SEVENTH ANNUAL REPORT
OF
American Society Superintendents
OF
Training Schools for Nurses.

HEADQUARTERS
NATIONAL LEAGUE OF NURSING EDUCATION,
370 SEVENTH AVE., NEW YORK CITY.

1900

Property of the Society

SEVENTH ANNUAL CONVENTION

—OF—

The American Society of Superintendents of Training Schools for Nurses

HELD IN

THE ACADEMY OF MEDICINE

New York City

April 30, May 1 and 2, 1900

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1900.

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MISS MERRITT.

2D VICE-PRESIDENT.

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SEVENTH ANNUAL CONVENTION

—OF—

THE AMERICAN SOCIETY

—OF—

SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

The seventh annual session of the American Society of the Superintendents of Training Schools for Nurses was held in the Academy of Medicine, New York City, April 30 and May 1 and 2, 1900.

The first session was called to order at ten A. M. by the president, Miss Isabel Merritt, who spoke as follows:

It gives me the greatest possible pleasure to stand here to-day and welcome to this city the members of the American Society of Superintendents of Training Schools for Nurses. Coming as you do from all parts of the United States and Canada, each one permeated with the ideas and methods of the institution and the city which she represents, we cannot but realize that the opinions expressed during the discussion, and the varied experiences of the many women who will be with us to-day, afford material rich in those elements which are so essential to the broader development and the general upbuilding of the work in which we are so deeply interested.

As you know during the seven years of our existence, we have been chiefly occupied in evolving ideas and making suggestions. It has been a question often asked by the sceptics among us—how many of these ideas and suggestions have proven of practical value in the training schools? What have we done with

the three years course? What has been accomplished with the eight hour system?

Where is Miss Snively's curriculum?

Is the non-payment system an improvement upon the payment system?

How about Mrs. Robbs' Superintendents Course?

Has the new Nursing Journal proved a success? and where is the Army Nursing Bill?

Because therefore of the above enquiries and also because it is a matter of great interest to us all to know where we stand in reference to all of these questions, it is proposed to bring before this convention reports from training schools scattered all over the land, in order that we may know how far the influence of this Society has extended and how much it has had to do with the present status of the profession.

The roll-call and the minutes of the last meeting followed. On motion, the minutes were accepted. The Treasurer's report was read by Miss Drown, and was approved.

REPORT OF THE TREASURER.

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

CR.

February 9, 1899.	By cash, ...	$155 14	
	By annual dues, 88 members,	268 00	
	By initiation dues, 14 members, ...	57 00	
			$480 14

DR.

February 9, 1899.	To printing, ...	$178 75	
	To postage and stationery,	21 44	
	To express and telegrams,	25 27	
	To rent of room in Academy of Medicine, ...	15 00	
	To reporting Annual Convention, ...	22 50	

To expenses of Education Committee, ...	40 55	
		$303 51
To cash National Rockland Bank, ...		176 63
		$480 14

LUCY L. DROWN,
Treasurer.

April 30, 1900.

The report of the publication committee was then read.

The Committee on Publication has not always been as strict in the performance of its duty as it should have been, as the constitution requires that it shall present an annual report to the Society. Extra copies of the annual report of the proceedings of this Society have been officially distributed every year, as follows:

To the Commissioners of Education, Department of the Interior, Washington, D. C.
To the State Historical Society, Topeka, Kansas. (By request.)
To the Boston Public Library.
To the New York Public Library.
To the Public Library, Chicago.
To the Matrons' Council of Great Britain and Ireland, London.
To our Honorary Members, Miss Nightingale and Mrs. Osborne.

The last annual report has been sent also to the Women's Council and to the Nurses' Council of Denmark, and to the Teachers' College at Columbia University, New York, where we hope to place a complete file, and to the Regent's office at Albany, New York State.

The Publishing Committee, believing that the report containing the account of the Teachers' Course was of special value, had a large number bound in paper covers, to be sold, and distributed, and about two hundred and fifty of these have been bought, and many sent to individuals, editors of medical journals, etc., of these, one or two promised us a review. However as yet none has appeared, to our knowledge.

Your committee believes it to be important that the reports of

the Society be freely distributed among hospital managers, and urges all members to co-operate toward this end.

Respectfully submitted,

L. L. DOCK,
Chairman.

The report of the committee on Work in Hospitals for the Insane was called for. The chairman, Miss Maxwell, said that the committee had not been able to meet and asked that it be re-appointed.

Miss Keating, a member of the same committee, was asked if she had anything to report. Miss Keating said that she had written to Dr. Arthur W. Hurd, Superintendent of the Buffalo State Hospital for the Insane, with reference to the subject and had received a letter from him which she read, as follows:

BUFFALO, N. Y., *Dec. 30, 1899.*

Miss Emma J. Keating,
Superintendent of Nurses,
Erie County Hospital, Buffalo, N. Y.

* * * "The plan you speak of* is a very desirable one, and meets my hearty approval; and it is in practice in several parts of the United States, and has been in practice here for some years. It was our custom (until October last), to have one of the graduating class of nurses at the Fitch Hospital for a two months' course of surgical nursing. Previous to that we had some of the graduates at the Woman's Hospital. At the beginning of this year we again sent a regular representative to the Woman's Hospital and have one there now.

While our nurses get a fair amount of *medical* nursing, yet the experience is not so complete as in a general hospital, and we should like to make an arrangement with a general hospital for medical service for our graduates, just as we have for the surgical nursing. A number of our graduates, in years gone by, have gone to the Woman's Hospital in New York, after graduating here, and many of them are in New York now, doing most excellent private nursing. I frequently hear from them or see them, and find them working for the most prominent physicians. The foundation in two years didactic training, with the experience combined here, seemed to have fitted them to go on very rapidly in the more special

*See discussion, p. 22, Sixth Annual Report.

training, and they have turned out a credit to us in every way. Some are now head nurses in hospitals, and one is Surgeon-in-chief and resident Director of the London Episcopal Missionary Society Hospital in Corea.

This plan has been tried in other hospitals; notably an exchange has taken place between the McLean Institution, a private asylum near Boston, and the Massachusetts General Hospital for a number of years. At the same time it has been proposed, and I think carried out, between the Bay View Asylum in Baltimore and one of the general hospitals there, and I think it is of mutual advantage.

I know that I am frequently appealed to for nurses for very nervous cases or insanity in private homes, physicians saying that the previous experience of the general hospital nurse not being of the kind, naturally, to enable them to deal with cases requiring that class of experience.

Our course consists of two years, and consists of the ordinary course in the general training school; anatomy, physiology, hygiene, the first year, with frequent lectures and recitations; general nursing, general diseases, diseases of children, surgical nursing, insanity, care of the nervous and insane, gynaecological nursing, gynaecological surgery, and a special course in cookery. * * *

Yours very truly,

A. W. HURD.

The PRESIDENT. We cannot well discuss this until the committee gives us some definite plan. The next thing seems to be to reappoint the committee.

Miss MAXWELL. If in order I would move that the committee be reappointed with Miss Keating as chairman.

The motion was unanimously adopted.

The report of the Committee on Ways and Means for the Teachers' Course was called for. The chairman asked to have the report deferred for a day and the President introduced Dean Russell of the Teachers' College who made an address on the subject.

ADDRESS OF DEAN RUSSELL.

LADIES: When the proposition was made by your committee a year or more ago that we should consider some form of advanced training for nurses, the whole subject was so new to me that I scarcely knew what to do or which way to turn. Since that time I have been rather industriously visiting hospitals and making inspections from the outside with a view to securing some notion of the scope of your work. I must confess that I was ignorant of what was expected of the superintendent until I had seen with my own eyes some of the work which you are doing; until I had seen that, I could form no notion of what was expected from you.

As I look into it more and more I confess that I am surprised that it does not differ to a greater degree from the work which we are called upon to do in so many lines of educational activity.

In the first place the Teachers' College is not a normal school in any sense of the term. Normal schools are state institutions to equip teachers for work in the public schools of the state. Our work, if it could be characterized at all in connection with these, is to train teachers for normal schools. That involves many lines of work aside from that of public education. So far as our work touches the normal school at all, it is as special preparation for teachers who will go into normal schools to instruct those who are to become teachers. We make a requirement for admission of a complete normal training, or so much of a college course as may be necessary to enter on the advanced work we have to give. That sets the pace for the institution and puts it above the normal school. That same standard we are trying to maintain in all other work which runs beyond that of the public school. We have advanced training for those going into kindergarten, primary or elementary public schools and for those going into high schools. But it is all of an advanced grade, rather than what would be given in a normal school. You can see the reason for that.

There is no use of university education coming in competition with the state schools. Our work is limited, even though it does take in this broad scope. Our work is narrowly limited because it is impossible that there should be any such number of teachers qualified to become teachers of normal schools, or superintendents or supervisors of schools, as there are of teachers actually engaged in the class room. That at once limits the scope and the nature of our work.

Besides this work which relates to public education, we are carrying on courses in fine arts, domestic art and domestic science and manual training. This brings us in touch with all phases of public school education.

Many of those who take our course in domestic art go out as teachers in mission schools as missionaries. We have at present three daughters of foreign missionaries now taking that course, who are expecting to return to that work. They are taking art, manual training, cooking and domestic art work, with a view of introducing industrial education among the people to whom they go.

At the same time we are looking to the training of specialists who will go out as supervisors, or, as frequently happens, to reform and industrial schools. I have had applications for widely different types all the way from the Florence Crittenden Home of San Francisco, where a woman was wanted to take charge of the rescue work—to women wanted to take charge of cooking and sewing in the House of Correction in Rhode Island. We have received an application within a week for a teacher for the feeble-minded, for work among the defectives. We have sent one or two to the George Junior Republic at Freeville, N. Y., where they work with street arabs from New York. We have four or five at Hampton, Virginia, where they are devoting themselves to the problem of industrial and normal training for negroes. I mention this to show that the work which we are trying to do has many phases. It is because the scope of our work is so large and because we have so many special lines of work, that it is at all possible to take over this work of yours. I am not sure, as the course develops, but it will be necessary to work out one or two new lines, as your needs may suggest. But I am very confident that for many years to come, until your profession, as well as all teaching professions, shall have advanced far beyond the stage of to-day, the work that we shall be called upon to do for you will be what we are giving to others; dividing it differently, giving some special term to it, to meet the peculiar needs which are to be found in this particular work.

I want to say a few words regarding the problem of training teachers in general. There are two kinds of professional training which can be given. I mention two, but it is difficult to draw the line between vocational and professional work.

In the first place, the world needs people who can do thoroughly well things within a certain sphere, carpenters, stonemasons, &c., as well as contractors, builders and architects. It frequently happens in our industrial economy that the work which one person, or one class of persons, is called upon to do, can be done, as it ought

to be done, thoroughly, only when a major portion of the man's or woman's life is devoted to that specific operation, when it requires a high degree of skill or manual dexterity; then it is possible to acquire that only by long practice. The laws of habit are so fixed and depend so much on the physical substratum that you cannot expect a man or woman to come into that class of work immediately. It needs tremendous training and a great deal of it. This training, which is founded on habit and must obey the laws of habit, almost always comes under leadership, and it is strange to see how far this can be followed. Think of ancient Egypt, for example, where some of the best work that has ever been done was done, training not only for industrial pursuits, but for statesmanship, for military service, for the fine arts. All this training was of the nature of which I have been speaking. It was founded on habit and developed through practice. It is the wonder and despair of the modern world, that the ancient world, as we know it, should have done so much; that it should have been possible thousands of years ago to quarry those massive blocks of stone, to transport them hundreds of miles and to build them into the pyramids with joints so nicely fashioned that it is impossible to insert a penknife after these thousands of years. We recall with what difficulty even in this age Cleopatra's Needle, one of those massive blocks of stone, was transferred to New York. The men who did that work so accurately, and who kept on doing it for thousands of years through their descendants were men trained in the school of experience, and yet always under a master, that master telling them first of all what to do, and then carrying them through every gradation of their work. The result, you will see, is eminently satisfactory from the standpoint of workmanship. One reason why we have so much trouble in industrial life is that our workmen are so incompetent. There is strike on strike, friction between capital, as we say, and labor, between employer and employed, because the employer is conscious of the fact that the workman is not doing as he ought to do. The skilled workman who can do the thing just as it ought to be done, and do it on time and accurately, is not striking. He has steady employment as a rule.

All are losing something of what has gone before, the apprentice system; the long apprenticing of boys and girls to master workmen, where they are brought under the immediate supervision of those master workmen from three to five years. We must have the essential characteristics of this kind of training. The apprentice system for vocational and professional work has covered 99 per cent. of all that has ever been given.

When you think about it, what is it? Let us analyze it. In the first place you have the apprentice and the man who knows; the

one who wants to learn and the one who has the skill at hand so that it can be transferred to the other person. What is done first of all? The master workman puts before the apprentice the ideal of what is to be done. That may come in the form of a model, in the form of a drawing, in the form of a statement of what is to be done. At any rate, the teacher tells the pupil what is to be done.

In the next place he shows the pupil how to do it. He shows him how to handle the saw or plane and guides the hand until the proper motion is made, the proper attitude of body is secured, and he will give him some directions. He shows him what to do, how to do it, and third, just as important, he sees to it that it is done and that it is done in the manner shown and to reach the end desired. And he insists upon it and insists upon it, hour after hour, day after day, year after year, until the habit is fixed. That is the gist of the apprentice system, training founded on habit which begets this definite, precise workmanship, on which 99 per cent. of what has been done in the past is based. We have abandoned it to a large degree and yet it is all about us. How is it with the girl in the home? As she grows up she is required to do a certain thing, is told how to do it, is shown how to do it, and year after year that girl is trained, if trained at all, in doing it. Think of the making of bread in the homes all over this country. The necessity for economy, the tastes of the family, the traditions in the family, the customs there determine that the girl shall do as her mother does, and so the mother is watching that she does not waste anything and that she does everything just so. The daughter follows in the steps of the mother in the house, and the son follows in the steps of the father on the farm.

Think of what happens in our business affairs. Everywhere we see that there is training by experience, practical experience, which is apprentice training. Even when the person does it himself unaided, he must have some motive to do something worth doing, something to spur him on until a habit is fixed. When you sum up life and realize how much of what we are depends on this apprentice way of doing things you will be inclined to think that much of the best part of workmanship is dependent on this apprentice method. We can not put it aside. It is something for us to use in a higher way when that way becomes possible.

I have spoken of the advantages. It has enormous advantages, the advantages of accuracy, of precision, of definiteness. It has another great advantage. When you look at the individual who is a master workman as a result of this training, you find that he does his work with little expenditure of energy. That is an advantage to him, and he can do it much more quickly. Think of riding the wheel. Think of the energy spent the first few times

you tried to mount. You put work and muscle enough into that little machine to drive a factory and you felt it in your muscles the next day, but after a few weeks of trial the ease with which that is accomplished, the small amount of energy required is simply surprising.

But there are disadvantages, first of all that it tends to narrow the individual's horizon. If one's life is guided by habit, as the thing becomes easier, as he gets to do it better, this is strange, but true, that he gets to do it with less thought, with less consciousness. That is where the ease comes in. The spinal cord takes care of it and the brain knows nothing about it unless something goes wrong. The higher part of the man is quiescent. So in time it narrows the individual unless there is some other inspiration, some outside attraction that can be brought in.

There is, however, a still greater loss from the standpoint of society at large, and that is a certain stagnation. As this apprentice system is brought up to a certain standard individuals will be brought up to that standard, and just so surely will they be stopped there. The mother is not going to permit the daughter to try elaborate experiments, because she cannot afford it. The master workman does not permit his apprentice to experiment with the work he has to do because the work he has to do is something that cannot be spoiled. More than that, the superior master dominates the inferior at every stage, and it is an extraordinary case when the inferior rises superior to the master. As a class of apprentices they are brought up to a certain level and then stopped.

When any considerable number in society reach that stage we have a stagnant civilization. It was for that reason that it was possible for Egypt to maintain its dead level of social life for four or five thousand years. It is the same reason that has made it possible for China to keep on that level for more than four thousand years. It is because of the apprentice system ingrained there.

You can apply this to professional life. You can apply it to your own work. You can apply it to teaching. It is necessary in every vocation, I take it; it is certainly necessary in every profession, that there be standards of excellence and that every one, so far as possible, who is engaged in this work shall be brought up to that standard of excellence; that he shall be able to do certain things thoroughly well; that he shall know exactly how to do them and shall be kept in training until he shall do them almost automatically.

That suggests that the greater part of the training for any profession must be on the apprentice order, that is any profession that takes in the whole scope of work. You may improve them. Think of the physician. The physician is not a professional worker in the

sense that he has all to do. The physician occupies a profession which is quite unique, in which he is merely superior and inspector of something to be done. His work differs from the teacher's work in that. He touches the patient at certain definite times. He occupies the profession of supervisor. He is not, like the teacher, in constant touch with those who are to be benefited by his ministrations. That shows that while it is necessary in even the physician's profession that he shall have certain technical skill and a great deal of it, it is always in a certain line. He must have the clinical work, but it must be given under the form of apprenticeship, under the immediate supervision of the superior directing the matter.

Take your own work. You are brought in immediate contact with the patient and are compelled to be with that patient, where the physician only touches him at stated intervals. It falls to you to do certain things, you have to do those things quickly, accurately, precisely, in a skillful manner always. You are successful in your professional work just in proportion as you can do those things well. There is no way of gaining that skill and precision and definiteness except by the apprentice system of training so long as we are constituted as we are. It must be done in that manner. There must be some one to tell you what to do, to show you how to do and to insist upon your doing it in this prescribed manner, until you have acquired the habit of doing it easily and successfully.

Is there anything more, then, in the profession? If that is all there is to any profession it makes that professional work, or tends to make it, a stagnant profession. It may last a long time and be very accurate and workmanlike in all that it accomplishes, but it will stand at a certain level and remain there indefinitely. It is only when there are those who can rise superior to it, who can see what is to be done from the outside and can carry it to a higher plane, that progress for the profession as well as for the individual is brought about.

It is not for the rank and file of the teaching profession that we are working. It is for the few who can spend time and money in raising themselves to the next higher stage, that they may better themselves and help the profession on. So we cannot take over the training of nurses. That must be done in the nurses training school and very largely on the lines which I have suggested. That is inevitable. But it is also necessary that those who are to teach should not be as blind as those who are being led, lest they both fall into the ditch. For those who are to teach, who are to look to the raising of the profession, they must have a training superior to those who are with them in the profession. They must go be-

yond that which they have achieved in order to bring the pupils up to and beyond the industrial or apprentice grade.

After four or five years the apprentice can often do just as good work as the master and is capable of earning good wages. But that is not professional. That does not provide for professional advance. Something beyond must come in. I am not certain what can come in in this case, but I take it that one thing that we can do is to train teachers to be better teachers. That is to apply in behalf of the teaching this apprentice principle. I think it would be an immense advantage to the teacher to know what those principles are and how to apply them if you are to get the best results. That is a part of the course. It must naturally save a great many mistakes and shorten much the period of apprenticeship to have an able teacher. We all know that.

You have your training now. You come into ward management after some years, when you have acquired some eminence in your work and then you are called upon to teach. You may be removed five to ten years from your own training when you are called upon to do teaching and it is not to be expected that teaching under those circumstances will always be very good. The teaching power is to a large extent a gift. There is no amount of training that can make a good teacher out of a naturally poor teacher. If the teacher is not a pretty good teacher to start with, or has not the teacher's gift, the teacher's sympathy, you cannot make a teacher of him by teaching. It is hopeless. You can make a good teacher a better teacher by training, and it is for that that the teachers' training class comes into play.

There is another course which would be valuable. All of us who go through the various stages of professional work, beginning at the bottom and working up till we are able to take a commanding position, are hampered by the fact that our horizon is limited, is narrow. We can see farther when we look up than in any other direction. A person who has worked in this position and learned to do it well and goes into another position and learned to do that well, is not in the best imaginable position to take a commanding place, because he may not have a wide horizon. It must be that in a great establishment like a hospital, where you come into such immediate and intimate contact with people whose occupations are widely different from yours, it must be that a wider outlook is the great essential. So a course has been provided for hospital management. We find similar courses necessary for superintendents of schools. It is absolutely necessary for any person who, having come through various stages, finds herself in a position to take a commanding place.

Then there are the scientific principles on which all professional and vocational work rest. You are dealing with the sciences of physiology and anatomy, and hygiene, with principles of chemistry in cooking and sanitation, with principles of physics in many instances, in practical ways, and there ought to be an opportunity of making special studies and special investigations. A familiarity with the field must be gained if the professional work is to be added to the vocational. I do not know of any better way of drawing the line—which I said I would not draw, between the two than this. If the work that has to be done is work that can be done effectively and efficiently by the apprentice system I think then you have a vocation as a result. If now that vocation is of such a nature that the person who is engaged in it has time and ability to go farther, can reach fundamental principles, can come to understand the foundation stones of that structure, is capable of seeing this work of the vocational stripe in its true perspective, and understanding why it is so and why it must be so and ought to be so, and then has the additional knowledge or genius of knowing when to put in a peg here and peg there on which you can hang something more, then the work becomes professional. Progress is dependent on successful experimentation in new lines. This is a thing that we often forget. It can never be haphazard work. It is just as essential that the inventor see the principle of his invention before he tries to realize it as that he should know the material that he is to work with. You cannot experiment unless you know something of what you expect to accomplish. When Elias Howe conceived the idea of running a thread through a loop and bringing that up through the cloth there was the sewing machine. It was all done in that one idea, or the idea that lay back of it. He could not have formulated that in his mind unless he had been familiar by personal training with some other kind of sewing or mechanics involved in the operation. That known he could experiment in other directions and with other materials.

