SIXTH ANNUAL REPORT
of
American Society Superintendents
of
Training Schools for Nurses.
1899

Property of the Society
SIXTH ANNUAL CONVENTION

OF

The American Society of Superintendents of Training Schools for Nurses

HELD IN

THE ACADEMY OF MEDICINE
New York City
May 5 and 6, 1899

HARRISBURG, PA.
HARRISBURG PUBLISHING COMPANY
1900
Officers for 1899.

PRESIDENT.
MISS MERRITT.

VICE-PRESIDENT.
MISS McISAAC.

SECRETARY.
MISS Dock.

TREASURER.
MISS DROWN.

AUDITORS.
MISS ALLERTON.
MISS MILNE.

COUNCILLORS.
3d year.
MISS PALMER.
MISS Nevins.

2d year.
MISS Nutting.
Mrs. Robb.

1st year.
MISS Riddle.
MISS McDowell.

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MISS McISAAC.

COMMITTEE ON WORK IN HOSPITALS FOR THE INSANE.
MISS Maxwell.
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COMMITTEE ON RELATION OF NURSES TO MUNICIPAL BOARDS.
MISS Nutting.
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MISS Riddle.
MISS Maxwell.
MISS Dock.

COMMITTEE ON WAGE AND MEANS FOR TEACHERS' COURSE.
MISS Davis.
MISS Walker.
MISS Banfield.
MISS Dolliver.
MISS Nutting.
MISS Richards.
SIXTH ANNUAL CONVENTION

OF

THE AMERICAN SOCIETY

OF

SUPERINTENDENTS OF TRAINING SCHOOLS

FOR NURSES.

The sixth annual meeting of the American Society of Superintendents of Training Schools for Nurses was called to order at 10 a. m., May 5, 1899, in the Academy of Medicine, New York City. In the absence of the President, Miss McIsaac, the Vice-President, Miss M. A. Snively, presided. A letter of greeting and regret from Miss McIsaac was read by the Secretary. Miss McIsaac wrote, in part, as follows:

"I have purposely disregarded the Constitution in not preparing an address, for as the time is unavoidably curtailed it seemed more important that it should all be devoted to thorough discussion of the papers and reports."

Miss Snively suggested that a word of greeting to Miss McIsaac would be appropriate. On motion of Miss Nevins, it was voted that a telegram of greeting and regret should be sent to Miss McIsaac.

The roll-call followed. The minutes of the last meeting were read and accepted. The report of the Treasurer, Miss L. L. Drown, was read and approved.
REPORT OF THE TREASURER.

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

Cr.

February 10, 1898.  By cash, ....................... $83 99
By annual dues, 67 members, .................. 204 00
By initiation dues, 20 members, ............... 83 00
By luncheon fees, .................. 35 00
By balance on account, .................. 2 00

$407 99

Dr.

February 10, 1898.  To printing, .................. $158 40
To stationery, ...................... 4 50
To postage, ...................... 10 00
To reporting Annual Session, .................. 44 95
To caterer, ...................... 35 00

To cash National Rockland Bank, .................. 155 14

$252 85

February 8, 1899.

The report of the committee to select a parliamentary manual for the Association was presented by Miss Drown, and Mrs. Shattuck's Parliamentary Manual was recommended. On motion of Miss Sutliffe, seconded by Miss Allerton, it was voted to accept that manual as the authority for the guidance of the Association.

The report of the Education Committee was called for. The committee asked for extension of time for a day. This was granted. The Secretary read the following invitation to the Association to meet in Buffalo in 1901:

3399 MAIN ST., BUFFALO, N. Y.

To the President of the American Society of Superintendents of Training Schools for Nurses.

MY DEAR MISS MCISAAC: As a member of the Nurses' Association of Buffalo New York, I am empowered to write and invite the Society of which you are President, to hold its meeting in 1901 in Buffalo.
Our city has many advantages, chief among which in that year will be the Pan-American Exposition, at which it is expected to make a large nursing exhibit.

The National Associated Alumnae have also been invited to meet here that year, and the Nurses' Association desires the cooperation of all interested nurses.

Hoping this may be favored by your Council, I remain
Very truly yours,
EMMA J. KEATING.

April 23d.

It was voted that the cordial thanks of the Society should be returned to the Buffalo nurses, and that the President be authorized to accept the invitation.

The first paper, on the "Nursing of the Insane," by Miss May, was then read by the Secretary.
THE WORK OF NURSING THE INSANE.

By Mary E. May, Matron of Rochester State Hospital and Preceptor of the Training School.

[Read before the American Society of Superintendents of Training Schools for Nurses, in New York, 1899.]

The Hospital for the Insane in Rochester, N. Y., is one of the twelve such hospitals in the State, and as the insane of New York are under the "State Care" system, these hospitals have many methods and rules in common. The system of "State Care" was partially outlined and begun in 1836, but it was not until April 15, 1890, that the bill for providing such care and maintenance of the dependent insane became law. At that time all the counties came under this law except three, which were exempted for special reasons. The insane in the last of these counties became wards of the State in 1896, when the New York City Asylums for the Insane became the Manhattan State Hospital.

Over these twelve hospitals is a Commission in Lunacy, consisting of three members, all of whom are citizens of the State. These commissioners are appointed by the Governor, by and with the advice and consent of the Senate. The president of the commission must be a physician, who must have had "at least ten years' experience in the actual practice of his profession, who has had five years' actual experience in the care and treatment of the insane, and who has had experience in the management of institutions for the insane." The second member of the Commission must be a lawyer; the third is a business man. Each hospital has a Board of Managers also appointed by the Governor, by and with the advice and consent of the Senate. They all reside in their hospital district, but no person is eligible to the office of Manager who is either an elective State officer, or a member of the Legislature, and if any Manager become a member of the Legislature or an elective State officer, his office as Manager becomes vacant.

Two of the twelve State hospitals are Homeopathic institutions; the managers of these two hospitals may be appointed from any part of the State, and they have to be adherents of homeopathy.

The managers have the power to appoint the Superintendent and Treasurer of the hospital. They establish by-laws, rules and regulations for the appointment and duties of officers and employees of the hospitals, and for the internal government, discipline and management of the same. They visit the hospital frequently, and have the reports of their visits filed with the hospital records; they
make a report to the Commission in October of each year, which report is incorporated into the Commission's annual report to the Legislature.

The Lunacy Commission has its office in the capitol in Albany. The commissioners are required by law to make at least two thorough inspections of each State Hospital during the calendar year; they are responsible to the Legislature for the proper dividing and expending of all the money appropriated for the care of the insane; to help them with these each hospital makes a monthly estimate of all sums in minute detail to be expended for salaries, wages and supplies. This is sent to the office of the Commission of Lunacy in Albany, on or before the 15th of the month preceding that for which the estimate is made; these estimates are carefully examined, and at the meeting of the Superintendents with the Commission, held in Albany the latter part of the month before that for which the estimate is made, any unusual items are discussed along with any matters of general interest to the State Hospitals. These discussions have led to the adoption of many desirable methods in the hospitals, and they also keep up a feeling of emulation among the hospitals, that is a material help in raising the standard of care.

The Commission makes an annual report to the Legislature "including estimates of the amounts required for the use of the State Hospitals during the ensuing year, and the reasons therefor; and also the annual reports made to the Commission by the Board of Managers of each State Hospital and by the State Charities Aid Association." The Commission divides the State into hospital districts, assigning to each hospital the territory from which its patients shall come; this division is based upon the capacities of the different hospitals. They keep on file in their office in Albany:

1. A record of medical examiners and also a record of patients, stating the name, residence, sex, age, nativity, occupation, civil condition, and date of commitment of every patient in custody in the several institutions for the care and treatment of insane persons in the State, the name and residence of the person making the petition for commitment, the persons signing such medical certificate, and of the judge making the order of commitment.

2. The name of the institution where each patient is confined, the date of admission and whether brought from home or another institution, and if from another institution, the name of such institution, by whom brought, and the patients' condition.

3. The date, since the 15th day of May, 1889, of the discharge of each patient from such institution and whether recovered, improved or unimproved, and to whose care committed.

4. If transferred, for what cause, and to what institution; and if dead, the date and cause of death.
The Commission has to “provide sufficient accommodations for the prospective wants of the poor and indigent insane of the State.” Besides the Commission’s office in Albany and the twelve hospitals in different parts of the State, there is a Pathological Institute with head office in New York City. The Director of this institute is appointed by the Commission in Lunaey. The applicants for the position of Director have to pass a special civil service examination. This institute is for the exhaustive study of the causes and conditions that underlie mental diseases from the standpoint of cellular biology; also to provide instruction in brain pathology and allied subjects for the medical profession, especially alienists and neurologists, who may desire to avail themselves of the advantages afforded by this department.

Each State Hospital has a resident staff of officers which consists of the Superintendent, assistant physicians, including the woman physician, Steward and Matron. These are appointed after having passed a civil service examination. These officers reside in the hospital or on the premises.

The Medical Superintendents of State Hospitals must be graduates of a legally chartered medical college, and not less than thirty years of age, and must have had five years’ actual experience on the medical staff of a hospital for the insane. The assistants must be graduates of an incorporated medical college. The Medical Superintendent of each hospital is its chief executive officer; in his absence or sickness, the first assistant physician or other officer designated by the Medical Superintendent performs his duties and is subject to his responsibilities. Subject to the by-laws and regulations established by the Board of Managers, the Medical Superintendent has the general superintendence of the buildings, grounds and farm, together with their furniture, fixtures and stock, and the direction and control of all persons therein. The insanity law reads in part: He shall:

1. Personally maintain an effective supervision and inspection of all parts of the hospital, and generally direct the care and treatment of the patients. To this end the Superintendent shall personally examine the condition of each patient within five days after his admission to the hospital, and shall regularly visit all of the wards or apartments for patients at such times as the rules and regulations of the hospital shall prescribe.

2. Appoint such resident officers, including a woman physician and such employees as he may think proper and necessary for the economical and efficient performance of the business of the hospital, and prescribe their duties and discharge any of such employees in his discretion. The number of such resident officers and employees shall be determined by the Commission. The Superintendent may remove any resident officer for cause, stated in writing, after an
opportunity to be heard, and such action of the Superintendent shall be final. Upon any such removal, he shall make a record thereof, with reasons therefor, under the appropriate head, in one of the books of the hospital.

3. Transmit by mail to the Commission in Lunacy within five days after any such discharge, information of such discharge and of the cause thereof. The Commission shall preserve the name of such officer, or employe, with the facts relating to his discharge, in a book provided for the purpose.

5. Give such orders and instructions as he may deem best calculated to insure good conduct, fidelity and economy in every department of labor and expense.

6. Maintain salutary discipline among all who are employed in the institution, and enforce strict compliance with his instructions and uniform obedience to all rules and regulations of the hospitals."

Since 1896 every State Hospital has had a Training School for Nurses. Many of the hospitals had Training Schools before that time. The one in the Rochester State Hospital was begun in 1890. When it became a law that each hospital should have a Training School the Commission made a ruling that all the nurses holding a certificate from one of these hospitals should try a uniform examination, and after passing this should receive a State diploma. A committee of examinations, consisting of the Medical Superintendents of three hospitals was appointed. This committee prepares uniform entrance examinations to the Training School and for students at the end of the first and second year’s work. The Superintendent of each hospital certifies in writing the number of candidates he has for each examination, and the questions are sent on to him and are opened in the room before the candidates on the day and at the time of the examination. The applicants then write their answers and these papers are sent to the committee to be examined. Nurses cannot graduate unless they have obtained 70 per cent. at these examinations.

The instruction in the Training School includes the general care of the sick, the managing of helpless patients in bed; giving baths, keeping patients warm or cool, preventing and dressing bed- sores, bandaging, applying of fomentations, poultices and minor dressings; the preparing and serving of food, the feeding of helpless patients, and those who refuse food; the administering of enemas and use of the catheter; attendance upon patients requiring diversion and companionship; the observation of mental symptoms, delusions, hallucinations, delirium, stupor, etc., the care of excited, violent and suicidal patients and the care of the body after death. Nurses are given instruction in the best practical methods of supplying fresh air, warming and ventilating sick rooms in a proper
manner, and are taught to take proper care of rooms and wards; in keeping all utensils perfectly clean, disinfected, etc., in recording accurately observations of the mental symptoms, pulse, temperature, respiration, expectoration, the secretions, state of the skin and eruptions, sleep, appetite, effect of diet, of stimulants and medicine, in the giving of massage and electricity, and the managing of convalescents. Instruction is given in light gymnastics.

The class-room teaching is done by the resident physicians and Matron, who is also Preceptress of the Training School; in the clinical instruction the above are assisted by supervisors and charge nurses.

The examination for entrance to the Training School is held in September, after which the class-room work begins; the final examinations are held in May. The text book in use is by Dr. P. M. Wise, President of the Commission in Lunacy; it is in two volumes, the first volume is used during the first year, and the second during the second year. The other standard text books in nursing are used for reference. The curriculum at the Rochester State Hospital is arranged so that a quiz on each chapter is held before the lecture on the subject of the chapter; a lecture and quiz for each class are held every week. Questions are given for the students to answer in writing, in addition to the oral quiz. Each nurse has to spend at least three months in the hospital ward, where the greatest number of bed patients are; one month in the diet kitchen; one month in the dispensary, putting up the daily medicines and assisting the physicians in the operating room. The women students have to spend a month assisting at the gynaecological work and some time with the barber until they have learned to shave patients. The rest of the two years is divided amongst the other wards.

The nurse thus gains a very fair knowledge of the work required in caring for the different kinds of cases of insanity. Graduate nurses are in charge of all of the wards and of most of the industrial departments. Thus the work of the student nurse may be closely supervised during the whole of the course. Clinical instruction is systematically given, and demonstrations are frequently held. Experience in obstetrical and surgical work is limited, but every opportunity is embraced to teach the nurses as much as possible about these cases. With reference to ordinary sickness the word "treatment" as used by the physicians and understood by the public is somewhat restricted in significance and application. When employed with reference to the insane, "treatment" becomes one of the most inclusive words in the language, embracing as it does all that works not only for the relief and cure, but for the general welfare of the patient. Great stress is laid upon the moral treatment of the insane, and a nurse may spend hours in get-
ting a patient to do what it would require a few minutes of the nurse's time to accomplish, simply for the good it will do the patient.

The way patients spend their time is such an important part of their treatment that the physicians carefully prescribe how each patient's time shall be passed. Work, exercise, amusement and rest follow each other, and great efforts are made on the part of physicians and nurses to break up the monotony of institution life.

Because keeping the insane employed is such an important element in their treatment, each hospital has a number of industrial departments. The women patients sew, do housework, knit, crochet, etc.; the men work in the tailor shop, shoe shop, carpenter shop, paint shop, printing department, stables, laundry, kitchens, dining-rooms, soap factory, blacksmith shop, on the farm, with the florist, plumber, engineers and electricians, at mattress, broom, brush and comb making and upholstery.

Classes for patients in calisthenics and ordinary school subjects are held from October until warm weather begins. During the winter, dances for the patients are often held. At these the women nurses dance with the men patients and the men nurses with the women patients. Musical and dramatic entertainments are frequently given, and the patients go driving and skating when the weather permits.

During the summer, tennis, croquet, picnics, walks, drives and field sports help to afford entertainment. In a hospital for the insane every question has to be decided by a physician; the lock of a door, the string of an apron, or skirt, the metal polish, the care of a disinfectant, all require a great deal of thought on the part of the physicians.

One great difference between general hospital cases and those in hospitals for the insane is, that amongst the latter treatment usually has to extend over a period of months, sometimes years; therefore hospitals for the insane have to be built and conducted with a view to many of the inmates remaining for years, sometimes for the greater part of a lifetime, while in general hospitals the patients remain a comparatively short time.

Special care is taken to have the day rooms for patients as pleasant, bright and cheery as furniture, plants, reading matter, games, birds and music can make them. Many of the patients sleep in large dormitories; in these the beds are aired all day. Patients whose condition requires it, have single rooms and a special nurse or nurses. These hospitals are essentially for the poor and indigent, as no hospital is allowed to take a patient who is able to pay more than ten dollars a week, and the poorest, if his condition requires it, has every care the institution can provide.

There is a day and a night nursing service, the day nurses com-
ing on duty at 6 a.m. in summer and at 7 a.m. in winter, and remaining on duty every other night until 9 p.m. They have a half day each week, every other week day evening after 6:30, and all of every third Sunday off duty. The night nurses come on at 9 p.m. and remain on duty until relieved by the day nurses. No ward is left alone during the day, and only for a short time during the night, while the nurses are making rounds. The wards for acute and disturbed cases are never left without a nurse or attendant. Women nurses assist the men nurses on the men’s service during the day, except in the wards for the most disturbed patients.

Every patient in the hospital has at least two full baths a week, and of course, many are bathed daily, and some several times a day, as their condition calls for. Spray baths are used largely, as these ensure a cleanliness of the bath water and reduce the danger of the patients being scalded; when spray baths were introduced, the patients preferred tub baths, but now there are rarely ever any objections made to the spray bath. Bath tubs are in all of the bath-rooms and tub baths are prescribed for special cases.

Many of the patients are clothed by the State; with these, care is taken to have as great a variety in the clothing as possible, as sometimes a pretty, bright colored dress will be the first thing to divert the attention of a disturbed case.

Associate dining-rooms are largely used; thus the patients are taught to leave their wards and go to other parts of the house. This has been of great service in times of emergency, such as a fire, when the patients have had to be taken from their wards. It is a fact that when insane patients have been in the habit of remaining in one part of the house, it is exceedingly difficult to get them to leave their wards for any purpose, and that is one reason why hospitals for the insane have adopted the plan of getting all patients who are able to walk, to leave the wards frequently.

In caring for violent patients, it is the rule to have plenty of nurses to help; the presence of a number of nurses who are there for the purpose of carrying out the physicians’ orders often being enough to quiet the patient, so that the order can be filled without any further resistance. When the presence of the nurses does not suffice and a struggle has to be entered upon, a physician is present. Some patients have to be forcibly fed to keep them from starving. The usual food is milk, or milk with raw eggs, warmed to the temperature of fresh milk, and introduced into the stomach by means of a nasal or oesophageal tube. This feeding may be done twice in twenty-four hours, or more frequently as required by the patient’s condition. When forcible feeding has to be resorted to, five or six nurses and sometimes more have to assist.

In order to prevent new patients bringing contagion to the hos-
pital, each patient has to be supplied by his friends or the poor department with a new suit of inexpensive clothing. When the Medical Superintendent is notified that a patient is ready to come to a hospital, a nurse or nurses are sent to bring him; if the patient is old, a physician from the hospital sees him and decides whether he is a suitable patient for hospital care. There are a number of formalities to be observed by nurses sent for patients. From some hospitals where the district is large, nurses have to travel a great deal of the time. This ruling has resulted in the patients being brought to the hospitals in a more comfortable manner than when they were brought by relatives and it is a saving to the State also. A woman must accompany every woman patient. This takes the place of the ambulance service of a general hospital.

As stated before, the length of the training school course is two years; the subject of a three years' course is under consideration. The training school in the Rochester State Hospital was started before training schools were compulsory, in order to raise the standard of nursing in that hospital and the attendants were trained with a view to retaining their services in the hospital after graduation; this is still the plan, and the graduate nurses remain at the hospital at increased wages, unless they go to other State Hospitals to fill more responsible positions.

