents with the present sys-
tem of accepting pupils and doing the work of nursing to make
the selection that we otherwise would make.

Miss Banfield. What Mrs. Robb has said will apply even
more to small hospitals. It is a difficulty we all feel. Some-
times we find that we have been mistaken in our judgment and
the nurse develops better than we feared. She has had no
home training and she improves under hospital discipline. I
do not wish to advocate turning out any but the best nurses,
but this does happen sometimes. Another difficulty is that the
boards of trustees occasionally make it very hard for the su-
perintendent to use her own judgment in rejecting pupils. I
have also known friction caused by the friends of the nurse.
THE SUPERINTENDENT OF THE TRAINING SCHOOL.

By Linda Richards, Superintendent of Nurses, University Hospital, Philadelphia.

[Read before the American Society of Superintendents of Training Schools for Nurses, February, 1898, Toronto, Canada.]

QUALIFICATIONS NECESSARY.

That the superintendent of a training school should possess certain characteristics to enable her to succeed in her chosen profession I think no one will dispute. That the more virtues she possesses the more marked will be her success very few will question, and though every known virtue may not be necessary there are a few which seem so essential that they may bear mention in this paper. First of all her standard must be very high, for without this she can never keep her school abreast of others of enviable name. Some one has said "do not try to make your school the best, but as good as others." I like better to say, "aim to be best," as by that means you may become as good as others. The superintendent of the training school should be a good general, and a leader as well as an excellent disciplinarian, and if she would govern wisely and well she must first govern herself. A woman who cannot do this may never hope or expect to govern others. We should find her a law abiding as well as a law enforcing officer, for example is often more effectual than precept; she should be broad minded and large hearted if she hopes and expects to exert a wide influence, and she needs to possess a kind heart and much tact and a loyal nature. She must not be over sensitive, and must be able to bear criticism without making it a personal matter. If she fails in this she may as well bid farewell to happiness so long as she holds the position of superintendent of a training school. Servants of the public are looked upon with critical eyes, and superintendents of training schools receive their full share of criticism. It is very desirable that she possess fair business qualifications, and with the above named excellence and a determination to do good work she should be successful after thorough and careful training.

DUTIES TO BE PERFORMED.

There are certain duties which can be marked out as specifically belonging to the superintendent of the training school, such as the instructing of the nurses, the care of the wards and of the nurses' home, the discipline of the school, and many other duties might be mentioned, still her duties change so much and must be so carefully adapted to the school of which she has charge that it is very hard to mark them out on paper. In some hospitals she finds herself simply
the superintendent of the training school. In others the office of matron of the hospital is combined with that of superintendent of the training school, while again in other hospitals the superintendent of the school is responsible for the running of every department in which women are employed. In some hospitals she hires and discharges the orderlies and has entire control of them, and again we find this done by the superintendent of the hospital, and the superintendent of the school having very little voice in the matter of discipline or any other thing connected with them. In the small hospitals the superintendent of the hospital is also superintendent of the training school, and she holds all the minor offices. This obtains in some of the larger hospitals as well. It is not the object of this paper to decide which is the best of the many methods found, a few of which have been mentioned, but I think we may say that each superintendent of a school, be it large or small, should fit herself into the hospital in which she finds herself, and should work as far as in her lies to bring the school up to a high standard, and the work she finds herself able to accomplish will depend largely upon her own ability and tact. The care of the nurses is hers beyond a doubt, a charge she should always keep, even against opposition. The guarding them from overwork, a thing often so hard to accomplish, she must bear the responsibility of. The developing of a most excellent nurse from poor material is far too often a duty assigned her whether she can accomplish it or not. She must turn out thoroughly trained nurses from schools which give very poor facilities for instruction. She must secure, if possible, a just proportion of medical, surgical, gynaecological and obstetrical training for each one, even though doctors protest against a change of nurses and wish for only nurses of experience in their wards. She has charge of all hospital supplies, and must see that they are economically used, even though doctors are very extravagant, as waste is always laid to the door of the training school. The charge of all clinics and dispensaries will not be the lightest part of her duties, nor will they be the departments which will run most smoothly, but hers they are and such they are likely to remain. We might go on naming duties, but time, space and patience forbid and we forbear.

The Limitations If Any in Promoting the Best Results.