Not until a nurse is in a position to imagine new situations and new ways of doing things and new devices to accomplish what has been accomplished in some other way; not till she can see her way pretty clearly is there any reason for experimentation. Experimentation before that time is wasting the flour and spoiling the batch of bread. Experimentation when the higher stage is reached depends upon the ability to see the things that have to be done and having the ability to apply the general principles involved in that work to the work that is in hand.

I thank you.

On motion of Miss Maxwell, seconded by Miss Drown, a vote of thanks to Dean Russell was passed unanimously.

The President invited Miss Alline, who had been taking this course at the Teachers' College, to speak.

Miss ALLINE. The course has been one in which I have been greatly interested and I find that it is going to be very practical in my work, no matter what side of the work I take up. In preparing for institutional work one of the greatest advantages of it is in learning the methods of teaching. That has been the lack in many training schools. As a rule that part of the work has been neglected because superintendents have not understood the methods and principles of teaching. If we take this thorough course it is going to help our pupil nurses as well as ourselves by making class work a pleasure and of vastly greater benefit. The lectures to nurses are in many training schools given by doctors, who may know their subjects well, but who are not teachers in any sense of the word. The time thus spent is worse than lost as it is an extra tax on the already overworked nurse.

We have taken up household chemistry and domestic science in two classes, and we have had experience in dealing directly with food materials, and have learned the proper way of handling them. In physiology and biology we have studied the plant and the animal and have learned where certain food elements are obtained and how. As we follow it out from course to course we are getting the principles in a systematic way. It becomes the nurses' province to fill out that which the doctors cannot meet, in a special course in dietaries. The private nurse must daily study foods for the patient, as the mother is now doing for the strong and healthy members of her family, or she will fall behind in one of the most essential features of her work. In one course in domestic science where we have food material, we have dietaries and work out the right proportions of food elements in the diet for the patients. The doctor is the guide, but the nurse prepares the proper food in that way, to meet the requirements of each individual case.

We found difficult work in the course on psychology. It is an essential study and in talking with the instructor I have

found that he has a special course for nurses and doctors, and I think that some arrangement can be made by which this special course can be given to our class at the Teachers' College, which will bring in all the psychology necessary for the following course in methods of teaching.

Miss GORMAN. This course seems to me very necessary for those who intend to teach in training schools. Our methods heretofore have been crude. You have all known that instead of being taught, we have been quizzed in our training. We have had to dig things out for ourselves and gather what knowledge we have had without much assistance. I am a graduate of eleven years standing; perhaps we had more difficulty in gaining knowledge then, than now.

The reports of the non-payment system were then taken up, and were read by Mrs. L. E. Gretter.

HOSPITALS REPORTING THE NON-PAY SYSTEM.

St. Luke's Hospital, Bethlehem, Pa.
Grace Hospital, Detroit, Michigan.
The Lakeside Hospital, Chicago, Ill.
The Lakeside Hospital, Cleveland, Ohio.
The Old Dominion Hospital, Richmond, Va.
The Methodist Episcopal Hospital, Brooklyn, N. Y.
The Johns Hopkins Hospital, Baltimore, Md.
The Hahnemann Hospital, Chicago, Ill.

THOSE HAVING A PARTIAL PAYMENT SYSTEM.

The Harper Hospital, Detroit, Mich.
The Illinois Training School, Chicago, Ill.
The Massachusetts General, Boston, Mass.
The Kingston Hospital, Kingston, Ontario.

REPORT NO. 1—THE NON-PAY SYSTEM.

Lakeside Hospital, Cleveland, Ohio.

At the time of organization of the school in connection with the Lakeside Hospital, an effort was made to place that organization, as far as possible, upon an educational basis. In schools for all other branches of knowledge or in colleges preparing for a profession, the student is not paid to be instructed, but, on the other hand, offers ample remuneration for what he receives. Just in the same way in a school for nurses each pupil must pay for the education given her. Where the instruction is solely theoretical the remuneration, as a rule, becomes a matter of dollars and cents.

In a practical education, such as a nurse's, services rendered may be considered a partial or full return for what is given. In this way the pupil nurse by her routine ward work, not only earns her way into the ranks of the graduate, but pays, day by day, by valuable service to the hospital, for the opportunity given her of obtaining a profession. Whether or not this will always be considered a sufficient return for what the modern school offers to the pupil is a matter for the future to decide.

Looking at the question in this light the non-pay system would naturally seem the right one, and was the one adopted by us. The three year course was also accepted—the additional year being considered an opportunity for more thorough training.

The pupil is on duty only eight out of the twenty-four hours, so that she should have ample time and strength to make use of her theoretical advantages, as well as inclination to profit by any opportunity for mild recreation or pleasure, which may offer itself. If she break down in health during the course, or at the end, she should prove the exception, instead of one of many, as has too long been the case.

As is customary in schools for nurses our pupils are provided with board, room and laundry. In addition we supply the text books and note books; the dresses (four yearly) and aprons are made for each pupil; collars and cuffs are supplied and the material for a clean cap weekly. We provide and have adjusted to the shoes rubber heels, worn on duty, but do not supply the shoe—nor do we provide a street uniform.

In each of the three classes there are two prizes of fifty dollars offered for general proficiency.

The fact that we do not pay our pupils must certainly prohibit a number of desirable young women applying, as only those can enter who are sure of financial assistance for the entire three years. It would also account for the large proportion of our applications coming from young women under twenty-three years of age. It does not, however, entirely do away with the uneducated, or otherwise undesirable applicant.

I think there is no question but that the standing of the pupil nurse in the hospital is very favorably affected by the change to the non-pay system. The pupil can no longer be ranked among the employes of the hospital, but is essentially a pupil of the school, depending upon the hospital for educational advantages. Having placed our pupils upon this standing we have found the hospital authorities willing and anxious to make every possible provision for the best interests of the pupil.

There is surely no reason why the discipline of the school should be affected one way or another by the question of "salary or no salary."

Since the organization of the school I do not know of one case of deliberate insubordination.

My first experience as superintendent was in a school connected with a small general hospital. Early in my term of office the monthly salary to the pupil was stopped. She was not provided with uniform or text books. In lieu of this she was given ten dollars at the end of each six months—this being considered sufficient to provide uniform and the necessary books. There was no appreciable change noticed in the number or character of applicants. With us, within the past few weeks, we have discussed somewhat the advisability of establishing a "loan fund" for the pupil nurse. The loan would be allowed only to pupils who had thoroughly proved their merits, and had been in the school a year at least. The sum of money would be limited to fifty or seventy-five dollars a year, while the fact that it was merely a loan, to be repaid within the first year after graduation, would be emphasized.

I believe firmly that, with the non-pay system, some arrangement of the above nature should be made, and trust that before long we may be able to offer this assistance to desirable applicants.* Should this plan prove impracticable it would seem

*Since writing the above this arrangement has been adopted and a loan sufficient to cover expenses is now made to pupils desiring to avail themselves of it. A moderate rate of interest is charged.

desirable, although in some ways very unsatisfactory, to allow the student nurse the privilege which all other students have, of dropping out of the school for a term or as long as is necessary to allow her to replenish her finances.

With the exception of the one fact that it certainly prohibits many capable women entering the nursing profession, the non-pay system as I have experienced it, has proved satisfactory. Could this weak point be overcome the satisfaction, I think, would be complete.

M. HELENA MCMILLAN.

REPORT NO. 2—NON-PAYMENT SYSTEM.

Old Dominion Hospital, Richmond, Va.

How Introduced.

As an experiment and after conference with the pupils and Board of Control the non-payment system was introduced into the school by the superintendent of nurses in the autumn of 1898, at which time the two year course was yet in use.

Compensating Arrangements.

All uniforms, ward shoes, text-books and scissors are furnished. The old rules, requiring pupil-nurses to replace all furniture or appliances injured by them are abolished.

A first and second honor, or scholarship, in money (a small sum) has been established in each class. These are awarded pupils attaining highest class standing, best grade of practical work, displaying general aptitude for nursing and whose influence in the school is most highly approved.

Though not yet in operation quite two years, the success of the plan is evident. A more desirable class of women, socially and intellectually, seeks admission to the school, the motives are more frequently based on the philanthropic and educational status of the profession rather than its commercial or mercenary value to the individual.

The applicants are generally an older, more earnest-minded class of women than was formerly the case, and have displayed greater class unity and professional loyalty.

The non-payment system is most cordially endorsed here.

S. H. CABANISS.

REPORT NO. 3—THE NON-PAY SYSTEM.

Lakeside Hospital, Chicago, Ill.

The non-pay system was introduced in the Lakeside Hospital Training School in the following manner: About January 1st, 1899, a circular of information regarding the school was issued, announcing that no tuition fee would be required, but that pupils would have to furnish their own uniforms and thermometers, the hospital providing room, meals, a reasonable amount of laundry and the use of the necessary text books.

At the same time the educational standard was raised, making a high school diploma one of the requirements for admission. This announcement was forwarded in reply to all inquiries and also to all applicants, who were scheduled to enter the school after March 1st, 1899. The change did not affect those who were already in the school and the two months of grace allowed me time for repentance had I seen the error of my ways. But from the first I never doubted the wisdom of this departure from the training school traditions.

To enter any other profession one must pay tuition, to say nothing of the cost of board, laundry, car fare and books. Why should we not place as high a valuation on the profession of nursing? Why pay our pupils for the privilege of acquiring an invaluable education. These were the arguments with which I sustained my courage while awaiting developments and afterwards, when about three-fourths of all applications on file were withdrawn, and an even smaller proportion of inquiries resulted in bona fide applications. However, I had done pioneer work before and was not to be discouraged by anything short of absolute failure. Soon the situation brightened, applications began to come in more encouraging numbers and of a better class, and while there is still an appreciable falling off in the number of applications, I have been able to keep a full school (thirty in number) without being obliged to retain any undesirable pupils. There are, in the school, at present six nurses who are being paid. The remaining twenty-four, intelligent, well educated young women, are cheerfully and enthusiastically giving the best work of head and hands to their chosen profession, gladly giving their services in return for their training. Lectures and quizzes are no longer an affliction to be simply endured with a bad grace. The humblest tasks appear to have taken on a new dignity.

Discipline has never before been so easily maintained as at the

present. In a nutshell, the whole animus of the school has altered and for the better.

I may be over-enthusiastic, but it is my belief that the general adoption of the non-pay system is destined to become an important factor in the elevation of the profession of nursing.

LAURA FELL WHITE.

REPORT NO. 4—THE NON-PAYMENT SYSTEM.

Hahnemann Hospital, Chicago, Ill.

The Hahnemann Hospital Training School of Chicago was organized under the no-pay system, therefore no comparison of present and past conditions can be made.

Board, lodging and laundry work are provided for probationers; in addition pupils are provided with the aprons, caps and dresses worn when on duty. There is nothing more in the way of compensation. This system has been so satisfactory that a change has never been suggested.

The course is two years and must probably remain so for some time.

The three years course has been under discussion, and as soon as possible to adopt it with advantage to both pupils and hospital we shall gladly join those who already have such a course.

CORA OVERHOLT.

REPORT NO. 5—THE NON-PAYMENT SYSTEM.

Johns Hopkins Hospital, Baltimore, Md.

The non-payment system, as it is called, was introduced into this training school in the spring of the year 1896, at the same time that the course of instruction was extended from two to three years and the hours on duty were altered from nine hours daily to eight hours daily for practical work in the wards. In abolishing the payment of the monthly allowance to pupil nurses we undertook to supply them with full uniforms, including ward shoes, text-books, stationery and small appliances, such as scissors, forceps, etc. In regard to other compensating arrangements we quote from the circular. "To give pecuniary assistance to desirable applicants who otherwise might not be able to receive the

training, twelve scholarships are awarded annually. Four scholarships of the value of one hundred dollars each are awarded in the first junior year; four in the second year of the same value, and four in the third or senior year, of the value of one hundred and twenty dollars each. These are awarded for the most creditable general record of works and conduct. Pupils receiving the award, who are inclined to relinquish the money bestowed by these scholarships for the benefit of others, may do so, and still retain their names upon the honor list."

As we have at present graduated but one class under the system, and have had it under observation but a few years, it is impossible to say definitely at present, how great its value may be. From the results of such brief observation and experience, we consider that the change has been of advantage to all concerned. That it has not affected the character of the applicants is evident from the fact that we have had a steadily increasing number of desirable applicants each year. In some instances we have had letters from applicants stating that they applied to us because we did not pay our pupils, and that they preferred entering a school founded on that basis. We believe the instances are too few to be worth recording, where worthy and desirable applicants have been unable to enter the school because of the fact that they would receive no payment during their course of training. We have found with considerable satisfaction that in almost every instance, the scholarships have been awarded to those pupils who stood in need of such assistance to continue their work, and we believe the whole question of assisting candidates to receive this education can be governed by some such arrangement of scholarships. The morale and discipline of the school have been in no way relaxed, nor have we seen any evidence which would lead us to believe that the pupils under the non-payment system consider themselves at liberty to infringe upon such discipline. From a financial point of view, the saving to the hospital is considerable. Using much liberality in the articles which we undertake to supply to the nurses, it is estimated that we save at least one-third of the amount which was originally expended. This is a minimum estimate. I could probably place it safely at a little larger amount, but prefer to keep well within bounds. Such an amount, if saved in this way could be wisely expended in paying for more and better teaching, or in providing accommodation for a greater number of nurses, so that the hours of work in the wards each day may be lessened, or in other ways which may suggest themselves to each head of the training school as advisable for her particular school and methods.

M. A. NUTTING.

REPORT NO. 6—THE NON-PAYMENT SYSTEM.

Grace Hospital, Detroit, Mich.

As to our "non-pay system." We engage to furnish our pupils board, laundry and home together with facilities for acquiring the education of a nurse—both in practice and theory. We do not promise anything beyond this, but I am hoping to find a way to furnish a number of scholarships of one hundred dollars to be awarded at close of the course.

I like the idea of placing our schools on a scholastic basis; but I wish to be just to the nurses also; and it seems but fair that there should be some pecuniary benefit attending to the third year, when the nurses' services become valuable. I may yet advocate the one hundred dollar allowance on graduation, in preference to the same amount in scholarships, as being in the reach of each one. Nurses do a great deal of special nursing in the hospital, which brings an income to the hospital. This problem remains to be worked out here.

March 1st, 1900, the non-payment system was introduced by reducing the amount paid the nurses per month to the actual cost of uniform and books. By this method the nurse has the privilege of managing her own funds, and the superintendent is spared much detail work. This plan seems to give satisfaction to all concerned.

L. J. GROSS.

Miss DOCK. If the results of the non-pay system are equally good, so far as the qualifications of applicants are concerned; if discipline is not weakened, and the pupils are satisfied, one would suppose that its superior economy alone would recommend its general adoption. But one practical question. Who is going to benefit by that financial saving? Is it fair that the hospital or the managers should benefit? Training Schools need funds, to supply needs in the home, or to enlarge their educational advantages. I know progressive and ambitious schools, which would like to have third year lectures upon special advanced subjects given by experts, such talks, for instance, as Miss Jane Addams gives, and others distinguished in educational and reform movements. But experts cannot afford

to lecture for nothing, and these schools have no funds for such purposes, although they are saving considerable sums by the non-payment system. Such saving ought to be allowed for the educational work of the school.

Miss McIsaac. Our board of managers is a board of women and any advantage that would accrue under a non-pay system would naturally be kept for the school. We make contracts with our two hospitals. If the saving were only for the benefit of the hospitals I should not be so much in favor of it.

Miss Davis. I have always found boards exceedingly careful about spending money for training schools.

Mrs. Gretter. Our training school has a fund held in trust by the hospital. The same board governs both and the board is very generous in all its dealings with the training school.

Miss McMillan. Our trustees have been very careful and generous and anxious to do all they could for us.

Miss Dock. We are so thankful for small favors that we do not ask, as much as we might, whether we could get any more.

Miss Davis. I have not been convinced that these things are best. It looks to me as though the non-payment might degenerate into a gift system. When it is made entirely clear to me that this is a scholastic question I shall adopt it, but so long as it is a gift system, gifts of books and clothes, I reject it.

Mrs. Gretter. I think the nature of our work is peculiar. That has been impressed on us this morning by Dean Russell. Our work cannot be put on a purely scholastic basis, as it is a vocational line of work. The clothes may justly be looked upon as necessary supplies for the wear and tear of the work, of mechanical, hard work. I am interested to see that a number of superintendents take this view of it. We had a distinct reason for making an allowance. It seemed a just and right thing that the hospital should make an allowance of a hundred dollars at the end of the course.

Mrs. Robb. We do not assume that this is a perfect system, but it is a step in the direction of a purely educational standard for nurses. We hope, as the years go by, that we may work out something better. It seems, from the reports we have heard,

that there is even now a distinct advance over the method where nurses were given an allowance by the month..

Mrs. GRETTER. It would be impossible to have one standard for every hospital. Common sense teaches us that there must be variation according to the conditions that obtain in different hospitals. Some are wealthy, largely endowed institutions and money does not come into consideration. The majority are not largely endowed and economy must be considered. These reports are not discouraging. Things have to be decided in individual hospitals according to conditions.

Miss SMART. Rochester has gone back to the pay system after trying the other for four years. Miss Palmer considered the non-pay system as tried there to have been unsatisfactory, as there was, under it, a lack of desirable applicants.

Mrs. ROBB. All of the prospectuses say, where they give a monthly allowance, that it is not intended as wages, but to purchase text-books and uniforms. The first year the expenses are the heaviest, for the pupils have to buy books, and supply themselves with full uniforms, aprons, caps and shoes. The next year is not so expensive, but the monthly allowance is increased the second and third years. On what basis is that done?

Miss DAVIS. I believe we were the first to start the third year course in America, and we graduated our allowance so that it would average $12 a month for the whole three years. A good many pupils came in well provided with clothing, but we found that many came with so little and had very limited means to renew, that at the end of three years they were in no condition to go out from the hospital and wait for cases. We thought if we gave them money all at once, that perhaps they would not save a great deal, and we had no authority to compel them, so we gave them less at first and more the last year. In the last year they know they are soon to go out and will have to wait for cases and if at all provident they will save a little to start with. That is the basis on which we did it.

Miss DOCK. The main point is overlooked I think; it is simply this: Are you spending that money to the best advantage by dealing it out to the pupils? We all know how money is wasted by pupils. I know how I wasted mine. Could you not do bet-

ter by spending the same amount of money in a different way for the nurses? Make the education of the nurses better with the money; and give them a better table.

After further discussion it was suggested that a vote be taken to show the opinions favorable or unfavorable to the non-payment system.

Miss SNIVELY. If it be thought advisable that a vote be taken on this question, would it not be well that members be allowed to vote in accordance with their own views, rather than according to methods prevailing in the institution over which they happen to preside? Many, no doubt, will be glad of an opportunity to manifest their sympathy with educational standards while they may yet not be in a position to adopt those standards.

Some final discussion followed but the vote was postponed.

The meeting adjourned.

SECOND SESSION.

Tuesday, May 1st, 10 a. m.

Miss MERRITT in the Chair. The next subject in order was the invitation received from the National Council of Women in the United States to affiliate with them; and, related to that, the proposition to form an International Council of Nurses.

The President called on the Secretary to read the letters relating to these questions.

Miss DOCK. Two years ago this society received a cordial invitation to ally itself with the National Council of Women of this country. No definite action was taken at the last annual meeting, and this year, with a view to presenting the subject as unfinished business, your Secretary corresponded with Mrs. May Wright Sewall, who, as President at that time, had sent the invitation, upon various points involved. Extracts from her letters are as follows:

Miss L. L. Dock,
265 Henry Street, New York City N. Y.

MY DEAR MISS DOCK: Yours of February 4th is just at hand. In reply to your questions as to the financial obligations which you would incur by entering the National Council:

I. You are quite right in supposing that this pecuniary responsibility would be limited to $33 1/3 per year.

II. You are also right in supposing that your membership in the National Council of the United States would entitle you to expect that in all Congresses convened under the auspices of the International Council of Women, there would be a section for the consideration of questions of especial interest to your body.

I will diverge here to explain that at the International Congress of Women, held last summer in London, a nursing section was convened by Mrs. Bedford Fenwick, and nurses were thus accorded a time and place to speak upon their professional work and aims. Several of our members were there, and read papers, and joined in the discussions. Mrs. Sewall presided at one of these meetings, and the question of our joining the Council of Women in our own country naturally came up. An international union of nurses' organizations had been proposed at a previous meeting of the Matrons' Council by Mrs. Fenwick, who spoke of it to me and to the other American members. We found that various English nurses had joined the Council of Women in England, and that in Denmark a Council of Nurses had been formed and had joined the Danish Council of Women. An informal meeting was called at St. Bartholomew's Hospital, Miss Isla Stewart, matron of the hospital, presiding, and a provisional committee was formed to draw up a constitution under which an International Council of Nurses could be organized.

In February last I received the following letter from the Secretary of the Matrons' Council in England, together with a copy of the proposed constitution, which you are asked to consider.

February 23d, 1900.

International Council of Nurses,
20 Upper Wimpole Street, London, W.