The number of insane under treatment in New York State Hospitals October 1, 1898, was 21,542.

_Rochester, N. Y._

**DISCUSSION.**

_Miss McMillian,_ Lakeside Hospital, Cleveland.

I have been asked to give a short account of the methods of nursing adopted at the Kankakee Hospital for the Insane. Owing to the fact that I have never been in Kankakee, have never seen the hospital, and, until two short weeks ago, have had only a dim knowledge of its existence, I am compelled to beg for your clemency for the paper and regret, with you, that a subject worthy of being presented at more length and in greater detail, should from necessity, be dealt with in the following manner:

Looking through the schedule of lectures and demonstrations provided for the training school in connection with the Illinois Eastern Hospital, we come to the conclusion that the graduates sent out from the school must be well equipped to nurse the sick, either in body or mind. We find that the text book on nursing which is used, is one common to most of the
training schools for nurses, namely: Hampton's Principles and Practice of Nursing. If this be intelligently followed, as without doubt it is, the methods adapted for the care of the bodily sick are precisely those which we ourselves have been taught and are now teaching. Other text books, used in common, are Kimber's Anatomy and Groff's Materia Medica. So far, our schools for nurses stand on a level with the Kankakee training school, and we show knowledge for knowledge. But, just here we loiter and let the hospital for the insane pass us by; for, having instructed their pupils in the care of the body, they pass to the more interesting and difficult study—that of the mind. For assistance in this subject, Harding's text book on mental nursing is used. The main dependence, however, is placed on a hand book published by the authority of the Medico-Psychological Association of Great Britain and Ireland. It is called "The Hand Book for Attendants on the Insane" and is closely followed at Kankakee.

The practical training of the pupil nurse in Kankakee, as elsewhere, is in the wards and by the actual care of the patients. Accompanying this is the theoretical instruction, consisting for the first year in class demonstrations entirely—these being about forty-eight in number. The Kankakee junior class instruction is very similar to that of the junior year in most training schools for nurses, with the addition of a short course on the theory of the care of the insane, and the disorders of the mind.

The senior, or second year, course may be taken by those pupils who have successfully passed an examination on the junior year work. The second year is also thrown open to graduates of good standing from training schools for nurses, who, however, must pass an entrance examination equivalent to that necessary to secure a teacher's second grade certificate. During this year a special and thorough course is given in massage and in the methods of preparing and carrying out the Russian and Turkish baths. Instruction in cooking is also given, and practical demonstrations in bandaging.

An extensive course of lectures in anatomy and physiology is received by the pupils, these lectures being assisted by prac-
tical demonstrations at autopsies. Each nurse is required to attend at least three autopsies. At the first of these the anatomy of the body is demonstrated; at the second, physiology is particularly taken up; and at the third, a demonstration in pathology is given.

The theoretical instruction in this second year consists, in all, of about ninety recitations and lectures, and comprises lectures on elementary surgery and general diseases, hydrotherapy, emergencies, nervous and mental diseases, urinalysis, toxicology, etc. There is also a lecture given on dentistry and the care of the teeth, and a short course on the eye, ear, nose and throat.

Insane nursing proper and the special methods to be adopted in successfully dealing with the diseased mind are considered, not only in the lectures on nervous and mental diseases, but also in an interesting course on psychology, dealing with such subjects as the methods of psychology and their application to the study of insanity; the senses and their disorders; memory and its disorders; diseases of the imagination or the will; disorders of the emotions, etc. Such a course of lectures as this last, comprising, as it does, so much, cannot but be of inestimable benefit to the nurse, whether she be a nurse for the insane or not, and through her to the patient. How much wider an interest in humanity in general and in her own patient has she, who is capable of understanding, if only in an elementary degree, the mental frailties common to human nature. How much more lenient can she be with the petty tempers which so often accompany the weak body; and, in short, how much better and more successful a nurse, and how much stronger a woman is she who is blessed with the power of this knowledge!

I repeat, that, having carefully studied the plan of teaching adopted at the Kankakee hospital for the insane, the impression vividly remains that the course is such as to produce nurses thoroughly instructed in the modern methods of the care of the sick, and in addition, to send forth graduates who have been given every opportunity of absorbing tact and wisdom in dealing with the mind diseased. It seems, also, that its
tendency is to aid the pupil towards attaining those rare and
enviable attributes—leniency and patience towards human im-
perfections and tenderness towards its frailties. If such results
be aimed at and attained, if even only in part, then indeed have
the authorities of the Kankakee Hospital solved the problem of
what nursing, in its true sense, means.

Miss Brown, Massachusetts General Hospital, Boston.

In 1879 it was determined to establish a school for the train-
ing of attendants at the McLean Asylum, in Somerville, Massa-
chusetts. In 1882 the school was formally organized, and in
1886 six pupils were graduated.

In 1886 an arrangement was made with the Boston Training
School at the Massachusetts General Hospital, by which
any female graduate of the school who wishes to have addi-
tional practical experience and instruction in general nursing
has the privilege, under the usual conditions, of entering that
school and receiving its diploma after completing satisfactorily
the studies of its senior year. It should be noted that the
formal training of men was begun in 1886, which marks the
beginning of one of the earliest successful attempts to train men
systematically for the profession of nursing. At the close of
the year 1898, after seventeen years of existence, the school
has a roll of graduates including 328 names—221 women and
107 men. Of the women, 148 continue their professional walk,
28 at the McLean Hospital, 30 in other institutions, 51 have
married. Of the men, 56 continue their professional walk
besides 27 who are either physicians, medical students or den-
tists. Fifty-four women have taken the course at the Massa-
chusetts General Hospital.

The number of applications on the waiting lists have in-
creased so much that, although the requirements are higher,
those accepted must wait often a year before there are va-
cancies for them.

Candidates apply from distant parts of the country, espe-
cially from the Middle and Southern States, and frequent in-
quiry is made for a post-graduate course from “general hos-
pital nurses.” The most desirable age for candidates is from
21 to 35 years. Candidates are received for two months on
probation, and, if accepted, agree to complete the prescribed course of two years. At the end of the first six months the record of each pupil is again carefully scrutinized, and the right is reserved to terminate then, or at any other time, the connection of any pupil or nurse with the school and hospital, for inefficiency, misconduct, generally unsatisfactory record, or for any other reason which may be deemed sufficient.

The instruction includes, in addition to the general care of the sick, attendance upon patients requiring diversion and companionship, the observation of mental symptoms, delirium, stupor, etc., and the care of violent and suicidal patients. Instruction is given in physical training and massage, and each pupil spends three hours each day for one month in the diet kitchen.

Written examinations take place every six months, and pupils must obtain on critical marking at least 60 per cent.

The women are paid $12 per month during the first year and $15 per month during the second year. Women graduates of the McLean Hospital, who remain in the service of the hospital are paid $25 per month during the first year, and $30 per month thereafter. Graduates of the school who are also graduates of the Training School for Nurses at the Massachusetts General Hospital, in Boston, are paid $35 per month.

Dr. Cowles says: “The one fundamental thing which makes the success of these schools possible in hospitals for the insane, is the teaching of general nursing—where that is possible.”

I gratefully acknowledge the kindness of Dr. Edward Cowles, Medical Superintendent of the McLean Hospital, who has afforded me valuable aid by furnishing me with a file of his reports.

Miss McDonnell, of Albany, thought it necessary to have nurses trained to care for the insane, but if they were trained only in hospitals for the insane, they were not fitted to do general nursing. There is little surgical or medical service and no obstetrics in a hospital for the insane.

Miss Maxwell. I have no experience in the actual care of the insane myself, and I was rather opposed to having our school attached to the McLean Hospital when I was in charge
of the school at the Massachusetts General Hospital. The McLean Training School wanted to have their pupils receive one year of training in the Massachusetts General Hospital, supplementary to their two years' course. I opposed the measure on the ground that the nurses from the McLean Hospital would have to be trained over in many things in order to fit them for the work of a general hospital, and although I had some very satisfactory women sent to me, this proved true. They were unable to cope with the active hospital work. Training in the care of mental diseases is important; it should not be a thing apart, it should be one branch of general training. I do not think it is possible to teach general nursing theoretically.

Miss McDonnell. I think training in nervous cases should come after general training.

Mrs. Robb. Do the Massachusetts General Hospital graduates take the McLean course afterwards?

Miss Brown. It is optional, I think.

Miss Newman. At Dr. Blumer's suggestion, I have tried during the past year changing services of my nurses with those of the school connected with the Utica State Hospital. I regret to report that the experiment has not been a success. Of the twelve nurses sent to me only one has been in the least satisfactory and she would have made an admirable general nurse. They expected services in two months which I was unable to give them owing to the fact that they were not prepared for the work.

I think the idea of training schools in connection with State Hospitals is not to graduate nurses for private work, but to provide better care for the patients of the hospitals. The salary is increased after two years and passing the required examinations. The instruction is given entirely by the physicians connected with the hospital.

In Utica the supervisor is a competent woman who has been in the service many years which makes it impossible to change or fill that position with a competent graduate nurse.

Should the position at any time become vacant I think an effort will be made to place a graduate nurse in charge of the school. This will open up a valuable field for nurses.
Miss Keating. The Buffalo State Hospital is near us, and many applicants come to us who have had a few months work there, and, being of a progressive nature, become discouraged at the lack of real experience and practical work. As I understand, they have not a graduate nurse as superintendent, and their theoretical knowledge is gained from lectures given by the staff of physicians. If an arrangement could be made by which those nurses could receive general training, and our nurses have some experience with the nervous and insane, both would be benefited.

Miss Maxwell. There is great need of better nursing in many of the insane hospitals. At our first meeting a gentleman made an appeal to our Society, asking us to try to raise the standard of nursing in insane hospitals. My proposition would be that these hospitals should place themselves in connection with training schools, and that the pupils should take this training for a definite time, as part of the regular course, being fairly well paid for it.

Miss Hintze. There is a practical question to face. The majority of insane patients are in hospitals, and there is very little practice among private patients. Yet these hospitals turn out a great many graduates. When I was connected with the Directory in Boston, in 1892, I found that a very difficult matter to meet. Many of these graduates were fine women and they could really do good work in hospitals for the insane, but they found it so difficult to do general nursing that many of them were driven to take extra training in order to be able to care for the general cases.

Miss McDonnell. I found myself very unqualified for general nursing. I was competent to take cases of nervous prostration and such things, but incompetent for general work.

Miss Allerton. In the majority of State Hospitals the attendants remain after graduation. The training is for the better care of the insane in the hospital.

Miss McDonnell. No one can realize what has been done in the hospitals for the insane who has not worked in them. They have made enormous strides. The patients are treated
much better than they were twenty years ago. The authorities are willing and anxious to work on right lines.

Mrs. Rohn. We, as nurses, have a distinct responsibility toward the insane. We cannot fairly criticise the methods of those who are endeavoring to meet their needs, unless we have something better to offer. We also have a responsibility in guarding the standard of the graduate nurse. It is urgent that the different classes of training schools connected with hospitals which can only give practice in one specialty, be limited as far as possible. I suggest finding out how many patients there are in the different State Hospitals for the Insane, and how many nurses they require, and then asking if some arrangement could not be made by which post-graduate courses could be given to women having had general training. I think the authorities of the hospitals for the insane would consider some such proposition if laid before them in a business-like manner.

Miss Nutting. Hospitals for the insane are pretty liberally supported and I think they would be able to consider a question whereby they could get better nursing.

Miss Allerton. Would it not be possible to appoint a committee to report next year?

Miss Drown (who had been called to the chair). What is the mind of the meeting?

It was moved that a committee of five should be appointed by the chair, to report for the State of New York next year.

It was voted, and Miss Maxwell, Miss McDonnell, Miss Allerton, Miss Sutcliffe and Miss Keating were appointed.

Miss Snively took the chair again and announced Hospitals for Contagious Diseases as the next subject.

The main paper having been given up, the written discussions were listened to.

DISCUSSION.

Miss Riddle, Boston City Hospital.—Methods of the Contagious Department of the Boston City Hospital.

Until recently the question of the isolation and care of infectious diseases has been given but little attention by the pub-
lic mind, it being considered that "the pestilence that walketh in darkness and the destruction that wasteth at noonday" was beyond human knowledge, that it came as a wise dispensation of a Divine Providence, that it could be averted only by supernatural means, or more properly that they who escaped were in some mysterious manner leagued with the supernatural. In a general way it was understood that prevention was better than cure, but this theory was seldom applied to the prevention of disease, the stage requiring a cure being calmly awaited.

New and brighter prospects for the preservation of the public health have been opened up within the knowledge of the present generation by men of science acting in harmony with wise lawmakers. But, notwithstanding the fact that much has been done, there remains much more to do and upon instructors of nurses devolves the responsibility, in great measure, of furthering the good work so ably begun; for the trained nurse must be equipped with a knowledge of the devastating power of infectious diseases; with an ability through her training to cope with them; and with a conscience enlightened by reason and experience. Then will she be able to unite her work with that of the bacteriologist and medical practitioner, and standing shoulder to shoulder with these men of science, see to it that their efforts avail the utmost in the treatment, cure and prevention of infectious diseases. These we firmly believe to be the reasons for the existence of any hospital for contagious diseases—treatment, care and prevention.

In speaking to a body of professional nurses of the methods in vogue at the South Department of the Boston City Hospital, a hospital of two hundred and seventy five beds, devoted exclusively to the care of diphtheria, scarlatina and measles, it seems hardly necessary to dwell upon the kind and form of treatment, that being wholly within the physician's province and must vary somewhat. Let me, however, state that a liberal use is made of anti-toxin for the cure of diphtheria. The death rate in the city of Boston from diphtheria alone, before anti-toxin came to be a general remedy, was 18 per 10,000 of the living; for the year ending with December, 1898, it had fallen to 3 per 10,000
of the living under the influence of the constantly increasing use of anti-toxin.

Since these calculations are based upon the observation and knowledge of thousands of cases, anti-toxin commends itself at once to the physician and to the thoughtful patient. Other treatment for diphtheria as well as that for scarlatina and measles has not materially changed during the last ten years, though possibly it may be safe to say that they are more often treated symptomatically than they were then. There is the same effort made to maintain the strength of the patient and the same precautions are taken to prevent complications. Operations in laryngeal diphtheria are an earlier resort, not simply a means of an easier demise, and they are therefore full of hope for the ultimate recovery of the patient, which hope is justified by a steady decline in the rate of mortality among intubations during the years since the opening of this hospital; it being for many years preceding about 78 per cent. During the hospital’s first year it fell to 45 per cent., while for the year now ending it is but 35 per cent. This decline is claimed to be due to three causes: use of anti-toxin, early operation, and manner of feeding the patient. The only method at present employed in feeding intubations and the one by which the most satisfactory results have been obtained, is through a tube passed directly into the oesophagus through the mouth, or through the nasal passage as the case requires. Thus the patient is given his nourishment and treatment at regular intervals and in prescribed amounts without difficulty, and with little discomfort to himself.

The nursing care follows the course of that for fevers of any description, with additional precautions regarding isolation, cleanliness, disinfection and ventilation, made necessary by the nature of the disease and taken in order that the patient may have the greatest possible protection and opportunity for recovery.

Owing to the construction of the buildings and the regulations restricting visitors, isolation is made comparatively easy. No case about whom there is any doubt comes in contact with those whose diagnoses are made and who are known to be in-
fectious, but he is kept under observation in a clean and disinfected isolating room, attended by physician and nurse clad in clean cap and gown, until a decision is reached, after which he may be placed in the ward with other patients, or he may be discharged or possibly he may be transferred to a general hospital, his disposal depending entirely upon his condition and the requirements for his safety.

Cleanliness includes disinfection and ventilation, and the three go hand in hand. The patient's bed and clothing must be kept clean and disinfected. The linen is disinfected by being boiled forty-five minutes, after having been washed in a laundry devoted entirely to linen sent from the wards, the clothing of officers, nurses and employes being laundered in a department used for that purpose alone, and by laundresses who never touch the more infected clothing from the wards. The mattress, pillows, blankets and patient's own clothing unsuitable for the laundry are sterilized in the steam sterilizer, or are subjected to fumigation by formalin for six hours. All handkerchiefs, except in rare cases, are burned. All soiled linen is handled only by the nurse whose patient has used it and by the laundryman who sorts it and attends to its washing and boiling. Each isolating room, after occupation by an infectious case, is disinfected by having its walls, floor and furniture washed in a solution of corrosive sublimate 1-1000, and its windows and doors thrown wide open to the outer air. Ventilation, owing to the system, consists for the most part in the proper adjustment of the ventilators, and an occasional flushing of the corridors and rooms with fresh air.

Thus it may be readily seen that the treatment and nursing care given in this hospital are in no sense new or novel; we simply follow in the old paths, well beaten by practice, turning aside into the new only upon demand or when the avenue is recognized as leading to a possibility for greater good to the community we serve.

Not content with taking in and caring for the distressed knocking at the door for admission, but believing our work to be then only well begun, we teach and we practice the theory that we are just as surely saving lives, just as surely reducing
the death rate in the city of Boston when we put forth every effort for the prevention of disease; and, though the work is great and the way is long, though we cannot calculate and do not see how many human lives annually pass by in safety by reason of watchfulness, precautions and restrictions, we nevertheless direct much of our teaching to this topic with all possible vigor, and results have proved to us that the fidelity of physicians and nurses can be given no better employment than that of prevention. It is as much this as the welfare of the patient under treatment that induces the precautions regarding isolation and disinfection; it is the sign board placed conspicuously all along our route, that we may be led to safety. It was in the minds of the trustees of the hospital when they restricted visitors to those who are dangerously ill and recommended that such visitors be only nearest relatives; it was in the minds of the Board of Health when the ordinance was passed prohibiting public funerals for persons dying from infectious diseases; it took first rank in the plans of the architect when the buildings were designed and carried to completion—otherwise much that is done would have been impossible. For the sake of prevention, nurses caring for scarlet fever and measles lodge in a home separate and wholly apart from that of those attending diphtheria cases. For the sake of prevention, all persons employed about the hospital, in any capacity, are obliged to live therein; they are expected to be clothed in washable material while at work, and not to leave the premises clad in their working uniform. It is also a preventive measure that every particle of waste and garbage is collected and destroyed upon the grounds in a crematory specially constructed for that purpose. And here let me add, that the administration prevents loss of confidence in the hospital and alarm throughout the neighborhood by directing that this process of cremation shall be carried on in the night. After death, the body is bathed in a solution of corrosive sublimate 1-1000 and wrapped in a sheet wet in the same, then folded as nicely as possible in a dry shroud sheet and taken to the mortuary.

All burials are directly from the mortuary and nearly all funeral services are held in the mortuary chapel adjoining.
Preparations for the discharge of a patient at recovery are complicated and require much patience, labor and knowledge of detail. When the bacteriological reports upon cultures taken from nose and throat of such patients have been negativized for two days in succession, the nurse in charge of the ward is notified that he will probably be discharged soon. Whereupon, if he is a scarlet fever or measles case she sees that he is given a full bath and that he has a shampoo in strong soap suds, followed by an inunction of cold cream to the scalp. If in the meantime there have been no adverse reports from the cultures, this process is repeated the following morning, as the order for his discharge may come at any time. When it does come, the patient is taken to a bath room used for this purpose alone and that can be reached from the ward only by passing through an open air corridor. There he is placed in a full bath of corrosive sublimate 1:40,000. All clothing he has worn in the ward and which is furnished by the hospital, is carefully removed from the room and a clean sheet is spread upon the floor, the nurse dons a clean gown, and for the first time takes his fresh clothing (which has just come from home or has been sterilized in some way) into the bath room and places it upon the clean sheet. He is then taken from the bath, when he has another shampoo in the corrosive sublimate, followed by one in dilute alcohol, and placed also upon the clean sheet, dressed and taken by the nurse, who continues to wear the clean gown, to his friends awaiting his appearance. If the patient has had diphtheria, the process is somewhat simpler, some of the preliminary shampoos, the sheet and the gown being omitted.