The limitations in the way of doing the best work—are there any? If so what? It would seem that a person with so many and such varied duties as is the superintendent of a training school should find herself without many limitations, but we find this is not the case. It is true I think that there are cases where the limitations rest largely with the woman herself, and we find that the young superintendent for the first time taking charge of a school finds herself more troubled.
with limitations than the woman who has been longer in the work. There are two reasons for this—first the public does not trust us in our first efforts as it does after we have proven that we are successful—secondly the same limitations do not trouble the woman of years of experience as they do the ambitious young superintendent with her first school. But limitations there are, shut our eyes upon them as we may. We know of schools where the superintendent has very little voice in the accepting or rejecting of applicants. Schools with boards, not one member of which has had a day's training, but who consider themselves quite equal to judging whether or not applicants shall be accepted or rejected and these boards accept and reject pupils at their own will. These boards also attend largely to the disciplining of the nurses for instance: The superintendent assigns some nurse a duty which is not pleasant to her, instead of performing it she puts on her hat and goes to a member of the committee who excuses her from the duty and writes a polite little note to the superintendent requesting her to allow the nurse to do something more agreeable. The effect of this upon the discipline of the school can easily be seen. That just such schools do exist to-day is only too true. That they are growing less we are very happy to say, that they will soon be among the things of the past we sincerely hope. It is a pleasure to be able to say at the end of nearly a quarter of a century of work as a superintendent of training schools, and experience varied and with many boards that most committees have been to me a comfort, and true help. A thing many superintendents of schools are unable to say however. There are hospitals in which we find training schools where the superintendent of the school has no dealings with the committee at all. The hospital has a superintendent who is also by name head of the school. He is a layman, a good business man usually, of course he has no knowledge of training schools, how should he have, nearly all his knowledge of hospitals he has gained in being superintendent of the one he now has charge of? Yet this man interviews, accepts or rejects all applicants, and this often without consulting the superintendent of the school, and the superintendent of the school, a trained nurse, who is quite equal to governing the school, has no voice in matters of which she should have entire control. These schools, we are very thankful to say, are also becoming less. Some schools which were formerly governed in this way, recognizing the faultiness of the method, have changed, giving the school into the hands of the superintendent of nurses and making her directly responsible to the committee, and the change has in all cases within my knowledge proved beneficial to the advancement of the school. This seems to me a very reasonable change to make and I hope that in time we will see it in all hospitals. How can we expect an ordinary business man or woman to be a competent judge in train-
ing school matters? If they can be and are what is the use of taking all the time and trouble called training? And if untrained people are not capable of deciding the fitness of candidates for other profession and of training them in those professions why should they be chosen to do it in this? And yet men with very little knowledge of hospital work and no knowledge of training schools have told me what they were to have done in their training schools and this without mention of the superintendent of the school, and in some instances I have known her to be a very competent woman. Schools in hospitals governed like the above named must fail to be what they ought, and would under different conditions become. Because I happen to know a little something of hospitals does it prove that I could successfully manage a hotel? Why then should men and women untrained in this special profession be so thoroughly capable of governing training schools? Do we find a man unlearned in all matters pertaining to navigation directing the trained sea captain how to best take his steamer across the ocean? Do we see railroad companies placing untrained men in charge of their trained engineers to insure safe passage for the thousands who travel by rail? And do we in our school rooms find men and women who know nothing of the present methods of teaching giving instruction to the teachers of the best methods of instructing the young? Most assuredly not. Then why must good women who have spent years in being trained and who thoroughly know their work be so hedged in by limitations that the work suffers as a result? Those questions we find ourselves unable to answer.

**HOW CAN THESE LIMITATIONS BE OVERCOME.**

This is not an easy question to answer, but that time with a better educated public will remove some I fully believe. That superintendents of training schools will themselves remove many I am very sure. First of all no trying place should have a weak woman at its head, strong characters should be found for difficult work, and these women must be a law unto themselves. If they are not capable of this they are not capable of holding the positions. Committees will very likely say "we can not afford to pay such women." The reply should be "then have no school." How far should the superintendent of the school be allowed to decide with regard to accepting or rejecting applicants? Entirely. When she is in doubt let her consult her committee; let her have the discipline in her own hands; let her feel that she has the support of her committee; always let her be very sure of her ground, then firmly maintain it. If this course is adopted with wisdom in nine cases out of ten she will very soon find herself master of her position and her committee will be more than glad to have advice on all matters pertaining to the school. There is still another class of hospitals not yet named which we wish to mention. The hospital which
has either a doctor or a trained nurse as superintendent. In such hospitals we find the superintendent of the hospital the head of the training school and the feeling is quite prevalent that in such hospitals the superintendent of the training school has very limited authority and I think the feeling has ground upon which to stand. Still, I have held positions in hospitals governed in both the above named ways, and I have never felt myself limited in authority, often have I had more responsibilities thrown upon me than I would have chosen. In such hospitals the office of superintendent of the training school must of necessity, it is felt, be inferior to that of the superintendent of the hospital. There must be but one head, this is what we are constantly told. But the superintendent of the hospital and the superintendent of the school are both there and must work together, one is not working for the other, and the superintendent of the hospital should realize that to properly manage a training school and turn out well trained nurses quite as much brains is required as is called for in properly managing a hospital, and the inferior officer is in a way more valuable to the superior than is the superior to the inferior. The smooth running of a hospital depends fully as much upon the ability and trustworthiness of the superintendent of the school as upon the superintendent of the hospital, and that the best results may be attained the feeling of superiority and inferiority should never be allowed to enter the thoughts of either. They work together, and both are working for the best interest of the hospital with which they are connected; disagree on many points they will if each has a mind of his and her own; quarrel they never should; each should consider the right of the other and the superintendent of the training school should be as well cared for and free from limitations as the superintendent of the hospital.

DISCUSSION.

Miss Brent. I have never been in a very large hospital, but I think the superintendent of the hospital and of the training school should certainly work in harmony. The power given to the superintendent of the training school should be absolute in regard to the discipline of nurses. The head of the hospital should never have the right to punish a nurse or to do anything but leave the discipline to the superintendent of nurses. She should be responsible to the medical staff for efficient nursing, but no medical authority should have any power to correct a nurse. The superintendent of nurses should have the entire charge of the female staff of the hospital both for the prevention of friction and for discipline.

Miss Snively. We must all feel that this is an important paper. The principal thought that strikes me is the great responsibility which rests upon the superintendent. The character of the superintendent we must admit will stamp itself on the school. We need to make this a personal matter and ask ourselves what manner of persons we ought to be.

The nominating committee reported through the chairman a double list of names which were written on the blackboard, each person entitled to vote preparing her own ballot. The ballots were collected and counted and the following persons were declared elected for the ensuing year:

President, Miss McIsaac.
Vice-President, Miss Snively.
Secretary, Miss Dock.
Treasurer, Miss Drown.
Councilors, Miss Nutting and Mrs. Robb.
Auditor, Miss Allerton.

In the interval while waiting for the nominating committee to return Miss McIsaac was asked to describe the work of the Crerar nurses in Chicago.

Miss McIsaac. The sum of $50,000 was given to the managers of the training school by Mr. John Crerar, and by them devoted to providing trained nurses for people of moderate
incomes, not the very poor. The latter are cared for by the Visiting Nurses Association. The income of the Crerar fund is used to pay the salaries of nurses who are sent to what we call "Crerar cases." They receive the regular salary and the money paid by the patient, which is in proportion to his income, rarely exceeding ten dollars a week, is added to this income. The work is most satisfactory as we reach exactly the class of people for whom it was meant.

**Fourth Session.**

**Thursday Afternoon, February 10.**

The Convention was called to order at 3.00 p. m. by the President, and the next paper announced.
HOW TO ATTAIN GREATER UNIFORMITY IN
WARD WORK.