DEAR MISS DOCK: The Provisional Committee of the International Council of Nurses will be greatly obliged if you will bring the Draft Constitution of the International Council before the American Society of Superintendents of Training Schools for Nurses at their next Annual Meeting, and invite discussion thereon. The Provisional Committee will be grateful for criticism or suggestions for making the Council thoroughly representative and useful to

nurses of all nations, from any of the eminent members of your Society.

I am, dear Miss Dock,
Yours sincerely,
MARGARET BREAY,

Honorable Secretary Provisional Committee International Council of Nurses.

To Miss L. L. Dock, Secretary American Society Superintendents of Training Schools for Nurses.

The draft constitution was then circulated among the members present.*

Having laid this letter before your President, I was directed by her to correspond further with Mrs. Sewall, to inquire into various details relating to international organizations, and quote from her replies as follows:

"In reply to your question regarding the standing in the International Council of Women of the International Society of Nurses, I have to say that for the present the constitution of the International Council of Women makes no provision for receiving into formal membership any *separate* international organization. Its feeling very clearly being that formal membership in the International Council would be limited to National Councils, but the International Council gives its sympathy and aid to all international movements, and is glad to have various organizations of women existing in different countries unite themselves by formation of international ties.

You are quite right in assuming my interest in the formation of international societies, and it will please me to give you any aid in my power in the organization of the International Council of Nurses, but to my mind the organization of such an international body would in no degree reduce the necessity for having a National Society of Nurses wherever existing under the National Council of its own country, and through that relationship depend upon the recognition of its work and its workers in the International Council of Women."

"I am much interested in your resumé of the present status of organization among nurses in this country. I am myself not clear in regard to the advisability of having women of different coun-

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*See Appendix.

tries following the same pursuit enter into an international body of their own kind. I do not mean that I think such international affiliation would fail to be helpful; but I am not at all sure that it would secure for them the most certain or direct participation in the affairs of the International Council. On the contrary, I think that women of all pursuits and professions would come more naturally and logically into the International Council by having their separate National societies join the National Councils of their respective countries.

The Memorandum which I shall soon issue will show that my own view is very clear in regard to the necessity of having a larger representation on the Executive of the International Council.

So far as your own societies are concerned, these various organizations all seem to have a distinct and fine work before them; but all of these seem to me legitimately to belong to a National Nurses Society. And while if there should be a National organization of superintendents, and another National organization of Normal students, etc., etc., each one of them if National would be eligible to membership in the National Council of Women of the United States, I feel that the entire profession would be stronger if all of these should be regarded merely as parts of your National Society of Nurses, and should come into the Council through having your National Society of Nurses enter the Council. Moreover, this would be much cheaper. The triennial fee of societies in the National Council is one hundred dollars. To have that paid by your society as a whole would certainly be much less expensive to your profession than to have the same fee paid by a half dozen different national societies of nurses, each one covering a certain phase of the work.

Let me try to emphasize the fact that there is no possibility of any organization which belongs to the National Council becoming subordinated by the National Council. Every society retains its full integral identity. It is in no way obscured or directed in the execution of its own work; it simply has, through its affiliation with the Council, the greatest possible opportunity of making its work known among women workers of all classes, and thus of augmenting its own members and strengthening its position in dignity and influence.

With kind regards,
I am very sincerely yours,
MAY WRIGHT SEWALL,
President of the International Council of Women.

Prolonged discussion followed the reading of Mrs. Sewall's letters, directed chiefly toward clearing up the link of relation-

ship between the National Council of Women and an International Council of Nurses; questions were asked about numbers of representatives, etc. Mrs. Robb said that the National Alumnae had also been asked to join the Council of Women. Mrs. Sewall's proposition to affiliate the two societies was cordially received, but in the absence of knowledge as to the probable course of the National Alumnae no action was taken. The project of an International Union of Nurses met with cordial and unanimous endorsement and the Secretary was directed to reply fittingly to this effect.

Miss SNIVELY. I think there can be but one opinion among the members of this Association as to the benefit to be derived by forming an International Council of Nurses. I know we all regard it a privilege to meet each year at our annual convention. We find inspiration and strength in discussing and solving our mutual difficulties, and, I doubt not, return to our own work with fresh enthusiasm, and possibly higher ideals.

This being the case, should we not be eager to enlarge our circle in order to clasp hands with our fellow-workers in distant lands, confidently expecting that their riper experience may broaden and strengthen us still further, remembering always that unity of purpose means not only strength but progress.

Miss DROWN. I move that the American Society of Superintendents of Training Schools for Nurses apply for membership in the National Council of Women of the United States.

The motion was seconded by several members simultaneously and passed unanimously.

The proposed amendment to the constitution providing for a second Vice-President was then taken up and passed. The election of new members followed. The following were declared elected:

ACTIVE MEMBERS.

Charlotte Ehrlicher, German Hospital, New York City.
Martha A. O'Neill, Kings County Hospital, Brooklyn, N. Y.
Alice E. Pierson, Allegheny General Hospital, Allegheny, Pa.
Augusta C. Robertson, St. Luke's Hospital, Chicago, Ill.
Fanny E. S. Smith, Orange Memorial Hospital, Orange, N. J.

Jennie S. Cottle, University Hospital, Iowa City, Iowa.
Eva Hall, Methodist Episcopal Hospital, Brooklyn.

ASSOCIATE MEMBERS.

Mary E. Smith, Farrand Training School, Harper Hospital, Detroit, Mich.
Theodora H. Le Febvre, New York City Training School, Blackwell's Island, N. Y.
Ida Washburne, Boston City Hospital, Boston, Mass.
Sara Anice Brown, Boston City Hospital, Boston, Mass.

VISITING MEMBERS.

Blanche M. Thayer, City Hospital, Quincy, Mass.
Margaret E. Stanley, North Adams Hospital, North Adams, Mass.

The President called on the nominating committee consisting of Miss Alline, Miss Sutliffe and Miss Riddle, to prepare and distribute ballots for the election of officers.

Miss Drown, whose name was offered as treasurer, begged to be relieved from further service.

The CHAIR. We hear with much regret that Miss Drown, our very faithful and most accurate treasurer, wishes to withdraw. Miss Drown has certainly given long and faithful service in this thankless and trying position, and it seems fair that the work should now be divided.

Mrs. ROBB suggested that Miss Merritt be made the First Vice-President.

Miss DAVIS said that it had been the custom to make the retiring president Vice-President, as in case of the absence of the President the retiring President could manage the meetings more easily than another; now, as there were to be two vice-presidents, she should be the first.

When the nominating committee returned with the counted ballots the following officers were declared elected:

President, Miss Keating.
First Vice-President, Miss Merritt.
Second Vice-President, Miss Palmer.
Treasurer, Miss Alline.

Secretary, Miss Dock.

Auditor, Miss Griswold.

Councillors, Miss Richards and Miss Snively.

The question of amending entrance qualifications with a view to broadening the membership was brought up.

Mrs. ROBB asked that constitutional provision be made for receiving graduates of the Teachers' Course into full membership.

Miss MAXWELL said that women who were managing post-graduate schools in hospitals where special diseases were treated should be recognized and their work encouraged. At present such women can enter only as visiting members.

Miss DROWN and Miss NEWMAN criticised the provision which makes assistant superintendents eligible only while holding appointments.

Miss DOCK asked for equality of membership. She protested against the distinctions which now divide members into three classes, one of which is deprived of the voting power. She pointed out that these distinctions, which had been designed to exclude undergraduate private duty, did not attain their purpose, since private duty was reappearing in the third year of various schools. She believed that the time had come when the constitution should be more specific in stating the standards of education to be upheld, and undergraduate private duty be plainly mentioned if it was the desire of the society to discourage it.

Miss NUTTING said that undoubtedly the number of beds was not the best standard attainable, though she advised discretion in altering the provisions of membership.

The PRESIDENT. The question of the individual comes to the front again and again. We can see a number of points arising which promise to make it necessary for this society to reconstruct its constitution.

Miss DAVIS. I think there are enough suggestions put forward to warrant us in the belief that the present time is the time to act and I move that a committee shall be appointed to revise the constitution.

Seconded by Miss Newman.

The CHAIR. How shall it be appointed?

After some discussion the committee was appointed by nominations from the floor, with authority to choose its own chairman, as follows: Miss Davis, Miss Keating, Miss Newman, Miss Twitchell and Miss Alline.

It was suggested that one of the original framers of the constitution should be on the committee. Miss Davis replied that she was one of the charter members.

Unfinished business from the previous day was then resumed and the report of the Education Committee was then read.

REPORT OF THE EDUCATIONAL COMMITTEE.

The report which your Education Committee has the honor to submit this year is the continuation of the development in the course in Hospital Economics which your committee reported upon last year. With last year's work, you may remember, much difficulty had been experienced owing to the inability of the committee to hold even one meeting on account of the distances which separated the members. To overcome this difficulty it was moved and carried that your chairman be given the power to choose her associates from among members of the Society who could be readily called together. Acting upon this privilege the following committee was appointed:

Miss Davis, University Hospital, Philadelphia; Miss Walker, Pennsylvania Hospital, Philadelphia; Miss Banfield, Polyclinic Hospital, Philadelphia; together with Miss Richards and Miss Nutting, members of the former committee. Your committee held its first meeting May 28th at the Pennsylvania Hospital. The plan submitted last year was generally discussed and carefully revised. To complete this a second meeting was held the following day. An invitation had been sent Dean Russell and Miss Kinney, head of the Domestic Science Department, Teachers' College, to meet the committee in Philadelphia, but owing to great stress of work upon both at the end of the term it was impossible for them to accept. It was therefore decided to hold the final meeting at the Teachers' College in New York, as it was necessary and important to meet Dean Russell and to receive his sanction of the schedule and for the purpose of general discussion on other points relative to the work. In addition to this only two members of the committee had visited the college, and it was desirable that the other members should have a personal knowledge of the institution they were advocating. The visit was made June the fifth. The results were most satisfactory to all concerned. All then that remained to be done was to

get the prospectus into shape for printing, which was greatly facilitated by Dean Russell's kind assistance, so that it was ready by the end of July for distribution. A copy was mailed each member of the society and packages sent to each member of the committee. Throughout the year many have been distributed to applicants. In the meantime letters of inquiry concerning the course were beginning to arrive, and by the 1st of September four formal applications were on file, to which one was added later. To pass upon these it was necessary to have a Board of Examiners. Owing to the great distances that separated your committee (all being away on vacations), and the short space of time in which to receive replies to letters, your chairman, acting upon her privilege of making appointments to the committee, decided to appoint in addition to the committee the following superintendents:

Miss Dolliver, of Boston; Miss Maxwell, of New York, and our honorable president, Miss Merritt. A meeting of the Board was called at the Pennsylvania Hospital, September 21st. There were present Misses Walker, Banfield, Dolliver, Nutting, Mrs. Robb. Four applicants were favorably considered. One had withdrawn her name previous to this. One was disappointed in the failure of her substitute, and could not leave her position. Another finally decided she would not take the course, which left us but two candidates to present. Lecturers on Hospital Economics for the year were also appointed at this meeting. Since September your chairman has held sectional meetings (as they might be termed), of the Board of Examiners in November and January, in Philadelphia and New York, chiefly for the purpose of talking over the lecture scheme in detail; at the November meeting in Philadelphia Miss Walker kindly assumed the duties of secretary. At the November meeting it was arranged that the New York members should make visits to the college to keep in touch with the students. Visits were accordingly made by Miss Maxwell and Merritt. In December two lectures of two hours each were given by Dr. J. S. Billings on "Hospital Construction, Ventilation and Sanitation;" in February eight, one hour long, by Miss Banfield, on "Hospital Administration;" in March two, two hours long, by Miss Walker, part of the Training School Course; in April two, by Miss Nutting, on "History of Hospitals," and the final ones will be given the second week in May by Mrs. Robb, on Training School Course. The new prospectus will be out in a few days, and in it you will note that entrance examinations are no longer obligatory; instead, candidates will be received by the college authorities on the recommendation of the Board of Examiners. Thus far no formal applications have been received for next year. It is desirous that all may be in before the 1st of July, as it is impossible to do business satisfactorily during the summer

when we are all scattered. Your board of examiners have been more and more impressed with the necessity of having a trained nurse appointed to have special charge of the course in Hospital Economics, and to take the duties of Secretary for your board of examiners. This requires funds. With the exception of Dr. Billings' lectures, the instruction has been given gratuitously, traveling expenses only being paid. Our income is uncertain for this year. We hope it may amount to $275, to be collected as follows: $75 from the Teachers' College, and $200 kindly subscribed by Mrs. Whitelaw Reid. The Bellevue Alumnae has offered a scholarship for any desirable member of their alumnae who wishes to take the course. The Johns Hopkins Alumnae has also arranged to assist some one member of this association, and has also had a gift of $100 through a trained nurse to aid in sending another student. In a recent communication from Dean Russell to the Board of Examiners he says that it will be necessary for the society to pledge $1,000 per annum to properly carry on the work. How this sum shall be raised rests with the society, but your committee feels that the work is so important as to urge your interest and co-operation in carrying on the course.

Respectfully submitted,

I. H. ROBB,
Chairman.
I. MERRITT,
A. C. MAXWELL,
P. L. DOLLIVER,
M. E. P. DAVIS,
M. BANFIELD,
L. WALKER,
M. A. NUTTING,
L. RICHARDS.

Further discussion was postponed until after the reading of the three year curriculum reports which followed.

HOSPITALS REPORTING A THREE YEARS' COURSE.

German Hospital, New York City.
St. Luke's, New York City.
Roosevelt, New York City.
Post Graduate, New York City.
Presbyterian, New York City.
New York, New York City.
Long Island College, Brooklyn.
Brooklyn City, Brooklyn.
St. Mary's, Brooklyn.

St. John's, Brooklyn.
Methodist Episcopal, Brooklyn.
Smith Infirmary, New Brighton.
Rochester Homeopathic, Rochester.
Rochester City, Rochester.
Albany Hospital, Albany, N. Y.
Erie County, Buffalo.
Home of the Good Shepherd, Syracuse.
Faxton Hospital, Utica, N. Y.
Pennsylvania, Philadelphia.
Episcopal, Philadelphia.
Jefferson College, Philadelphia.
Philadelphia Hospital, Philadelphia.
Presbyterian, Philadelphia.
Polyclinic, Philadelphia.
University of Pennsylvania, Philadelphia.
Western Pennsylvania, Pittsburg.
Homeopathic, Pittsburg.
Elizabeth General, Elizabeth, N. J.
City Hospital, Trenton, N. J.
Johns Hopkins Hospital, Baltimore, Md.
Maryland University, Baltimore, Md.
Old Dominion, Richmond, Va.
Newton Hospital, West Newton, Mass.
Massachusetts Homeopathic, Boston.
Taunton Hospital, Taunton, Mass.
Tewkesbury, Tewkesbury, Mass.
House of Mercy, Pittsfield, Mass.
Rhode Island, Providence, R. I.
Garfield, Washington, D. C.
Illinois Training School, Chicago
St. Luke's, Chicago.
Michael Reese, Chicago.
Grace, Detroit, Mich.
Harper, Detroit, Mich.
Lakeside, Cleveland, Ohio.
Indianapolis City, Indianapolis, Ind.
Hamilton City, Hamilton, Ont.
Berlin City, Berlin, Ont.
Guelph General, Guelph, Ont.
Royal Victoria, Montreal.
Toronto General, Toronto.
Grace, Toronto.
Nicholls, Peterborough, Ont.

Winnipeg General, Winnipeg, Manitoba.
Montreal General, Montreal.

Total, 56.

LENGTHENED COURSE.

Boston City, 3rd year optional.
Massachusetts General, 2 years and 2 months.
Maryland General, 2½ years.
Paterson General, 2 years and 2 months.
Woman's Infirmary, New York, 2½ years.

REPORT No. 1.

Berlin and Waterloo Hospital.

I. Assist in giving out and serving meals. Feeding helpless patients.

II. Methods of taking and recording temperature, pulse and respiration. Keeping history charts and reporting symptoms.

III. Care of bedsteads. Bed making, changing bed and body linen. Lifting and moving helpless patients. Preparation of bed for operations. Fractures and other special cases.

IV. Sanitary condition of wards and sick rooms, cleanliness, temperature, uniformity, methods of ventilating a sick room. Care and cleanliness of bath rooms and closets, vessels, utensils, etc.

V. Care of rubber goods—mackintoshes, Kelley's pad, air cushions, hot water and ice bags, ice coils, etc.

VI. How to give baths—hot, cold, vapor, hot air, tepid, sponging, etc.

VII. Methods of administering medicines—doses, abbreviations, weights, strength of solutions used for irrigating wounds, injections, hands, etc.

VIII. Preparations and methods of giving douches, enemata, catheterization and use of rectal tube.

IX. The various ways of making bandages, bandaging; how to prepare and pad splints, surgical dressings, etc.

X. Preparation and application of poultices, fomentations, stupes, blisters, lotions, ice coils, wet packs.

XI. Listing of new patients' clothing and effects. Sending infected clothing to the fumigating room. Marking and listing patients' clothing before sending to the laundry.

Second Year's Extra Practical Work.

I. Charge of linen in ward closets. Listing and returning worn-out linen and such as need repairing to the general linen room.

II. Attention to the diet lists.

III. Charge of the diet kitchen—diet lists, utensils and refrigerator, etc.

IV. Two months nursing special surgical cases.

V. Two months nursing obstetrical cases.

Third Year's Practical Work.

I. Attending to and writing the day and night orders.

II. Three months as head nurse in the wards.

III. Two months oversight of junior nurses on night duty. Attending very ill patients.

IV. Two months spent in isolation hospital, nursing diphtheria and scarlet fever patients.

V. One month private nursing.

VI. Two months in operating room.

VII. One month dispensary and office work.

Theoretical Instruction.

Classes weekly by the Superintendent of Training School.

Lectures delivered bi-weekly by eight members of the visiting medical staff, on the following subjects, viz.: Anatomy, Surgery, Medicine, Physiology, Obstetrics, Gynecology, Diseases of Children, Hygiene, Materia Medica and Therapeutics.

LIST OF SUBJECTS AND LECTURES DELIVERED BY THE VISITING STAFF.

Fridays 8 p. m.
Jan. 5, 12, 19, 26.
Feb. 2, 9, 16, 23.

Physiology.

1. Respiration—its mode, object, modifications and disorders of.

2. Circulation—the heart, blood, blood vessels, pulmonary and general circulation.

3. Pulse-temperature.

4. Digestion—digestive organs, process of digestion.

5. Groups of food material, chemistry of cooking.

6. Secretory system—skin, kidneys, liver, &c., with a general idea of their more important secretions.

7. Nervous system—general description of brain, sensory nerve, motor nerve, voluntary and involuntary actions, with examples.

8. Muscular system—use of muscles, two kinds of muscles, striated and non-striated, prominent muscles of the head, trunk and extremities.

Tuesdays 8 p. m.
Jan. 9, 16, 23, 30.
Feb. 6, 13, 20, 27.

Anatomy.

1. Skeleton—its divisions, head, trunk, upper and lower extremities. Bones--the names of the bones of the head, trunk, extremities.
2. Muscles—general description and names of the chief muscles of head, trunk, extremities.
3. Arteries—names of the principal arteries.
4. Nerves—to understand how they are distributed from the brain and spinal cord.
5. Viscera—names of those of the thorax, abdomen and pelvis.
6. General description of the lungs, heart, stomach, liver, kidneys and bowels.
7. Division of the alimentary canal.
8. The eye—sclerotic, cornea, choroid, iris, retina, transparent media.

Tuesdays 8 p. m.
March 6, 13, 20, 27.
April 3, 10, 17, 24.

General Hygiene.

1. The sick room—its choice, contents and arrangements.
2. Care of the sick room—cleanliness, noise, order, &c.
3. Beds—bedsteads, how to move a patient from one bed to another, air, water beds, pillows, bedrests and other appliances.
4. Bed sores—their prevention, symptoms and treatment.
5. Ventilation—natural and artificial, how to ventilate a sick room, the composition of the atmosphere, its vitiation and renovation. Bacteriology.
6. Heating—different modes of.
7. Infectious diseases—modes of propagation, care of a contagious disease. How to prevent its spread.
8. Disinfectants—principal ones, how to keep the air pure, how to thoroughly clean and disinfect a room. Care of the dead.

Fridays 8 p. m.
March 2, 9, 16, 23, 30.
April 6, 13, 20.

Surgery.

1. Inflammation—definition, pathology, cardinal symptoms, succession of changes in blood vessels, living tissue, termination, treatment, healing and repair.

2. Wounds—closed, open, varieties, burns, scalds, frost bites, treatment.

3. Ulceration—pathology, varieties, causes—local, constitutional, exciting, comparative study of ulcers—(1) surrounding skin, (2) edges, (3) surface, (4) base, (5) discharge, (6) pain and tenderness treatment.

4. Abscess—definition, varieties, treatment.

Hemorrhage—Nature's methods of arrest—temporary, permanent.

Artificial methods of arrest. Bandaging.

5. Fractures.

6. Dislocations.

7. Antisepsis.

8. Operations—general rules, preparation of patient. Care of patient with special reference to complications.

Tuesdays 8 p. m.
May 1, 8, 15, 23, 29.
Sept. 11, 18, 25.

Medicine.

1. Signs—pulse, temperature and respiration in health and disease, and their relation to each other.

2. Observing and reporting symptoms, as to attitude, expression and general appearance of a patient.

3. The appearance of the skin, eye, tongue and ear, &c.

4. Nervous phenomena—as sleep, restlessness, &c.

5. How to prepare and apply poultices, fomentations and baths.

6. How to administer enemata, douches, suppositories, massage, &c.

7. The frequency and appearance of the different secretions.

8. Special cases—typhoid fever, pneumonia, rheumatism, diphtheria, scarlet fever, &c.

9. Medical emergencies—What to do if alone.

Fridays 8 p. m.
May 3, 10, 17, 24, 31.
June 1, 8.