When a nurse is transferred for duty from the diphtheria pavilion to the scarlet fever pavilion or vice versa, she receives a notice to this effect: "You are to be transferred to the West Pavilion, and will please move to-night to room ... Be thoroughly clean and disinfected before you make the change; take a full bath, wash and disinfect your hair and change all clothing." When a nurse has served for the time required at the South Department, the Superintendent of Nurses, who resides at the Hospital proper, notifies the Matron at the South
Department of the fact, and she in turn notifies the nurse of the change about to be made by presenting her this formal letter:

The Boston City Hospital, South Department.
Matron’s Office, ——— 1899.

To Miss ———.

You are instructed to return to the Hospital proper on at o’clock M. and report for duty to the Supt. of Nurses. Please leave your room in perfect order for the next occupant. Leave all your soiled clothes listed and ready for the South Department Laundry. They will be returned to you when they are laundered. Report to me where your trunk may be found, and when it will be ready to be taken to the Hospital proper. If you have any text books belonging to the South Department, you will please leave them and also your thermometer and all South Department keys in this office. You are instructed to be thoroughly clean and disinfected before you leave the South Department. Take a full bath, change all your clothes, and wash and disinfect your hair.

(Signed) ———, Matron,
South Department.

This letter is presented a day or two before the change is made, that there may be ample time for thorough preparation, and is employed that there may be uniformity and no misunderstanding as to requirements.

It has been thought that any contagious hospital is a menace to the community, is a center from which disease may be distributed throughout its immediate neighborhood. To clearly demonstrate this theory or establish its opposite, it was decided by the Resident Physician of the South Department to plot upon a map all cases of infectious diseases reported within the city of Boston for one year.* Afterward there were drawn upon this map circles of different radii, with the hospital as the center. The first circle had a radius of one-eighth of a mile; the second one-fourth of a mile, and so on, the last having a radius of a mile. Within the eighth of a mile radius and near the circumference of the circle eleven cases of diphtheria oc-

*Statistics taken from those compiled by Dr. J. H. McColloch in Boston City Hospital medical and surgical reports.
curred. Of these eleven cases six occurred in one house, and were directly traced to infection from one member of the family to the others. Although the source of infection in the five other cases could not be traced, yet from their situation it was evident that the disease could not have been contracted from the hospital.

In the radius of a quarter of a mile 82 cases were reported; in a half a mile radius 238 and, in short, nearly three times as many cases were reported more than a mile from the hospital as were reported within a mile. This result having been obtained from the investigation of diphtheria, we turn to a study of the scarlet fever diagrams and find that though there were reported to the Board of Health 1,043 cases of scarlet fever for the year, not one case occurred within one-eighth of a mile of the hospital. It is generally conceded that the area of infection of scarlet fever is much greater than that of diphtheria, hence, from these statistics we may safely make the statement that hospitals for infectious diseases when properly conducted are not sources of danger to the residents in the immediate vicinity.

The advantages derived from such hospitals are not only the treatment, care and prevention of infectious diseases, but they are each a school where may be given an excellent training for nurses; there is no department of nursing that so develops the powers of observation as this; no department wherein the nursing care means so much as in this; no class of cases that require more faithful watchfulness than these; no class of cases that demand more prompt and intelligent action on the part of the nurse than these, and certainly no other nursing requires stricter adherence to duty—the nurse's duty to herself included. No such heroism is called for elsewhere and no such self-renunciation is found as is exhibited by nurses actively engaged in the direct care of infectious diseases.

Miss Sanborn, St. Vincent's Hospital, New York City. The Willard Parker Hospital is intended only for the care of persons suffering from either scarlet fever or diphtheria.

If a patient after admission develops measles or any contagious disease other than the two above mentioned, he is im-
mediately removed to the Reception Hospital, and thence to the hospital at North Brothers’ Island. The ward from which he is transferred is isolated and the remaining patients carefully watched. If any new cases develop, all the patients are transferred and the ward is thoroughly fumigated with sulphur and then scrubbed with bichloride of mercury. After this the walls are sometimes repainted. Once every year the entire hospital undergoes a similar process.

All clothing that cannot be disinfected by steam is either baked or subjected to the fumes of sulphur.

The nursing staff consists of two head nurses, who receive a salary of $45.00 per month, and who have charge of the scarlet fever and diphtheria pavilion respectively; seven permanent nurses, of whom four are not regularly trained, who receive $30.00 per month, and two pupil nurses from the Presbyterian and Mount Sinai Hospital, who are given three weeks’ training in each department of the hospital. The nurses for scarlet fever and diphtheria cases have separate sleeping rooms, but take their meals together. Those nursing scarlet fever change their dresses and remove their caps before going to the dining room. Miss Murphy, the matron of the hospital, tells me that during the three and a half years of her service there but four of the nurses have been ill and none of these were seriously so.

Nurses are given two hours off duty each day and one-half day each week. Permanent nurses get a vacation of two weeks each year.

I do not know if it is desired that I should mention the method of treating scarlet fever and diphtheria at the Willard Parker, but it may be of interest to know that every case of scarlet fever, however light it may be, is kept in bed on a milk diet for twenty-one (21) days. The complication most frequent is inflammation of the middle ear. All cases of diphtheria are treated with anti-toxin and otherwise systematically. The nose and throat are frequently irrigated with normal salt solution, and for this purpose a Davidson syringe is used. All patients after admission wear hospital clothing and before leav-
ing are given a bichloride bath and resume their own clothing, which has been previously disinfected.

The Minturn Hospital is a private hospital for the care of persons suffering from scarlet fever or diphtheria who can afford to pay $30.00 per week for treatment. The nursing is done by pupil nurses from the Presbyterian Hospital and by graduate nurses from other schools who wish to take a three months’ course in this special work. They are given two hours off each day and a half day each week when the service permits. In this hospital the nurse on duty in the scarlet fever and those in the diphtheria pavilion do not mingle. Each set of nurses eats and sleeps in a separate building. Before leaving the hospital every nurse and patient undresses in the first of a series of three rooms. In the second, which is a bath room, the hair is shampooed with green soap, a soap and water bath is taken, followed by one of bichloride of mercury solution 1-2000. In the third room the person dresses in fresh underwear and street clothes which have not been exposed to infection, or have been sterilized by baking or exposure to formaldehyd gas. This room has direct communication with the hospital grounds and the person leaving does not again enter the hospital before mingling with the public at large.

All soiled linen is baked before being sent to the laundry. Nurses frequently disinfect their beds with formalin, a three-fourth per cent. solution. Visitors to the hospital remove hat and coat in the office and are enveloped in cotton gown and cap and are asked to cover their shoes with rubbers. After the visit and the removal of these, the hands are scrubbed and disinfected in formalin solution. Each room at the Minturn is provided with a fireplace and in the mantelpiece, just on the grate, is fitted a gas jet which communicates with the chimney flue. When it is not desirable to build a fire the lighting of the gas forms a draught and thereby facilitates ventilation. The disinfection of rooms here is by formaldehyd gas and scrubbing with bichloride of mercury solution.

The Chair. We are much indebted for these papers. The subject is now open for general discussion. Do the nurses who go to the contagious department of the Boston City Hospital
take a trunk with them? If so, in what does the disinfection of the trunk consist?

Miss RIDDLE. Each nurse who comes brings a trunk. That trunk is kept in a clean trunk room, and such articles as she may need are taken to her room. In that room she has a closet for street clothes and one for ward clothes. They never come in contact with each other if she is conscientious.

Q. How long is the period of training in that department?

Miss RIDDLE. That depends somewhat upon the needs of the hospital. For the last year I think it would average five or six months.

Miss SUTLIFE. Is the training optional, and, if so, how many avail themselves of it?

Miss DROWN. The training is not optional. It is stated expressly in the prospectus which is sent out to the applicants that there is a department of contagious nursing, and they understand it fully when they make application formally.

Miss MAXWELL. What disinfection of the nurse’s hair is made when she goes for her airing, and what instructions does she receive as to taking an airing?

Miss RIDDLE. Nurses are advised not to go out without changing their clothing. They are not always able to take a full bath or to wash and disinfect their hair thoroughly, but they are required to brush their hair thoroughly with strong alcohol. They wear caps when on duty which protect the hair. They are requested to advise all their friends before visiting, to see whether they will be welcome. They are advised to keep away from children and to sit on the opposite side of the car from children. There is no law by which we can restrict them and keep them in close confinement for the six months they may be on duty.

Miss KEATING. In our city, a nurse with a contagious case is not allowed to use a public conveyance under penalty of fine or imprisonment, and she is advised to keep away from children. Meeting friends is optional. She may take the air, but not go in a public conveyance. These regulations were sent to all nurses in our city about five years ago.

Miss NUTTING. Do these regulations apply to physicians?
Miss Keating. No; I have thought of that a great many times.

Miss Riddle. All such matters in Boston are controlled by the Board of Health. It so happens that we have as resident physician a doctor who was city physician for a great many years, and he is authority upon all contagious diseases. These are his regulations and he thinks more than this is unnecessary.

Miss Hintze. I sometimes think that shoes are overlooked in disinfection. Are your nurses restricted to any special kind, or are they allowed to take their shoes away when they go?

Miss Riddle. It so happens that the Boston City Hospital has a regulation shoe which the nurses wear when on duty. It is such a boot that most nurses do not care to wear it on the street and therefore it is safe. The nurses are advised to wipe their boots with corrosive sublimate or formaldehyde. We have various preparations that we use. The nurse does not take her shoes with her to the General Hospital. The South Department has been running nearly four years and no case of infection has been carried from there to the General Hospital.

Q. How long after a nurse leaves the contagious ward before she is put on duty in a general ward?

Miss Riddle. Usually twelve hours, possibly less.

Mrs. Robb. I think the teaching of science is that absolute cleanliness is the best disinfectant.

Miss Nutting. In trying to arrange about disinfection in our isolating ward, one of the best authorities said that when all was said and done there was hardly a better personal disinfectant than good soap and water. It was well to use some other germicides for effect, but actually soap and water was a powerful disinfectant.

Miss Maxwell. The nurses in New York, on private duty, say that disinfection by some of the disinfectants spoils the hair. How would it be to use green soap? I have known of nurses going out continually without disinfecting the hair, because it was being ruined, and certainly bichloride does ruin it.

Miss Snively. I think the green soap ought to be sufficient.

Miss Nutting. Is there a nurse on the Board of Health of Boston?
Miss RIDDLE. I think not.
Miss DROWN. Perhaps some women are connected with it by indirect influence.
Miss NUTTING. Might not nurses fitly serve upon Boards of Health? They could have opportunities of learning the actual conditions of life among working women and children even better than physicians, and their practical training might be of great value in connection with hospitals, district work, the care of institutions, etc.
Miss BANFIELD. I was recently asked to look up the work of the Boards of Health in the principal cities of America. In the short and necessarily superficial examination that I was able to make, I was chiefly impressed by the inconsistency of the different health boards. Judging, however, from the printed reports Chicago seems to be the most thorough, and more time and space is given to scientific research there, than in other cities. New York comes next. Boston did not do itself justice, I think, as I have been given to understand that as a matter of fact the health authorities there are unusually thorough in carrying out their work. Of the other cities it is kindest to say little. In Philadelphia the Board of Health has recently been abolished, and a Bureau substituted. I cannot tell you anything of the comparative advantages which are expected to accrue to the public from the change—if any; probably both will prove equally full of politics. That is the difficulty in getting women placed on boards of health, or giving them any municipal positions. If the work to be done were the first consideration, it would be another matter. But positions buy votes, and give a certain amount of advertisement, and are therefore in the estimation of the politicians, of course, thrown away upon women. Properly qualified women would be of considerable use in seeing to the details of disinfection. So far as I have observed this work is done at present in a very one-sided and inconsistent manner, bearing very hardly on some cases, and being absolutely lax in others. I know of two cases of smallpox which were freely examined by students, who were then permitted to return to their work in dispensaries. The health officer who came to disinfect the room where the patients had been, did not
care to give any directions even to the students. The disinfection of the room was quite inadequate.

Q. Were these students disinfected?
A. They washed their hands at my request, but that was all.

Miss Goodrich. We have great difficulty in New York in keeping out contagion. There are no hospitals where we can send children with measles, except to the Island and that means almost certain death. There are many people of moderate means whose children, developing scarlet fever after coming into hospitals, have to be sent home rather than to the Island, where the treatment is not what it should be. If women were on the boards of health disinfection would be better carried out. We all know of instances where women go out to wash, whose children at home have infectious diseases. The rest of the children come and go and there is no isolation. Women would look after this better than men. They would investigate more thoroughly.

Miss Nutting. I can cite two instances of what women have done in our own city, though not as members of the Board of Health. In the Bay View Asylum, where there are 2,000 patients, the condition of things was very bad. A few years ago they appointed Dr. Mary Sherwood and Miss Kate McLean on the Board and the whole condition of certain portions of the institution has been altered for the better since that time through the work of those two women. Their activity was a great contrast to the absolute supineness of men. They saw things which the men did not see. The women of the Good Government Club have investigated the sanitary condition of the schools in Baltimore and have induced the City Council to take action to improve them. Could not we, who have received such thorough practical training and instruction, do equally efficient work? To show what women can do, from street cleaning up, I have only to cite what Jane Addams has done in Chicago.

Miss Maxwell. The nurses in the settlement frequently find that when the officers of the Board of Health go about for inspection new plumbing arrangements have been put in so that things seem in good order. The next day they are taken out
again. If nurses were on such boards they would be in touch with other nurses who see such things and they would probably make inspections when they were not expected, and organize sub-committees of trained nurses, who should carry on a campaign in this direction.

Mrs. Robb. May I add that their presence is equally desirable on boards of education? In London a trained nurse has been elected to the School Board, but no steps have been taken in that direction in this country. I should like to move that a committee be appointed to urge the placing of nurses upon sanitary commissions and school boards, and such a committee might also urge upon commissioners in large cities the need of more hospital room for contagious diseases. I believe Boston is the only city in the United States where politics do not rule in City Hospital matters, and it is the only city where absolutely proper quarters are provided for infectious diseases. For years that has been a crying need in our great cities.

Miss Snively. We have an infectious hospital in Toronto, but I think it will be found that the accommodation is always insufficient. Last winter we had a great many cases of diphtheria and scarlet fever. If there could be private as well as public hospitals for such cases it would be in the interest of the community. From my experience I am distinctly in sympathy with the thought of women being put in places where details must be looked after. I think superintendents in general would say that men do not like to look after details and that looking after these minor matters seems properly to fall into the hands of women. I believe if women were on sanitary and educational boards the work would be more thoroughly done.

The motion was then put as follows:

Resolved, That the nursing profession should be represented on school boards and boards of health, and that the weight of their influence should be thrown in the direction of increasing the number of hospitals for contagious diseases. Voted.

It was moved that a committee should be appointed by the chair to take this matter into consideration, with power to organize sub-committees of trained nurses who should carry on a campaign in this direction.
Voted. The appointment of the committee was deferred. After a recess of fifteen minutes, it was moved by Miss Nutting and voted, that Miss Wald, of the Nurses' Settlement in New York, should be invited to speak to the Association of the work of women in municipal affairs.

A paper was read by Miss Twitchell on the "Tendency of Nurses to Extravagance."
THE TENDENCY OF TRAINED NURSES TO EXTRAVAGANCE

By Alice I. Twitchell, Superintendent of Hospital and Training School, S. R. Smith Infirmary, New Brighton, Staten Island.

Read before the American Society of Superintendents of Training Schools for Nurses, in New York, 1899.

When I received the letter from the secretary of this Society asking me to read a paper upon "The Tendency of Nurses to Extravagance" I wondered if any one had whispered to her that it was one of my favorite subjects and one upon which I dwell as much or more than on any other,—but with doubtful results; but it is a difficult subject to make interesting to superintendents of experience. It is too much like demonstrating a problem in geometry and trying to prove that "a straight line is the shortest path between two points," for it is such a self-evident fact that the tendency of nurses is to extravagance that it requires no proof.

The question now arises, What are we to do about it? and are we as superintendents responsible for the present condition?

I am sure you will all agree that our nurses as a whole, while in training, have constant examples of extravagance in the members of the Attending and House Staffs; for who ever saw a surgeon trying to economize with hospital supplies? and until there are established some training schools for doctors how is that otherwise seemingly unsurmountable obstacle to be overcome?

It needs very fertile soil to produce satisfactory results and that fact obtains the world over, and in the production of nurses as well as anything else.

We can by great effort get a little anatomy, physiology, materia medica and a little more practical knowledge into almost any brain, but it is impossible to put common sense into a brain if there was none there before we had to do with these women of from 21 to 35 years of age; unless it is innate or inherited it might as well be given up; for as Florence Nightingale says, "We cannot bring out of a person what is not in her."

Of course, we do not intend to admit or graduate such material, but sometimes even with us circumstances govern cases.

I think one of the best ways to overcome this evil, if this is not too strong a term to apply to the habit, is for each nurse to act as assistant superintendent or house-keeper during a few months of her third year and thus learn the cost of the goods of which she has been so lavish.
It would not help the institutions as much as it might the nurses themselves but would afterward prove a benefit to the public at large.

If nurses could be brought to realize that the habit of extravagance acquired while young and in training and while the institution is paying for material, is one that is bound to follow them through life, and especially into private work, and greatly to their detriment, I do not know whether it would be easier to cope with it or not, but it seems to be hard to impress it upon them.

Probably we who are superintendents of hospitals as well as training schools and have the purchasing and giving out of supplies realize much more fully the waste of material in wards and operating rooms—the latter especially—than others who only hear of it through others and then feel like taking the complaint with a grain of salt, for who except a superintendent of nurses was ever known to have any sympathy with the nurses?

Who of us who keep the clinical thermometers in our desk have failed to groan many times a week over the many demands for them and the assertions that they were found broken in the morning, or the day nurse did it and did not report it, or a patient bit off the bulb?

And right here if it is not a digression I would like to request that the question be brought up later as to the methods pursued in some of the hospitals represented here, as to the supply of thermometers.

Is it usual to oblige the nurses to supply themselves—as I know is done in some institutions?—We do not, but have thought of doing so.

Simply because some of us are so fortunate as to be connected with hospitals that are governed by generous boards and those who wish to have everything necessary, I do not think we are justified in wasting anything, and should be just as careful as though we were denied some things and should inculcate like ideas into our nurses, if possible, to fit them to work in poor institutions as well as among people of moderate means.

With me it is a hard thing to decide where carelessness ends and extravagance begins, and vice versa, or are they synonymous terms?

"I did not think" or "it was unintentional" are poor excuses.