By Mary M. Riddle, Assistant Superintendent of Nurses Boston City
Hospital.

[Read before the American Society of Superintendents of Training Schools for
Nurses, Toronto, February, 1898.]

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The establishment of uniformity is one of the greatest concerns of
this Society to-day, as it has been from the beginning. Evidently it
was of paramount importance in the minds of its founders, for the
framers of the constitution name it as the first reason for the exist-
ence of the Society and assign it as the first duty to be performed.

They say: "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."

Much has been written and said in this body regarding a uniform
curriculum, but thus far the attention has been mostly directed to-
ward technical instruction, to the exclusion of the practical.

It seems almost a hopeless task to formulate anything like a uni-
form system of ward work, when no two hospitals, in fact no two
wards in the same hospital, have similar requirements or like possibi-

mies. But we believe it will in time be accomplished, for this Society
is very much in earnest, and a determination to accomplish anything
is to have it half done at once. It is said, "such energy is creative."

Therefore it is with faith that we present these thoughts to you,
trusting they may be the opening wedge to prepare the way for com-
ment and discussion which shall in turn arouse an unflagging enthu-
siasm that will advance from strength to strength, and ultimately ac-
complish our purpose. By keeping this purpose ever before us we
best serve the hospitals we represent, they being the first to reap the
benefits of more thorough and systematic training.

The nurse is inclined to forget that the relations between the hos-
pital (by means of the patient) and herself are reciprocal. She is apt
to think that she is there only for what she can learn, for what she
can receive. This may in no way affect the hospital patient whose
welfare is carefully guarded, but it brings disaster to the nurse when
thrown upon her own responsibility in private nursing and demands
the frequent defence of the so called "Trained Nurse" by those who know her for what she really represents. Since through the hospital patients, all other patients are affected and he is that which enables the nurse to perfect the arts of her profession, therefore we assume that he is the unit of consideration in all the training of nurses, and only such methods must be pursued which shall be for his best interests, either as an individual or as a representative of the hospital.

But, before a plan which shall be a basis for more uniform work, can be formulated, it seems necessary to consider the methods already in vogue; accordingly information was elicited from twenty-five "Training Schools." We naturally turn to the elementary principles and inquire as to the instruction given probationers, to find that of the twenty-five schools represented, twelve give instructions to probationers by class teaching, as well as by the bedside; twelve give no instruction outside that furnished in the ward by the head nurse or senior nurse; and one depends upon the number of probationers entering upon their training. If a sufficient number enter at the same time, a class may be formed. We find in some cases that the instruction is given during the entire probation period, this being true of those schools in which the term is one month; but in only two schools having a longer term does the class instruction begin at once.

There is a marked uniformity in teaching probationers. Of the twelve schools that give instruction in ward work by class teaching ten do so by practical demonstration, while two make no mention of the methods employed, but simply state that the probationers receive class instruction.

The standard required for a probationer to become a pupil nurse varies more than the amount and kind of instruction given, though it is evident that the managers of these twenty-five training schools have much the same idea of what the typical nurse should be. For thirteen of them say that she must show a general aptitude for the work; thirteen mention neatness, order and cleanliness as requirements to be fulfilled; eleven stipulate that she must be intelligent; five require her to be quick in her work as well as quick of comprehension, and one school expects her to devote seven minutes to the making of each bed. Besides all these there are various other requisites mentioned, such as general appearance, patience, cheerfulness, good manners, good education, good health, obedience, faithfulness, proficiency, willingness, thoroughness, knowledge of how to care for self, etc., etc.

If we consider all these qualities necessary for the successful nurse and add to them those for which she was recommended to the superintendent of the training school at the outset, we have a sum total whose likeness is neither sought nor found in any other calling, nor among any other class of people, and if we add again those qualities
acquired by training, the result produced is a woman rarer than veritable saints and martyrs. If our experience as trained nurses will bear this out, if we and our associates are truly uncommon women, then surely the end justifies the means.

But did not that superintendent strike the key note who said, "A probationer should be required to do her work well or prove that she can be taught to do it" before she is allowed to join a training school. And did not another sum up the qualities requisite for a good nurse by saying she should have "good health, good sense, good manners and good education?" If the probationer in her ward work gives evidence of the possession of these qualities is she not worthy our consideration and might not this be a standard?

We find by examination of the reports of the twenty-five schools that pupil nurses are assigned to night duty at periods in their course varying from the end of the first to the end of the sixth month, for in one school they begin their night duty at the end of the first probation month; in another at the end of the second or third month; in three not earlier than the third month; in five at the end of the third month; in two at the end of the third or fourth month; in two at the end of the fourth month; in one at the end of the fourth to the sixth month; in three at the end of the fifth month; in two at the end of the fifth or sixth month; in four at the end of six months, and one school failed to report. Possibly these are not arbitrary and immovable dates, but are what the management of the different schools prefer and may be deviated from to meet the exigencies of the hospitals.

Length of first term of service on night duty varies also. Six schools give a term of one month each; one gives one to three months; one gives four to six weeks; nine give two months; one gives three months; one two or three months; one four months, and five schools did not respond to the question regarding length of service. One school gives a leave of absence of two days at the end of each term of night duty. While it seems that this method must require considerable mathematical calculation in keeping full the vacancies thus caused, no doubt the physical well being of the nurses compensates.

In twenty-two of the hospitals mentioned the pupil nurses have the whole care of the patients under the direction and supervision of the night superintendent. In two they are assisted by other nurses or orderlies. One school keeps so many specials on duty that one nurse rarely has the entire responsibility. Generally speaking, the special ward duties assigned to nurses show a slight uniformity, in that we find them beginning early in their course with the simpler, but not less important ward work and going on to the more complex, gradually assuming more and greater responsibilities as the months go by. In a few of the hospitals mentioned they are, at entrance, given the
care of a certain number of patients, and are expected to take the entire nursing charge of them under the direction of the head nurse or supervising nurse. In some they spend the greater portion of their junior year in what might be termed general housework, including sweeping, dusting, the listing of patients' clothes, care of linen rooms, bath rooms, pantries, lavatories, mortuaries and in making beds; going from thence to serving trays, giving baths, taking temperatures and pulses, while some senior or head nurse does the charting, as it is called.