Materia Medica and Therapeutics.

1. Modes of administering medicines—By the stomach, the skin, inhalation, by enemata.

2. Measurement of doses—Doses for children. Abbreviations and symbols. Signs used in writing a prescription.

Care of medicines—to be kept in a cool, dry closet.

3. Principal poisons—With their antidotes.

4. Preparation of drugs—to understand what the following terms

are: pill, powder, solution, decoction, tincture, extract, &c., their relative strength.

5. Peculiar action of certain drugs, as narcotics—dangers to be anticipated.

6. Classification of drugs into—emetics, cathartics, &c., with a few representatives of each class, doses.

7. How to disguise disagreeable tastes.

Responsibility of nurse—To be prompt, accurate and intelligent in administering drugs.

Fridays 8 p. m.
Sept. 7, 14, 21, 28.
Oct. 5, 12, 19, 26.

Obstetrics.

1. Symptoms of pregnancy—abortion. Parturition.

2. Natural labor—three stages, how to conduct each stage, how to treat the child, placenta, and mother.

3. How to prepare the bed, how to wash and dress the baby.

4. Care of the mother during the puerperal state.

5. Dangers of the puerperal state, post-partum hemorrhage.

6. When to send for a physician, how to assist him.
How to tell true from false pains.

7. How to ascertain the probable date of delivery.
How to examine a patient per vaginum. How to pass the catheter—to give a douche.

8. Obstetric emergencies—accidents of labor.

Tuesdays 8 p. m.
Oct. 2, 9, 16, 23.
Nov. 6, 13.

Diseases of Children.

1. Sick children—tact required in nursing them.

2. Feeding infants, dentition and its accompanying disorders.

3. How to nurse the following cases: thrush, colic, diarrhoea, constipation.

4. Convulsions, worms, incontinence, cholera infantum, croup, measles.

5. Meningitis and whooping cough.

6. Diet of children.

Tuesdays 8 p. m.
Nov. 20, 27.
Dec. 4.

Gynecology.

1. Diseases of women following child-birth—puerperal fever, phlebitis, &c.

2. Special and general preparation of patients for operations—Positions, dressings, instruments.

3. Care after abdominal section and minor operations—how to nurse such cases.

JESSIE DUNCAN,
Superintendent of Nurses.

REPORT NO. 2.

First Year. 26 lectures on Anatomy and Physiology one hour each week from October to May. Quiz classes on these one hour each week. Classes on practical nursing one hour each week, text book "Nursing," by Miss Hampton, following plan laid out in book.

First Year. Nurses act as junior nurses on the wards. Three months night duty in the Children's Ward or as emergency nurses. An average of 60 hours a week ward work, and 3 hours class or lecture, and 2 weeks vacation.

Second Year. Materia Medica 5 lectures, Hygiene and Sanitation 5 lectures, Bacteriology 2 lectures, Gynecology 4 lectures, Obstetrics 6 lectures, Dietetics and Massage. Three months in diet kitchen, daily classes during the 2d month, examination on dietetics. Massage (20 classes), two hours a week for three months, followed by examination Each set of lectures is followed by an examination.

Second year nurses are twice on night duty for a period of three months at each time. Average ward work 60 hours a week, part of time 3 hours class work, and 3 weeks vacation.

Third Year. Lectures on nursing in medical, surgical, eye and ear cases and on urine from October to April. Quiz classes one hour a week.

Nurses act as seniors in wards. Have experience in operating rooms, dispensary and as special nurses for private patients. A special course of two months in obstetrics at the Preston retreat has been added this winter.

Average of ward work 60 hours a week, 2 hours a week class or lecture, 3 weeks vacation.

At the end of the first year an examination is held on Anatomy and Physiology and Nursing. Marks for the year in conduct, ward work and class work are added, and if pupil fails she is not allowed to continue course.

At the end of third year a general examination is held and marks for general conduct and work for second and third years are added. Average number of patients for 1899, 141. Number January 27, 1900, 168.

As we have graduate nurses in the hospital there is no adminis-

trative or executive work done by the nurse other than what would fall to the lot of a senior nurse in the ward. This winter our senior class and the senior class of another hospital joined forces and formed into a sort of club, meeting alternately at the two hospitals. Nurses are appointed to write five minute papers, and afterwards the subject is thrown open for general discussion. The papers are on surgical and medical topics.

REPORT No. 3.

The Nicholls Hospital, Peterborough.

ACCOUNT OF THREE YEARS CURRICULUM.

Our probationers are admitted in October, and the first three months are devoted to ward work, including the care of patients, temperature taking and the keeping of charts.

Our text books are: Text Book of Nursing, Weeks; Text Book of Invalid Cookery, Boland; Books of Reference Nursing, Hampton; Physiology and Anatomy, Kimber; Materia Medica, L. L. Dock; Compend of Materia Medica, Potter; Gray's Anatomy. Three of these having just been introduced, but not used by the present class.

Our classes begin in January and are held weekly during the hours of study. At the end of the year an examination is held, and the standing of the nurses recorded.

During the second year the nurses are permitted to assist in the care of the operating room, and to take charge of the preparation of surgical dressings and special diets, each nurse taking this work a month at a time in order of seniority. During this year also the classes are held as before and the text book again gone through.

As well as these, weekly demonstrations in cooking and notes upon the theory are given in a course of from ten to fifteen lessons, during the winter months of each year, each nurse being expected to keep a note book in which all receipts are recorded. Monthly examinations are held during this year, and one at the end of the term, to ascertain the standing.

During the first six months of the third year a review of all work is made in class, and this term eight examinations have been given, the last about March 20th. The final examinations began upon April 16th, the intervening time being spent by the nurses in reviewing lectures, etc., at their discretion. These examinations are conducted by four members of the medical staff, appointed by the directors, and are upon General Nursing, Obstetrics, Gynecology, Surgery, Physiology, Hygiene and Dietetics, Materia Medica and Anatomy.

For the final six months an alumnae has been organized, its meetings to be held monthly, a paper upon some nursing topic, relating to their work, to be prepared and read by one of the third year students. Four open meetings are to be held, to be addressed by a member of the medical staff or some person interested in nurses and their work.

The eight hour system has been introduced for the third year students, and they are provided with a ticket which admits them to the public library and reading room, where they are expected to spend a portion of their leisure time, keep themselves informed of passing events and write a report of their reading for each week to be presented at a weekly class, where a paper upon some nursing subject will be read by the lady superintendent.

We have found the need of a text book upon Sanitary Science and Hygiene, and are thinking of introducing the work upon that subject used in our Canadian Normal and Model Schools.

Our course of lectures, which comprises from twenty to thirty each year, is upon the following subjects:

I. Anatomy. 1. Bones; 2. Circulatory System—arteries, veins, dissection of a heart; 3. Nervous System; 5. Eye; 6. Ear; 7. Nose and Throat.

II. Physiology. 8. Respiration; 9. Secretion, Excretion; 10-11. Digestion (2 lectures) .

III. Materia Medica. 12. Origin of preparation of drugs; their therapeutical and toxic effects, idiosyncrasies, etc.

IV. Surgery. 14. Hemorrhages, burns and scalds; 15. Fractures, dislocations, sprains, etc.; 16. Antiseptic dressings; 17. Antisepticism; 18. Gynaecology, obstetrics (2 lectures).

V. Medicine. Fevers, Medical Emergencies, including poisons.

VI. General Nursing.

VII. Hygiene and Dietetics (2 lectures)

These lectures are given by the members of the medical staff and most of them are followed by a quiz.

Last year it was decided to demand from each candidate for examination an average of fifty per cent., one-third in each subject being counted a pass, a supplementary to be given at the end of six months to any candidate who failed.

M. F. Bolster.

Report No. 4.

Starting the three years course on January 1st we have made no change. So far as I see my way the practical work will be two months in the office, two in the kitchen, a month each in the linen room, laundry and pharmacy, and six months either in charge of a

ward, the operating room or as night superintendent, according to ability shown. In place of the laundry and pharmacy, some would have the care of the home, and assist in teaching and in school correspondence. Of course, having control of all departments, it can be easily managed.

This year our senior class have had their Kimber's Anatomy taught by a member of the junior staff, who is a fine teacher, and it has worked finely. Next year I intend to have the Materia Medica taught by the pharmacist, a woman, and very bright, but it is hard to tell just how it will be managed, as to number of lessons, etc.

REPORT No. 5.

The first and second year we follow, as nearly as our work will allow, the plan of the work laid out in Miss Hampton's text book, including work in our maternity department within the last six months of the second year, where each nurse has charge of fourteen cases and remains at least two months.

The work of the third year as follows: 2 months District Maternity work among the poor; 2 months as amphitheatre assistant; 6 months as head nurse in charge of a ward; 2 months as superintendent's assistant.

Lessons:

Practical Nursing.
Anatomy and Physiology.
Materia Medica.
Fever Nursing.

Lessons weekly for the two and one half years, the last six months left free for reading, while the nurse is acting as head nurse and assistant.

Lectures:

Anatomy,	12
Physiology,	12
Obstetrics,	6
Surgical Nursing, Emergencies,	2
Medical Nursing, Contagious,	6
Diseases of the Eye,	2
Diseases of the Ear,	2
Diseases of the Skin,	2
Diseases of the Nose and Throat,	1
Diseases of the Nervous System,	2
Mental Diseases,	2

Our working hours per day are nine and one half hours. Our nurses have two hours off duty each day, one half day each week,

beginning at noon, five hours off duty each Sunday. Two lectures each week, of one hour each, given in the off duty time. One recitation each week, also given in off duty time. No special time set aside for study. The evenings are entirely free from lectures and lessons as well as all hospital duties, excepting for the operating room nurses, who may be called in an emergency. Our nurses are allowed to bring their text books to the wards, and may study if they have leisure, and it does not interfere with the care of the patients.

The average number of patients is one hundred and forty-four, and we have fifty-five nurses. Our work includes the following branches: Medical, Surgical, Gynaecological and Obstetrical. We have no department for the treatment of contagious diseases.

Report No. 6.

The System of Practice and Theory of the Farrand Training School for Nurses in Harper Hospital, Detroit.

In giving an outline of the system of nursing in Harper Hospital under the three year course and the eight hour time, it may be well to state briefly some of the peculiarities of the institution, in order that you may comprehend the details of the plans we have adopted.

The capacity of the hospital is two hundred beds. The majority of the patients are women, and surgical work predominates. Dr. T. Gaylord Thomas tabulated the statistics of six large hospitals for the year of 1896, and showed that the New York Woman's Hospital had the greater number of abdominal surgical cases. Harper Hospital during that year exceeded the number of abdominal sections reported by the Woman's Hospital, and the rate of mortality was lower.

As to construction, the hospital is so arranged that one staff of nurses cares for both private and ward patients on a hall, the former occupying single rooms on the west side of the building, the latter wards, with a capacity of from two to nine beds, on the east side. Each floor, which is numbered, comprises two of these halls, which are lettered alphabetically.

A supervising graduate nurse is in charge of each floor, another supervises the operating-room work a fourth is employed for the supervision of the maternity hall and the children's wards. We have also a resident diet teacher, who is a graduate of the Boston Cooking School.

Our night supervisor has up to this time been a pupil nurse detailed from the senior class, and serving from one to two months.

Realizing that better conditions would result if less physical

strain were put upon the pupils and they were allowed more time for study and recreation, in 1891 the eight-hour system of duty was inaugurated, with three relays of nurses, instead of two, as formerly. The different forces work as follows: First relay, from 7 a. m. to 3 p. m.; second, from 3 p. m. to 11 p. m.; third, from 11 p. m. to 7 a. m.

This division of work applies only to the regular hall duty, which includes the general care of patients in private rooms and wards. In the diet kitchen, the contagious hospitals, the operating rooms and the obstetrical department the hours are necessarily more irregular.

For day work we have two systems of work, viz.: The so-called straight-time and the divided-time. One senior nurse and one assistant are always on straight time; the others have their times divided according to the demands of the work. For example, on E Hall, with twenty-four ward, and ten private, patients, the schedule of times is as follows: On straight time from 7 a. m. to 3 p. m., one senior, one intermediate and one probationer; on divided time, off at 11 a. m., due at 3 p. m., one intermediate, one junior; off at 12 noon, due at 4 p. m., one intermediate; off at 1 p. m., due at 5 p. m., one junior.

The seond relay of nurses, on duty from 3 p. m. to 11 p. m., consists of one senior, one assistant, either an intermediate or a junior, and the nurses who are working on divided time.

The third relay, on duty from 11 p. m. to 7 a. m., consists of one senior and one assistant. Incidentally I will mention that the breakfasts are not served by the night nurses; neither do they perform any of the regular day work, such as doing up the patients or wards. They are required to give the enemata and douches to the patients who are operated upon as early as 9 a. m.

The progressive tendency in the elevation of educational standards of training schools, and the shorter hours of work combined to make it desirable to increase the school in numbers, and to extend the course of training. Accordingly, in the spring of 1897 the first class was admitted under a new contract, and entered upon the three-year course of practice and study. In the spring of 1900 we will graduate that class.

Finding it better for the arrangement of our studies in practice and theory, it was decided to admit one large class annually, instead of two smaller ones semi-annually. Our school now numbers fifty pupils, divided as follows: Seniors, eighteen; Intermediates, sixteen; Juniors, sixteen.

Practical instruction is begun as soon as the pupils enter on probation, and is given in two ways, individually in the field of work for immediate application, and in classes for more advanced use. These lessons are given by the supervising graduate nurses, and

consist of instruction in simple bed-making, and the more mechanical care of patients, and of the wards, private rooms and bath rooms, including dusting, ventilating, etc.

Class lessons in practice are given as follows: Juniors—Medicines, temperature, pulse, respiration, charting, care of appliances, poultices and applications of heat and cold, and bed-making, including the more complicated methods of preparing for different kinds of cases. Intermediates—Counter-irritants, baths, gynecological positions, dressings, and care of instruments. Seniors—Mechanical appliances and technique of operating room work, including preparation of bandages, dressings, sponges, sutures, ligatures, with methods of sterilization, and the preparing of the room for different operations; twelve lessons in bandaging; four practice lessons in invalid cookery, and ten in cooking for the convalescent, these being given by the diet teacher.

The teaching in technique is supplemented by scientific theoretical instruction in emergencies for which no practical lessons could be provided. Included in this report will be found a schedule of our Lecture Course, which embraces all the subjects that are taught in the daily practical, and weekly theoretical, classes. Pencil notes are taken on all of the lectures, and they are afterwards written out in full with pen and ink in suitable blank books. Recitations are held weekly by the principal for each class, and the lessons are also written out in blank books. One examination on practical work is held at the end of the first six months, before the nurses are formally enrolled as Junior nurses; after that they are examined at the end of each year, the final examination being conducted by a committee of physicians and surgeons appointed by the chief of staff.

In a school where the most of the training is practical, and where, as in a hospital, emergencies are continually arising, it is impossible to systematize the work so that the time of the nurses will be absolutely equally divided in the different departments; but we have, notwithstanding, found it desirable to have a standard of time, and to, at least approximately, follow it. At present our division of time is arranged in this manner:

Regular day duty—
  Junior work, 6 months.
  Intermediate work, 5 months.
  Senior work, 4 months.
Regular night duty—
  Assistant, 3 months.
  In charge, 4 months.
Special duty—
Private cases in hospital, 3½ months.

Operating rooms, 2 months.
Night Supervisor, 1 month.
Contagious Hospital, 2¼ months.
Woman's Hospital, 2¼ months.
Diet Kitchen, 1½ months.
Vacations, 1½ months.

Our course of study extends from October 1st to June 1st. During that time seventy-four lectures are given, divided as follows: For the Seniors, twenty-four; the Intermediates, twenty-one; the Juniors, twenty-nine.

The lecture hour is from 8 to 9 p. m. Each class has likewise a weekly lesson in theory and another in practical nursing. The classes for the Seniors are held at 6 p. m.; for the Intermediates, at 1.30 p. m.; and for the Juniors, at the same hour on other days.

With the introduction of the eight-hour system the monthly allowances of money was discontinued. Each nurse was instead provided annually with three uniform dresses, eight aprons, twelve caps, six collars, four pairs of cuffs, three pairs of shoes, either high or low, as preferred, and one pair of night shoes.

With the change to the three-year course, and the increased demand for the special nursing of private patients, the board generously voted an allowance of one hundred dollars to be paid to each nurse at the expiration of her full hospital course.

No outside private nursing is required of any pupil nurse. We have a larger proportion of desirable applicants now than we have had in the past.

We realize that the great factor in the education of a nurse, as in that of all lines of education, is the building upon a foundation of broad principles a superstructure of high ideals; and that the end of education is *character*, which counts for everything in the long run. In all our practical work, in all our theoretical teaching we have gradually evolved a system for the whole, which but makes for the instruction in detail a harmonious part of what we are working towards. No individual lesson is limited to the particular instance that gives rise to it—the pupil is made to understand that back of the mechanical labor there is always an underlying principle that she will be expected to recognize wherever it may be met with in the future. The instruction in each department has for its special feature, as stated before—character building.

When off duty our nurses enjoy a distinctive home life in the Swain Home for Nurses, which is a large, modern building connected with the Hospital by a covered passage on the second floor. It is our aim to eliminate as far as is practicable every institutional feature from their life while there. In this we can claim a decided

success, for even strangers remark the real home atmosphere that pervades the place. We endeavor to make the Home life as nearly as possible like that of the home that does not begin with a capital H. The doors are open to the guests of the nurses, who entertain as do the daughters of a household. Our women are fairest as those of Italy were "because purest and thoughtfulest; trained in all high knowledge as in all courteous art—in dance, in song, in sweet wit, in lofty learning, in loftier courage, in loftiest lore—able alike to cheer, to enchant, or save, the souls of men."

L. E. GRETTER.

REPORT NO. 7.

This hospital has 125 beds; the daily average of patients last year was 64. More than half our patients are in private rooms, and the greater part of the work is surgical. My school consists of a senior or graduating class of 14, last of 2 year pupils; junior class of 12, 3 year pupils; probation class of 12, 3 year pupils.

So you see I have not advanced very far in our three year course.

We have a "Literary Club," open to all members of the school. We are reading Parkman's Histories this winter. We meet one evening in two weeks for a review of the reading of the fortnight.

I am planning for the third year a course of lectures on subjects not medical but educational, on broad lines—as travel, art, moral, religious—or whatever of value I may be able to secure.

Schedule of Duty for Nurses.

	1st Year.	2d Year.	3d Year.	
Medical wards,	3 mo.	....	....	3 mo.
Surgical and gyn.,	4 mo.	....	....	4 mo.
Diet kitchen,	1 mo.	1 mo.	....	2 mo.
Night duty,	2 mo.	2 mo.	1 mo.	5 mo.
Obstetrical ward,	1 mo.	1 mo.	....	2 mo.
Private rooms,	....	3 mo.	....	3 mo.
Dispensary,	....	2 mo.	....	2 mo.
Operating room,	....	2 mo.	....	2 mo.
Special nursing,	....	....	4 mo.	4 mo.
Vacation,	1 mo.	1 mo.	1 mo.	3 mo.
Head nurse duty,	....	....	6 mo.	6 mo.
	12 mo.	12 mo.	12 mo.	36 months.

Class and Lecture Schedule for One Week.

	Lectures.	Classes.	Hours.
Seniors,	2	1	3
Juniors,	2	1	3
Probationers,	2	2	4
Massage Lesson,			1
Cooking Lesson,			1
			12 hours.

REPORT NO. 8.

The nurses work nine hours a day and are expected to study at least one hour. In the first year they have two classes a week, one practical work by demonstration, the other theoretical, and one lecture. Their second and third years they have one lecture and one class a week. In the 3d year the seniors have charge of the Hospital at night, act as assistants. Head nurses of wards assist housekeeper, and have three months each of private nursing when we can spare them. The usual average of patients has been 45 for past three months.

The branches of service are:

Medical.
Surgical.
Gynecological.
Obstetrical.
Children.
Contagious.
Pharmacy work and Urinalysis.

LECTURE COURSE.

First Year.

Anatomy and Physiology,	12
The Use and Care of Instruments, Surgical appliances, bandages, splints and dressings,	6
Anaesthesia and Surgical Operations, Surgical fever and inflammations,	6
Surgical Emergencies,	6
Diseases of Children,	8

Second Year.

General Diseases,	6
General Diseases,	6
Cooking Lessons,	6

Obstetrics,	6
Materia Medica,	7
Massage,	4

Third Year.

Bacteriology,	4
Pathology and Urinalysis,	6
Contagious Diseases,	6
Materia Medica, Poisons and Antidotes,	4
Diseases of the Ear,	5
Diseases of the Eye,	4
Diseases of the Nervous System,	1
Gynecology,	4
General Conduct of Nurses,	2
Special Diseases,	2

REPORT No. 9.

Boston City Hospital.

An Optional Third Year.

The course was instituted in 1897, with the purpose of creating more interest in preparation for hospital positions, among the nurses having executive ability.

Three inducements are offered, viz.: Continued class work, with opportunities of attending the lectures of the school whenever desirable; an increased salary of thirty-five dollars ($35.00) per month; a cum laude diploma on the completion of the third year.