If we could include economics as one branch of instruction and feel that our nurses were well trained in that, how differently we would have cause to feel, instead of knowing that they are going out to care for an unsuspecting public and to require and demand so much that many families do not feel able or willing to provide! We know that nearly every one will strain every nerve to care for the dear ones who are ill, when perhaps the money paid the nurse is every cent they feel able to spare, then her demands may double
that expense, thus shortening the period of her stay and practically
taking money out of her pocket and not redounding to her credit.
It is said of certain nurses that where one of them is employed,
an extra servant must be engaged to wait upon her. I can only
say of such that they certainly do not possess that very necessary
trait or characteristic known as tact. A little word, but a quality
very essential to a nurse.

I knew one cooking teacher who wasted about as much material
as she used and soiled twice the dishes. Now if her classes of
nurses are as imitative as the Chinaman who always threw away
one egg when making a certain pudding because his mistress did
so when teaching him, sorry will be their lot when their extrava-
gance becomes known. It sometimes seems as if the imperfect
was the most often imitated even where it requires a greater effort.

I suppose the demand upon the linen in private families by many
—I had nearly said most nurses—has been the subject of as much
criticism as any one thing, and often with good reason; and many
people who have the most of the world’s goods are the most careful,
and the most critical of waste and extravagance.

The ordering of large quantities of drugs, wines, cordials or any-
thing that is an experiment when one does not know the effect
upon the patient, when perhaps one teaspoonful will be the limit
of the quantity used, is a mistake often made by nurses in private
work.

Perhaps if we could prevail upon our nurses while in training to
use their money, aside from what is needed for uniforms and text-
books, for other books or lectures or useful articles, instead of
extra suppers, sweets, cream puffs and lemon soda, pies and sarsa-
parilla, it might tend to make them more provident after they
leave us.

That nurses are improvident as a class I also fear is the rule in-
stead of the exception.

How many do we all know or often hear of who are living from
hand to mouth or, worse, borrowing money between cases and
many of these who are good nurses and busy a great deal of the
time, the exception being usually those who have some one partly
or wholly dependent upon them?

It is said that ten years is the average time for a nurse to do
private nursing if she is kept busy most of the time, so that it
seems strange that every one of them does not try to put by a
certain percent. of their earnings for the expected rainy day.

Whether the ignorance of the average woman—that is young
woman—of good thorough business methods is one reason for im-
providence, I am unable to state, but as age adds to experience in
all directions, another reason presents itself why we should admit
women and not girls into our schools.
That the women who are from force of circumstances ignorant of business methods should profit by others’ experience is also necessary; then the point arises as to the best way for nurses to invest their money. This subject was brought up at the annual meeting of the Nurses Associated Alumnae in New York last April, but as far as I know no special step was taken to decide upon any method.

Now will not a step in some such direction help us to bring about a change for our graduates, and by precept and example and continued watchfulness during the two or three years that we have them with us in training, can we hope to bring about a reform and send them out examples of economy as well as angels of mercy?

**DISCUSSION.**

**Miss Barnhart,** St. John’s Hospital, Brooklyn.

Miss Twitchell has so ably discussed the cardinal points of extravagance among nurses in general that I feel there is little more to be said.

In my comparatively short experience in training schools and among nurses, I have found that much carelessness, thoughtlessness and extravagance is due to the home influence and unfortunate lack of training and discipline before entering the school. Habits thoroughly instilled in earlier life are difficult to change in a short period of hospital training, and only the most conscientious and earnest women will endeavor to obey the laws of economy.

Is not the tendency of the age to extravagance? and do not nurses oftentimes have to spend a large portion of their income on dress to gratify the taste of their patients, who expect to be attended by them when travelling, driving, walking or at entertainments?

May I be allowed to cite some instances which have lately come to my notice?

A nurse, in speaking on the subject of saving, stated that she had been for some months with a patient who travelled a good deal and wished her not to be known as a nurse, but as a friend. The patient dressed elegantly, and in order to keep up appearances as “a friend,” the nurse was obliged to have more gowns and some of a better character than she otherwise would have worn. In consequence, much of her earnings went in that way.

Another instance is that of a family who insisted that the
nurse should go in and out by the way of the servants' entrance, because, as they explained it, she dressed so poorly that they were ashamed to have her come in at the front door. They pronounced her a good nurse, a gentlewoman and perfectly satisfactory in every other way. This nurse was a widow and had to support a child.

I fear it is true, however, that there is a class of nurses who do spend freely and injudiciously all they earn and will unhesitatingly borrow money when their earnings are exhausted. But may not this be characteristic of a class of women, wherever you may meet them? Are we not crediting the whole profession with a fault that is found in a class of individuals which exists in all communities? We would fain remedy this fault in those whose shortcomings we learn to know so intimately while they are under our supervision, and this because it is our duty to know and correct them, and which we recognize with all the more seriousness because we desire, indeed the profession demands, perfection.

Miss Greenwood, Jewish Hospital, Cincinnati. The essential factor in the tendency of nurses towards extravagance seems to lie in the direction of their ignorance of domestic economy. If the young woman, before beginning her work in nursing, has had some experience in the orderly management of a home and some idea of the cost of its maintenance, she cannot but realize that in the hospital ward she is again a care taker, and her knowledge of the value of the articles she handles will be shown by her care of them.

Mrs. Hunter Robb, in her epoch making paper, "Educational Standard for Nurses," read before the National Convention of Charities and Correction, in Chicago, in '93, drew attention to this fact and deplored the necessity of not only teaching a pupil in two short years the art of nursing, but also the first principles of domestic economy. The pupil who is handicapped by her ignorance of so important a science inevitably falls into an extravagance of supplies, which are furnished with comparative ease, in generous quantities and at no cost to herself.

The addition of a course of practical instruction in hospital
housekeeping as part of the work of the third year, will doubtless be productive of much good.

In my own work, I have found the following method of value:

A standard list of all articles furnished the wards is kept. Once a week this list is gone over, and if the articles which are to be replaced have been broken through carelessness of the nurse, she is held responsible for them.

Miss Nevins. I am much in sympathy with this subject. I agree with the writer about selecting women not too young. Those who have known something about what money means and the difficulty of getting it, before they come to the school, appreciate better the cost of what they have to work with and are more economical. I notice it when they become heads of wards. I always make it a point to talk with them just prior to leaving the school on various subjects, and one is dress. A nurse has perhaps been cramped, and her wardrobe is shabby, and she must replenish it, and I have noticed a good many times that there was a tendency to spend too much and to dress unsuitably. I think a great deal rests with the superintendent in advising the nurses about all these matters.

The next paper, by Miss Walker, on Alumnae Work, was read by Miss Merritt:
HOW TO PREPARE NURSES FOR THE DUTIES OF THE ALUMNAE

By Lucy Walker, Superintendent Pennsylvania Hospital Training School, Philadelphia.

[Read before the American Society of Superintendents of Training Schools for Nurses, New York, 1899.]

The first thoughts that arise in the mind when endeavoring to deal with this subject are: What are the objects of the Alumnae Associations? What are the duties of Alumnae? In order to answer these questions, a few of the many constitutions and by-laws were consulted, and there seemed to be but little variation in the articles dealing with "objects." They are all practically summed up in Article II of the Constitution of the Associated Alumnae, which reads: "The objects of this Association shall be: To establish and maintain a code of ethics; to elevate the standard of nursing education; to promote the usefulness and honor, the financial and other interests of the nursing profession." It would seem, therefore, that the principal duties of the Alumnae must be to aid in carrying out the various clauses of this article.

Only a few years ago, Nurses' Alumnae Associations were almost unknown. Each nurse, as she left her training school, found herself a struggling unit, with no professional code of ethics to guide her connection with other members of the profession. Naturally, her tendency under these conditions was to become a mere working woman, doing so much work for so much money, and thinking only of her own material welfare. As a result, the status of the profession was lowered, and many were thereby deterred from entering hospital training schools, who might have proven themselves most useful members. To-day almost every school has its Alumnae Association, and the majority of these have united to form The Associated Alumnae of the United States and Canada. Thus we have, in many parts of this great continent alumnae who have agreed to establish and maintain a code of ethics; who have agreed to elevate the standard of nursing education; who have agreed to promote the usefulness and honor of the nursing profession, as well as its more material interests. In "union is strength" and it surely seems as though much must be accomplished in the near future, as it has been in the very near past. It is only requisite that the women who are daily entering our ranks
shall be so prepared that they may have a true understanding of what their duties as alumnae are.

When a woman decides to study nursing she does so generally because she can secure for herself a profession in return for work done and without any first outlay of money. The number of those who enter training schools for other reasons is very small. They enter with but a vague idea of the duties they will be called upon to perform. Visions perhaps of smoothing pillows, administering medicines, reading to patients, etc., may have fired their enthusiasm, and they see themselves being and doing something noble. But, as we all know, while a hospital training school is admirably fitted for turning out well-trained and skilful nurses, it is not the best school for developing the special qualities essential to a woman who is to take her proper place in the world, or indeed in her own profession. The necessary routine of the work, the wholesale nursing, the strict obedience required, the technical skill gained long before the theoretical knowledge follows to render the work intelligent, all tend to make mechanical workers; the long, hard hours of enforced work tend to develop selfishness; the short time allowed for recreation, and the long time spent in absorbing ideas within restricted limits cause a narrowing of the mind. On entering a training school the first shock received by a would-be nurse, more especially if she has come direct from a home life, is the realization that she has lost her individuality. No one cares what she is or how she feels so long as her share of the work is accomplished. This, at first, seems cruel, but she often becomes hardened, and is herself as careless of the feelings of the next newcomer. Then, having a certain portion of the hard work allotted to her, to be finished within a given time, she is tempted to regard the calls of patients, or of other nurses, as so many unwelcome interruptions, and a disposition to be selfish and unfeeling comes to light. Again, she finds herself hedged in by rules of which she cannot see the use, and a rebellious feeling is apt to arise, followed by a certain changed attitude of mind towards the one in authority, whose duty it is to enforce such rules with the result that she who desires to be and should be the guide and friend, as well as teacher, is often regarded only as a hard task-master and an unmerciful judge.

The question as to how best to check these tendencies in the pupil nurse is a difficult one to answer. There is no present prospect for her of gaining the theoretical knowledge as the young doctor does, before entering the hospital wards. This in itself would be of infinite value as it would render the nurse's work both intelligent and interesting from the outset, and check the tendency to become mechanical. Neither is there any immediate prospect, in
the majority of schools, of shortening the hours of work, or of
giving more opportunity for recreation. It is, therefore, useless
to discuss these points at this time. We can only acknowledge
that the tendencies are there and that it is our duty to do what
lies in our power to correct and check them.

And then the question arises, what does lie in our power? What
can we do for these young women, who place themselves under
our care in order to develop their best qualities? And how can
we check the growth of other qualities which are not desirable?
In a large hospital, the principal of the training school comes very
little in personal contact with the pupils. It is difficult for her to
learn their various characteristics, and to deal with them accord-
ingly, because these are apt to be tucked away in some hidden
corner, while in her presence. She is obliged to trust largely to
the reports given her by the head nurses of the wards just as she
is obliged to leave the practical training almost entirely in their
hands. It is, therefore, necessary that the nurses selected for such
responsible work, should be women above the average in every
way; women, who realize the importance of their work and who
are truly interested in doing their best for those under their
charge. Their example and teaching mean much to the young pro-
bationer. By their watchfulness also and reports of the first ap-
pearance of faults, the principal is enabled to check the tendency
at once, and perhaps to implant some good thought, or encourage
some good resolution to take its place.

The rules, always so trying to the undisciplined mind, should
be as few as possible, and only such as are absolutely necessary
for the protection of the patient and the guidance of the pupil. If
these rules were carefully gone over with the probationer and the
reason for each explained it might possibly assist her to keep them
cheerfully and willingly; and if each class could be induced to
form their own class code of honor, it would be a good preliminary
training for enabling them to assist in establishing and maintain-
ing a code of ethics, when they become members of the Associated
Alumnae.

Then, in order to prepare them for the duty of assisting "to ele-
vate the standard of nursing education" must they not themselves
receive the best education that we can procure for them? Not
merely so many lectures and so many recitations, but a true edu-
cation, "the discipline of the intellect, the establishment of the
principles, the regulation of the heart."

During the pupil's first year it is necessary as a rule to teach
her how to study and to supervise all her work most carefully,
but when the year's work is satisfactorily completed, it is best to
allow her to receive and digest for herself the knowledge placed
before her; and although she may not appear to acquire knowledge so rapidly, she is acquiring with it self-reliance and a sense that she alone is responsible for what she gains or what she loses. The course of study should be systematic and progressive throughout the training and should embrace as wide a range of subjects as can be taken up with thoroughness and without over-taxing the mind; the chief aim being to cultivate a desire for knowledge and to train the mind, so that it may be able to assimilate and use with judgment, the knowledge when acquired.

To further prepare nurses for their duties as alumnae, it is well to instruct them in the history of nursing and in the efforts that are being made at the present time to further its interests. They should also be prepared to take their part in business and other meetings, and should be drilled in the usages of parliamentary law, and in the discussion of papers. During the third year of the nurses' training at the Pennsylvania Hospital a portion of their class-work consists in forming and managing an Association of their own. It is re-formed at the beginning of each class year, the members drawing up their own constitution and by-laws. The officers serve for one month only and the committees are appointed by each incoming President. There are two committees: the Committee on Nomination and the Committee on Arrangements. The Arrangement Committee selects subjects for papers and appoints members to write and discuss them. No restriction is placed on the choice of subjects. The Association is entirely self-governed, as the teacher never holds office nor does she know anything of the work done by the committees until they present their reports at the regular meetings. This form of class work has the following advantages: It gives the members ample opportunity to get over their "stage fright" before the time comes for them to speak in the presence of strangers. They learn to formulate their thoughts and opinions and to express them in a business-like manner. They also learn to express themselves correctly, which will be an advantage when teaching others. It teaches them to govern themselves and it certainly helps them to think of their work from the intelligent standpoint. They learn from their own mistakes, when the mistakes produce no serious consequences, and they gain some experience to guide them, when, their student days ended, they take their places as members of their own Alumnae Association and members of the Associated Alumnae. Most earnestly do we hope that the future members of our profession may be, above all women, high-minded, broad-minded, strong-hearted, striving not only to gain honor in their own individual work, but to heartily aid in "establishing and maintaining a code of honor; in elevating the standard of nursing education;
and in promoting the usefulness and honor of the nursing profession."

**DISCUSSION.**

**Miss Breeze,** Illinois Training School, Chicago. If the individual and collective work of its alumnae is important to the growth and development of the school as well as to the graduates and the profession, we must feel it doubly important that the pupils should be prepared for these duties as carefully as they are taught nursing. From the outset pupils can be instructed to work intelligently, that even the smallest part of their work has its proper relation to the whole and must be done well. They must slowly learn to observe minutely and discriminate carefully, and at the same time acquire all those womanly traits indispensible to a good nurse. One of the pleasantest things about training school life is to watch the gradual unfolding of good and fine qualities which were hardly suggested when the pupils entered the school.

A plan of marking pupils at the end of each school year upon this practical work—which includes deportment both on and off duty—and giving these marks to each nurse with her examination marks, has seemed to stimulate good conduct as well as good work. Each class can be encouraged to have a pride in itself as well as in the school, that it may aim to be better than any former class and in this way raise the standard. As a part of the class work the last year in training, nurses should learn theoretically what the public has a right to expect of them as professional women; they should be taught their duty to themselves, to other nurses, to their school and to the profession.

The Illinois Training School also has an organized class club, managed entirely by the class, as part of the third year work. The subjects for papers and discussions are upon the various departments of public hygiene and upon literary topics. Most of the lectures during the last year were given by graduates who are at work in different branches of nursing; each one talking of her particular line of work—Visiting Nurse, Dispensary Nurse, Emergency Nurse, Hospital Matron, Private Duty, etc., and the superintendent gives a course of lectures upon
Training School Work and Administration. As in the Pennsylvania Hospital Training School, this arrangement was made to familiarize pupils with the methods employed in alumnae and other public work and to broaden their views of nursing. If every superintendent would talk to the outgoing class about the alumnae association, give each member a copy of the constitution and explain to them the duty of becoming working members, I believe more earnest societies would exist. This has been done by our superintendent for years and I think the Alumnae Association of the Illinois Training School for Nurses is to-day a proof that her labors have not been in vain.

As members of our association and of the Associated Alumnae, we say we want to elevate the standard of nursing education and promote the honor, usefulness and other interests of the nursing profession. Therefore pupils should be taught that in joining the alumnae association they assume responsibility that the constitution is not a high-sounding but meaningless thing, and that when an occasion arises to perform a duty it must be discharged with tact, patience and diplomacy as well as with honesty, courage and conviction, and without personal prejudice. That each member must feel it her duty to exert every influence for the election of those members for officers who are best fitted for the work and then support their efforts for improvement. Alumnae work will not prosper unless undertaken with enthusiasm.

Finally, each superintendent can, by her advice and influence, help to keep the alumnae association professional and make it more progressive, so that old and new graduates will feel it both a pleasure and profit to be members.

Miss Cabaniss, Old Dominion Hospital, Richmond, Va. The principles and outline, suggested by Miss Walker, are practical, comprehensive and very satisfactorily open a safe pathway to excellent preparation for alumnae membership.

"Attempt to teach a child nothing, during its first decade, except to speak the truth and to ride horseback," said Sir Walter Scott, quaintly and tersely summing up the method and purpose of all educational training, especially of nurses. Appreciation of the true dignity and responsibility of our work, with
the strength, or perfect poise of moral, mental and physical powers, which enables one to cope successfully with the great tax a nurse's life must continually meet; this, in detail, seems the purport and object of Miss Walker's plan.

The class code of honor, and whatever tends to develop and stimulate excellence in practical and theoretical hospital work, a just pride in our profession, with a desire to keep well informed of the progress of nursing and its interests, should always receive the warm commendation and material support of superintendents and training school authorities. Such experience and training must surely give us for alumnae membership earnest, thinking women, liberal and fair-minded, sound in ethics and efficient as executives.

In my section of the South, where as yet there has been little progress beyond the decidedly primitive training school, the average physician, knowing practically nought of nursing ethics, has a decided inclination, upon limited experience with her, to snub the intelligent, well trained nurse as a possible usurper of the doctor's privileges and prerogatives. This leads nurses to value exceedingly all that will prove a power for the advancement of nursing, as active, well-organized alumnae associations must do.

It has been my custom, as superintendent, to organize among my pupils a club, much along the lines stated by Miss Walker. But I have encouraged the pupil nurses to invite physicians and graduate nurses of much experience, to read papers upon subjects of special interest and also upon the lives, character and work of prominent members of the nursing and medical professions. All journals and magazines and other literature relative to the advancement and interests of the profession are put into their hands and discussed with them.

An hour or two, once or twice a month, is devoted to informal discussion of nursing ethics, with the senior and junior classes, respectively.

Both pupil and graduate nurses are encouraged to keep in touch with current events, music, art, etc., if for no higher motive than to be more companionable for patients, to the exclusion of conversation of the gossipy, ill-advanced sort.
It is not possible for me to add any suggestion of value to the admirable plan offered by Miss Walker's paper; but I would call special attention to one point of great moment to us all; one phase of which constitutes the subject of a paper to be read at this convention. It is this: When we shall have completed the details of the uniform curriculum, it shall include a definite plan, or method, of instruction for our pupils in more practical and intelligent appreciation of the financial part of both personal and hospital interests. In our age when "Capital is King," neither alumnae, institutions, nor individuals can flourish, if absolutely neglectful, or ignorant of this one of the ruling powers.