Some there are that allow nurses in their first year the care of the convalescents only; there are others that give training in the nursing of none but chronic cases; others that consider the first year nurse capable of having the care of anything excepting contagious or obstetric cases; some exclude her from a share in the work for surgical patients, while others prefer her exclusion from medical patients, and still others decide that she must not care for any critical case. One hospital gives a nurse all her night duty during the first year.

Thus she spends her first junior year, and by her display of industry and energy therein as well as by her class recitations and examinations she is fully entitled to her place as a senior nurse and enters upon her second year.

In those hospitals where she is from the beginning, given the entire care of a certain number of patients, she finds her second year similar to her first, with this exception, that she is no longer under very close supervision, but must now in her turn take some responsibility in aiding and instructing junior nurses, and since she has done all kinds of work for one year (though possibly somewhat mechanically), she now does it easily and has the more time and energy to devote to thoughtful work and to become more scientific in her methods.

In these schools that make a great difference between the work of the first and second years, we now find her doing operating-room work, or obstetrical or gynaecological, or caring for patients ill with contagious diseases. In some hospitals she now cares for private patients or children, or she may be called upon for much special work. In others she may be called upon to work in the diet-kitchen, the dispensary or pharmacy. Other hospitals require her to keep the hospital records and attend "major orders." One hospital gives her charge of medicines, charts and diets; another gives her two terms of night duty with special work and the care of serious cases; one hospital expects her to care for the critical cases and private patients. One school sends her to special hospitals or calls upon her to act as head nurse; and one assigns no definite ward duties for the second year, but expects her to assist where needed.

Thus it may be seen that the variety almost equals the number of schools considered; but in one respect all coincide, namely, that with the months and years must be given added responsibility. This
is specially shown in schools having a three years' course, for we find that only four of them have the work so formulated as to have other duties assigned than those which imply greater responsibility.

Of the four schools mentioned, one says that during the third year the nurses are assistant to head nurses; have the care of surgical carriage and dressings, medicine closet and linen room. They also substitute for head nurses during the absence of the latter; do operating-room work and have one term of night duty with an assistant. In one school the third year nurses do obstetrical nursing or special work. In one, obstetrical and operating-room work, and in one general clinical work, special work and work in the diet-kitchen with a term as night supervisor. All other schools having a third year's training, either have not developed their plans or simply give their nurses charge of wards during the last year.

While the testimony from the twenty-five schools that have been considered reveals the fact that they agree in some important details, yet uniformity in ward work may be said to be "conspicuous by its absence."

Realizing the importance of this great need and being desirous of placing nursing in a more definite position, the leaders of the profession in Great Britain began to consider and discuss its possibilities some years ago. Accordingly at the first conference of the Matron's Council held in London, November 1, 1894, a paper which is "A Plea for Uniformity of Education in Nursing," was presented by the Matron of the Royal Infirmary, Glasgow.

A brief synopsis of the plan unfolded in this paper, which was subsequently published in the "Trained Nurse," is as follows:

It had been the custom of the Glasgow Royal Infirmary to give a series of lectures for their probationers which were to be attended simultaneously with the acquiring of the practical part of their work; this for many reasons was not satisfactory, but it led to the consideration of another scheme, viz: The taking of a special course of three months' instruction, including elementary anatomy, physiology, and hygiene, followed by a course of clinical instruction before being admitted into the wards for the learning of the practical part of a nurse's work.

Class certificates were given at the end of each course of lectures, stating the percentage of marks received by each pupil on examination in the different subjects. A plan for granting diplomas had not been fully developed, but it was hoped that an independent committee could be formed, who conjointly with the matron and medical staff should conduct the examinations. They were greatly aided and encouraged in this undertaking at the outset by one of the professors in surgery in the University of Glasgow, who in an address to the nursing staff, urged that "Nursing be raised to a distinct profession, with its entrance examination, its minimum
requirements, theoretical and practical, its teachers, its examiners and its diplomas." While fears were expressed by some that this system of training might produce pseudo-scientific nurses, they proved to be groundless. The limited time allowed only elementary teaching, though it was thorough.

Anatomy as it was taught, enabled the nurse to handle the human body with intelligence but no more. Physiology made her acquainted with the functions of the different organs, that she might be able to detect any deviation from the normal. Hygiene, that she might know what was meant by healthy surroundings, and how to secure them in the best manner.

The greatest advantage gained was found to be in the uniformity of instruction given; it was known just what to expect from each probationer as she entered upon her course in practice; and altogether it was found so satisfactory to the nurses already in training, as well as to the management, that many of the former went backward in their course and were excused from duty long enough to take the same instruction.

The time may not have arrived, for training schools in this country to take such a long step in advance toward securing uniformity in practice and theory, as to adopt the plan of the Glasgow Royal Infirmary in giving a preliminary course of instruction. Boards of trustees would no doubt demur at the additional expense and it might take a good while to educate them to an appreciation of its advantages, for advantages it certainly has. But, much may be done by making uniform requirements before granting diplomas. Raise the standard by making examinations more thorough and possibly more difficult. Secure uniformity in technical teaching and ward work by requiring that pupil nurses in the different schools pass the same examinations at the same time.