An entrance examination is held semi-annually for the nurses who are about to graduate from the second year, and who have made application in writing to the superintendent of the hospital, to take the course. Not only is the scholarship of the nurses ranked, but other qualifications such as executive ability, housekeeping, tact, nursing qualities, etc.

In June, 1899, a demonstration in practical nursing was given by the third year class in the Amphitheatre, before members of the visiting staff, the house officers and nurses of the school.

Up to the present time, nineteen nurses have completed the third year course, and received the "cum laude diploma." At present the class numbers five. Twelve of the graduates are filling positions in the hospital at present.

In addition to the advantages offered in the charge of wards, operating rooms and sterilizing rooms, we would be glad to give special instruction in the linen room, laundry, kitchen and charge

of the women and boys who do the cleaning of all parts of the hospital, if the work would allow.

LUCY L. DROWN.

REPORT NO. 10.

Average number of patients, 210.
Various branches of service: Medical, Surgical, Children, Emergency, Obstetrics.
Hours on duty—60 weekly.
Vacations—two weeks yearly.
Years divided into two terms:
First or Preliminary Term, March 1st, to June 15th.
Second or Preliminary Term, October 1st, to March 1st.
Examinations twice yearly.
First Year's Instruction:
Ward Management, Hygiene.
Surgical Nursing; including bandaging.
Medical nursing.
Second Year:
Anatomy, Physiology, Massage, Cooking.
Third Year:
Materia Medica.
Special Nursing.
Obstetrics.

REPORT NO. 11.

The nursing staff of this hospital numbers sixty (60), comprising a lady superintendent, an assistant superintendent, a night superintendent, ten head nurses (graduates) and forty-seven pupil nurses. The average number of patients in the hospital is 167.

Each nurse is on duty in the wards nine hours on five days of the week and six hours the two remaining. Three weeks holidays are allowed each year.

An average of two hours a day is spent in study, including lectures, classes and preparation for these.

In the second year, six months are spent on night duty, a night off duty being allowed every second week. The time on night duty is divided as evenly as possible among the different wards.

During the three years the service is as follows:

Surgical wards, ...6 months
Medical wards, ...6 months
Gynecological, ...4 months

Opthalmological, ...1 month
Private wards, ...4 months
Night duty, ...6 months
Out patient department, ...4 months
Operating department, ...

The last three months are spent in the department for which the pupil has shown special aptitude. Vacation two months.

The pupils are divided into three classes, senior intermediate and junior. Lectures are given each week to the senior and intermediate classes, by members of the Medical Board, and classes are held for all by the lady superintendent and her assistants. Examinations are held each year—those of the senior class, both written and oral, being conducted by the Medical Board.

In the third year it is intended that the nurses shall watch the course and treatment of different cases, which come under their notice in the wards, and write papers on such cases as may be assigned to them. These papers to be read and commented on at the meetings of the class. The lectures from the medical staff to the third year are to be on subjects that will be of special value to the nurses in their work after leaving the hospital.

REPORT NO. 12.

The Pennsylvania Hospital, Philadelphia, Pa.

Day duty, ...Hours of 7 a. m. to 8 p. m.
Night duty, ...Hours of 7 a. m. to 8 p. m.
Night duty, ...Term of 3 months
Day duty, ...Time off duty daily, 2 hours
Day duty, ...Time off duty Sunday, 4 hours
Day duty, ...Time off duty weekly, from 2 to 10 p. m.
Vacation yearly, ...2 weeks

Practical work.
Medical,
Surgical.
Gynecological.
Operating room.
Receiving ward.
Out-patient department.
Children.
Special cases.
Diet, kitchen and store room.

First Year.

One term of night duty.
Junior nurses in wards.
Course of study:
30 lectures on anatomy and physiology. 30 quiz classes on the lectures.
30 lectures demonstrations on practical nursing, with materia medica.
Preceded by one lecture on nursing ethics.
Examinations—written.
Pass mark 75%.

Second Year.

Two terms on night duty.
Second nurses on wards—day duty.
Course of study:
24 Lectures on surgical nursing.
6 Lectures on obstetrical nursing.
30 classes on subjects selected by superintendent.
15 classes (demonstration) on sick diet cooking.
Examinations.

Third Year.

One term on night duty.
Senior nurses on wards.
Operating room service.
Diet—kitchen service.
Course of study:
30 lectures on medical nursing.
18 classes (demonstration) on massage.
6 classes on the application of electricity.
30 classes on subjects selected by superintendent.
Examinations.
Final examinations by members of the medical and surgical staff.

We are experimenting this winter with another hospital, our two senior classes uniting in a club instead of each having one. We shall probably establish it next winter as the rivalry is stirring them up well.

I have graduate head nurses, each with two or three wards under her care, and has 3d year nurses as assistants. For instance one surgeon has two male and one female surgical wards (about 60 beds in all). There is one head nurses, and one assistant. They make rounds together, make a division of the head nurses's work, and the assistant substitutes when the head nurse is off duty. On the medical side the head nurse has two wards, and as there are two physicians, she has two assistants, one for each ward. There is no other supervisory work in 3d year, but any promising nurses may remain and take other branches of hospital work.

LUCY WALKER.

REPORT No. 13.

Our work for the three years' course has been on the line laid down in the uniform curriculum, with the addition of a special course of lectures —four—on the anatomy of the genito-urinary tract, and the diseases to which those organs are subject, 12 lectures on cooking, practical, and practical demonstration classes by the graduates and third year nurses. The latter begin in March, and consist of the following:

1. Gynecology.
   1. Positions.
   2. Instruments.
   3. Appliances—care of, etc., danger.
   4. Preparation for examinations.
   5. Preparation for operations.
   6. Out door patients.
2. Bed making.
   1. Acute and chronic cases.
   2. Surgical.
   3. Fracture beds.
   4. Changing sheets, etc.
3. Baths.
   Foot bath.
   General bath.
   Sponge bath.
   Tub bath.
   Cold Pack.
4. Enemata.

Appliances.
   Simple.
   Nutrient.
   Astringent.

5. The new patient.
6. The care of mattresses, rubber sheets, other protectives.
   Mattresses for cases suffering from incontinence.
7. Poultices, fomentations, plasters. blisters, cupping.
8. Bed sores. Appliances and methods.
9. Tracheotomy operation. Preparations for bronchitis—kettle and tent.
10. Bandaging.
11. The eye.
   Removal foreign body.
   Flushing.
   Care of appliances.
   Application of leeches.

Care of operative cases. Cataract or gonorrhoeal opthalmia.
Protection of unaffected eye.
12. The ear, nose and throat.
Irrigation.
Cauterization.
Spray. Gargle.
13. The new born infant.
Washing and dressing.
Cotton—baby—care of.
Feeding infant in premature cases.
14. Operating room and sterilization, etc., in private houses.
15. Urinalysis.
Hours class work, 2-1/2 each week.
Hours lectures, 2 each week.
Hours practical, 1 each week.
Number beds—402.
Average number patients, 275.

Branches of service and Time.

Medical, male and female,	10 m
Surgical, male and female,	7 m
Gynecology,	4 m
Obstetrics,	3 m
Eye, ear, nose and throat,	2 m
Operating room,	2 m
Venereal,	2 m
Emergency hospital (down town),	2 m
Private patients,	2 m
Infections—measles, erysipelas, etc.,	

REPORT NO. 14.

The S. R. Smith Infirmary, Staten Island.

Our service consists of medical, surgical, gynecological, obstetrical, scarlet fever and diphtheria and dispensary.

Two years ago we lengthened our course to two and a half years, preparatory to working up to three years, and have been enabled to perfect some changes thought to be desirable in the longer course. This spring the course was lengthened to three years.

We give our nurses three months in the operating room as sterile nurses, either as nurse in charge or as senior, preceded by an indefinite time as unsterile nurse. About three months in the scarlet fever, and about two months in the diphtheria pavilions. The number of maternity cases and time spent in the dispensary is still a little uncertain.

Our hours on duty are eight hours for day nurses—when the work will allow—and at present twelve at night, which we hope to reduce to ten very soon.

Time for theoretical work varies at different times of the year, as our doctors give us two or three evenings a week during the fall and winter months in lectures, dissections, autopsies, etc., and the superintendent and her assistant have classes four hours a week.

We intend our nurses to serve one year as juniors, one year as seniors and the last year as head nurses, time to be divided between wards and operating room, and one at a time to float and be general assistant to the supervising nurse, to keep track of special diets, supplies, cost of latter, and to be taught something about purchasing and giving out the same.

REPORT NO. 15.

The three year course in our school dates from January 1st, 1900, and the committee has just completed a rough draft of the work which we anticipate doing. Heretofore it has been crowded into two years, which has given the pupils but little vacation from class work, and has meant constant work, from one end of the year to the other, for the superintendent, as there is no assistant.

We average three hundred patients daily, for the year, but in the winter scarcely ever have less than three hundred and fifty. The number of pupil nurses is from thirty to thirty-five. We have always given one hour daily (which will soon be changed to two hours) with one half day per week, and three hours on Sunday. Nearly all of our nurses reside near here and they are granted permission to remain at home over night, returning for duty at 8 a. m. the next morning, after their half day.

When they become head nurses, this privilege often has to be denied them. The only graduate head nurse is the nursery matron, who is usually one of our own graduates, and who has given excellent satisfaction, during the course. There are weekly classes, of about one and one half hours, always held in the morning, when I find the nurses are fresher and can do themselves more credit. Very few lectures and no classes are held in the evening, unless it is occasionally a demonstration lesson, which I endeavor to hold during the day, but am not able to get in.

Lectures are held twice weekly for at least nine months of the year, the nurses taking notes and reproducing the lectures, which are corrected and returned to them. Our course is a general one, comprising medical, surgical, gynecological, obstetrical and contagious work.

ALICE I. TWITCHELL.

I append the list of classes and lectures for each year.

First Year. *Lessons.*

Points in nursing, ... 4
Disinfection and antisepsis, ... 2
Poultices, ... 1
Fomentations and applications, ... 2
Baths and douches, including anat. of skin, ... 3
Catheterization, ... 1
Counter irritants, ... 2
Bed sores—prevention, cure, ... 1
Enemata with anatomy of bowel, ... 2
Circulation with anatomy of heart and blood vessels, ... 2
Pulse, ... 1 or 2
Temperature, ... 2
Respiration and anatomy of lung, ... 2
Digestion and anatomy of stomach and intestines, ... 2

First Year. *Lectures.*

Asepsis and antisepsis, ... 1
Contagious and infectious diseases, ... 2 or 3
Care of old people, ... 1
Care of the hair, ... 1
Hygiene, ... 2
Surgery, ... 1
Bony land marks, ... 1
Tumors, ... 1
Care of patient, before, during and after operation, ... 1
Surgical emergencies, ... 1
Infectious surgical diseases, ... 1
Anatomy, ... 8 or 10
Physiology, ... 8 or 10
Materia medica and therapeutics, ... 6 or 8
Urinalysis with demonstrations, ... 3

Second Year. *Lessons.*

Anatomical definitions, ... 2
Medical definitions, ... 2
Medicines, different preparations, methods of administration, etc., 7
Poisons, ... 2
Symptoms, ... 2
Urine, inc. anat. of kidneys, etc., ... 2
Surgical definitions, ... 2
Surgical nursing, ... 2 or 3
Fractures, ... 2
Hemorrhages, ... 2

Surgical complications, ...2 or 3
Surgical emergencies, ... 2

Second Year. *Lectures.*

Fever nursing, ... 1
Baths and bathing, in fevers, ... 1
Care and feeding of infants, ... 1
Care of nipples and breasts, ... 1
Gynecology, ... 5
Obstetrics, ...6 or 8
Visceral and topographical anatomy of thorax and abdomen, with review of physiology, of circulation, respiration and digestion, with demonstrations on the cat, ...2 or 3
Medical emergencies, ... 2
Surgical training, ... 1
Fractures and dislocations, ... 1
Inflammation—blood poisoning, ... 2
Male catheterization—demonstrated, ... 1

Third Year. *Lessons.*

Food and preparations, ...2 or 3
Motion and friction with anat. of muscles, ... 2
Electricity, with anatomy of brain and nerves, ... 2
The eye, ... 2
Pelvis anatomy, ... 2
Pregnancy, ... 2
Labor, with practical demonstrations, ... 3
Puerperal state, ... 2
Care of infant 2
Infant feeding, ... 2
Sick children, ... 2
Fever nursing, ... 2
Typhoid fever, ... 1
Diphtheria, ... 1
Scarlatina and measles, ... 1
Small pox, chicken pox, etc., ... 1
Insane sick, ... 2
Slight ailments, ...1 or 2

Third Year. *Lectures.*

Ethics of nursing, ... 1
Dermatology, ... 1
Nursing in diseases of eye and ear, ... 2
Nursing in diseases of nose and throat, ... 1

Care of the insane, ... 1
Electricity, ... 1
Care of children, ...2 or 3

This may be greatly changed in a year or two, but is as accurate as can be given at the present time.

REPORT No. 16.

The three years' course was established in this school about five years ago. Since then the course has been

1st year. Anatomy, physiology and hygiene. Bandaging and general nursing.

2d year. Materia medica and therapeutics and massage.

3d year. Bacteriology, dietetics, special nursing, fevers, obstetrics, gynecology, etc.

Our lecture course consists of

Anatomy,	10	lectures.
Therapeutics,	4	"
Obstetrics,	6	"
Surgery,	6	"
Eye,	1	"
Ear,	1	"
Medical nursing,	6	"
Gynecological,	2	"
Children's diseases,	4	"
Throat,	2	"

REPORT No. 17.

House of the Good Shepherd.

We have not completed a three year term yet, so at present we are infants in an experiment, which I believe is going to prove of inestimable value to both nurses and hospitals. My plan has been to give up a few months during the second year to private duty or special nursing in the hospital—dividing the remainder of the two years as equally as possible in a fair amount of every branch. We have all departments here except contagious diseases. Special attention is given to class attendance until time for special duty

arrives, then it necessarily is irregular. The third year is reserved for work as heads of departments—our pupil nurses serve as head nurses—and I think that the most experienced are none too good for the responsibilities of head nurses, including charge of operating room.

In the third year the class instruction consists of a review of the studies of the two former years, the writing up of subjects called for, and at the end of this year those can only pass who have reached at least an average of 75%.

I have throughout the year, three classes weekly, junior, senior and graduating class. The doctors lecture once a week. A course in massage is given once during the year, and this year I have introduced a course in physical culture, which I think is going to prove very beneficial. From June to October we have no classes or lectures. During that period the nurses are sent on vacations, three usually at a time, for three weeks each. Next year I contemplate introducing something by which the nurses will come in contact with current events. It is a deplorable fact that they really seem to take no interest in any thing outside of the hospital and their work, showing much indifference when placed in social positions.

L. LIGHTBOURNE.

REPORT NO. 18.

We have a three years' course.

The nurses have nine and one-half hours a day duty; 12 hours night duty.

After a time we hope to shorten their hours.

The hospital when finished, will accommodate about 250 patients, of these over 70 are private.

In a few months the practical training will include

Medical.
Surgical.
Gynecological.
Obstetrics.
Nervous and insane.
Dispensary.
Dietetics.
Housekeeping of nurses' home.
Later on contagious diseases.

The school is divided into 3 classes; each class has one recitation, one lecture per week during school year.

REPORT No. 19.

The three year system was introduced into the training school February 1, 1896. Vacations were then extended from two to three weeks, and the hours off duty per day from two to three, excepting during our busiest time in winter. Very little has been added to the theoretical course, the extra time being used chiefly for review work and opportunity given for a more thorough knowledge of the class work, which during the two years course was over crowded. The practical work has been developed along the lines of work in special hospitals, eye and ear, throat and nose, and settlement work under the supervision of Miss Wald. A teacher of dietics presides over our nurses' diet kitchen, and some lectures have been given on miscellaneous subjects.

REPORT No. 20.

Our three years' course is still in its infancy. Those nurses who entered first into the three year course are now in their second year. We expect to arrange a special course of lectures for the third year and we have never had a diet kitchen, and we expect to arrange a course of instruction on cooking, also a more extended course in massage. Just what our especial courses will be is yet undecided, but is under discussion. But it is generally conceded that the three years' course will be a decided advantage both to pupil and hospital in another year from now.

REPORT No. 21.

The Johns Hopkins Hospital.

EDUCATION IN NURSING.

THE COURSE OF STUDY FOR THREE YEARS.

Junior Class.

First year.—Practical work in medical, surgical, gynecological free wards.

Hours.—Week days, 8 hours; Sundays, 6 hours; Night duty, 10 hours.

Classes, October 1st to May 1st.—Anatomy and physiology, 1 hour weekly; practical nursing (classes and demonstrations), 1 hour weekly; materia medica, ¾ hour weekly.

Lectures, December 1st to May 1st.—Hygiene (6 lectures), 1 hour each; physiology (6 lectures), 1 hour each; medical lectures (10 lectures), 1 hour each.

Practical work in Wards.—54 hours weekly.

Theoretical Work.—Classes, 2¾ hours weekly; lectures, 1 hour weekly; study, 6 hours weekly. Total, 9¾ hours weekly.

Intermediate Class.

Free and Private.—Practical work in medical, surgical gynecological wards; infections, children's free wards.

Hours.—Week days, 8 hours; Sunday, 6 hours; night duty, 10 hours.

Classes.—Surgical nursing, gynecological nursing, infectious diseases, analysis of urine, 1 hour weekly, October 1st to March 1st. Bandaging, massage, 2 hours weekly, March 1st to May 1st.

Lectures, from October 1st to May 1st.—Bacteriology, 3 lectures; surgery, 10 lectures; infectious diseases, 8 lectures; the urine, 3 lectures; gynecology, 6 lectures.

Practical Work in Wards, 54 hours weekly.

Theoretical Work.—Classes, ½ hours weekly; lectures, 1 hour weekly; study, 1 hour daily, 6 hours weekly; total, 9 hours weekly.

Senior Class.

Practical work in private wards (3 services), maternity ward, operating rooms, out-patients' department, special duty.

Hours.—Daily in general ward duty, 8 hours; maternity ward, 8 hours and subject to call at any time day or night; operating rooms, a daily average of 14 hours; dispensary, a daily average of 10 hours; special duty, 8-9 consecutive hours off duty daily, when on duty at night—when able to get 8 hours sleep at night—2 hours off during the day.

Classes, October 1st to April 1st.—Obstetrics, infants and children, nursing of nervous diseases, nursing of insane, nursing of diseases of special senses, 1 hour weekly.

Lectures, October 1st to March 1st.—Obstetrics, infants and children, nervous diseases, insanity, diseases of the skin, diseases of the eye and ear, diseases of throat and nose, 1 hour weekly.

Special Courses in Hospital Construction, March 1st to May 1st.—Hospital organization and management, training school organization and management, district nursing and private duty, history of hospitals, history of nursing institutions, 2 hours weekly.

Third Year.—Practical work 54-98 hours weekly.

Theoretical Work.—Classes, 1 hour weekly; lectures, 1 hour weekly during first 5 months, 2 hours last 2 months; study, 4-5 hours.

The average number of patients is about 300.

The branches of service are:

2 private wards: 1 gynecological, 30 beds; 1 medical and surgical, 30 beds.

5 free wards: 1 men's surgical, 1 men's medical, 1 men's medical and surgical, 1 women's medical and surgical, 1 women's gynecological, 28 beds each (an average number of 32 patients in each).

2 Wards for colored patients: 1 men's medical and surgical, 36 beds; 1 women's medical and surgical, gynecological and obstetrical (3d floor), 42 beds.

1 ward for children (surgical), 14 beds.

1 isolation ward, 7 rooms, 10 beds.

1 maternity: 1 floor waiting women, 8 separate rooms in others, 1 nursery, 26 beds.

1 general operating room.

1 gynecological operating room.

1 dispensary.

1 diet school.

The nursing staff consists of 1 superintendent, 2 assistants, 1 night superintendent, 1 diet school instructor, 5 teachers and supervisors, head nurses for 2 private wards, 10 free wards, 2 operating rooms, 1 dispensary. Total, 15 head nurses, 5 teachers, etc. Officers—full staff, 20.

Pupil Nurses: 3 classes—average number of each 24 pupils.—Senior class, 24; intermediate class, 24, junior class, 24. Total, 72 pupils.

For night duty: 10 free wards, 4 private floors, 14 pupils; 2 operating rooms, 2 each, 4 pupils; 1 dispensary, 2 each, 2 pupils; 1 diet school, 2 each, 2 pupils. Total, 22 pupils.

From total number of 72 pupils, deduct for night duty, etc., 22 leaving 50 pupils. This is the staff of pupils for general day duty.

Staff of pupils therefore for 2 private wards, average of 50 patients; 10 free wards, average of 250. Total, 300.

Allow a margin of at least three for illness or other incapacity for duty. The staff of nurses remains about 1 nurse to 6½ patients.

Plans for the future provide that the first six months at least shall be devoted to a study of anatomy and physiology, of materia medica—to practical training in household matters, cookery and similar branches. Entrance to the hospital as pupil nurse, conditional upon passing the tests and examinations in above named subjects.

Studies of Social Conditions.

Wednesdays, 4.30 p. m.

Talks given last winter:

February 22d, "Organization of Charities," Miss M. E. Richmond.

March 1st, "The Rescue of Children from Unfavorable Environment." Miss Mary Wilcox Brown.

March 8th, "How to Relieve the Needy." Mr. John R. Carey.