Miss Merritt. Forming school associations is a very good thing to bring the nurses out. I have done that in my school, and they run on themselves and make their own rules and regulations and committees and appoint those to read papers, etc. In connection with that we have a bank in which each nurse deposits ten cents a month, and the purchasing committee purchases something for the training school. The nurses have done a great many nice things with that money. It accumulates rapidly. It keeps up the interest and they enjoy it very much. They have had some interesting papers and discussions and it has helped them greatly.

Miss Snively. The difficulty would be to find time to write papers. They might desire to do it, but they get very tired and their time is limited. How is that accomplished?

Miss Merritt. They do not write many papers. They select certain subjects and have discussions, chiefly.

Miss Maxwell. Does this form part of their class work?

Miss Merritt. They meet in the evening, usually before the lectures, from 7 to 8, the same night as the lecture night, and so they do not give up an extra evening to the meeting.

Miss Nevins. Is this obligatory?

Miss Merritt. No; but all attend very regularly and enjoy it.

Miss Maxwell. Is it confined to one class?

Miss Merritt. All the school are invited to come in, but the graduating class has charge.
Mrs. Robb said she hoped the superintendents would adopt some such course as had been suggested by Miss Walker.

Miss Snively, acting President, announced the following nominating committee: Miss Sutliffe, Miss Gross and Miss Hintze. Adjourned at 1.30 p. m.

SECOND SESSION.

The second session was called to order by Miss Snively at 10 a. m., May 6th.

Attention was called to the death of Miss Bessie McDonald. On motion of Miss Sutliffe, it was voted that the Chair should appoint a committee of two to draw up a fitting memorial.

Miss Snively appointed Miss Sutliffe and Miss Doyle.

Miss Banfield and Miss McDowell were appointed a committee to distribute, collect and count ballots for new members.

After the ballots had been distributed and the names had been written on the blackboard, it was voted that the secretary should be empowered to cast one ballot for the list as finally presented. This was done, and the following persons were declared elected:

ACTIVE MEMBERS.

Miss Alice Ashby, Indianapolis City Hospital, Indianapolis, Ind.
Miss Hannah E. Dodge, Elizabeth General Hospital, Elizabeth, N. J.
Miss Ellen Van A. Denike, Buffalo General Hospital, Buffalo, N. Y.
Miss E. Maude Ellis, Tewksbury State Hospital, Tewksbury, Mass.
Miss Elizabeth M. Friend, Hartford Hospital, Hartford, Conn.
Miss Mary S. Gilmour, New York City Training School for Nurses, Blackwell’s Island, N. Y.
Miss Cora Overholt, Hahnemann Hospital, Chicago, Ill.
Miss Mary Patton, City and County Hospital, San Francisco, Cal.
Miss Mary A. Samuel, Roosevelt Hospital, New York, N. Y.
Miss Ada J. Taylor, Finley Hospital, Dubuque, Iowa.
ASSOCIATE MEMBERS.

Miss Jennie Hastie, Paterson General Hospital, Paterson, N. J.
Miss Georgina C. Ross, Johns Hopkins Hospital, Baltimore, Md.
Miss Lucretia S. Smart, Rochester City Hospital, Rochester, N. Y.

VISITING MEMBERS.

Miss Mary F. Bolster, Nicholas Hospital, Peterborough, Ont.
Miss Jessie Duncan, Berlin and Waterloo Hospital, Berlin, Ont.
Miss Lizzie C. Glenn, Rockford Hospital, Rockford, Ill.
Miss Anna M. McPherson, Oil City Hospital, Oil City, Pa.
Miss Mary C. Wheeler, Sherman Hospital, Elgin, Ill.

Miss Wald was now invited to address the Association.
WORK OF WOMEN IN MUNICIPAL AFFAIRS

By Lillian D. Wald, The Nurses' Settlement, New York City.

Such data as I have, I collected at the Settlement dinner table, and of course I cannot in this short address do more than touch upon the subject. I was not quite clear in my mind whether I was to have the compliment of being asked to suggest what women could do in municipal affairs, or to report what they have done. The greater number of things which they have accomplished have, of course, been done in association with men.

There is one association called the Health Protective Association that has succeeded in establishing quite a number of sanitary reforms. It was started by some women who lived on —— Hill, having a charming view of the river, but the best citizens were being driven away by the foul odor from the abattoirs in the neighborhood. One day in 1884 eleven women came together and decided to organize for the protection of the view and to improve the air by removing accumulations of manure which were piled up in the vicinity and the next day they organized with fifteen members and incorporated the organization. They went to work intelligently. They went up to Albany and a bill was introduced which made it a misdemeanor to have such accumulations within the city limits. They succeeded in having the manure removed, though the man who owned it had a brother there who had the "biggest kind of pull." When the butchers and other people who were using the city for that purpose discovered how costly it would be to defeat the bill they accepted the reform. Mrs. Trautman is to be credited with much of the good work that association has accomplished. Since then they have abolished a great many nuisances arising from gas houses in the city and it is largely through their efforts that the signs have been introduced forbidding people to spit on the floor of street cars. They have had some stables removed and they are well known in Albany and by sanitary experts as having done very effective and valuable work.

We have had some women on the State Board of Charities. Mrs. Lowell, for one, has served on that board admirably and she has also served on the Board of Arbitration. She has been interested in tenement house reform and in many things that have related to the health and welfare of the people.

Women are now serving on executive committees of the Recreation League, a nurse among them. That has been formed with the
hope of stimulating the public to seeing the need of outdoor recreation for the people. Men and women were sent to the Board of Education and succeeded in getting $15,000 for their work and this was largely given through the influence of a committee of women who showed how reasonable it was to give these children a place for out-of-door recreation. Men and women were asked to be inspectors of the playgrounds and among these was a nurse.

The People's Institute started in New York with a very lofty plan of stimulating responsibility in citizenship and it has perhaps the largest local audiences in New York. It is interested in social improvements, social service, etc. Men and women are on the executive committee and among them is a nurse.

The Women's Municipal League was entirely composed of women and there were two nurses among them.

The Civic Club, of Philadelphia, has the credit throughout the country of having pushed women into offices of responsibility, not on the spoils idea, but because they believe that where women are in such places it will not be for selfish purposes, for the good of all. They have effected reforms of a sanitary nature, have introduced traveling libraries, and have started vacation schools, which have now been taken over by the Board of Education.

In the West more has been done by women in municipal affairs than elsewhere and that is largely because there is a western hospitality to ideas as well as other things and the women have taken up the work in the right sort of way.

The Women's Club, of Chicago, is perhaps the most important club as a whole. It numbers 900 members and has a very definite place in Chicago. Through its influence matrons have been in the police stations, the age of protection has been raised and a great many reforms in county jails have been brought about. One woman in Chicago secured rubber tires for the ambulances of the city. She got one such ambulance at first and it was such a success that they use them now in the entire system.

Vacation schools and playgrounds for children have been secured by women in different cities.

The Women's Alliance secured the appointment of five women as sanitary police for factory and tenement house inspection. One woman was engaged to collect data upon the proper collection and disposal of garbage and proved so efficient that she was appointed inspector and superintendent of the night force and proved the most capable one they ever had. She did it in the most businesslike way. The woman who was appointed to succeed Miss Addams as inspector of street cleaning had taken a scholarship in Sanscrit and was considered the flower of the university where she graduated. The first factory law in Illinois was planned and outlined by a
woman, who had been appointed Factory Inspector by Governor Altgeld. In inspecting she found there was so little legislative protection for children that she secured the passage of a protective statute law. But when the law was passed she could not get any lawyer to prosecute and so she studied law and was admitted to the bar so that she might prosecute, and she is now looked on as an expert.

In New York the women on the State Charities Aid Association have been of immense help to the community.

You are doubtless familiar with Miss de Graffenried’s work. She is one of Carroll D. Wright’s most effective assistants and is accurate and reliable, and she has collected most valuable data upon labor matters and statistics generally relating to people and homes.

Miss Morton, of London, is a nurse who has made a specialty of hygiene. She has been elected to the London School Board and polled more votes than any man. For several years she has been hoping to introduce education and manual training into the prison system and has already given her first lectures there. She has also a nurse’s settlement.

The kindergarten in Hartford was started by women as well as in many other cities. In New York there has been medical inspection of the public schools established, and although no nurse has been inspector, the discoveries of some nurses that children who were desquamating from scarlet fever and who were still having diphtheritic throats, were attending the public schools, had some effect in securing the necessary appropriation.

There are now some of the nurses of the city who have the right to use the name of the Board of Health, but it is rather a complimentary relationship and has only a semi-official character. They have been presented with badges on which is borne the name of the Board of Health, showing that it will support them. In the public lectures which are provided for the city by the Board of Education, one nurse has for two years been on the lecture list.

I might go on and tell of individual cases. I think the people as a whole believe very much in the practical work that the trained nurse can do, so that it would be less difficult to urge their appointment on health and education boards than women of almost any other profession. However there is one subject that as citizens we shall have to undertake, in the interest of all as well as for our profession, and that is to help on civil service reform. If the spoils system is the only one by which appointments are made women will not have a chance, but if they are made on the merit system trained nurses will come in for their share. Such further education as they would receive would be the only necessary plea for their appointment.
The one idea I wish above all to bring out is, that among the many opportunities for civic and altruistic work pressing on all sides nurses having superior advantages in their practical training should not rest content with being only nurses, but should use their talents wherever possible in reform and civic movements.

A vote of thanks to Miss Wald was moved by Miss Drown and passed, recognizing the valuable suggestions and stimulus to a wider interest that her talk gave. It was moved and seconded, that a committee be formed to study the subject of urging the promotion of trained nurses to membership on sanitary and school boards. Voted, and the Chair appointed Miss Nutting, Miss McIsaac, Miss Riddle, Miss Maxwell and Miss Dock.

The committee appointed to nominate officers reported, and the following officers were elected:
President, Miss Merritt.
Treasurer, Miss Drown.
Secretary, Miss Dock.
Auditor, Miss Milne.
Councillors, Miss Riddle, Miss McDowell.

The following report was presented by Mrs. Robb in behalf of the Education Committee:

This committee was appointed at the last annual meeting held in Toronto in February, 1898, to report upon the suggestions contained in the papers on “How to Attain Greater Uniformity in Ward Work” by Miss M. M. Riddle, and suggestions on “Qualifications for Future Membership in the Society of American Superintendents of Schools for Nurses” by Mrs. Robb.

As chairman of that committee I regret to state that we are not as yet prepared to make a report as a committee, not having been able to hold one committee meeting, owing to the great distances that separated us. In September I went to see Miss Snively, who suggested that I should formulate any suggestions that I had to offer, and to present them in writing to the other members of the committee. This was done and the report I now present was sent to each member of the committee, but owing to stress of work the other members did not offer any criticisms. I was able to see Miss Nutting personally three times and to talk over the proposed plan. It may be of interest to know what steps led up to the report about to be presented. In my paper I contend that the qualification for membership in this Society should be on
an educational basis, and in carrying out the further suggestions in
that paper various normal schools for pedagogy were written to,
their methods considered. Professors of pedagogy were also in-
terviewed, but nothing was found by any of these means to be
practical enough to meet our wants. An appointment was next
arranged with the dean of the Teacher's College, which is affiliated
with Columbia University, New York City. The visit to the col-
lege and the interview were both profitable and encouraging. The
college seemed to offer the possibilities of meeting in a practical
manner our requirements. At a second interview on the next day
Miss Nutting was present. The summer was spent in going over
carefully the courses in the college announcement and formulat-
ing and adjusting to it our own particular department, and the
plan evolved was submitted to Dean Russell at an autumn meet-
ing. After another careful revision the schedule was submitted
at a final meeting in December to Miss Kinney, Professor of Domes-
tic Science in the college. Miss Nutting and myself were present
at this meeting. The final plan was then drawn up in due form
and a copy was sent to each member of the committee. The plan
is as follows:

That the Superintendents' Society appoint a Board of Examiners
of experienced superintendents, whose duties are to receive the
names of all candidates for the teachers' course, and to endorse
them. They decide upon their qualifications as practical trained
nurses, examine their certificates, and receive a full statement from
the superintendent of the school from which they graduated as to
the candidate's qualifications to become a superintendent. In addi-
tion to these requirements the Board would require that the candi-
date enter the Teachers' College for the full term of eight months,
and that she will either before or after this term spend from three
to four months in doing private duty. Then after this year of extra
preparation, having passed the required examination satisfactorily,
she should be granted a certificate as a qualified superintendent
for a training school for nurses or hospital, such certificate to be
signed by the Dean of the Teachers' College and the Board of Ex-
aminers. It is desirable that candidates take this course before
becoming head-nurses. Afterward, and while waiting for appoint-
ments, if they can act as head-nurses in the wards of general hospi-
tals from three to six months, so much the better. The average
cost for each pupil will be about $400 for the eight months. This
includes board, laundry and tuition.

The following table gives in brief the schedule of study sug-
gested, and the following pages contain merely a more detailed de-
scription of each course. The course in domestic science would be
adapted to the purpose of the work. In general, the course named
in the table would be the same as those regularly given in the Teachers' College, except that the course in methods of teaching would be given especially for nurses.

The entire schedule as suggested below is subject to such modification as may be desirable.

**COURSE OF STUDY.**

*One Year (of eight months).*

<table>
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<tr>
<th>Department</th>
<th>Number</th>
<th>Title of Course</th>
<th>1st Semester</th>
<th>2nd Semester</th>
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<tr>
<td>Psychology</td>
<td>A</td>
<td>Elements of Psychology</td>
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<td></td>
<td>(8)</td>
<td>Ethics</td>
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<td>Education</td>
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<td>Methods of Teaching</td>
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<td>(2)</td>
<td>Hospital and Training School</td>
<td>2</td>
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<td>(8)</td>
<td>Physiology and Hygiene</td>
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<td>(1)</td>
<td>Foods</td>
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<td>(2)</td>
<td>Food Production and Manufacture</td>
<td>4</td>
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<tr>
<td>Domestic Science</td>
<td>(3)</td>
<td>Advanced Course</td>
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<td></td>
<td>(4)</td>
<td>Home Sanitation and Management</td>
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<tr>
<td>Physical Science</td>
<td>(3)</td>
<td>Household Chemistry and Stimulants</td>
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<tr>
<td>Social Science</td>
<td></td>
<td>Social Reform Movements</td>
<td>1</td>
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</tbody>
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**PSYCHOLOGY A. Elements of Psychology.** (See Teachers' College Announcement for 1899-1900.)

This course is intended to serve as an introduction to studies in principles and education and philosophy, and as a preparation for professional, business, or every-day life. While the text-book is used as a basis for discussion, it is supplemented by occasional lectures, collateral reading and essays. When practicable, experiments are employed to illustrate psychological truths, particularly the recent discoveries resulting from the introduction of the experimental method. The course consists of a study of the senses, of attention, habit, memory, imagination and reasoning; the pur-
pose being to so understand the workings of the mind that one may be enabled to train and strengthen it, and to work out principles and methods of teaching that shall be in accordance with it.

EDUCATION 3. Application of Psychology in Teaching. (See Announcement.) Discussions, critical study of texts and collateral reading. This course is concerned with both the science and art of education; with the science so far as it is dependent upon the laws of mental development; with the art so far as it involves the application of these laws in observing, planning and teaching a lesson.

After each topic has been treated in this way, its bearing upon teaching will be discussed at length; its relationship both to the curriculum and to method of instruction being included.

In the last part of the course some time will be spent in actually planning recitations, the plans being controlled in detail by the principles which have been considered.

EDUCATION 1, 2. Methods of Teaching—Training School and Hospital Management. (See Announcement.)

4. Observation and practice in teaching. Conferences and discussions following investigation of class methods; the preparation of lesson-plans and practice in teaching under supervision.

6. School and hospital supervision and management. The practical problems of school-economy. Lectures, essays and discussions under division B will be considered.

This course includes work in school criticism and discipline; observation and study of typical school conditions, school organization, departments, courses of study, school appliances, school construction and sanitation. Attention will be given to the duties of principals in the supervision and management of training schools and hospitals, both as to material and educational interests. Special study will also be made of the duties of the superintendent, departmental business relating to the trustees, appropriations and expenditures, buildings, plans, construction, sanitation and equipment; professional work in organization, visitation, inspection, system, including the superintendent's relation and responsibility to the regular hospital staff.

BIOLOGY 3. Physiology and Hygiene. (See Announcement.)

3. Physiology and Hygiene. A study of the activities of cells, tissues and organs in various organisms, both plants and animals, including man. The practical application of physiological principles to dress, ventilation and sanitation in the school-room and in the home. Lectures, recitations and laboratory work.

Lectures and laboratory work consisting of the microscopic study of illustrative material and experiments thereon.

DOMESTIC SCIENCE. (See Announcement.)
Bacteriology. A course of practical work in the cultivation, staining and microscopic study of the yeasts and common bacteria occurring in foods, etc., in the household.

The purpose of the course is to give a clear idea of the result of germ life in the household, as to its effects on health. The life history of a few common bacteria is studied. Then there is a practical application of the knowledge gained to the preservation of food, sterilization and pasteurization of milk, removal of dust, disinfection in sickness, etc.

**DOMESTIC SCIENCE 1. Foods. (See Announcement.)**

This course gives theory and practice in cooking, and aids the student in arranging subject matter for teaching. Especial attention is given to scientific methods of laboratory work, and to the adaptation of such methods to the school kitchen.

**DOMESTIC SCIENCE 2. Food production and Manufacture. (See Announcement.)** Production of food materials, such as dairy products, manufacture of flours, cereals, spices, etc., food adulterations, marketing, etc. Lectures, laboratory work, reading, excursions.

**DOMESTIC SCIENCE 3. Foods, Advanced Course. (See Announcement.)** Advanced cookery, preservation of foods, cookery for invalids, food values and dietaries, cooking, planning and serving meals.

**DOMESTIC SCIENCE 4. Home Sanitation and Management. (See Announcement.)**

**PHYSICAL SCIENCE 3. Chemistry of Foods and Stimulants. (See Announcement.)** The preparation and the physical and chemical properties of the principal classes of food-stuffs, including carbohydrates, fats, proteids and the principal stimulants, as alcohol, caffeine, nicotine, morphine, cocaine, with special reference to the needs of the household; the principal physical and chemical properties and tests of drinking water, of milk, bone, blood and bile and other constituents of the body, including the chief principles of digestion.

This course is closely connected with the Domestic Science Course and is fundamental.

For the course in Hospital Economics it would be necessary to have a trained nurse in charge who has had the necessary experience and qualifications. It is supposed that the three to four months' private duty would enable the candidate to meet nearly all the expense of the college course, in addition to the experience which would be gained at private duty.

The college is splendid. The atmosphere purely educational. I am sure any candidate would find the extra time and money well expended. In regard to Miss Riddle's paper of last year on "Uniformity in Curriculum," her suggestions have been embodied so
far as possible in the uniform curriculum as outlined in the course. It is to be hoped by this method that eventually we would attain uniformity in curriculum and training school methods which would make the standing of a trained nurse practically the same from any training school in the country connected with the general hospital. Finally, in the course of time we might be able to supply thoroughly trained superintendents to take charge of the small hospitals and training schools, such superintendents to be entitled to hold active membership in the Superintendents' Society.