This could be brought about by any number of schools uniting with this end in view and appointing a committee to prepare examination questions and fix a standard to be used by all the schools represented. These questions could be forwarded to the superintendents of the different schools and they be allowed to conduct the examination (written of course). Unless the committee were a paid one, it could not be expected to examine and correct the papers, but it would fall to the lot of each superintendent to correct them for her own school as she now does. It is very evident that any superintendent knowing that her pupils must pass a uniform examination, would see that they had the requisite training and if the small schools and schools in special hospitals were to unite with those desiring uniformity, might it not be a great benefit to them and might they not, in that manner, prove to a certain extent the character and scope of their training? They each satisfy a demand in the community of which they form a
part, they are fixed and will remain so. We may ignore them, we may refuse to compete with them, but we can not remain oblivious to their existence, nor to the fact that, whether we are willing or not, they come forward to compete with us and are frequently winners in the struggle. If "discretion is the better part of valor," is it not also a very considerable part of wisdom? If they could be induced to join this league for uniformity, it would soon become plain to the managers that in order for their pupils to take rank with those having greater advantages in the larger schools they must be kept in the hospitals and under thorough training. In this way one obstacle to the success of our graduate nurses would be removed and they would have a fairer field.

All this may sound chimerical, but since it has been already proved how we can not keep the small schools in line if this attempt also should be unsuccessful, we should have merely added another degree of evidence to the truth of a theory now pretty well established, viz: that between the large schools and the small schools there is a great gulf fixed. But, rather, since it is the spirit of the times, in educational and industrial enterprises, to unite, to include, to share, undoubtedly they will sooner or later respond to the plea for the greatest good to the greatest number and uniformity, though hard to achieve, will have received an impetus that owing to the unity of spirit and unity of desire will not be overcome by such adverse forces as circumstances or difficulties, but will eventually progress by its own momentum.

For the accomplishment of this purpose it may be fitting to suggest that, as a beginning, after due consideration and deliberation this American Society of Superintendents of Training Schools for Nurses appoint a committee of five, representing as many schools, who shall consider the advisability of uniform examinations, and be empowered to prepare questions and forward the same to those superintendents who are willing and desirous of testing a scheme for greater uniformity.

Let there be a date appointed when all junior examinations shall be held and another when all senior examinations shall be held, and let the questions be in accordance with the time spent by the pupils in training. Let it be understood that these examinations in no way affect nor interfere with those conducted by the medical staff or others, but simply take the place of those conducted by the superintendent herself.

This would be an exceedingly simple beginning, but it would at least turn our faces in the right direction and could be elaborated to meet the needs of the schools and keep pace with the progress of time.

Boston, Mass.
Discussion.

Miss White. After hearing Miss Riddle's very interesting paper one realizes the possibility of uniform training of pupil nurses in ward work, and as a representative of one of the small schools I am sure all would adopt any new methods advanced if they can be proven good. The question of judging pupil nurses by a central examining board, as I understand it, does not seem quite practical to me, as I think coming in personal touch is always most important in deciding the fitness of the probationer, and so far superintendent's ideas differ greatly in that respect, will not the training of superintendents be necessarily the first step? Is it possible to have a given length of time to judge a pupil in as she must be vested with greater responsibility than can be given her in one or two months. Allowing for the difference in the working of our hospitals, can we not have an almost uniform course of instruction both in theory and practice, and after granting a diploma by the respective schools, have a national or state examination to give the right to practice?

The time being short, the President announced that there would be no further discussion, and the final paper was called for.
"SUGGESTIONS ON QUALIFICATIONS FOR FUTURE MEMBERSHIP" IN THE SOCIETY OF AMERICAN SUPERINTENDENTS.

By Isabel Hampton Robb.

[Read before the American Society of Superintendents of Training Schools for Nurses, Toronto, February, 1898.]

The constitution of this association, as originally adopted, recognizes four classes of members, viz.: active, associate, honorary, and corresponding members.

In the records of the annual meeting of 1896 will be found a report by a special committee on "Eligibility for Membership," the discussion that followed, and the action of the meeting upon that report. Last year another committee was appointed to formulate the necessary changes with a view to a still further amendment. With your permission I shall read the first amendment and part of the discussion that followed.

(Read here from book). Note in particular the sentence "I think that it is the mind of this association that we shall have some standard, and we are now trying to make a standard." But the question that has lately forced itself upon me is, "Are we working towards the true standard when we regard as a passport for membership in our association the position held rather than the quality of training and education of the woman who holds it?" It is true we require that 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." So far as this requirement goes we all meet on common ground, but we diverge the moment the kind of hospital held is taken into consideration and on this basis forthwith are divided into active, associate and visiting members. It does not seem to me that this is exactly fair or just to the women who have not been fortunate enough to secure appointments in large training schools or who for good reasons may prefer to do their work in the smaller hospitals and hold in them positions that are often just as responsible, if not more so, than the corresponding ones of the larger institutions. Because a trained nurse remains at a smaller hospital it does not signify that she is not just as capable, interested and progressive in her work as her friend of the larger school. Besides, on this continent of frequent changes, it may be the case that we are here to-day and gone to-morrow, so that the more prominent positions may at any time be filled by the women from smaller schools. Would it not seem, therefore, that all other things being equal, the truer standard must be found in the qualifi-
cation of the woman to hold the position of superintendent? This
standard once established we could all meet on an equal footing as
active members of our association, equally interested in all that per-
tains to the best interests of our common work, no matter what po-
sition we may hold.

But apart from any question relating to our association there are
other and perhaps stronger reasons why there should be special qual-
ifications required of a woman who would assume so responsible a po-
sition as that of a superintendent and teacher in the profession of
nursing. Many of us here to-day are the product of the pioneer
schools, graduates of years ago, when there was more scrubbing re-
quired of the pupil nurse, and when less systematic teaching in the
theory and practice of nursing was obtainable than is the case to-day.
The graduates of these original schools were bound to be the super-
intendents of all the many other schools that so rapidly sprang into
existence, so that we find the pupils of yesterday not infrequently the
superintendents of to-day, although, unlike Minerva, they did not
spring full-grown, armed at every point, ready to do battle in their
new work. On the contrary our experience has been won by hard and
persistent work—just how hard is only known to each of us—and the
advancements we have made, the improvements we have helped to
bring about for the schools of the present day are the result not so
much of what we were taught as of what we were not taught. Nor need
it necessarily reflect upon us to concede that while we were reaching
the present measure of our knowledge, our lack of experience was
having its daily effect upon those about us, upon the pupils we were
instructing, the hospitals we were caring for, and even upon the pa-
tients. And this still holds true to a certain extent with every gradu-
ate nurse who becomes a superintendent, for as yet there are no
special advantages offered to a woman who is desirous of fitting her-
self to become a superintendent of a training school for nurses. Her
principal opportunity is through the experience she gains as a head-
nurse and in a few instances from such extra training as she has re-
ceived while acting as assistant superintendent.