March 15th, "The Place of the Home in Modern Society," Mrs. Richards.

March 22d, "The Church as a Factor in Modern Progress," Mr. Jeffrey R. Brackett.

Tuesday, March 28th, "The Functions of the Municipality and of the State," Mr. S. E. Forman.

April 5th, "Public Charities," Mr. Jeffrey R Brackett.

April 12th, "The Meaning of Education," Miss E. T. King.

In regard to the above schedule, which should be entitled "A Study of Institutions," rather than "Studies of Social Conditions," I can only say that such a course has been instituted here during the latter part of the third year after classes have ceased, and the difficult part of the theoretical work is over. The course was instituted in response to a request from those people engaged in philanthropic work in the city who had come in contact with some of our graduates engaged in district nursing. After several of these people had suggested to me that our pupils in taking up district nursing had much to learn before they were satisfactory as district nurses, it became more and more evident that we ought to try to bring into our course of instruction here some slight study or knowledge of those social conditions with which a nurse engaged in district work should be familiar in order to succeed in her work. Undoubtedly, in course of time, through experience, an intelligent nurse learns these things, but how much better if she can take up her work outside with some small idea of the greatness of the problems she will have to meet, and of how much is included in such work outside the mere act of nursing some one or more sick persons. Her work is doubled in interest from the beginning, and its usefulness is also greatly increased. To my mind there is no doubt that some such study should form a portion of the third-year course; it might possibly be undertaken as an elective by those who are especially interested in such subjects, and who might make a serious study of it under a separate instructor for two or three months. Visits to the various institutions of the city could be undertaken during this period, and something learned in that way of municipal government and the wise administration of public charities. This small schedule is very crude. It has some few good suggestions, but does not really cover the ground, and I hope to work out a very much better, more practical, more comprehensive schedule for next year.

I have, however, laid my hands on several celebrated lecturers, and we have had a good many very interesting talks on subjects which were neither strictly professional nor absolutely social. For

instance, we had a most delightful and able paper which had been read before the Historical Club of the medical school on the "History of Christian Science" by one of our men here. Dr. Osler gave an admirable talk on the "Hygiene of Tuberculosis"—an excellent thing for every nurse to know; a specialist in nervous disorders gave us a very pleasant and suggestive talk on Children and Education, and we have had several others which I cannot now mention—enough to maintain a considerable interest in such outside matters during the year.

M. A. NUTTING.

REPORT NO. 22.

Average number of patients, 170.

Branches of service: (a) medical, surgical, gynecological, obstetrical (in another hospital), emergency, children, dispensary, private patients, diet kitchen.

First Year. Practical and theoretical instruction in medical, surgical and gynecological nursing, such as

Making beds: convalescent, bed patient, ether.
Baths: cleansing, alcohol sponge, tub baths.
Hot and cold applications. Giving of medicines, doses and action of common drugs, use and care of sypho-syringe.
Poultices: plasters, blisters, etc.
Douches, irrigations, catheterization, enemata.
Gavage, lavage, rectal feeding.
Preparation of surgical and gynecological patients for operation.
Hospital etiquette; personal hygiene.
Ethics of nursing. Duties of night nurses.
Bandaging. Bedside notes
Physiology and Anatomy—Lectures.
Outlines of Bacteriology and Hygiene—Lectures .
General medical and surgical nursing—Lectures.
Care of children—Lectures.
Monthly quiz—written and oral.

Second Year. Theoretical instruction in

Materia Medica.
Gynecology.
Care of private patients.
Practical operating room work.
Practical emergency service.
Obstetrics (another hospital three months).

Lectures:

Anaesthesia.
Urinalysis.
Special surgical diseases.

Gynecology (operations).
Materia Medica (poisons, habits, etc.)
Monthly quiz.

Third Year. Theoretical and practical
Dietetics.
Invalid cooking in diet kitchen.
Nervous system and special senses.
Special medical diseases.
Duties of head nurses.
Hospital supplies and appliances.
Ethics of private nursing.
Operating room.

Lectures:
Massage (theory and practice).
Nursing in eye and ear cases.
Nursing in nose and throat cases.
Surgical emergencies.
Monthly quiz.

The nurses are on duty from 7 to 7, having two hours off daily, part of Sunday and half day weekly.

Practical instruction, as far as possible, is given in these hours—usually 1 to 2 hours weekly. Weekly classes for theoretical instruction are held in the afternoons whenever practicable—during the winter months in the evenings.

Lectures are also given in the afternoons when it can be arranged, as can usually be done with the junior nurses. In the 2nd and 3rd year the operating room work, and afternoon clinics, prevent this.

In the three years' course night duty is increased and frequently practical classes are held late in the afternoon for night nurses.

Massage and cooking classes are divided and the effort is always made that nurses have their instruction in these branches either before or after their training in obstetrics, which is given in another hospital.

REPORT NO. 23.

The Illinois Training School, Chicago.

Facing a possible three years' course which was felt to be a necessity, there arose more prominently in my mind than any other one thing, the idea that the third year should be utilized for the purpose of preparing pupils for that inevitable struggle with the world which must come to every nurse when she breaks loose from the anchorage of the school and follows her profession among strangers. Long years of experience had settled this fact that the whole of a two years' course was needed for pupils to learn all that is demanded of them in the wards, and in consequence many a nurse

who did well in the hospital found herself at the end of two years illy prepared for private duty and worse prepared for hospital management or training school supervision

The next important subject looming up and demanding attention was the question of hours of duty which involves the health and welfare of every pupil nurse, and now after four years of trial these subjects are no less important and cannot be put into the back ground.

Our situation was this: 160 nurses, since grown to 175 or 180; two hospitals, one private, the other a free city hospital, each managed upon an entirely different basis; the school, an independent organization, with its own home, class rooms, etc., for the nurses.

The question of hours of duty was the first to be settled, the eight hour system with three shifts of nurses was out of the question for lack of room and money, and the irregular eight-hour system became a hopeless muddle in trying to adjust it to the two hospitals alike, although we spent many long hours trying to evolve a plan which was workable. How then could we reduce the hours? We found out with a pencil and paper that nine hours a day, with a half day during the week and on Sunday, gave exactly the same hours per week as the eight-hour system, without the half day, and that by having the various wards change night nurses on different days we could give night nurses two days off after night duty instead of one, a plan devised first, I believe, by Miss Darche and Miss Kimber, which we adopted. Then in the two years' course pupils made up the vacation time and we decided to allow two weeks vacation for each year, six weeks in all not to be made up. Nurses on special duty are allowed one or two days off after their cases, depending upon how hard or how long the case has been (all special duty is in the hospitals). Now, after graduating two classes we can say positively that the health of the school is as good as when the course was only two years.

The arrangement of theoretical work for the first two years is the same as before following the plan in Hampton for a two years' course. At the end of two years the class is organized into a club, a permanent secretary chosen, a chairman elected for each meeting, two papers prepared and discussed, following the methods of the Alumnae Association, the club meeting every Wednesday at 8 p. m., for two hours. The first subjects were public hygiene, ventilation with building regulations, water, drainage, garbage, meat and milk supplies, quarantine and burial regulations. The nurses assigned to write papers and discuss them visited water works, drainage canal, health department, stock yards, tenements, sweat shops, theatres, undertakers, public libraries and municipal offices for laws governing all these subjects. One very interesting evening was devoted to the Jewish food regulations, beginning with Leviti-

cus. They consulted doctors, lawyers, street cleaners, sewer builders, engineers, carpenters, undertakers, butchers, milkmen, visiting nurses, settlement workers, and a Rabbi. The work extended over three months and was wonderfully interesting, most of the papers astonishing their teachers by the amount of information gathered. Following this, miscellaneous topics were undertaken. Nursing ethics, private duty, district nursing, settlement work, the superintendent giving six evenings upon hospital and training school work. One evening was devoted to nursing and medical journals; one to the pioneer nurses—Florence Nightingale, Alice Fisher, etc., one to the Army Nursing Bill; the idea throughout being to stimulate their interest in all public questions which may concern nurses. As some of the class begin to leave by the first of March, it is designed to have the most of this over by that time.

Instead of a regular examination with questions, four topics are assigned which are their final papers for graduation.

The division of practical work has about the same proportion as before, some weeks being added to all departments, the only special change being that all pupils serve five months as head nurses in the smaller wards, or as assistants to graduate head nurses in the larger and more important wards, thus giving all a chance to develop their capacity for management. Where pupils show an especial ability for hospital and executive work a short time in the superintendent's office is given them.

We do not call this a perfect system, but it seems well suited to our conditions, and we have tried in every way to make it worth a third year to our pupils, to teach and guide them in their duties and relations with the public and their profession, and to make it possible for them to occupy honored positions.

It is my opinion that if the third year is to be adopted solely as an economic measure for the hospital, it is not right. Granted that the hospital cannot help being benefited by the additional year, the educational side for the pupils should ever be first and foremost. By the educational side I do not mean only the learning to be gathered from text books, but that wider knowledge of human life which nurses ought to know better than any other women.

ISABEL MCISAAC.

REPORT NO. 24.

The Post-Graduate Hospital, New York City .

Number of adult ward beds,	100
Woman's Surgical,	28
Male Surgical,	28
Woman's Medical,	12

Male Medical,	12	
Private Patients,	20	
	100	
Number of Children's Beds,		30
Number of Babies' Beds,		53
Surgical,	21	
Medical,	32	
	53	
Total,		183

Number and Management of Nursing Staff.

Superintendent and Matron.	
Assistant Superintendent and Matron.	
Graduate Head Nurses,	3
Pupil Nurses,	59
Probationers,	5

The Superintendent and Matron.

The superintendent and matron has full charge in all matters pertaining to the Training School, correspondence, arrangement of course of instruction, placing of nurses, and so forth. Also full authority in all matters pertaining to the housekeeping.

Assistant Superintendent and Matron.

The assistant superintendent and matron has entire charge of the housekeeping, engaging and discharging of servants, arrangement of their duties, catering, and so forth. She also instructs such classes as are assigned to her by the Superintendent of the Training School and has full authority to act in the absence of the superintendent.

The Graduate Head Nurses.

The duties of the head nurse in the babies' wards are to supervise and instruct the nurses of that department, the four wards and operating room, being in charge of pupil nurses, with a certain number of nurses under them.

Head Nurse of the Orthopaedic Department.

The head nurse of the orthopaedic department has chargeof the four nurses assigned to the ward and adjoining rooms.

Night Supervising Nurse.

The night supervising nurse has entire charge of the night staff, instructs each new nurse in the preparation of cases, and so forth, answers all calls for nurses after midnight, and in the absence of the superintendent or her asistant, has full authority to act.

The Pupil Nurses.

Division of Classes:
Head Nurses.
First Seniors.
Second Seniors.
Juniors.

Practical Experience.

Six nurses a six months' experience in charge of the operating room.

Twenty-four nurses a two months' experience as assistant in the operating room.

Nine nurses a four months' experence in charge of the babies' operating room.

Eighteen nurses a four months' course in dispensary work.

Thirty-six nurses a three months' course in Eye and Ear, Nose and Throat work.

Twenty-four nurses a three months' course in district nursing.

Thirty-six nurses serve a month in the diet kitchen.

All the nurses have a three months' course in Obstetrics, a nine months' course in Diseases of Children, at least three months in the adult surgical, gynecological and medical wards, some dispensary work, and are at least three months in charge of some ward or the private floor.

Course in Theoretical Instruction.

First Year.
Practical points in Nursing.
Some Anatomy.
Second Year.
Materia Medica.
Practical points in Nursing.
Third Year.
Anatomy.
Text Books used are on
Nursing.
Materia Medica.
Anatomy and Physiology.

A course of twenty to thirty lectures is given each winter to the whole school, by the attending staff; also a ten weeks' course in

massage by a graduate of the school in Sweden. The third year's course in anatomy is conducted by a member of the attending staff.

Plan of Instruction.

Each class meets weekly in the evening for two hours. The first hour of every other week for written quizzes, and each alternate week for oral quizzes; and the second hour for bandaging, except on the evening of the monthly practical demonstration. Both bandaging and practical demonstration are taught during the entire course. Each class is examined yearly by a member of the attending staff.

The Diet Kitchen.

The diet kitchen has been very recently put in charge of a graduate of the Boston Cooking School, whose duties are to instruct the nurses placed under her in the preparation of special dishes required for the private and ward patients; to supervise the arrangements of the trays and serving of the meals of the private patients, and to give a special course of twelve lessons to those nurses who are unable to serve continuously in the diet kitchen.

In all contemplated additions to the curriculum, we have to consider not so much the increasing expense to the hospital as the danger of lowering the standard of the school by too rapid an increase in the nursing staff, a very large number of applicants representing a very small amount of really desirable material.

It was our plan, as soon as possible, to give to those nurses of each class who seemed especially adapted for institutional work, a three months' course as assistant superintendent, and a three months' course as assistant housekeeper, placing in their hands as much responsibility as would be consistent with the proper running of the institution.

Second. To increase the number taking the course in District Nursing, as we already feel the benefit both to the hospital and to the nurse of this valuable experience.

Third. To send, under the supervision of some competent person, a limited number of nurses, during the last six months of their course, to those people whose circumstances prevent their employing graduate nurses and who really require the most skilled care.

The duties of the supervisor of this department would be to investigate the merits of the case, to see that preference was always given to graduates of good standing who would go at under rates, and also to see that the nurses performed their duties in a conscientious and thorough manner, and that unjust demands were not made upon them.

This course to be arranged with the understanding that it is not to be of any pecuniary advantage to the hospital, but firstly, a

much needed charity, and secondly, an additional and valuable experience for the nurse.

GOODRICH.

REPORT NO. 25.

The Old Dominion Hospital.

The "Three Year Course" went into operation in April, 1899, consequently it is still little more than a *plan*.

Nursing in the South is yet struggling through pioneer stages, consequently the eight-hour system is not adopted. A most trying and defective domestic system, the natural consequence of the modern thriftless, untidy colored servant makes early and regular hours of duty impossible. The usual half day on Sundays, one afternoon per week, and three hours daily for theoretical work, be it study, lecture or class, is the rule and nine hours of practical work.

A very decided general prejudice against the extended course prevails; applicants, a few doctors and the public are the dissenting voices. Consequently, the change must be made gradually and tactfully.

The Junior Year is devoted to the less difficult and responsible ward duty, more lectures than formerly, Nurses' Clinic or much more teaching by *practical* demonstrations and recitations weekly.

Second or Intermediate Year.

What was formerly covered by Senior Class under old system, is required in this year.

Senior or Third Year.

Fewer lectures, but papers and quizzes on subjects of special practical, theoretical and ethical importance. Head nurse classes, executive experience. The proper ordering of a ward. Assigning duties to assistant nurses and instructing them in practical work. The importance of judicious and skillful management of the ward kitchen and diets, both as to preparation and serving of food.

Housekeeping, including marketing, etc., for small hospitals. Supervision of hospital laundry. Over-sight of household department of Nurses Home. House cleaning. Care of floors, walls, paint, beds and house linen, blankets. A course of reading (with quizzes on same), on subjects of professional and practical importance, viz.: Symptoms, treatment, etc., by the best authors of works on practice, surgery, gynecology, etc. Hospital construction, hygiene and sanitation. (Historical and biographical part of nursing as a part of complete education of nurses).

Papers on questions of importance to graduate and under-graduate nurses. Organization, alumnae interests and loyalty, professional etiquette. Private nursing, district nursing. New avenues for the extension of usefulness and employment of nurses. The ordering of a training school curriculum. Classes and class work, to be conducted under superintendent's supervision. Clerical work, accounts, office duty.

An endeavor is made to go over in class the ground to be covered by each lecturer in order to secure clearer comprehension of his teaching. Quarterly and annual examinations are held.

Average number of house patients forty *plus*. Medical, Surgical and Obstetric service. Two nurses get daily service in City Free Dispensary, which is also attached to the hospital's medical school.

There is no doubt that the three year course will ensure the profession better material and superior preparation than could be had under the old two year plan.

S. H. CABANISS.

REPORT NO. 26.

I send our announcement and the list of lectures, as they have been given this year, also the list for cooking lessons as they are given each year. The third year plan is slowly getting worked out, but we do not feel that it is anywhere near perfection as yet.

The third year nurse gets her experience as assistant housekeeper, assistant superintendent, operating room nurse, night superintendent and work in the office.

We also give them an extended course in massage.

REPORT NO. 27.

I have scarcely been able to carry out the three year curriculum as I would like, but will endeavor to give you a synopsis of my arrangements for the past year.

The text books in use are, Nursing, Anatomy and Physical, Dietetics, Fever Nursing, Materia Medica, Abdominal Surgery, Obstetrics.

I devote one hour each week to the first year pupils, also the second in class work, giving the classes a certain number of chapters to prepare. I find that in mapping out their work for them, they feel obliged to study, and by this means much more is accomplished in the line of theory. The staff in connection with the hospital lecture twice a week, beginning the first of October and ending the last of May.

The first year nurses have examinations in the following subjects: General Nursing, Anatomy and Physiology, Dietetics, Medicine, Surgery, Hygiene.

Second year: Anatomy and Physiology, Dietetics, Medicine, Surgery, Gynecology, Diseases of Children and Materia Medica.

Third year: Dietetics, Medicines, Surgery, Gynecology, Obstetrics, Materia Medica, Orals in Medicine, Surgery and Bandaging.

Examinations are held in April and September, but Nurses are only required to pass one examination each year.

I set the paper on General Nursing and Dietetics throughout the term. The medical superintendent of the hospital sets the remainder of the papers for the first and second year. The staff, in connection with the hospital, set the final papers, also giving the orals.

I am decidedly in favor of a uniform curriculum, and have an examining board to be appointed by the Association of Superintendents, then every nurse would have the same opportunity, in as far as the examinations are concerned, and would feel on an equality, knowing they have had justice, having written on the same papers. Of course it is a matter which would require a great deal of thought and discussion, but if it could be arranged, in my opinion, it would be a great benefit to all Training Schools.

Our average number of patients is ninety-five, excluding all the different branches, namely, medical, surgical, gynecological, obstetrical and infectious diseases.

Report No. 28.

The Lakeside Hospital, Cleveland, Ohio.

This Training School of the Lakeside Hospital has just entered into the third year of its existence. As the course extends over three years any report which may be given must, of necessity, be incomplete.

With the three years' course of instruction we have adopted the eight-hour system. The head nurse of each department, who is a graduate, is on duty nine hours daily with the weekly half day and part of Sunday.

All of the day nurses report on duty at 7 a. m. In each ward one pupil, or possibly two, will be given straight time, staying on duty until 3.30 p. m. (one-half hour being allowed for lunch). Five minutes are also allowed each pupil before 10 o'clock to return to her room and make her bed, which, in the meantime, has been left to air. Of the other pupils on day duty, each is given three hours, at the discretion of the head nurse and returns for the evening work.

The first night nurse reports on duty at three in the afternoon and remains until 11 p. m. Until 7 p. m. she has the assistance of the day nurses, and provided the head nurse be absent, is in charge of the ward, even though a nurse who is her senior in the school be on duty. At 11 o'clock she is relieved by the second night nurse, who has had her dinner, cooked and served by a maid in the Nurses' Home at 10.30 o'clock. This nurse is, in turn, relieved by the day nurses at 7 a. m. Each night nurse writes and signs her own report, specifying at the top whether the time be from 3 to 11 p. m. or 11 p. m. to 7 a. m.

The amount of night duty portioned to a pupil is four months in all. Each term consists of two consecutive months and, if the first term be from 3 to 11 p. m., the second would be 11 p. m. to 7 a. m., or vice versa, so that the pupil receives instruction in the duties of the entire night.

The services of the hospital consist of the usual branches—medical, surgical, gynecological, children, skin, eye, private wards, outdoor department.

It is expected that a contagious department will be built this spring. At present the pupils receive their obstetrical training (a three months course), in the New York Infant Asylum.

During the first year the pupil's time is spent in the public wards and six weeks in the diet kitchen. In the second year as senior in the public wards; three months in the general operating rooms; two months in the gynecological operating room; six weeks in the outdoor department. During the third year three to four months in the private wards; obstetrical training, special nursing, relieving head nurses. It has also been planned, but not yet attempted, to give to the senior nurses some training in the executive part of the school and hospital. The idea is to take three pupils at a time, their hours on duty being the regular eight-hour division. They will in turn assist and be instructed by the head of the school, the night supervisor, housekeeper, steward. If possible they will also do some district nursing and be brought into contact, by rendering small services, with such organizations as the social settlements.

It remains for the next eight or ten months to prove whether or not these ideas may be placed upon a satisfactory working basis.

Theoretical instruction, by means of classes and lectures, is carried on sysetmatically from October 1st to April 13th, with examinations in May. The class work consists of one hour weekly, given by the head of the school, to each division of pupils. The regulation text books an anatomy and physiology, practical nursing and materia medica are in use. Each division is given work to prepare for the succeeding week which will occupy from two to four hours. The pupils expect and must be prepared for a regular quiz. This, however, is not always given, as a certain number of hours

are devoted to talks by the superintendent on the nurses' work and life in general. At other times additional notes to those found in the school text books may be given, or articles of interest on the subject being studied, are read. Then again an occasional written examination is held. It has been found that a little of the unexpected in the class work keeps the pupils interested and compels them to study.

Besides this the junior class has instruction in the theory of cookery; the intermediate year has pharmacy and bandage classes; and it is hoped that the senior year will have instruction in massage.

During the last month the class now entering its senior year has been allowed to organize a society for which they make their own rules and constitution, and take up for study such subjects as the majority feel that they most require.