**DISCUSSION.**

**Miss Brown.** This plan requires a large amount of educational training before we could admit our pupils to the training school. Many of the candidates who now become pupils would be unfit to take this advanced course. Any young woman who had the opportunity and the ability to take this course after completing her course in the training school, if she had the requisite perseverance, and will power to overcome obstacles, would evidently be a woman of the right stamp to be a superintendent of nurses.

**Miss Hintze.** I think, if we can carry out this further educational training that has been proposed we shall reach an absolutely unique place. I move that this Association sanction the plan and that the chair be authorized to appoint a committee with power to act.

Seconded by several voices.

**Miss Banfield.** Will the curriculum be a matter for further discussion?

**Mrs. Robb.** I do not pretend to say that it is yet in a state of perfection. As yet it is only suggestive. The dean was at first unwilling to grant us less than two years, but I told him that that was impossible and that a course for one year was what was necessary.

**Miss Banfield.** Mrs. Robb is greatly to be thanked for all that she has done.

I think there should be consultation between the members of the committee before the course of study, and the number of hours to be devoted to each subject, is definitely decided upon. If well arranged and carried out, this course might be of great service to us in many ways. Hospital superintendents
as well as nurses generally, are apt to be so wrapped up in their work, that they are often altogether ignorant of what is being done by other people, who are also working for the good of humanity. This not only makes us very uninteresting socially, but prevents our availing ourselves of the many other charitable organizations which may be of use in helping our poorer patients. Nurses will not be welcomed on boards of health, or any other boards, simply because they are nurses. If they are to avail themselves of the many opportunities which they already have, they need to be a good deal more than intelligent caretakers of the sick. Therefore I think that sociology should be compulsory rather than elective for those women who are to be superintendents. Their official positions would give them many opportunities for utilizing such knowledge, and their special knowledge would often give them the key to many practical difficulties in the way of reform, which others, not so equipped, stumble against blindly.

Mrs. Robb. If time permits, the study of social reform movements may be put in as one of the requirements instead of having it an elective.

Miss Nutting. Sociology should not be omitted as a requirement. For some branches of our work a study of social conditions is a necessity. After placing at one time a nurse, who did excellent nursing work, at the head of some district nursing, a member of that board came to me and said, “What a pity that your nurses know so little besides nursing. They should study municipal and civil affairs before they can be valuable to the community in other ways. Is it not possible to train them in these other matters that have to do with the health and welfare of the public?” And I said it was not, that the time was too short. But it occurred to me that it might be done in another way. I asked the different presidents and secretaries of charitable and reform societies to come to the school on different afternoons and give talks on their work. Among others we heard about the Charity Organization Society, a society that calls constantly for district nurses. We also heard of The Association for the Improvement of the Condition of the Poor, and learned something of labor organizations. President Gil-
man came and talked on the function of the municipality. He, a busy man, did not hesitate to give up an hour of his time to talk to our nurses. Mr. Gilman said he thought such a course as we have been discussing ought to be established in the university. Miss Jane Addams came East from Chicago and we were fortunate enough to get her to come and tell us what women have been able to do. Our schools touch these problems constantly and the superintendents need to know more about them that they may take advantage of that knowledge for the sake of patients as well as for the sake of the nurses under their care.

When we send out mothers and children we want to know where we can keep them together so that even in the maternity wards we need knowledge about outside affairs, for we cannot know where to send such mothers unless we know whether there is municipal, or other provision for them. Our work opens up so many avenues that our lives are not long enough to work out the problems that arise. It is so everywhere. Professors and teachers and thoughtful people find this problem of social reform a burning one.

Miss Sutcliffe. Did I understand that the expense would be about four hundred dollars?

Mrs. Robb. In working out the plan with the dean of the college, he estimated that the tuition fees in the various departments, and the board—they have very good dormitories—for eight months would amount to about four hundred dollars. It has been suggested that if the chair could be endowed, it would make the expenses less for tuition. It is hoped that the superintendents as they find students who are fitted for this course and would like to take it, might find for them private nursing by which they could earn money to pay their expenses for the course, or hospitals might give scholarships. The course begins in October.

Miss Maxwell. Would not this require us to demand more than a high school course as entrance for our pupils?

Miss Drown. The tendency would be in that direction toward raising the standard of admission, but for many hospitals we must still depend on the bone and sinew.
MRS. ROBB: We always have some who have had at least a high school education and sometimes more than that, and this advanced course is for the exceptional woman.

MISS NUTTING. We have more applicants from high schools and colleges than we used to. It would be a good thing if scholarships could be offered. The Teachers College will undertake this course for twelve pupils, but it will not be limited to that number. One formal application has been received and many have come to talk about it and to see if in any way they could take it. I think most of the large hospitals would be glad to offer one scholarship. The president of one of our great universities told me that if he could go back to his youth he would go to some school of pedagogy and learn how to teach. We know our work, but very few of us know how to teach, and our work as teachers and instructors suffers through that lack of training.

MRS. ROBB. We must come to some definite conclusion as to what we are to do. If twelve leading schools would offer one pupil and one scholarship the question would be solved.

If some one would endow the chair to celebrate the close of the first twenty-five years of trained nursing it would be an admirable thing. There are plenty of men and women able to do this, if they were only interested. So far as the class for this year is concerned there is one woman who said she would save her money for a year and go next October. Miss Walker said she thought she had three whom she could send. Then there is one formal application. That makes five, without the schools doing anything about it. The college is prepared to open the course next October. We have all summer to think about it and to work for it. It is very important, however, that a committee be appointed to take it in charge, who are near enough to each other to attend meetings.

MISS MAXWELL. I do not think the superintendents alone can do it. Our conclusions must be circulated among all the schools.

MISS NUTTING. In our profession we meet people at a time when they are more inclined to give, or do something for the world, than people ordinarily are. Many times they offer to do
so, but our ethics teach us to ignore all suspicion of expecting gifts. We do that individually, but I do not see why we should do it for the whole profession. I do not see why it would not be permissible for any patient who felt interested in furthering the interests of the profession and advancing the standard of nursing, to help by endowing such a chair. This is constantly done for doctors and we know our patients should be as willing to do it for nurses.

The Chair. There is a motion before us, that a committee be appointed with power to act.

Miss Nutting. Might not Mrs. Robb be appointed chairman of that committee with power to choose her own associates with the sanction of the Association?

It was so voted.

Mrs. Robb. As chairman of that committee I wish to say that there are two methods open to us to pursue in this special course of education. One is to secure an endowment of fifty thousand dollars. The other is to secure twelve scholars. One superintendent has told me that she will vouch for a thousand dollars. If we cannot get one person to endow and give the chair a name then we must try to have the amount contributed by several, or we must have scholarships established.

Miss Sutcliffe. Why can we not at first work for twelve pupils and at the same time be working for an endowment?

Miss Keating thought she had one pupil who would be able to take the course.

Miss Newman thought she had one.

Miss Loomis thought the same of her school.

Mrs. Robb was asked if she could name her committee.

Mrs. Robb. I should like to have Miss Davis, Miss Walker, Miss Banfield, Miss Dolliver, Miss Nutting and Miss Richards.

The next business was the amendment to the constitution. It was read and adopted as required by the by-laws, as follows:

Moved by Miss Nutting:

"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."
Miss Nutting offered the following amendment with regard to a second Vice-President.

I move to amend the Constitution by adding to Article IV, the words "Second Vice-President" following the word Vice-President. Seconded by Miss Nevins.

The three last papers, dealing with the work of the summer in Military Hospital service, were then read in turn.
WOMEN IN THE WAR

By Sophia F. Palmer, Superintendent Rochester City Hospital, Rochester, N. Y.

[Read before the American Society of Superintendents of Training Schools for Nurses, in New York, 1899.]

During the past year the United States Government has written a page of history, and there has been entered upon that page, side by side with records of the deeds of men, certain acts of courage and heroism that redound to the credit of the nursing profession. The women of this country have met a great national crisis, with marvelous energy and patriotic fervor. They have been divided into two great groups; those who have staid at home, but have given of their time, and strength, and money, and those who have gone to the front and have given not only of their strength and skill, but in many instances their lives, for the alleviation of human suffering.

So the title of this paper should properly be "Women and the War," rather than "Nurses and the War," and it is of one special body of women, under whose auspices nurses were enrolled for the Government service, that I am going to speak, in connection with the work done by the women of our profession for the soldiers, in the later war with Spain.

Something more than eight years ago, four women met together in the City of Washington, to talk over a scheme for the organization of a patriotic society.

From this small beginning has come one of the largest, and most perfectly organized societies of women in the world, "The Daughters of the American Revolution." The membership is now nearly twenty-four thousand, including women of every rank of society, rich and poor, bread winners and the leisure classes, all banded together for the promotion of a broader spirit of patriotism throughout the land.

To belong to this society one must prove by official records, not family tradition only, a lineal descent from a revolutionary patriot; that is a man who, in some material way, aided in establishing that liberty which is the inheritance of every American citizen to-day.

The building up of such a society, with it national, state and local organizations, has had a great educational value in many different directions. There has been a general turning over of old records, town histories and official papers of every kind, that has brought to light many deeds of bravery and unselfishness on the
part of long forgotten simple people, that has filled the hearts of
their childrens' children with pride and reverence.

Each chapter or local branch has been a center from which these
various influences has emanated—and in this work of building up,
the individual members have acquired a knowledge of parliament-
ary procedure, which teaches toleration, and have learned to work
together with harmony, and that unison so necessary for organized
success.

In the early days of the society, all the clerical work was done by
the officers, but with the rapid growth, and a surplus bank ac-
count, a corps of clerks and stenographers has become necessary,
and the offices of the national headquarters, in Washington, are as
extensive as those of many mercantile houses.

So it came about that with the declaration of war between the
United States and Spain, this splendidly organized body offered
its services to the Surgeon General for whatever aid women could
give, in providing comfort and relief to the sick and wounded, the
natural accompaniment of war. The selection of all trained nurses
to be employed by the Government was entrusted to this Society.
The events are too recent to need much comment. We all re-
member the unwillingness on the part of the Surgeon General to
allow that many nurses would be necessary. It was only through
the far-seeing judgment of these women, and the influence they
brought to bear, that the first four hundred nurses were enrolled,
and ready, before they were actually needed.

The local chapters spread out over the country made the careful
investigation of every applicant possible, and excluded political
influence, in making appointments where womanly character, as
well as professional skill was essential.

It is a matter of great regret to us all that a work of such vital
importance to the nursing world could not have been in the hands
of one of our own organizations. The offer made by the associated
alumnae to perform this work for the Government seems to have
failed of recognition through an accident. Perhaps you will agree
with me that at a time when criticism, just and unjust, pervaded
so universally every branch of the Government service, it were bet-
ter that an older, richer, and more influential body of women
should have borne the brunt of this work.

Before such another calamity overtakes the country, our National
Alumnae Association will, we trust, have become a recognized
working force, so splendidly organized and so powerful in all
professional questions, that the public will naturally look to it for
such service.

But to return to the Daughters. When the war situation arose,
all routine work was for the time laid aside, and the power and
wealth of the Society turned to the question of war relief.
This working force was called the Daughters of the American Revolution Hospital Corps, with Dr. Anita Newcomb McGee as Director, with three assistant Directors appointed from the National Board—and with the chapters throughout the country as auxiliary branches. The report of this committee to the National Board not only gives an account of what was accomplished by the Daughters of the American Revolution, but shows how closely the work of the nurses was interwoven with the work of the women who staid at home.

It was the same spirit of patriotism, the same womanly instinct that inspired each and all.

A portion of the story of the summer's work I am going to give you, and those who have already read the report, will pardon me, because of the common interest it has to us all.

"REPORT OF DAUGHTERS OF THE AMERICAN REVOLUTION HOSPITAL CORPS. September 25, 1898.

The Daughters of the American Revolution Hospital Corps has the honor to report that after the last meeting of the National Board, in May, its work has grown and multiplied to an extent far beyond what was then considered probable. The first nurses sent to army hospitals were viewed in the light of an experiment, and much depended on the record which they should make. To the lasting gratification, not only of the Daughters of the American Revolution, but also of womankind in general, we are proud to record that the nurses whom we first selected proved themselves fully worthy of the trust imposed in them, and fit co-workers with the brave men whose names are entered on the roll of honor of the army. The inevitable result of their noble work was the ever-increasing demand from army hospitals for trained women nurses, and the decision which has now been reached on every hand, that satisfactory hospital work without these nurses is almost an impossibility. Some fifty times has the Surgeon General of the army called on the Daughters of the American Revolution Hospital Corps to designate suitable nurses for a specified duty, and these calls, originally for about half a dozen persons each time, increased to as many as 150 nurses in a single order. The total number thus appointed is in the neighborhood of 1,000 nurses—a regiment of women.*

The amount of brave, hard work accomplished by these women is beyond calculation, and cannot be overestimated. Not a few, alas, fell themselves victims to the fevers they were nursing.

As is already known to you, all applications from women addressed or referred to the War Department were forwarded to us

* Later the number was reported at 1,700.
for examination, and all but, the earliest received at the Navy Department, were likewise forwarded. In addition to these, hosts of applicants wrote directly to us, until the total number which we examined rose to about 4,600. Realizing as we fully did, that there was a great principle at stake, we exercised the greatest care in the preparation of our list of eligible women. First of all, the candidate must be of irreproachable character and suitable age. Second, she must possess good health. Third, she must have the training which is all-essential to the successful prosecution of her work. This last requisite is one that recent progress has made not only possible, but absolutely necessary to secure the best results, and we have felt that the one safe policy—safe above all to the sick soldiers—was to demand actual graduation from a training school.

The work of separating the fit from the unfit was, however, not so simple an accomplishment as this statement would make it appear, and the correspondence entailed was enormous. The visitors who made inquiries in person were also very numerous. The officers were at their posts daily from 8 a.m. till 11 p.m.: but after all, it must be evident that we alone could not have accomplished all that has been done. To begin with, there were the Washington Daughters, who worked daily with us until the heat of late summer drove even the most self-sacrificing of our helpers away from the city. It is by reason of their devotion that it is only within the last month that any paid clerical assistance has been necessary. We must not fail, however, to add to this the note that we received help from a number of ladies not members of our Society, yet whose patriotic impulses led them in the direction of our offices. To these we feel doubly indebted.

Immediately after the commencement of our work, the Associated Alumnae of Trained Nurses of the United States and Canada, representing 20 training schools, offered its services to the Surgeon General of the army, and we have found the assistance not only of these 20 superintendents, but of all the superintendents of training schools throughout the country, to be of the utmost value. We have, therefore, required in all cases that the nurse should be endorsed by the superintendent of her training school or, in the few cases where that was not possible, by the nearest substitute therefor. The correspondence with superintendents was a heavy one and it resulted in the addition of hundreds of suitable applicants to our rolls. We have found these superintendents uniformly courteous in supplying us with the information asked, whether it were favorable or unfavorable to the nurse concerned, and we have relied to an unlimited extent upon their judgment. It is impossible to say too much in praise of the good work of these eminent nurses who have materially helped the cause and who have
in many cases added to the debt we owe them by serving themselves in the army hospitals. An unexpectedly large proportion have resigned or obtained leaves in order to undertake this work; notably, Miss Maxwell, of the Presbyterian Hospital, New York, who organized the nursing at Sternberg Hospital, Chickamauga Park, and Miss Patterson, of the Protestant Episcopal Hospital, Brooklyn, who has gone to Porto Rico.

Many nurses' registries have coöperated with us, including especially Mrs. Willard's registry and the Graduate Nurses' Protective Association, both of New York; Mrs. Kerrigan's registry, of New Haven, and those located in Washington City.

In accordance with the authority under which we acted as an examining board of women nurses for the government, all other organizations which desired to recommend such nurses coöperated with us.

Chief among these is the Red Cross Society for the Maintenance of Trained Nurses, which is an auxiliary of the Relief Committee, of New York. Mrs. Winthrop Cowdin is its acting president, and Mrs. Whitelaw Reid its secretary. This society has not only furnished a large number of nurses, but has been of incalculable benefit in providing nurses with board at certain posts where it was not convenient for the government to do so, in supplying luxuries at many places, and in paying for the transportation of nurses in order that they might reach the sick at the earliest possible moment.

For the latter purpose, that society made the treasurer of the Hospital Corps its agent and deposited with her a sum of money, which has been augmented from time to time until now $5,269 have been received and spent as directed by Mrs. Cowdin in paying transportation expenses of 205 women nurses at Fort Myer, Fortress Monroe, Camp Wikoff, Fort Thomas, Fort McPherson and at the hospitals at Jacksonville, Chickamauga Park, Tampa and Fernandina. This was not, however, a part of the fund of the Corps, or subject to its orders.

The Women's National War Relief Association, of which Mrs. Walworth is director General, and Miss Helen Gould, Acting Director (both of them Daughters), has paid for the maintenance of nine nurses at Fort Monroe, Virginia, and it also sent us a check for $1,000 for transportation of nurses. The Red Cross Auxiliary, above mentioned, however, having provided everything necessary for this purpose the check was returned, but we feel none the less grateful for this most tangible expression of their cordial feeling.

The National Emergency Association, of Chicago, Dr. Gertrude G. Wellington, President, has been of great assistance in furnishing a large number of nurses, and we have been constantly in communication with it since the beginning of the work.
Other societies that have assisted in the same way are the Red Cross Society, of Minnesota, Dr. J. W. McDonald, President, and Dr. Bessie Park Haines, Secretary; and the St. Paul Red Cross Aid Society.

Of religious organizations, the greatest assistance has been given by the Sisters of Charity. Their Superior, Mother Mariana, of Emmettsburg, Maryland, selected for army services no less than 200 of her best hospital Sisters, who applied individually on the Hospital Corps blanks, using their family names, and became army contract nurses subject to the same rules as the other trained nurses. Their work has been in the highest degree satisfactory, like that of their co-workers, the Sisters of Mercy and the Sisters of the Holy Cross. The Protestant Order of St. Margaret has also sent nurses in the same way, and the St. Barnabas Guild is ably and largely represented.

Each nurse sent out to the hospital was followed with anxious interest by her friends at home, who were eager to have her provided with every facility for aiding the sick. Consequently the work of the Hospital Corps in forwarding supplies increased in proportion to the number of nurses appointed.

As September approached, the work of supplying new nurses seemed to be almost at an end, while the transferring of those already in service from one point to another became, of necessity, prominent. As the Daughters of the American Revolution Hospital Corps had had no official association with the nurses after their appointment, and as it was not a part of the government, it was impossible for it to undertake matters relating to nurses after they made their contracts. On August 29th the Surgeon General made the Director an Acting Assistant Surgeon of the United States Army and ordered her temporarily to New York on official business. This being done as a recognition of the work of the Hospital Corps, and the other officers feeling that it was for the good of the service that the whole work in regard to the nurses should be in the future conducted at the War Department, they signified to the Surgeon General their willingness to accept, if he so desired, an honorable discharge. On September 7th he addressed to us a letter expressing his high appreciation of the assistance rendered him by the Hospital Corps and relieving us from further duty.

On September 10th the Surgeon General of the Navy, who had during the war needed the services of only six female nurses, supplied by us, addressed to us a similar letter. Since the Supervising General of the Marine Hospital Service had had no occasion to call for women nurses, these communications and the transfer of all papers relating to nurses to the War Department, severed the relation of the Daughters of the American Revolution Hospital Corps
with the United States Government. The work of receiving and distributing supplies, furnishing the nurses with aprons, and attending to the filing of all papers of the Corps preparatory to giving them into the custody of the National Board, has been continued to the present time.