We all recognize that the position of superintendent of nurses re-
quires a woman of executive ability, education, tact, refinement and
keen perceptions, and that in addition to these she should have had
a thorough all-round training in every practical detail of nursing, as
well as a thorough course in the theory of her work. But a woman
may have all this and still be at a disadvantage when she undertakes
her first school, for the simple reason that she does not necessarily
know the best methods of presenting to others or of teaching her sub-
jects. A sound personal knowledge is a good foundation, but it is
quite another matter to be able to impart that knowledge in such a
way that it is presented in the best form to the pupil. It is generally
conceded by instructors in other kinds of schools that in addition to the diploma secured, it is necessary for those who intend to teach to have a further course in a school of pedagogy or in a Normal school, where they may supplement the knowledge they have acquired by learning the principles and the best methods of teaching and how to apply them. Why should not this hold equally well with a woman who elects to become a teacher in a school for nurses? It is one thing to graduate as a trained nurse, but quite another thing to enter upon the duties and responsibilities of a training school without a thorough and proper grounding in the management of such work. The woman who lacks this part of her education is placed at a disadvantage from which she cannot recover for some little time.

There are already training schools for teachers established in this country, notably one just recently affiliated with Columbia University, New York. Why should we not take advantage of them? For undoubtedly courses could be arranged by which the special requirements of our teachers could be met. The practical requirements we should of course continue to take care of ourselves, but in the theory and didactic part these training schools could supply much which cannot be easily acquired elsewhere.

One of the individual and collective objects of this society is to leave the work of nursing in a better condition than we found it and I think that we may congratulate ourselves upon some of our results. We have thus far worked to some purpose and our time, energy and money have not been expended in vain.

Until this year our attention has been chiefly devoted to the interests of the nurses and the work in general, but as at this meeting the subject of "The Superintendent of the Training School" is to be under discussion, why should we not go a step further and discuss the actual making of the superintendent, i.e., both educational and practical, and her special qualifications? The society is strong enough and representative enough to initiate the establishment of a Central Board of Examiners, whose duty it would be to map out a schedule of requirements for trained nurses, who wish to become superintendents of training schools. Besides passing a satisfactory examination in subjects decided upon by this board, it should be required that a certain length of time should have been spent in some specified training school for teachers, for instruction in the theory of teaching before the successful candidate is entitled to receive a special certificate declaring her fitness to take the position of a superintendent of nurses. It should be the privilege of any graduate nurse whether from a large or small school to come up for these examinations, provided she be properly endorsed by her school, and in some instances where a graduate from a smaller school showed general capability and marked ability in her studies, arrangements might be made to offer her addi-
tional advantages for work in any branches of practical nursing in which she might still be lacking.

Again, we have discussed the problem of a uniform curriculum. A careful perusal of the able paper presented last year by Miss McKechnie on "What has been Accomplished in the Direction of a Uniform Curriculum," will show how far our efforts in this direction still fall short. Would not uniformity in the matter of training teachers make this a natural result in the future work of training schools? It would undoubtedly also be the means of bringing us into closer touch with the smaller hospitals and training schools, and put our work as a society on broader and more uniform lines.

These suggestions have been advanced this year with the hope that the members would give them their careful consideration and perhaps see their way to appointing a committee to look into the matter more thoroughly and present a plan in detail for the carrying out of some such scheme at no great distant day.

I am aware that to place our members upon an equal footing would necessitate a complete revision of the constitution, but this is a mere detail in comparison with the improvements that would result from the establishment of the tests in deciding upon the suitability of candidates for membership. Can we find any better standard than the educational qualification?

Cleveland, Ohio.
The President regretted that there was no time for discussion of Mrs. Robb's paper.

Miss Nutting moved that committees be appointed to consider and report upon the suggestions made in the papers of the afternoon. Seconded by Miss Richards and voted.

Miss Riddle moved that instead of two committees one committee should be empowered to study the whole subject as presented in her own and in Mrs. Robb's paper, and to report upon both plans. The motion was carried.*

Resolutions were carried expressing the thanks of the Society to the trustees and officers of the General Hospital, to the managers of the Children's Hospital, to Mr. and Mrs. J. Ross Robertson and to the Hon. G. W. Ross for courteous attentions, to the press of the city for kind notices and to the retiring President for her efficient services.

Miss Snively then introduced the President for the coming year, Miss McIsaac.

Miss McIsaac. I thank the Society for the honor it has paid me. I shall be glad to extend the hospitality of Chicago to this association, and hope that I may be able to do as much as Miss Snively and my other predecessors have done to make the meetings pleasant and profitable.

The President. We now adjourn to meet in Chicago the second Wednesday in February, 1899.

* The President appointed Mrs. Robb, Miss Richards, Miss Nutting, Miss Snively and Miss Drown on the committee.
APPENDIX.

LIST OF MEMBERS
Of the American Society of Superintendents of Training Schools for Nurses.