Occasionally two, but on an average one, lecture a week is given. The course of lectures in the first year consist of Bacteriology, four lectures; Hygiene, two; Anatomy and Physiology, ten; Materia Medica, six; Medical Nursing, four; Surgical Nursing, four. The second year comprises advanced medical and surgical lectures: Nervous diseases, Urinalysis, Gynecology, Eye, Nose, Throat, Ear, Skin, Malaria, Tuberculosis.

The third year will probably include: obstetrics, care of children; contagious and infectious diseases, some special cases.

The number of patients in the hospital varies considerably, and will continue to do so, as the hospital is not yet open in all departments. For the month of March there has been an average of one hundred and thirty-one.

M. HELENA MCMILLAN.

REPORT NO. 29.

State Hospital. Training School for Nurses. Three Years' Course.

Capacity of hospital, about 500 beds, viz:
Women's hospital, 100 beds.
Maternity hospital, 18 beds.
Children's ward, 25 beds.
Insane sick, 30 beds.
Men's hospital, 200 beds.
Consumptives' hospital, for men, 100 beds.
Infectious ward, indefinite number.

Application for entrance: No entrance examination. High School graduates preferred. Probation, six months.

Work of Course: 1st year—Probationary six months spent in asylum wards, as a rule beginning in wards for mild cases and gradually working up to care of violent insane. During this time nurses are taught theoretical and practical methods of nursing insane, use of clinical thermometer, taking of pulse and respiration, observation of symptoms, prevention of bed sores, general principles of nursing. After first month, if work is satisfactory, nurses receive cap, attend class and lectures and are allowed to witness operations and maternity cases. The second six months may be spent in asylum or hospital wards.

Second year: Senior course of lectures. Time spent in different hospital and asylum wards. Cooking classes. Massage. One month in pharmacy. Infectious ward.

Third year: Senior course of lectures. One month practical experience in officers' kitchen. Physical culture lessons. Operating room. Maternity. Consumptives' hospital. Have charge of single wards.

Number of classes during course (October 1st until June 1st):

1st year, weekly.
2nd year, weekly.
3rd year, weekly.
Cooking class, weekly.
Massage.
Physical Culture.

Text book: 1st and 2nd year, Weeks; 3rd year, Wise.

Library for reference.

Lectures:

Senior, weekly, 32 during year.
Junior, weekly, 32 during year.

Not yet introduced: Course of 10 lessons in Massage and Physical Culture.

(Three years' course began October 1, 1898; we are still in the experimental stage.)

REPORT NO. 30.

The plan for the three years' course of instruction in our Training School is not yet completed. The hospital affords for the instruction of the pupils an acute medical and surgical service, the average number of patients being two hundred, with a large additional dispensary practice. Emergency and operative work predominate, with a fair amount of gynecology. Our branch work in other hospitals includes at present, special training in obstetrics and contagious diseases. It is the hope when the plan is complete, to give our pupils the following practical experience:

Junior Year.

Two surgical and one medical service, or two medical and one surgical service, or three services of four months each. Children's Ward.

Intermediate Year.

One service Women's or Men's Ward or Children's Ward, four months. Emergency Ward, one month. Dispensary, one month. Dispensary operating room and Massage, six weeks. Diet kitchen, six weeks. Obstetrics, three months.

Senior Year.

Special work, some portion of which each pupil will receive: Operating room, six weeks to two months. Nursing in contagious diseases, two months. Care of children (Sea Side Hospital), six weeks. Eye and Ear service, three months. District nursing, two months.

Remainder of time devoted to nursing in private wards, acting as assistant superintendent, night superintendent, head nurse of ward, office work, showing visitors about the hospitals, etc.

The probationers are received during the spring, summer and early autumn months, on a two months' probation. They receive $8.00 per month during each year, with which to provide the necessary uniform, text books and boots. During this probation they are thoroughly tested in ward work, care of patients and in their ability to keep clinical bedside notes and charts and to administer medicine under close observation.

Day duty, 7 a. m. to 7 p. m.
Night duty, 7 p. m. to 7 a. m.
Day nurses breakfast, 6.30 a. m.
On duty, 7 a. m.
Ten o'clock luncheon, fifteen minutes.
Dinner and supper, half hour each.
Two hours for recreation daily.
Half day each week from 1 p. m.
Four hours on Sunday.
Hours of instruction, three and one-half per week.
Night duty, twelve hour service, averaging three months per year.
Total daily average ward work, nine hours.
Vacation, one month each year.

THEORETICAL INSTRUCTION.

Junior Year.

Hygiene, Bacteriology and Foods, 24 lectures.

Intermediate Year.

Topographical Anatomy, Medical Nursing, Surgical Technique, Obstetrics, Therapeutics

Senior Year.

Symptomatology, the Specialties, Histories of Hospitals and Training Schools, Ethics of private nursing.

Abstracts of these lectures are handed in weekly for correction, and a record of the percentage is kept.

Class held weekly, one and one-half hours for eight months in the year. The class instruction will eventually include parliamentary law and gymnastics.

Practical demonstrations, ten each year.

Quiz, from six to eight, previous to each examination.

Examinations, four each year, midwinter and spring.

The percentage of marking is on the scale of one hundred, the pupil being thrown out on percentage below sixty.

It is proposed to offer to graduates of the school, an opportunity to return to the hospital for a post-graduate course of three months. It has not yet been determined if an allowance will be made and if a course of lectures especially adapted for the purpose, will be given. Such instruction would no doubt prove of inestimable value to graduates engaged in private duty.

REPORT NO. 31.

First Year.

Anatomy—Physiology.
Bacteriology—sick cooking (20 lessons).
Ward work (theory and practice).
Gynecological nursing.
Materia Medica—Alimentation.

Second Year.

Surgical nursing, Materia Medica (continued)
Massage (20 lessons).
Medical nursing, contagious diseases, fevers, etc.
Abdominal nursing.

Third Year.

Obstetrics, Nervous Diseases.
Insanity.
Special nursing in eye diseases, ear, throat, etc.
Surgical and medical emergencies.

Technique of operating room.
Hours on duty daily, 10.
1st year: Study hours, class and lecture, 5 weekly.
2nd year: Study hours, class and lecture, 5 weekly,
3rd year: Study hours, class and lecture, 6 weekly.
Branches of service, medical surgical, obstetrical, gynecological, nervous, eye, ear, throat, children, contagious, skin. Number of patients, 1,200.

REPORT NO. 32.

This is a hospital of 150 beds, including the department for contagious diseases, called "The Annex." About 50 of this number are in separate rooms. As a rule, there are between 80 and 90 patients to be cared for, from 25 to 45 of whom are in private rooms.

Excellent facilities for training nurses are afforded, inasmuch as there are active services in medical, surgical, gynecological, and obstetric work, in scarlet fever, diphtheria and measles, and in diseases of the eye and ear, nose and throat.

Perhaps I might say that our nurses, upon leaving the hospital, should be particularly well fitted for private duty because of the number of patients having their own doctors, all of whom may differ in varying degrees, in their methods of treatment. It is not uncommon for twenty and more doctors to visit the private wards in a morning.

The nursing force consists of one superintendent, who is matron as well, one assistant superintendent, one graduate nurse at the Annex, and 6 senior pupils, 11 intermediates, 16 juniors and 3 probationers, making a school of 36 pupils. This may seem like a large number for the size of the hospital, but the 8 head nurses of the hospital proper are pupils, 4 nurses are on duty at the Episcopal Hospital for the Eye, Ear, Nose and Throat, and from 5 to 8 are required at the Annex. We also supply the special nurses from the school, 5 of whom are in demand at present.

The three years' curriculum, with eight-hour system, was adopted in 1897. As the first class has yet to complete its course, I feel very reluctant to record even our beginnings, which, necessarily, must be of comparatively slight value.

An allowance of seven dollars a month is given each nurse, but we expect soon to establish the non-payment system, supplying uniforms, text books, etc.

Applicants, when approved, are admitted into the school two months on probation, during which time their theoretical fitness is judged by work in class and lecture, rather than by examination.

The junior class begins with demonstrations and classes in prac-

tical nursing by the assistant superintendent, with one class a week in anatomy and physiology. There is one also in Materia Medica taught very satisfactorily by the pharmacist, who is a student in medicine.

I might note here that the assistant superintendent has charge of the nurses' home, but is assigned no other duties which would take her from the wards, where she is at hand to advise, and to look after the welfare of all concerned, a necessity, where pupils are head nurses.

No lectures by the doctors are given in the junior year. These begin in the second year, and continue each week from October to May. One class a week is taught by the superintendent upon the nursing in connection with the lecture subjects, which are Hygiene, Medicine, Surgery and Gynecology. During the second year, a course of 16 lessons is givenin cooking, practical and theoretical, and 10 in Massage, by competent teachers. Examinations, oral and written, are held at intervals, and always at the end of each year.

As in the third year, and sometimes earlier, it is found necessary for pupils to assume the responsibilities of heads of wards, it was thought best to discontinue the classes after January 1st, but lectures in Obstetrics, Contagious Diseases, the Nervous System, Children's Diseases, Special Diseases, and talks on private nursing, institutional work, etc., are a part of the third year curriculum.

Each senior who indicates special aptitude for such work, is given charge of the operating room for three or four months.

The Annex, which includes three buildings with 40 beds for patients, with separate household management in every particular, affords excellent opportunity to a specially capable third year pupil to learn somewhat of hospital administration, of the kitchen, laundry, linen room, and housekeeping generally, and any such nurse is to be given this experience.

The benefits of a third year course with shorter hours, are already distinctly felt, and we are beginning to wonder how the ground was ever covered in less time.

Report No. 33.

Our three year course is only a little more than one year old, and I have been trying to work out something to fit the requirements of the Hospital and train the nurses as well.

The first year we do not attempt to teach the candidates anything in class except anatomy and physiology. They work in the wards, are taught practically whatever is being done and rank as proba-

tioners until after their first examination, which occurs near the end of the year. A standing of 75 per cent. is required on a written examination, which embraces questions in the common English branches, practical work as done in the wards, and anatomy and physiology. If this examination be satisfactory and everything else concerning the candidate, she pledges herself to remain for the course, etc., etc.

The second year's class work covers practical nursing, Materia Medica, Anatomy and lectures weekly from the visiting staff.

The third year I have planned to lecture to the nurses myself upon various things, and also to give them a more advanced course from the staff.

You see we are just on the point of organizing, and nothing is worked out or finished.

Of course, I hope for much. What we may accomplish remains to be seen.

REPORT NO. 34.

Philadelphia Polyclinic Hospital and College for Graduates in Medicine.

Nurses' School.

This school was among the first to establish the three years' system. In 1895 the method of theoretical instruction was entirely re-organized. In place of single lectures on disconnected topics given by different members of the visiting staff, graded courses for first, second and third year pupils were established, each course to be completed by one lecturer. Every lecturer receives an honorarium varying from $50 to $15. This is not considered the value of the instruction received, but it is all the Training School funds allow for the present. I think the lecturers understand this, and appreciate the spirit in which the idea was conceived, rather than the actual money. Any effort at recognition, even if inadequate, seemed better than expecting a man whose time was valuable, not only to give several hours of his time, but to pay his own car fare for the privilege of doing so. This is at least an attempt to put the instruction given to nurses on a normal and business basis. I know of only one other hospital which has so far made any attempt in this direction.

At each lecture some minutes are devoted to quizzes on the previous lesson. Classes are also given by the Training School assistants in which any points not perfectly understood are eluci-

dated. The lecture is then written by the pupil from her own notes then taken at the lecture, and handed in on certain days. Practical classes are given by head-nurses and assistants. The pupils also receive very valuable practical teaching in the numerous dispensary services, of which there are 190 per week. From four to eight nurses are constantly employed in these departments. In the surgical, where there are from 75 to 100 patients every morning, and from 50 to 70 every evening, they learn to dress almost every variety of chronic ulcer and minor injuries. In the stomach clinic they learn the best methods of skilful lavage, the action upon the stomach of such drugs as nitrate of silver, and the care required. In the three daily gynecological services, the proper placing of patients upon examination table, the preparation for local applications, and the treatment of ambulatory patients. The accident ward gives good emergency service of 400 to 600 cases per month. In all clinics attended by the nurses they reap the benefit of the lectures and demonstrations given to graduate medical students. This is especially valuable in regard to medical cases in both wards and clinics, for they thus learn the reason of the treatment they are ordered to carry out, and the advantage of careful observation.

Last year's hospital report gave a total of over 85,000 dispensary visits. And thus the comparatively small number of beds (67) is materially compensated for.

In order to illustrate the method of practical and theoretical instruction which is at present found satisfactory, it may be worth while to give the syllabus for two years—1894-5 and 1899-1900; especially as in many schools the former still obtains.

1894-1895.

Tuesday Evenings, 8 p. m.

October: Hemorrhage. Surgical Asepsis and Antisepsis. Nursing in Diseases of the Chest. Laparotomies. The Duties and Conduct of Nurses in General Nursing.

November: Medicines and their Administration. Bed Sores, Burns, and Wounds. Nursing in Capital Operations. Obstetrics.

December: Symptomatology in Disease. Genesis of Disease, The Nurse's Duty in Private Work.

January: Use of the Stomach Pump, Hypodermic Syringe, and Catheter. Special Nursing in Gynecology. General Gynecological Nursing. Duties of the Nurse before, during, and after Labor.

February: Physiology of the Female Pelvic Organs. Fractures and Dislocations. Nursing of Children. Disinfectants.

March: Nursing in Orthopedic Surgery. Special Nursing in

Diseases of the Eye. Nursing in Diseases of the Throat and Nose. Care of the Ear in Health and Disease.

April: Contagious Fevers and Epidemics. Special Nursing in Skin Diseases. Nursing of the Nervous and Insane. Anatomy and Physiology of the Eye. Tracheotomy and Intubation.

May: Electricity. Surgical Dressing, Bandaging, &c. The Use of the Eyes and Spectacles. Urine, characteristics, properties, including taking notes of the same.

1899—1900.

FIRST YEAR—ANATOMY AND PHYSIOLOGY.

LECTURE I.—Definitions. The Cell. The Animal Cell Tissues. Epithelial Tissue. Fibrous Tissue.

II.—Bones; Classification and Structure. The Skeleton. The Vertebrae. The Vertebral Column.

III.—Bones of the Skull and Thorax.

IV.—Bones of the Upper and Lower Extremity.

V.—Articulations. The Pelvis. Muscular Tissue; Its Subdivisions.

VI.—Muscles; Their Classification. Special Muscles.

VII.—The Blood. Physical and Chemical Properties. Histology of the Blood. Its Functions. Lymph.

VIII.—Circulation Defined. The Heart. Structure of the Blood Vessels. Mechanism of Circulation. Cardiac Cycle. Heart Sounds.

IX.—The Pulse. Intra-arterial Pressure. The Vaso motor Centre. The Foetal Circulation.

X.—Special Arteries. Special Veins.

XI.—The Lymphatics. The Lymphatic Glands. The Ductless Glands, Spleen, Thymus, Thyroid, Tonsils, Supra-Renals, "Solitary Glands."

XII.—Respiration, Definition. Pulmonary Respiratory Apparatus. Larynx, Trachea, Lungs.

XIII.—The Mechanism of Respiration. Muscles Involved. The Respiratory Centre.

XIV.—Physiology of Respiration. The Voice.

XV.—Foods. The Organs of Digestion. The Anatomy of the Digestive Tract.

XVI.—The Anatomy of the Digestive Tract (continued). The Accessory Organs of Digestion.

XVII.—Digestion. The Digestive Secretions, Their Functions.

XVIII.—Function of Digestive Secretions (continued). Absorption.

XIX.—The Organs of Elimination. The Skin, Its Structure and Function. Anatomy and Physiology of the Kidneys. The Urinary Tract. The Urine, Normal and Abnormal Constituents.

XX.—Metabolism. Relations between Foods and Excretory Products. Heat Production and Regulation. Fever.

XXI.—The Nervous System. Nervous Tissues. The Brain, Subdivisions. The Spinal Cord, Its Function.

XXII.—Cranial Nerves; Their Functions. Spinal Nerves; Their Formation and Distribution. The Sympathetic System; Its Function.

XXIII.—Organs of Special Sense. Touch, Temperature, Taste. The Eye. Anatomy, Function.

SECOND YEAR—MEDICINE AND MEDICAL NURSING.

LECTURE I.—(a) Introduction: The Advancement of Women in this Age. Nursing the Special Field of Woman. Responsibilities of the Profession of Nursing. Qualities Determining Success.

(b) Physiology of the Blood.

II.—Diseases of the Blood: Simple Anemia; Chlorosis; Leukemia; Pernicious Anemia. Hemorrhage; Diagnosis and Treatment of Internal Hemorrhage.

III.—Physiology of the Circulation: The Pulse; Characters in Health and Disease. Diseases of the Circulatory Organs: Pericarditis; Endocarditis, Acute and Chronic; Signs of Failing Heart; Syncope. Treatment of Valvular Heart Disease; Remedies Employed; Treatment of Sudden Heart Failure; Angina Pectoris; Aneurism.

IV.—Physiology of the Respiration: Capacity of the Lungs; Amount of Air Required; Importance of Ventilation. Abnormal Types of Respiration. Diseases of the Larynx: Laryngismus Stridulus; Spasmodic Croup. Diseases of the Lungs: Bronchitis.

V.—Diseases of the Lungs (continued): Asthma; Tuberculosis.

VI.—Diseases of the Lungs (continued): Hemoptysis; Lobar Pneumonia; Catarrhal Pneumonia; Simple Pleurisy; Empyema.

VII.—Physiology of the Alimentary Tract. Diseases of the Alimentary Tract: Diseases of the Mouth, Pharynx, and Esophagus. Diseases of the Stomach; Acute and Chronic Gastritis.

VIII.—Diseases of the Alimentary Tract (continued): Gastric Ulcer; Gastric Cancer; Hematemesis. Diseases of the Intestines. Diarrhea, Acute and Chronic; Cholera Morbus.

IX.—Diseases of the Alimentary Tract (continued): Diarrheas of Children; Dysentery; Appendicitis; Gallstones; Peritonitis.

X.—Physiology of the Kidneys: The Urine—its characters in health and disease. Methods of Examination.

XI.—Diseases of the Kidneys: Acute Nephritis; Chronic Parenchymatous and Chronic Interstitial Nephritis; Uremia.

XII.—Infectious Diseases: Measles; Scarlet Fever.

XIII.—Infectious Diseases (continued): Diphtheria; Erysipelas.

XIV.—Infectious Diseases (continued): Typhoid Fever.

XV.—Malarial Fever; Yellow Fever; Plague; Rheumatism.

XVI.—Diseases of the Nervous System: Chorea; Epilepsy; Hysteria; Neurasthenia.

XVII.—Symptoms and treatment of the commoner form of Acute Poisoning.

Surgery and Surgical Nursing.

Lecture I.—Inflammation; Symptoms. Local and Constitutional Treatment. Surgical Fevers.

II.—Terminations of Inflammation. Abscess; Ulceration; Fistula; Sinus. Gangrene.

III.—Wounds; Varieties. Treatment. Tetanus. Burns. Treatment, primary and secondary.

IV.—Hemorrhage. Arterial. Venous. General Treatment. Special Hemorrhages.

V.—Preparation for Operation; Patient, Instruments and Nurse. Special Operations, Tracheotomy, etc.

VI.—Use of Surgical Instruments; Catheter; Hypodermic Syringe, etc.

VII.—Fractures. Simple and Compound. Dressings. Dislocations and Treatment.

VIII.—Anaesthesia. Resuscitation. Shock and its Treatment.

Cooking and Dietetics.

Lesson I.—Foods: Definition. Their Classification. Digestion. Special Ferments Employed. Where Excreted? Diet ordered in Different Diseases: Typhoid Fever, Diabetes, Bright's Disease, Tuberculosis, Pneumonia, Scarlet Fever.

II.—Different Foods; Nitrogenous, Proteids. Examples; Milk, Lean of Meat, Gelatine, Gluten, Albumin. Practical Demonstrations: Soups and Broths: Clear Soup, Cream Soup, Mutton Broth, Chicken Broth, Beef Tea, Oyster Stew.

III.—Non-nitrogenous Foods: Carbohydrates. Amyloids or Starches and Sugars. Fats and Oils. Demonstration: Pulled Bread, Toast, Cereals.

IV.—Meat. Principal Kinds: Composition of Beef. Different Cuts. Ways of Cooking. In what Diseases are Red Meats not Given? Demonstration: Broiled Meat. Chop. Squab.

V.—Eggs: Composition. Coagulation of Albumin. When Insoluble. Should Eggs be Boiled? Why? Different Ways of Preparing Eggs for the Sick. When not Given. How Tell Fresh Eggs. Demonstration: Shirred Eggs. Frothed Eggs. Omelet Souffle. Poached. Steamed.

VI.—Milk. Composition: Cow's Milk, Human Milk. Difference: Why does Milk Sour? Different Ways of Preserving Milk. Different Ways of Preparing for the Sick. Milk—Derivatives: Cheese, Cream, Butter. Demonstration—Koumys: Flavored Milk. Milk Jelly: Junket. Custard. Household Test for Butter. Tubercular Test for Cows.

VII.—Non-nitrogenous Foods. Starch: What is it? Where Found. Different Shapes of Starch Grain. Test for Starch. Thorough Cooking of Starch. Why? Sugar—Different Kinds: Substitute for Sugar in Feeding Diabetic Patients. Why Used? Demonstration: Arrowroot Gruel. Oatmeal Gruel. German Gruel. Cornstarch Pudding.