In the work of closing up the affairs of the Hospital Corps little remains to be done, excepting the completion of its report. Official information regarding the assignments of nurses and the distribution of supplies, is still lacking to some extent, so that the preparation of a complete report is at this time impossible."

This report is signed by Dr. McGee and her three assistants, Miss Desha, Mrs. Nash and Mrs. Draper. It is given with many omissions, owing to its length and the fact that it contains some matters not of special interest upon this occasion.

The cooperation with the National Committee, as shown by this reports is only a broader representation of the work done through the Chapters in local centers. What was done in the little city of Rochester by the Daughters of the American Revolution and the sister society of the Colonial Dames is a fair representation of the work in cities and towns throughout the length and breadth of the land. Churches and organizations of every kind, irrespective of creed or color, united with the Daughters in sending supplies and comforts of every kind to the men at the front, and individual citizens subscribed large sums of money to enable the Colonial Dames to make provision for the families who were left in many instances destitute, when the husbands or sons marched away with their regiment.

It was a wonderful demonstration of the liberality of our people, and one feels proud to have lived in such an era.

I had the honor to be elected chairman of the Executive Committee of the Rochester Branch of the Daughters of the American Revolution Hospital Corps, but soon after the work was commenced it was found necessary to appoint a special committee for war relief work. Mrs. McMath, the chairman of this committee, was such a practical and inspiring leader that Rochester stands only second in the total amount accomplished by the whole, Cleveland leading.

In the division of labor, my share of the work was the selection of the nurses who were enrolled under the auspices of the Chapter, with the occasional giving of advice in regard to the supplies for the certain places.

When our nurses, the best that we had to offer, began to be summoned, one by one, to report for duty at some one of the southern hospitals, where from newspaper reports, we knew the conditions were not only hard, but dangerous to life, the interest of the people in the welfare of each and every one was intense,
and when their letters began to come back, telling of the common comforts and supplies needed for the men, box after box was sent to these women for such distribution as in their judgment was best. My assistant, Miss Smart, who was among the first to go to Fort Myer, had seventeen large boxes of supplies, besides sums of money, sent to her from Rochester and the neighboring towns. The fact that the Third Regiment, of New York, was stationed at Camp Alger, and the sick men from that regiment were sent to Fort Myer, accounts for the quantity of supplies sent to that point.

During the latter part of August my desire became so great to know from actual observation something of the condition under which our nurses were working that I started on a little tour of investigation all on my own account. Spending part of two mornings at the Daughters of the American Revolution headquarters in Washington, I realized for the first time the magnitude of the work that the Hospital Corps Committee were accomplishing. During the previous week 500 nurses had been sent to different points. The pressure of people—telegrams and messengers of every kind were most exhausting, the heat intense, yet these women worked during the entire war period, with an enthusiasm that was an inspiration to every person who came into their presence.

It was my intention to have made the complete tour of the southern camps, but the very intense heat of the first week in September compelled me to change my plans.

It is enough to say in closing that what I saw and what I heard convinced me that without the nurses the work of the women at home would have failed of its purpose: that without this help the skill of the nurses would have been of but little avail, but by the united efforts of the women of our country, many lives were saved and much suffering alleviated.
THE FIELD HOSPITAL AT CHICKAMAUGA PARK.

By Anna C. Maxwell, Superintendent Presbyterian Hospital Training School for Nurses, New York City.

[Read before the American Society of Superintendents of Training Schools for Nurses, New York, 1899.]

The Spanish-American War of the last summer called forth our most patriotic sympathies, and opened a new field for the work of the graduate nurse. Although the government accepted this service with many doubts and misgivings, in some respects well-founded no doubt, the result has proved that effective, devoted, and worthy service can be rendered by women nurses in military hospitals.

We cannot claim complete success in all that was undertaken, nor was the work above criticism, but some good was accomplished, and the fact plainly demonstrated that carefully-selected, well-trained and well-disciplined nurses can give material aid to the government in times of war.

In many cases during the last campaign nurses were called upon to endure unusual hardships, the fatigue of long hours, lack of palatable, nourishing food, poor sleeping accommodations, &c. They proved themselves equal to these hardships and met the emergencies of war bravely. We hear from many sources words of commendation and yet those among us who have been through the exhausting summer’s work realize what infinite loss of energy and power there was through ignorance and inexperience on our part in this new field of work and know the difficulties that threaten the future.

If the United States Army is to have an effective women’s nursing service in time of war it should be established upon a permanent basis, so that a proper selection of women of the higher type can be made, and experience gained of army methods and army life. The permanent corps might be comparatively small, with a properly chosen eligible waiting list, so that expansion can be readily made, the experienced being placed in charge of the less experienced, when an increase in the service is demanded.

A number of prominent ladies in different parts of the country who have been closely identified with the summer’s work, became interested in this subject and feeling that the time for action was ripe, urged upon Mrs. Hunter Robb, President of the Associated Alumnae, the necessity of taking up the matter at once, that a bill
might be formulated to present to the 55th Congress before its close.

An informal meeting was determined upon for December 28th, the time being too short for a general notice, and Mrs. Hunter Robb came on to New York and presided at this meeting. There was a free discussion of the points bearing upon nursing in camps and military hospitals, and much valuable information was gained.

A special committee of eight nurses representing the Associated Alumnae and Society of Superintendents was appointed to formulate a bill, and Mrs. Hunter Robb was urged to accept the chairmanship of this committee. At a subsequent meeting a joint committee was determined upon, representing the ladies prominent in the Sanitary Commission, the organizers of the first American Training School for Nurses (and other large undertakings), the Daughters of the American Revolution and members of Auxiliary No. 3, of the Red Cross Society for Maintenance of Trained Nurses. Mrs. Winthrop Cowdin was chosen chairman of this joint committee. At this meeting Mrs. Whitelaw Reid subscribed five hundred dollars to carry on the work, and numerous kind friends have given equally liberal sums. The zeal with which these ladies have worked, and the friends enlisted for our cause in the limited time allowed, has been remarkable. A strong working force was at once formed in Washington, able counsel secured and offices opened in both New York and Washington.

Representatives of the New York committee made frequent trips to Washington for conference.

The bill was formulated and subjected to the criticisms of some of the highest military and medical authorities in the country, and was introduced into the House of Representatives on January 24th by Mr. Griffith, of Wisconsin. On January 25th it was presented to the Senate by Senator Burrows, of Michigan, and referred by each body to the Special Committee on Military Affairs.

A delegation of members of the committee appeared before the Military Committee of the House on February 3d, the day on which the bill was discussed. On the same day a large and very representative meeting of the wives of senators and representatives was held at the house of Mrs. John R. McLean, in Washington, at which the committee explained the full purport of the bill. Cordial interest was shown, and a lively discussion took place showing that we had many warm supporters among those present. The bill was reported favorably by the Military Committee on that day and came before the House on the following Monday, February 6th, when it received a majority of forty votes, but not the full two-thirds necessary to take it from the calendar. The bill then came before the Senate Committee of Military Affairs, where it shared the fate of many another, failing to pass by one vote only.
There is much effective work to be done by this Society in presenting the object of the bill forcibly to the people, and I hope each and every member will make it her personal interest to work for its ultimate success.

My personal knowledge of the work done during the summer in the camps of instruction was confined to the Sternberg United States Field Hospital, Camp Thomas, Chickamauga Park, Ga., where graduate women nurses were first introduced into a field hospital in this country. It will be remembered that a severe epidemic of typhoid fever broke out early in June at Camp Thomas, where fifty thousand troops were stationed, and the Sternberg Hospital was established to relieve the congested condition of the regimental and division hospitals. The work of construction began July 29th and the first patients were received on August 15th, showing how rapidly the work was pushed on by Major Griffith, the commanding officer. The hospital consisted of twelve wooden buildings, one hundred and forty tents, headquarters for officers, &c., and was designed to accommodate one thousand patients. One hundred and sixty graduate nurses were sent in detachments, according to our need, by the ladies of the Third Auxiliary of the Red Cross, and Dr. Anita Newcomb McGee, of Washington, who was then acting with the Daughters of the American Revolution in the selection of government nurses. The nurses were under contract with the government, the transportation and maintenance being supplied by the Third Auxiliary of the Red Cross for the Maintenance of Trained Nurses. Through the kindness of this Society we were provided with eight dormitories, dining-room, kitchen, bath and store-rooms, servants and most liberal fare. It was from this bountiful source that we were able to tide over the emergencies arising from difficulty in procuring necessary supplies.

When the first one hundred and thirty-six patients arrived nothing was in readiness but tents and beds. One thoughtful patient had brought a bed-pan and this had to duty for the entire camp for six hours. The first twenty nurses who went with me to the camp were not only called upon to give an eighteen hour service, but to furnish basins, sponges, towels, thermometers and drugs from their own personal supplies until the government supplies arrived.

The tent floors had to be washed with towels, and hot, and sometimes even cold water, was as precious as gold dust.

The course of our work was often impeded and made difficult by sanitation of the most primitive kind, insufficient disinfectants, water supply, no accommodations for cleansing utensils and the irregularity with which the "details" of soldiers sent for our assistance were furnished.

The dearth of orderlies more than anything else handicapped the
work. Those we had were changed too often or were physically incapacitated for work. Add to this the heat, the dust, the moisture and millions of flies, and you have the picture complete.

As the tents were prepared and supplies provided, more patients were admitted, often two hundred in one day. In many instances they were brought from long distances driven through a broiling sun at midday and had to lie in the ambulance from two to three hours before they could be moved to their beds. When you consider that often as many as four men were crowded into one ambulance suffering with thirst and heat, scarcely able to move in the cramped and narrow space allotted them, it is not to be wondered at that many suffered from shock, exhaustion and convulsions.

I am glad to say that we found some of the officers possessed of more humane instincts, who demanded an ambulance and canvas cot for each seriously sick soldier, but the condition of the majority showed plainly how meager had been the nourishment and care. It was certainly a most distressing sight to see the long narrow cots filled with what had once been strong, splendid men, now hollow-eyed, emaciated, muttering in the delirium of fever. Sores in which dead flies were encrusted filled their mouths, making swallowing all but impossible; their bones almost protruding through the skin; bed-sores several inches deep were not uncommonly found on the hips, back, elbows and even on the head and ears. It was then that all the energies and resources of the trained nurse were called forth.

My sympathies were deeply stirred by the sight of those brave men who faced death for their country, without a murmur or apparent regret, and without the excitement and glory of falling in battle as did their ancestors on that memorable field. Surely these unheralded dead deserve the highest tribute the country can give, and a lasting monument should be raised to their memory at Chickamauga Park.

I cannot speak too highly of the able corps of nurses with whom it was my privilege to be associated. Miss Maud Cromelein, one of the first volunteers for the Red Cross work, sent to Chickamauga by the Auxiliary early in July, by her tact and determined perseverance gained the confidence and support of the officers, and paved the way in a most admirable manner for the admission of nurses into the camp.

Another volunteer, Miss Frances A. Stone, who acted as my assistant, by her executive knowledge and skill in the management of the nurses, rendered most valuable and devoted service.

The gratitude of the entire corps is also due Miss Gladwin, whose unfailing thoughtfulness supplied our temporal wants.

Ninety-one training schools were represented from all parts of
the Union and it was a gratifying feature of the work to find women trained in every variety of method working as a whole in harmony and accord. These nurses displayed unusual courage in meeting the exacting demands of the work and facing the danger of infection constantly before us.

In spite of our unceasing efforts to guard the nurses from disease, fourteen cases of typhoid fever developed in our corps. Miss Greenfield, of St. Luke's Hospital, Duluth, Minn., after rendering faithful and valuable service, contracted the disease, was sent to her home on sick leave, and died soon after reaching the hospital there. The nurses and doctors of our camp considered it a privilege to contribute liberally in erecting a headstone to her memory, and a nurse who was anxious but unable to give personal service during the war, gave one hundred and fifty dollars to defray the funeral expenses.

My experience in this war work leads me to the conviction, which I feel cannot be too strongly stated, that the need of radical and thorough going reform in the methods of disposing of excreta is most urgent in the field and camp hospitals. There should be a system devised for burning faecal matter and other organic waste materials. In no other way can the spread of infectious intestinal diseases be prevented, for under such circumstances the genuine disinfection of infectious excreta by chemicals is utterly impossible.

The thirty days which I spent at the camp were full of intense interest, but all too short in which to accomplish the desired organization. It was with reluctance that I turned over the work in its incomplete state to Mrs. Lounabery, of New York, who came from Washington to assume the duties of superintendent.
THE FIELD HOSPITAL AT CAMP WIKOFF.


[Read before the American Society of Superintendents of Training Schools for Nurses, in New York, 1899.]

About August 1st I received an appointment from Washington to take charge of the nursing department at Camp Wikoff. I was to report for duty when Colonel Forwood, who was in command of the camp, should require the services of the nurses. A large number of nurses had been engaged and were in readiness to respond to the call at short notice. That there should be no delay in answering the call when it came, fifteen or twenty nurses had been brought from their homes and boarded in New York, at the expense of the Red Cross Auxiliary, No. 3. Waiting impatiently from day to day ready to start at an hour's notice, knowing that every day brought large numbers of men from the South needing care, the strain was almost unbearable, until at last I decided to find out why we were not sent for. After consulting Mrs. Winthrop Cowdin, who approved, and with this end in view, I started, August 1st, for the camp. Arriving at Montauk Station I was at first completely bewildered by the chaotic scene which confronted me; the confusion was frightful; no one attempted to answer questions, and if it had not been for Mr. Howard Townsend, Field Agent of the Red Cross at Montauk, who fortunately was at the station, my object would not have been accomplished. Mr. Townsend was most kind, said how anxious he was to have the nurses there and that he would use all his influence to bring this about as soon as possible. He would take me to the General Hospital, where I could meet Colonel Forwood, but he would not promise me a warm reception nor any great success as Colonel Forwood was thoroughly opposed to the idea of women nurses in camp. After a two-mile drive over the worst road I ever saw, we arrived at the hospital, which at that time consisted of sixteen hospital tents, dispensary, office and frame kitchen. Carpenters were busy putting up more tents and every one was working hard to get things into shape for the reception of the sick. In the tents were about three hundred patients, some of them very ill. Attempts had been made to make them comfortable, but the poor fellows were lying around in the clothes in which they had come from the South, and the unkempt appearance of the convalescents, the dirty mouths and general distressed look of the sick bore sufficient evidence to
the lack of intelligent care. On inquiring what the temperatures were I was informed that "the thermometer" had been broken some days ago, so they did not know. I thought it was not wise to investigate too closely and so make myself obnoxious, but how I longed to go to work and clean up those poor fellows!

In my interview with Colonel Forwood I found him courteous, but quite decided. He thought he might be ready for the nurses in about two weeks, when he expected to have proper accommodations for us, until then the men could get along with Hospital Corpsmen to care for them. I felt almost discouraged, but Mr. Townsend thought we had not reached the end of our resources yet, and I left the matter in his hands, with the result that within forty-eight hours we received a call to report for duty at Camp Wikoff. On August 17th I went down with eleven nurses. When we arrived we found about five hundred patients, and with only eleven nurses it was a problem where to begin. Utensils and appliances were scarcer than nurses; nothing to work with; no order, no system, but the warm welcome of doctors, attendants and patients, helped to make things easy. Kindly hearts and willing hands were offered in the service only too glad to work under the directions of those whose training had taught them how to make every movement tell. In a few hours the nurses were distributed to the best advantage, the symptoms in the severest cases noted, directions received from the doctors as to treatment, and then taking the sickest patients first, the rest of the day was spent in bathing, feeding and comforting generally. The task seemed hopeless, and yet when night came and we met in our tents to compare notes, we felt that some good had been accomplished. Now for the first time we were able to think of our own accommodation. Our supper had been served in the general kitchen about 8 p.m. This was the first meal we had had since a hurried breakfast, with the exception of some sandwiches provided by the Red Cross Society for our journey. This kitchen, which proved to be our dining-room for the next two weeks, was a frame building fifty feet long with an earth floor which had one advantage, our darkly cook said, in that it could be hooed up and did not have to be scrubbed. It contained two ranges ten feet long, two rough wooden tables, boxes, barrels of groceries in one corner, empty boxes and barrels to serve as seats when the benches gave out. In this place every one took meals; here was cooked all the food for over one thousand people; here were served the rations to convalescents as they filed past, each with his cup and plate. Later we had another large kitchen, also a model diet kitchen.

Our supper consisted of meat, hard tack, crackers and coffee with condensed milk, no bread or butter. It was served on the plain board tables from the commonest kind of dishes. Everything
was truly rough, but not one word of complaint was heard, indeed it was better than we had expected. Our comfort as far as our tents was concerned, had been well looked after by the Red Cross Auxiliary, No. 3. In fact everything would have been provided from the same source only that the government preferred to care for us in its own way, and knowing how difficult it had been to gain an entrance we waited until firmly established before asserting our right in this respect.

Ten nurses arrived on a late train so that the next day we started in with twenty nurses beside myself. Every train brought a few more nurses, but we could not keep pace with the arrival of the patients. Friday, August 19th, we received a large number of patients from the Mobile. I think few of us realized at the time the horrors of that day. Ambulances at each end of the long rows of tents unloaded their unsightly burdens. It seemed hardly possible they could be human beings, these ghastly living skeletons; some scarcely living, and only saved by prompt treatment. The directions for the medical staff to the nurses were, "Wait for no orders, stimulate freely, use your own judgment as to whiskey, strychnine and food." Here showed the generous confidence of our doctors, and to this many a man owes his life. The army people were not behind in this, every demand was met promptly; supplies were furnished, if they were to be had, without written orders. Officers and men worked hard carrying patients, putting up cots, unpacking stores, doing everything that needed to be done.

Most of the men were simply exhausted and starved, and needed very careful treatment. It was wonderful to watch their improvement; many that we thought would die, were soon in fairly good condition, and yet they seemed to be strangely apathetic even when fully recovered. This condition we observed in the majority of the patients; the mental shock had been so severe that it took a long time to restore the brain force. That was the hardest day of all, from 5.30 a.m. until 10.30 p.m. and even then we scarcely dared to leave our patients. The nurses were so interested it was difficult to get them away for meals or to sleep. The arrival of twenty Sisters of Charity and twenty nurses increased our number materially, and now we could try to systematize our work. But there we were met by difficulties unknown in an ordinary hospital.

In the first place we had no laundry, and soiled clothes had accumulated until they finally had to be burned. Now with between one thousand to sixteen hundred patients, a great many of them requiring constant changes of bed and body clothing, it would require at the least calculation, one thousand sheets a day to keep the beds up to the usual hospital standard of cleanliness. Of course this could not be thought of, so that the majority of our
patients were often without sheets, and we used them only in cases where it was absolutely necessary. Blankets we had in plenty. Cots could not always be furnished on account of lack of transportation. Often from two hundred to three hundred patients were lying on the floor, but we made them as comfortable as possible with blankets, and the poor fellows would look up with the most grateful smiles and say it was like heaven after what they had gone through. We lacked everything in the way of stores. Often I have had to prepare tents for two hundred patients and have had nothing but blankets and a few tin cups to furnish them with. This was in the first days when we were overwhelmed with the rapid increase of patients. No one had known in the beginning what to prepare for, and it took time to get these things together when the only means of transportation was a one-track railroad which deposited them two miles away from the hospital, the rest of the journey having to be accomplished by mule teams over roads almost impassable.