Allerton, Miss Eva, ........ Rochester Homeopathic Hospital, Rochester, N. Y.
Alline, Miss A. L., ........ Brooklyn Homeopathic Hospital, Brooklyn, N. Y.
Alston, Miss A. L., ........ 143 West 47th St., New York City, N. Y.
Ayers, Miss Eugenia D., ... Paterson General Hospital, Paterson, N. J.
Banfield, Miss Maud, ...... Polyclinic Hospital, Philadelphia, Pa.
Bannister, Miss Lucy A., ... Woman's Medical College, New York City.
Barnhardt, Miss Grace, ... St. John's Hospital, Brooklyn, N. Y.
Barry, Miss Mary J., ...... 460 1/2 Hart St., Brooklyn, N. Y.
Bourke, Miss R., .......... Cooper Hospital, Camden, N. J.
Bowman, Miss C. M., ...... Hamilton City Hospital, Hamilton, Ont.
Breeze, Miss J. (Associate) Illinois Training School, 304 Honore St., Chicago, Ill.
Brennan, Miss Agnes S., ... 426 East 26th St., New York City.
Brent, Miss Louisa, ........ Hospital for Sick Children, Toronto, Ont.
Brown, Miss Maria B., .... Mass. General Hospital, Boston, Mass.
Cabannis, Miss G. H., ...... Old Dominion Hospital, Richmond, Va.
Clarke, Miss E. B., ........ Grace Homeopathic Hospital, Toronto, Ont.
Clarke, Miss M. McD., (Visiting), Lakeside Hospital, Chicago, Ill.
Clement, Miss Anna G., ... House of Mercy Hospital, Pittsfield, Mass.
Church, Miss E., .......... Western Penna. Hospital, Pittsburg, Pa.
Collier, Miss E. S., ....... National Soldiers' Hospital, Hampton, Va.
Darche, Miss Louise, ...... Hamilton, Ont.
Darling, Miss E., .......... City Hospital, Pottsville, Pa.
Davis, Miss M. E. P., ...... University Hospital, Philadelphia, Pa.
Deane, Mrs., ............... Mt. Sinai Hospital, New York City.
Desmond, Miss K. C., ...... Carbondale Hospital, Carbondale, Pa.
Dock, Miss L. L., .......... 265 Henry St., New York City.
Dolliver, Miss P. L., ...... Presbyterian Hospital, New York City.
Doyle, Miss M., ............ St. Mary's General Hospital, St. Mark's Avenue, Brooklyn, N. Y.
Draper, Miss Edith, ........ Care of Mrs. Sayer, Bayside, Long Island.
Drown, Miss Lucy L., ...... Boston City Hospital, Boston, Mass.
Ebersole, Miss Sarah, .... Freedman's Hospital, Washington, D. C. 
Elliott, Miss Bertha, ..... Victoria General Hospital, Halifax, N. S. 
Elliott, Miss Emma T., (Associate), Boston City Hospital, Boston, Mass.

Giles, Miss I. F., ........ Homeopathic Hospital, Pittsburg, Pa.
Goodrich, Miss Annie M., Post Graduate Hospital, New York City.
Gordon, Miss E. C., (Visiting), General Hospital, Belleville, Ont.
Grant, Miss C. (Associate), Illinois Training School, Chicago, Ill.
Greenwood, Miss Mary H., Jewish Hospital, Cincinnati, Ohio.
Gretter, Mrs. Lystra E., .. Farrand Training School, Harper Hospital, Detroit, Mich.

Griswold, Miss Alice A., .. Massachusetts Homeopathic Hospital, Boston, Mass.

Gross, Miss Lucetta J., ....12 Union Park, Boston, Mass.
Hall, Miss C. (Visiting), Jamestown Hospital, Jamestown, N. Y.
Hearle, Miss S. C., ......... Jefferson College Hospital, Phila., Pa.
Hibbard, Miss Eugenie, .. City Hospital, Trenton, N. Y.
Hill, Miss H. G., .......... St. Luke's Hospital, St. Paul, Minn.
Hills, Miss M. G. (Associate), C. M. G. Hospital, Lewiston, Me.
Hintze, Miss A. A., ....... Infirmary for Women and Children, New York City.

Hogle, Miss Alma C. (Associate), Boston City Hospital, Boston, Mass.
Holland, Miss B., ........ Winnipeg General Hospital, Manitoba.
Horrigan, Miss C., .......... Newark City Hospital, Newark, N. J.
Hutcheson, Miss Florence, St. Luke's Hospital, Chicago, Ill.
Keating, Miss E. J., ...... Erie County Hospital, Buffalo, N. Y.
Kennedy, Miss Kate L., .. 382 Virginia St., Buffalo, N. Y.
Kimber, Miss Diana C., ... Care McMillan Co., New York City.
Kindbom, Miss Hanna, ... John Sealy Hospital, Galveston, Texas.
Lawson, Mrs. H. M. (Visiting), Cancer Hospital, New York City.
Lighthorne, Miss L., .... House of the Good Shepherd, Syracuse, N. Y.

Littlefield, Miss Mary S., Episcopal Hospital, Philadelphia, Pa.
Livingston, Miss N. G., .... Montreal General Hospital, Montreal.
Loomis, Miss V., ............ Williamsport Hospital, Williamsport, Pa.
Macdonell, Miss Bessie, .. St. Joseph's Hospital, Paterson, N. J.
MacDonnell, Miss Emily, .... Albany Hospital, Albany, N. Y.
MacMillan, Miss Margaret, Jubilee Hospital, Victoria, B. C.
Maxwell, Miss Anna C., .. Presbyterian Hospital, New York City.
May, Miss Mary E. (Visiting), Rochester State Hospital, Rochester, N. Y.

McDowell, Miss Annie, .... Newton Hospital, Newton, Mass.
McIsaac, Miss I., .......... Illinois Training School, 304 Honore St., Chicago, Ill.

McKechnie, Miss M. W., .... 89 Handy St., Cleveland, Ohio.
McMillan, Miss M. Helena, Lakeside Hospital, Cleveland, Ohio.
Merritt, Miss Isabel, .... Brooklyn City Hospital, Brooklyn, N. Y.
Milne, Miss C. L., .... Presbyterian Hospital, Philadelphia, Pa.
Moore, Miss Gertrude W., Lady Stanley Nursing Institute, Ottawa, Canada.
Murray, Miss Annie, .... Royal Victoria Hospital, Montreal, Can.
Nevins, Miss G. M., .... Garfield Memorial Hospital, Wash., D. C.
Newman, Miss Catherine (Visiting), Faxton Hospital, Utica, N. Y.
Nourse, Miss A. E., .... Michael Reese Hospital, Chicago, Ill.
Nutting, Miss M. Adelaide, Johns Hopkins Hospital, Baltimore, Md.
Orr, Miss Margaret, .... 113 West 131 St., New York City.
Palmer, Miss Sophia F., .... Rochester City Hospital, Rochester, N. Y.
Parker, Miss Martha P., .... Salem Hospital, Salem, Mass.
Patterson, Miss C. G., .... Methodist Episcopal Hospital, Brooklyn, N. Y.
Plumer, Miss Persis M., .... Wentworth, N. H.
Quintard, Mrs., ......... St. Luke's Hospital, New York City.
Richards, Miss Linda, .... University Hospital, Philadelphia, Pa.
Riddle, Miss Mary M. (Associate), Boston City Hospital, Boston, Mass.
Robb, Miss Hunter, ......... 1342 Euclid Ave., Cleveland, Ohio.
Robinson, Miss Annie (Visiting), Galt Hospital, Galt, Ont.
Sanborn, Miss R. A., .... St. Vincent's Hospital, New York City.
Shaw, Miss Ada B., ......... Medville City Hospital, Medville, Pa.
Sheppard, Miss Lilla, .... Guelph General Hospital, Guelph, Ont.
Smith, Miss Amelia L., .... Maine General Hospital, Portland, Me.
Smith, Miss Marion E., .... Philadelphia Hospital, Philadelphia, Pa.
Snively, Miss Mary A., .... Toronto General Hospital, Toronto, Ont.
Standing, Mrs. C. P., ......... St. Luke's Hospital, Jacksonville, Fla.
Stowe, Miss Emma L., .... Rhode Island Hospital, Providence, R. I.
Sutcliffe, Miss Ida, ......... Long Island College Hospital, Brooklyn, N. Y.
Sutcliffe, Miss Irene H., .... New York Hospital, New York City.
Sweeney, Miss Anna, ......... Louisville City Hospital, Louisville, Ky.
Taylor, Miss Alice M., .... Kingston General Hospital, Kingston, Ont.
Tomkins, Miss W. M., .... 154 West 45th St., New York City.
Twitchell, Miss Alice L., .... S. R. Smith Infirmary, New Brighton,
Staten Island, N. Y.
Vance, Miss Ella G., .... Metropolitan Hospital, Blackwell's Island, N. Y.
Walker, Miss Lucy, ......... Pennsylvania Hospital, Philadelphia, Pa.
Wallace, Miss Elsie, ......... Bridgeport Hospital, Bridgeport, Conn.
White, Miss Victoria, ....... St. Luke's Hospital, South Bethlehem, Pa.

DECEASED MEMBERS.
Lett, Miss K. Lilla.
Kloth, Miss Josephine.
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 five 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) Visiting Members. (4) Honorary Members. (5) 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, well organized general hospitals of not less than fifty beds, giving not less than two full years of training in the hospital.

Members shall be graduates in good and regular standing from training schools connected with incorporated general hospitals of not less than fifty beds, giving not less than a two years’ course of instruction in the hospital, and shall be acceptable to the Society.

The only persons eligible for Associate Membership are regularly appointed Assistant Superintendents of Training Schools for Nurses which are regarded to be properly such by the Council, and these are eligible for such membership only during the time they are holding such appointments.

Visiting Members shall be graduates of schools whose superintendents are eligible for full membership, who may be in charge of small general hospitals or special hospitals of not less than twenty-five beds, all such schools giving not less than two full years of training. Such members to be acceptable to the Society.
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.

**ARTICLE VI.**

Every candidate for admission to the Association hereafter, in any of the above-named classes of members, shall be proposed in writing to the Council, in an application addressed to the President, with a statement of the candidate's name, residence, professional qualifications, any 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, Associate or Visiting 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 meetings shall be presented on a written or printed ballot to the Association at its concurrent annual meeting, and the election shall be a majority vote of the members present.

Active and Associate Members only shall be entitled to vote at any meeting. Visiting Members shall not be entitled to vote or hold office, but shall have all other privileges of the Society. Honorary or 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, providing 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 reason.

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 the 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 elec-
tion shall be made as the meeting may determine, and the person
who shall have received the highest number of votes shall be de-
clared elected to the office for which she has been nominated.

The President, Vice-President, Secretary, 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 Coun-
cillors, two members shall be elected for one year, two for two years,
and two for three years, and thereafter two members shall be elected
to hold office three years or until their successors are elected. The
President, Vice-President, one Auditor, and the two retiring Coun-
cillors 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 pres-
ent Convention. When any vacancies occur in any of the offices of
the Association, they shall be filled by the Council until the next an-
nual meeting.

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

ARTICLE IX.

The President shall prepare an address, to be delivered at the open-
ing 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 per-
form 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 accu-
rate 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 sub-
mit 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 an-
nual meeting of the Association a report showing its financial condi-
tion. 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 proceed-
ings, and make an annual report to the Association of matters of gen-
eral 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 discre-
tion to the purpose for which they were 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 pro-
posed amendment at least two months previous to the meeting when
the action is to be taken.

BY-LAWS.

ARTICLE I.

The meeting of the Association shall be held annually. The time
and place of each meeting shall be named by the Council, and re-
ported to the Association for its action at the preceding meeting.
Each annual meeting shall be called by a printed announcement sent
to each member at least one month previous to the meeting. The
Council shall hold an annual meeting concurrent with the annual
meeting of the Association; and the Council shall hold as many ses-
sions, and at such times, as the business of the Association may re-
quire.

Special meetings of 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, three
dollars for Associate Members and two dollars for Visiting Members,
which shall include annual dues for the first year.

Each and every Active, Associate and Visiting Member shall pay
an annual tax to the Treasurer. The amount to be fixed annually by
the Council, not to exceed three dollars for an Active Member, or one
dollar for an Associate Member, or one dollar for a Visiting Member.
Dues to be paid annually at annual meetings.
ARTICLE III.

The order of business of 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 make such other provisions as shall be requisite, at its discretion.