What should we have done without the Red Cross Relief Association? It was to them we looked for supplies and we seldom failed to get what we asked for. Mrs. Winthrop Cowdin, of Auxiliary No. 3, had given me carte blanche to call upon her for anything we required. We were to spare no necessary expense. Acting upon this I had provided a large quantity of drugs for hypodermic use, hypodermic syringes and other necessary appliances, all of which we needed immediately and it would have been many days before we could have procured them from army stores. In response to my telegrams goods came with surprising swiftness; the Red Cross could always get transportation, they seemed to have the power of putting things through when no one else could. No one can estimate the comfort of that big tent with its almost unlimited store of delicacies of all kinds; its supply of bedding, clothing, all the comforts and necessaries of life so freely given night or day.

Another difficulty was the rapid transfer of patients. Often one hundred would be discharged, and two hundred would be received on the same day. Orders would be left over night to have, say fifty men ready to start by 7 a.m. The next day nurses would be in the wards early to prepare them and give them breakfast, then when all were ready, the order would be countermanded and they would be returned to bed only to be ordered up later. The new patients coming in had to be bathed and made comfortable; probably many of these would be transferred the next day to make room for others. As a nurse said, "One was working in Cuban soil constantly with but little result, for it took several baths to make a patient clean."

Another thing which made it difficult to maintain order and
system was the constant crowding of visitors in the tents, most of them holding passports from the Commanding officer, or others in authority. This was a source of great annoyance to both patients and nurses, and it was a most delicate problem to handle. Many came with the best intentions of helping, and some did good work, but the majority came merely from curiosity and to find fault. The public had worked itself up to a state of hysterical excitement and they were bound to see for themselves that we did our duty.

With so many sick men and the poor accommodations for work, it was impossible to keep up the appearance of the wards, but that did not trouble me as long as I knew that the treatment was carried out and the patients received good care, and this they had. I look back now with satisfaction to this part of the work. Temperature baths were given, the mouths kept clean, extreme cases had special nurses, patients with sore backs were placed on water-beds, and unless any of you have tried to fill a water-bed with a fountain syringe you cannot realize what this meant, nor how much time and patience it represented.

By September 1st we had about sixteen hundred patients, one hundred and twenty-five nurses, and one hundred Sisters. There were at this time forty-three hospital tents, each supposed to hold thirty cots, but often containing fifty patients. A very fine diet kitchen had been in running order for several days and we were much better equipped in every way. The laundry had started, but the returns were slow.

The majority of our visitors had departed, many of them to fill the newspapers with abuse of the camp, and we were left in comparative peace. A few staid on, putting up tents and looking after the comfort of the convalescents for the rest of the month.

The number of our very sick patients had increased and our death rate was larger than it had been. This was in no wise attributable to the surroundings of the camp, but to the stage of the disease and the many relapses.

No better situation could be found for a camp. The air was delightful, the water good. If nurses or attendants became infected, it must have been due to the carelessness of those looking after the discharges. It was almost impossible to get orderlies to attend to this duty. Male nurses came from New York one day, only to return the next, disgusted with their accommodations or the work. Army Corps men were detailed who knew nothing of caring for sick men, though they could perhaps apply a field dressing.

Men were sent from the regiments, one hundred a day, most of whom turned sick at the sight of the suffering and the tasks they had to perform. Men were never intended to nurse in a fever ward. It is almost impossible to teach them the first princi-
ples of sanitation, and to this we owe the fact that we have in our
hospitals to-day many nurses suffering from typhoid fever.

The nurses' dining-tent had been put up and furnished by Red
Cross Auxiliary, No. 3. It was a vast improvement on our former
one. We had a clean oil cloth on the table for table cloth and plen-
yty of dishes and silver. Meals were fairly well cooked and served,
and men were detailed to wait upon us. Our sleeping tents had been
well furnished with comfortables which we much needed as the
nights were cold; we had better toilet arrangements, screens and
many luxuries.

Mrs. Cowdin visited the camp at intervals, thus keeping herself
informed as to our requirements and many a comfort that we
should not have asked for was provided. How can we sufficiently
thank her for thus appreciating and supplying our needs? The
encouragement received from her kind letters, and more especially
her visits, bore me through many a difficulty, and I always knew
where to turn for advice and help.

What can I say in regard to the brave women who, knowing
fully the risk they were incurring, went forth to fight the battle
against sickness and distress? This was truly a fight for hu-
manity. That the danger was no fancied one, the many stricken
nurses in our hospitals will bear witness. Several have given
their lives, and who shall say how many more will be sacrificed
before the end? Working twelve, often sixteen hours a day, doing
work they were not accustomed to,—work that should have been
done by the orderlies, bathing dirty patients from head to feet,
knowing that if they did not it would not be done, these patients
often lying on the floor, the nurse having to stoop until it seemed
as if her back must break. I have known a nurse to give ten baths
one after another in this way; putting up with poor food, poorly
served, and yet keeping bright and cheerful and making no com-
plaint. Their rest at night was often broken by the grief-stricken
friends of patients seeking rest and shelter in their tents, after
long hours of watching beside some loved one who had perhaps
passed away at midnight, their grief disturbing the stillness of
the night. How often have tired nurses left their cots to comfort
these poor, sorrowing people? If I had allowed it, the nurses
would have given up their cots to the patients, sleeping upon the
floor themselves, but that could not be; we had to pay some at-
tention to our own comfort or we would have been in no condition
to care for others.

I have asked several nurses who have been under my care, ill
with typhoid fever, if they regretted having taken up the work?
The answer has been invariably the same, emphatically "No!" had
I known the result I should have given my service even at the sacri-
fice of my life, and I hope to continue in the work if I regain my health."

All felt that it was not alone for the present that they were working, but that the future comfort of our army depended greatly upon the result of trained nurses' work in the camps during this time of emergency. What this result has been is easily seen by its effects in convincing those in power who were most bitterly opposed to having women in army hospitals, that their presence is an absolute necessity in caring for the sick. And to-day the question of organizing a standing army of nurses in proportional ratio to the army of the country, is not only being considered, but is receiving the support of army men of the highest rank.

That some women got into the camp who were a disgrace to the profession is not to be wondered at when we consider the difficulties under which we were laboring at the time. The sudden demand for large numbers of nurses taxed the resources of the profession to the utmost. There was not time to sift out the numerous applicants when the call came; that should have been done long before, early in the spring, when hundreds of good nurses offered their services and were told they would not be required. Herein lay the opportunity of the adventuress, and many of them profited by it. The presence of these women has in many instances made camp life almost unbearable, and under present conditions it is difficult to remove them. The power of discharging of retaining a nurse lies with the surgeon in charge, and in many cases it suits him better to retain her, and the head nurse may either submit to his decision or resign.

This is a state of things which cannot continue. It will soon be an impossibility for decent women to take up army nursing unless some radical changes are made in the environment of camp life. To effect this, we must begin with the head of the nursing department in Washington. No one but a graduate nurse can fill this position satisfactorily and with this change accomplished we should start with a nucleus for the formation of a nursing department in the army unparalleled in any country. Nurses must be better paid, fed and housed. Women must be selected for heads of departments who will sustain the dignity of the profession and who will in no way countenance laxity of morals or discipline. Only by such measures as these can army nursing be successfully carried on and prove a benefit to the country.

So many asked me the question, "Where, in your opinion, does the blame lie for all the distress and neglect of the soldiers?" This I cannot answer. I took up the work in no spirit of fault-finding or criticism, but to relieve the suffering that lay before me, to modify the conditions where they were unfavorable when I could, and above all to assist in establishing a recognition of our
profession in the army that would lead to the result now accomplished.

Much suffering and distress could have been avoided by foresight and system, but these were lacking. It was difficult to place responsibility, or to know who was really in charge of the various departments. In this way many mistakes were made; some tents were overcrowded while others were not filled. No attempt was made to classify cases except in instances where the doctors allowed the nurses to do so in their wards.

Men who were detailed for orderly duty in the wards were changed from day to day, thus making it impossible to teach them the work, and often it would be 10 a.m. before these men were placed on duty and many times the wards at night would be left with scarcely a reliable man on duty. Doctors were changed from one ward to another without warning, leaving an interval of hours in many instances when no doctor was in charge and nurses would have been ordered from one post to another without the slightest regard to the interest of the patients, but that here I asserted my right to interfere, and, except in one instance, my authority was upheld.

I cannot speak too highly of the help afforded by every one connected with the camp. We experienced no difficulties from redtapeism as far as the immediate care of the patients was concerned. All stores were freely placed at our disposal, goods were unpacked and dispensed without delay, and my signature was accepted for all requisitions without countersign. We received the most courteous treatment from officers and men. The doctors were efficient and indefatigable, with few exceptions, many of them often performing the duties of orderly when necessary; always ready to assist the nurses and lighten their burdens.

In closing I must speak of those who came to our assistance in ways too numerous to mention. We could have had any amount of delicacies for our sick, money, anything we needed. Special nurses were paid for by private individuals. Offers of help to wait on the nurses, to wash dishes, bathe patients and to take home nurses who were tired out and care for them were received.

Surely this has been a time to bring forth all the goodness in the hearts of people and make them less selfish. May this same spirit aid us in our efforts to establish in the army a nursing staff that will insure the defenders of our country at least the same care in sickness that the paupers of our cities are entitled to in our civil hospitals.

New York.

Before adjourning a vote was passed to the effect that members should send to the president suggestions in writing as to
any subjects they would like to have discussed at the next meeting.

Miss Merritt was then introduced as the next president.

Miss Merritt. If my ability to serve you faithfully proves as great as my desire to do so I trust we shall not come to grief. I hope we shall have the pleasure of welcoming you all in New York next year.

The convention was then adjourned to meet in New York City, on Monday, Tuesday and Wednesday, the last day of April and the first two days of May, 1900.
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., 236 Carroll St., Brooklyn, N. Y.
- Alston, Miss A. L., 143 West 47th St., New York, N. Y.
- Ashby, Miss Alice, Indianapolis City Hospital, Indianapolis, Ind.
- Ayers, Miss Eugenia D., Care of Paterson General Hospital, Paterson, N. J.
- Banfield, Miss Maud, Polyclinic Hospital, Philadelphia, Pa.
- Bannister, Miss Lucy A., Women's Medical College, New York, N. Y.
- Barnhardt, Miss Grace, Ottawa, Canada.
- Bolster, Miss Mary F., Nicholl's Hospital, Peterborough, Ont.
- Bourke, Miss Rachel, Cooper Hospital, Camden, N. J.
- Bowman, Miss C. M., Hamilton City Hospital, Hamilton, Ont.
- Breeze, Miss J., Illinois Training School, 304 Honore St., Chicago.
- Brennan, Miss Agnes S., 426 East 26th St., New York, N. Y.
- Brent, Miss Louise, Hospital for Sick Children, Toronto, Ont.
- Brown, Miss Mary B., 5 Franklin St., Providence, R. I.
- Cabaniss, Miss S. H., Old Dominion Hospital, Richmond, Va.
- Clarke, Miss E. B., Grace Hospital, Toronto, Ont.
- Clarke, Miss M. McD., Lakeside Hospital, Chicago, Ill.
- Clement, Miss Anna G., House of Mercy Hospital, Pittsfield, Mass.
- Church, Miss E., Rogersville, Allegheny Co., Pa.
- Collier, Miss E. S., (Address not given.)
- Darling, Miss E., Pottsville Hospital, Pottsville, Pa.
- Davis, Miss E. P., 406 Massachusetts Ave., Boston, Mass.
- Deane, Mrs., Mt. Sinai Hospital, New York, N. Y.
- Denike, Miss Ellen Van A., Buffalo Hospital, Buffalo, N. Y.
- Desmond, Miss K. C., Carbondale Hospital, Carbondale, Pa.
- Dock, Miss L. L., 265 Henry St., New York, N. Y.
- Dodge, Miss Hannah E., Elizabeth General Hospital, Elizabeth, N. J.
Dolliver, Miss P. L., Massachusetts General Hospital, Boston, Mass.

Doyle, Miss M., Care of St. Mary's General Hospital, St. Mark's Ave., Brooklyn, N. Y.

Draper, Miss Edith, 515 Lexington Ave., New York, N. Y.

Drown, Miss Lucy L., Boston City Hospital, Boston, Mass.

Duncan, Miss Jessie, Berlin and Waterloo Hospital, Berlin, Ont.

Ebersole, Miss Sarah, Freedmen's Hospital, Washington, D. C.

Elliott, Miss Bertha, Care of Victoria General Hospital, Halifax, N. S.

Ellis, Miss E. Maude, State Hospital, Tewkesbury, Mass.

Friends, Miss Elizabeth M., Hartford Hospital, Hartford, Conn.

Giles, Miss I. F., Homeopathic Hospital, Pittsburg, Pa.

Gilmour, Miss Mary S., New York City Training School, Blackwell's Island, N. Y.

Glenn, Miss Lizzie C., Rockford Hospital, Rockford, Ill.

Goodrich, Miss Annie M., Post Graduate Hospital, New York, N. Y.

Gordon, Miss E. C., General Hospital, Belleville, Ont.

Grant, Miss C., Illinois Training School, Chicago, Ill.

Greenwood, Miss Mary H., Jewish Hospital, Cincinnati, O.

Gretter, Mrs. Lystra E., Farrand Training School, Harper Hospital, Detroit, Mich.

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

Gross, Miss Lucetta J., Grace Hospital, Detroit, Mich.

Hall, Miss C., Jamestown Hospital, Jamestown, N. Y.

Hastie, Miss Jennie, General Hospital, Paterson, N. J.

Hearle, Miss S. C., Jefferson College Hospital, Philadelphia, Pa.

Hibbard, Miss Eugenie, Care of City Hospital, Trenton, N. J.

Hill, Miss H. G., Care of Western Pennsylvania Hospital, Pittsburg, Pa.

Hintze, Miss A. A., Woman's Medical College, Philadelphia, Pa.

Hogle, Miss Alma C., Somerville Hospital, Somerville, Mass.

Horrigan, Miss C., Care of Newark City Hospital, Newark, N. J.

Hutcheson, Miss Florence, Care of 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 of McMillan Co., New York, N. Y.

Kindbom, Miss Hanna, John Sealy Hospital, Galveston, Texas.

Lawson, Mrs. Anna M., General Memorial Hospital, 105th St. and Central Park W., New York City.
Lightbourne, Miss L., House of the Good Sheppard, Syracuse, N. Y.
Littlefield, Miss Mary S., Episcopal Hospital, Philadelphia, Pa.
Livingston, Miss N. G., Montreal General Hospital, Montreal, Canada.
MaeDonnell, Miss Emily, Albany Hospital, Albany, N. Y.
Murray, Mrs. J. A., Well Park, Soske, B. C.
Maepherson, Miss Anna, Oil City Hospital, Oil City, Pa.
Maxwell, Miss Anna C., Presbyterian Hospital, New York City.
May, Miss Mary E., Rochester City 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., Infirmary for Women and Children, Livingston Place, New York, N. Y.
McMillan, Miss M. Helena, Lakeside Hospital, Cleveland, O.
Merritt, Miss Isabel, Brooklyn City Hospital, Brooklyn, N. Y.
Milne, Miss C. L., Presbyterian Hospital, Philadelphia, Pa.
Moody, Mrs. A. W., 241 Smith St., Winnipeg, Manitoba.
Moore, Miss Gertrude W., Care St. Luke's Hospital, St. Paul, Minn.
Murray, Miss Annie, Royal Victoria Hospital, Montreal, Can.
Nevins, Miss G. M., Garfield Memorial Hospital, Washington, D. C.
Newman, Miss Catherine, Faxon 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, Bayonne Hospital, Bayonne, N. J.
Overholt, Miss Cora, Hahnemann Hospital, Chicago, Ill.
Palmer, Miss Sophia F., Rochester City Hospital, Rochester, N. Y.
Parker, Miss Martha P., Salem Hospital, Salem, Mass.
Patterson, Miss C. G., Care of Methodist Episcopal Hospital, Brooklyn, N. Y.
Patton, Miss Mary, City and County Hospital, San Francisco, Cal.
Plumer, Miss Persis M., Wentworth, N. H.
Quintard, Mrs., St. Luke's Hospital, New York City.
Richards, Miss Linda, Taunton Hospital for Insane, Taunton, Mass.
Riddle, Miss Mary M., Boston City Hospital, Boston, Mass.
Robb, Mrs. Hunter, 1342 Euclid Ave., Cleveland, O.
Robinson, Miss Annie, Galt Hospital, Galt, Ont.
Ross, Miss Georgina C., Care of Johns Hopkins Hospital, Baltimore, Md.
Samuel, Miss Mary A., Roosevelt Hospital, New York, N. Y.
Sanborn, Miss R. A., .... St. Vincent's Hospital, New York, N. Y.
Shaw, Miss Ada E., .... Meadville City Hospital, Meadville, Pa.
Sheppard, Miss Lilla, .... Guelph General Hospital, Guelph, Ont.
Smart, Miss Lucretia S., ... Rochester City Hospital, Rochester, N. Y.
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., .... Georgia and Duval Sts., E. Jacksonville, Fla.
Stowe, Miss Emma L., ... Rhode Island Hospital, Providence, R. I.
Sullifte, Miss Ida, .... ... Long Island College Hospital, Brooklyn, N. Y.
Sullifte, Miss Irene H., ... New York Hospital, New York, N. Y.
Sweeney, Miss Anna, .... ... Care of Louisville City Hospital, Louisville, Ky.
Taylor, Miss Ada J., .... Finley Hospital, Dubuque, Iowa.
Taylor, Miss Alice M., .... Care of Kingston General Hospital, Kingston, Ont.
Tompkins, 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, .... Metropolitan Hospital, Blackwell's Island, N. Y.
Walker, Miss Lucie, .... Pennsylvania Hospital, Philadelphia, Pa.
Wallace, Miss Elsie, .... Care of Bridgeport Hospital, Bridgeport, Conn.
Wheeler, Miss Mary C., ... Sherman Hospital, Elgin, Ill.
White, Miss Victoria, .... St. Luke's Hospital, South Bethlehem, Pa.

DECEASED MEMBERS.

Lett, Miss K. Lilla.
Kloth, Miss Josephine.
Darche, Miss Louise.
MacDonald, Miss Bessie.
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 inter-change 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 election shall be made as the meeting may determine, and the person who shall have received the highest number of votes shall be declared elected to the office for which she has been nominated.

The President, Vice-President, Secretary, Treasurer, and Auditors shall hold office for one year, or until the beginning of the term for which their successors are elected. The President, Secretary, Treasurer and one Auditor are eligible for re-election. At the first election of Councillors, two members shall be elected for one year, two for two years, and two for three years, and thereafter two members shall be elected to hold office three years or until their successors are elected. The President, Vice-President, one Auditor, and the two retiring Councillors are eligible for re-election to their respective offices for one year immediately following their retirement. All the Officers and Councillors shall enter upon their duties upon the ending of the present Convention. When any vacancies occur in any of the offices of the Association, they shall be filled by the Council until the next annual meeting.

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

ARTICLE IX.

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

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

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

**BY-LAWS.**

**ARTICLE I.**

The meetings of the Association shall be held annually. The time and place of each meeting shall be named by the Council, and reported to the Association for its action at the preceding meeting. Each annual meeting shall be called by a printed 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 sessions, and at such times, as the business of the Association may require.

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.
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