VIII.—Fats and Oils; Difference. Animal and Vegetable Extract. Which most wholesome? Why are fried foods unwholesome? Demonstration: Salads.

IX.—Vegetables and Fruits. Two Divisions of Vegetables; Starchy and Green. How cook each kind. Necessity for Vegetables. Potato Comp., Rice, Spinach. Demonstration: Potatoes, Boiled, Baked, Stuffed; Rice, boiled; Spinach. Fruits, two kinds, Acid and Sub-Acid. Principal Ingredients. Different Acids, where found; Malic, Tartaric, Oxalic, Citric.

X.—Inorganic Foods: Water; Mineral Salts. Boiling point of water; Simmering point. Salts: Why useful; where obtained.

XI.—Beverages; Definition. Comp. of Coffee, Tea, Chocolate. How prepare each. Demonstration: Should Tea and Coffee be boiled? Should Cocoa be boiled? Why?

XII.—Different ways of leavening Yeast. Baking Powders. Eggs. Yeast: What is it? Its action. Why compressed yeast is best. Baking Powder; an acid and an alkali; Adulterations. Flour: How made; Different kind. Other Practical Lessons in Cooking Course: Wine Whey, Cinnamon Tea, Flaxseed Tea, Egg Nogg, Barley Water, Jellies, Wine, Lemon, Orange, Chicken, Beef Juice, Mulled Wine, Ice Cream, Sponge Cake, Sweetbreads, Sauces.

Third Year—Materia Medica.

Lecture I.—Drugs. Methods of Administration. Forms of Administration. Weights and Measures. Definitions and Classifications. General Considerations.

II.—Antispasmodics. Anaesthetics. Somnifacients.

III.—Delirifacients. Excite-Motors. Depresso-Motors.

IV.—Cardiac Stimulants Cardiac Depressants. Astringents. Tonics. Alteratives.

V.—Antiperiodics Antipyretics. Stomachics. Emetics.

VI.—Cathartics. Diuretics. Diaphoretics. Expectorants. Emmenagogues. Oxytoxics. Epispastics. Rubefacients. Escharotics.

VII.—Demulcents. Emollients. Digestants. Protectins. Antacids. Anthelmintics.

VIII.—Part I.—Absorbants. Disinfectants. Poisons and Antidotes.

VIII.—Part II.—Practical Demonstrations of Drugs in Drug Store.

Bacteriology and Hygiene.

Lecture I.—Brief outline history of the Development of the Science of Bacteriology. Overthrow of the Doctrine of Spontaneous Generation. Parasitism. Classification of Micro-Organisms. Definition of Bacteria. Their place in Nature. Distribution. Methods of Studying Bacteria.

II.—Difference between Parasites and Saprophytes. Nutrition. Conditions Affecting Growth. Morphology. Grouping. Multiplication. Spore Formation. Motility. Cultivation. Preparation of Culture Media. Isolation. Koch's Postulates. Sterilization. Asepsis. Antisepsis.

III.—Immunity, natural or acquired. Active Immunity and Passive Immunity. Theories of Immunity. Cellular Theory. Bacteriacidal, Attenuation and Antitoxine Theories. Vaccination. Antitoxine, its Methods of Preparation and Present Place in Medicine.

IV.—The Yeast and Mold Organisms. Methods of Growth. Pathological Importance. Thrush. Favus. Barber's Itch. Ring Worm. The Animal Parasites. Classification. The Amoeba and Plasmodium Malariae. Description of the Anatomy, Life History, Means of Entrance to the Body and Pathological Significance of the Various Platyheliminthes.

V.—Description of the Anatomy, Life History, Means of Entrance to the Body and Pathological Significance of the Various Nementhelmintes and Arthropodia.

VI.—The Causation of Disease, direct and indirect. Personal Hygiene in the Care of the Sick. The Prevention of the Spread of Contagious Diseases. Chemical Disinfection. Disinfection by Heat. Isolation. Disinfection of the Hands. The Hygiene of the Sick Room. Disinfection of Sputum, Excreta, and Clothing. Room Disinfection. Means of Dissemination, Portals of Infection and Prophylaxis in Typhoid Fever and Tuberculosis.

VII.—The Hygiene of the Sick Room and General Management in Cases of Diphtheria, Scarlet Fever, Small Pox, Measles, Pneumonia, Cholera and Yellow Fever.

Obstetrics.

Lecture.—The Bony Pelvis and its Measurements, Abnormalities, etc. Soft Parts of the Pelvis. Pelvic Organs, their Structure and Function.

II.—The Signs of Pregnancy. Methods of calculating probable duration of Pregnancy. The Ovum and its Development. Foetal Circulation, etc.

III.—Management of Pregnancy. Hygiene of the Pregnant State. Management of Complications. Examination of Urine. Accidents of Pregnancy. Abortion, Hemorrhage, etc.

IV.—Preparations for Labor; Antisepsis in Confinement. Nursing.

V.—Signs of Approaching Labor. The Process of Labor. Duties of Nurse during Labor.

VI.—Accidents and Emergencies of Labor. Care of the Newborn Infant.

VII.—Management of the Lying-in. Characteristics of Infancy in Health and Disease. Ailments of Early Infancy.

The Eye.

Lecture I.—(1) Gross Anatomy and Physiology of the Eye. (2) Injuries; their Significance and Management. (3) Contagious and Non-Contagious Inflammations. Hygiene of the Eye in Schools, Hospitals and Asylums.

II.—(1) Care of the Eye Patient. Arrangements of the Room, Light and Bed. The Preparation and Methods of Employment of Eye-washes, Drops and Dressings. The Danger of Contagion. The Application of Cold and Heat. Local Bloodletting. (2) The Management of Purulent Disease in Infants and Adults.

III.—Operations upon the Eye. (1) The Instruments Required in the more Common Operations. How Prepared and Arranged for the Surgeon. (2) The Preparation of the Patient, of the Dressings, Eyedrops, Washes, etc. (3) The After Care of the Patient. (4) The Significance of Pain after Operations. Review and Quiz.

The Ear.

General Anatomy of the Ear; of the Middle Ear; of the Internal Ear.

Removal of Foreign Bodies. Use of the Air Douche. Precautions to be Observed.

Nursing and Care of Mastoid Operations.

Disinfectants.

Distinction between Antiseptics and Disinfectants. Disinfection of Apartments, of Clothing and Portable Articles. Special Methods of Disinfection, Dry and Moist. Sulphur, Chlorine and Chlorine Compounds, Hydrogen Dioxide, Corrosive Sublimate, Permanganate of Potash, Formalin, Electrozone, etc.

Smallpox.

With Lantern Slide Demonstration, Showing Mild, Moderate and Severe Cases.

Symptomatology. Diagnosis. Treatment. Remarks upon Vaccination and the Nursing of Smallpox.

The obstetrical lectures are given by a woman physician, who is a teacher of experience, and has a large out-patient practice. Her pupils are permitted to attend confinement cases under her supervision. This course is not supposed to take the place of the thorough obstetrical course in a lying-in hospital which all pupils are advised to take, but to thoroughly prepare them for it.

Cooking and Housekeeping Course.

In addition to the theoretical and practical instruction in cooking, every nurse serves for 8 or 10 weeks in the Housekeeping Department, as housekeeper's assistant. She not only learns to put in practice what she has been taught in class, but learns in addition the practical care of private patients' trays, management of servants, marketing, buying in quantities, arrangement of meals, and other housekeeping duties. During the absence or vacation of the housekeeper the nurses are able to run the Housekeeping Department to the satisfaction of everyone. There are few positions in which the knowledge they thus acquire, is not valuable to them.

The course on bacteriology is practical. It is usually given in the bacteriological laboratory, where a sufficient number of microscopes are available. It is hoped that in the case of any pupils taking the course on hospital economics at Teachers' College, this instruction will be recognized by the dean, and thus time saved for other matters which can be less easily studied in hospital.

All lectures, with the exception of bacteriology and obstetrics, are open to pupils or graduates of other hospitals, some of whom regularly avail themselves of this privilege.

In conclusion, it should be stated that this curriculum is by no means considered perfect. We have simply done our best to avail

ourselves of such opportunities as we had, hoping that the future will offer us still more.

THIRD SESSION.

Wednesday Morning, May 2d.

Discussion on the Three Years' Course.

Many questions were asked relating to the workings of the eight-hour system, and answered chiefly by Mrs. Gretter and Miss Nutting.

The subject of private duty was also discussed at length, several members holding that as an important branch of a nurse's work it should be included in the curriculum for its educational value. Others believed that as an educational factor it was only truly useful to the pupil when she was sent into homes of limited means, when all her various faculties would be most actively called into play. Others thought that all private duty training should be given under supervision in the hospital, with special or private patients.

Miss Dolliver said many criticisms reached her that nurses trained entirely in the hospital were tactless and unadaptable when they went into private families. She thought also that training schools should take up the problem of families of small means, who, in time of illness, needed a nurse continuously. She believed that as a profession we have a responsibility toward such patients, and that it could best be met by sending them pupils in the latter part of their third year training, at moderate charge. She considered this would also be valuable to the pupil.

Miss Sutliffe thought three years was not too long a time in the hospital, and that most of the criticisms made against private nurses are directed against the individual herself. As to lack of adaptability she pointed out that by far the largest proportion of calls come for nurses who are fresh from hospitals, and that older private duty nurses who have acquired adaptability are not in so much demand.

Miss MAXWELL thought there was a widespread lack of gentle manners among nurses, against which they need to guard themselves.

Miss MCKECHNIE thought that in sending nurses to private cases, even for moderate rates, there was the danger of encouraging the idea that pupils ought to bring in an income to the hospital. She and Mrs. Robb agreed that it was not in place for a school to consider the nursing either of the rich or poor as such, but only the education of the pupil.

Miss GOODRICH thought that nurses in training needed to have insight into the conditions of various kinds of life, and advocated district nursing work in connection with social settlements as broadening and developing the nurses' character.

The President thought that the care of the sick poor and those of small means was something with which the whole profession should concern itself, and that nurses were often accused of not caring for such people.

Miss NUTTING told how the nurses in Baltimore were trying to reach them in the hourly nursing.

Miss MCISAAC described the working of the Crerar Fund in Chicago. Fifty thousand dollars had been bequeathed to the Illinois Training School for its uses. As, however, the school was nearly self-supporting through its contracts with two large hospitals, where it undertook the nursing, the managing board, all of whom were women, set aside this legacy for the purpose of providing nurses for people of limited means. No pupils were sent from the school, but graduates were employed, and these were paid the average rate of three dollars a day. Such money as was paid by the patients for the nurse's services, and which was in proportion to their incomes, was added to the income from the fund. No special graduates were retained for this work, but there were always many who asked to be sent to these cases. Such a method is just both to patient and nurse. It, however, requires an endowment to begin with.

Miss BANFIELD. The best way to provide properly trained nurses for people of moderate means is an important question, and one which others outside our association are also dis-

cussing, and providing for in a way which I shall be glad to bring to your notice.

In Philadelphia, the "Philadelphia Nurse Supply Association" has been quite widely advertising itself this winter. It appears to be promoted by a homeopathic physician, who has offices in one of the large commercial buildings—Witherspoon Hall. I regret to say that three or four members of the College of Physicians of Philadelphia have lent this association the support of their names, and some of them have actually delivered lectures. Notices of these have appeared in the public press. I was also invited to lecture, and was offered payment for my services. I had already investigated the thing sufficiently to convince myself that it was dangerously misleading to the public, although possibly the laymen who lent their names, had not grasped this; I know that the vice-president of the Association and also one of the medical lecturers, stated to me that they had never seen the circular of information issued to applicants to these classes until I showed it to them, nor were they aware of the claims put forth therein. They have not, however, since withdrawn their names. It is regretable that men of honest reputation should lend themselves without due inquiry to such a "get-rich-quick" scheme of "Nurse Supply," as the one under discussion, for it appears easier to get into these things than it does to get out of them.

I went down to the advertised office of this association to inquire about it. At a meeting afterwards held by superintendents of training schools in Philadelphia; it transpired that three other women had done likewise. We all had an amusing time. I was told that in a ten weeks' course of lectures (four lectures a week), I could learn how to take care of "any ordinary case of sickness." I asked what was to be done should the patient become extraordinarily sick, but this was apparently considered an idle supposition. No practical work was required, but I might visit the poor if I liked. Would do so by myself, and not under instruction. All necessary instruction, the "clerk of the class department" told me, was supposed to have been acquired at the lectures. (Unfortunate poor! I wonder what crime they had com-

mitted over and above the rest of us, that they should be so afflicted! Possibly those amongst us who have endeavored to administer the domestic departments of a hospital with the aid of a well-meaning but—well, we will say *theoretically* instructed —Ladies' Aid Society, are the only people outside their own circle, who can properly sympathize with the poor under this wealth of theoretical advice and ministration!)

I was also told that a former member of the class was traveling with her patient in Europe, and receiving fifteen dollars a week. Another inquirer was told that a former member of these classes held a position which had been applied for by no less than 300 trained nurses, and so on. It seemed a pity to me that I had spent five or six years in practical and theoretical study of my profession when it could (according to these medical and lay gentlemen), have been learned in ten weeks, and diploma provided, on payment of a fee of twenty-five dollars!

The following memorial was drawn up and sent to the College of Physicians, and to the Philadelphia County Medical Society, receiving twenty signatures of superintendents of training schools within three days.

A Memorial to the College of Physicians.

The undersigned Superintendents of Training Schools for Nurses desire to direct the attention of the medical profession of Philadelphia to a "Philadelphia Nurse Supply Association," which has recently been set on foot in this city, and which they consider fraught with much evil to the nursing profession as well as to physicians and their patients.

This organization has for its object the education of women as nurses during a course of but ten weeks duration, and practically of an entirely didactic character. The ostensible reason for this short course of nursing, is that a class of women may be established with training sufficient to enable them to act as nurses to those unable to pay the fees to which trained nurses are entitled. It will be noticed, however, that at the completion of this ten weeks' course "a handsome diploma signed by the officers, and bearing the great seal of the corporation" is given its pupils. (Page 10). The circular of the association also states "We shall do what we can in assisting our pupils to the choice positions. * * * * Anyone needing attendants for the sick will do well to communicate with us." (Page 10 and footnote).

The course of instruction given includes "the management of contagious diseases; dressing of wounds; bed-making and bathing of helpless patients; massage and electricity; administration of enemata, kinds, methods of preparation, care of appliances, douches; external applications, cups, leeches, etc.; cooking and serving for the sick; how to make accurate observations and records of temperature, pulse, respiration, state of the secretions, expectorations, skin, appetite, breathing, sleep, delirium, stupor, condition of wounds, eruptions, efforts of diet stimulants and medicines; the care of children; practical hints on railroad and ocean travel; care of convalescents; *Personal hygiene, manicuring, facial massage, hints on health and beauty.*" It is stated that pupils are assigned to obstetrical cases, for which application should be made at the beginning of the term.

We wish also to direct the attention of the College of Physicians to the fact, that some of its individual members have, by giving lectures and permitting their names to appear in circulars and press notices countenanced this scheme, and we would respectfully request that some action be taken by the College of Physicians, which will actively express its disapproval of such support being given. Serious injustice is being done to the qualified trained nurse not only by the support of such schemes, but also by the employment of women who have been dismissed from training schools for cause.

Many superintendents of training schools, alumnae societies, and others, are working early and late, in season and out of season, to render their work and that of others through, competent and in every way, and under all circumstances, worthy of the name of a profession. To this end the term of training in the greater number of schools of good repute has been increased to three years. The term of probation to two, three or six months. Every effort is being made to secure for training as nurses women of high character, and those who fall below the required standard are dropped from our rolls. But many of these are employed by individual members of the College of Physicians, and are in consequence regarded by the public as members of the nursing profession.

We would earnestly urge our request that the college co-operate with us in our efforts to maintain and raise the standard of nursing, by agreeing to individually recognize as trained nurses for the sick only such women as have successfully completed the course of training and study required in the recognized training schools and by discountenancing such associations as the above.

Since submitting this, two distinct statements have been made to me by gentlemen connected with this scheme of "Nurse" supply.

1. That these lectures were, and are, intended for "poor mothers," who will receive valuable hints on the care of their families and the bringing up of children.

2. That these lectures are intended for young society women who wish to employ their time and gain instruction in home nursing.

Of course both these objects are in themselves laudable, although it would seem to the casual observer that "manicuring, facial massage; hints on railroad and ocean travel," etc., would be more suitable to the latter than to the former class. Those of us who have given talks on home nursing, know how difficult it is to make what we say practical and useful with the limited means at the disposal of our hearers, and how easy it is to talk above the heads of our audience. But be that as it may, it would seem that in either case "a diploma signed by the officers and bearing the great seal of the corporation, costing $10, would not only be unnecessary but actually misleading.

The main point to which I wish to draw your attention, is, however, the fact that both these statements are distinctly at variance with those put forth in the circular. Granted the aphorism of doubtful truth, that a little knowledge of medicine and nursing—a very little!—is better than none, for the "poor mothers" and the society girl, you will note that the circular appeals primarily to neither of these, but states that "The course offers to women an honorable means of livelihood, and places trained" (*trained*, mind you), "assistance within reach of families where for economic reasons, they have been obliged to do without such assistance in times of illness" (page 5). Page 10 also repays perusal. Indeed, I may say that the whole booklet, decorated with a large red cross in the right hand corner, and the left bearing the inscription "*Short Course in Nursing*—Evening lectures—Class Work—Practical Nursing —*Philadelphia Nurse Supply and Medical Dispensary—School for Nurses*—office," etc., is rich in gems of thought. It should certainly make us, members of this Association of

American Superintendents of Nurses, think; and act as far as we can. The medical profession will not help us. We may consider ourselves fortunate if the profession as a whole does not support it, either actively or tacitly. We must help ourselves. I think this association as a whole, and each member of it individually, owe it to their profession to try to suppress these bogus "Nurse Supplys," who do not supply nurses, and whose misdeeds we have to bear the reproach of before the public. We know that to the generality of people one "nurse" with a diploma—often alas! without one! is as good as another, even as one doctor's degree is as good as another. The medical profession has found it necessary to protect itself against bogus colleges and degrees by State registration and other means, and so shall we find it necessary. Mind, I do not say that such have no right to *exist*, or that the public have no right to employ them if they choose. But that to call themselves the "Philadelphia Nurse Supply," whereas they do *not*, and *can* not, supply nurses, is dangerously misleading to the public, and possibly to the candidate. For to assure any woman an "honorable means of livelihood" as a nurse, at $5 to $7 per week (the figures given me by the vice-chairman), *we* know is assurance of barely a living wage. Taking into account time lost for rest, sickness, and waiting between cases, I do not think any of us here would consider it a living wage in a big city, where these sort of schemes generally flourish. I actually know of a young dressmaker, who announced to the lady she was sewing for that she could not sew for her again. She was going to give up dressmaking, attend these lectures, and be a trained nurse, so that she could earn $20 a week.

If you read page 4, you will see that "the record of their (trained nurses) good deeds can be read in the laughter of children, in the light of mother's eyes, in the hearts of the sick to whom they have ministered, and we have good reason to believe that they are recorded in 'the annals of eternity.'" After ten years practical experience, I should say that those who are so credulous as to run to read these things, may oft-times find themselves disappointed. I am not aware of the

writer's private source of information regarding the "annals of eternity," but it seems to me good reasoning to suppose that any unfortunate candidate for these classes, so foolish as to suppose that she will secure entrance to Heaven, or to the profession of nursing, by the backdoor of the Philadelphia Nurse Supply Association, will find herself deceived.

Therefore it seems as if these misleading associations bore more hardly upon the aspiring candidate, than even upon us, of whose heavenly future the writer of the circular is apparently assured, even although our present state (thanks to him and others like him), is sometimes a little dubious, or upon the public, who after all, ultimately gets what it chooses to put up with.

I will not apologize for speaking at this length, for it seems right that this association should know how the demand for nurses for people of moderate means is being met in Philadelphia. The Visiting Nurses Society could be made to cover a great deal more of this ground than it does at present, if it were moderately advertised, and well supported; but at present comparatively few people understand that they can secure the daily attendance of a properly trained nurse at 50c. a visit. And in this city of a million population, it seems as if there would be plenty of room for really good nurses who would work somewhat on the lines laid down in Miss Kimber's paper on this branch of nursing.

Mrs. Robb. The only way to dintinguish between such graduates from bogus institutions and graduates from good training schools is to have legalized registration.

Mrs. Barrows was asked to say a few words. She dwelt on the importance of the remarks of Miss Banfield, the need of making the public understand the difference between the skilled nurse and the bogus one and the value of the hourly nursing by graduate nurses for families of small means.

The Teachers' Course came up for final discussion.

Question:

Has Mrs. Robb any definite idea as to how this association could be of help in keeping the thing going from the financial standpoint?

Mrs. ROBB. Miss Davis and I talked it over with Dean Russell and he suggested one of two ways. One is to endow a chair, which would require $50,000. The other way is to receive from those interested pledges for certain amounts to be paid annually till such time as we get an endownment. It will take some years to get the chair endowed, but that is what we should have in view. In the meantime we should get as many subscribers as possible who would be willing to subscribe one or two hundred a year till that time. The aggregate needed is considerable, but when you consider that we have over one hundred members it would average only ten dollars apiece to fulfill a pledge of $1,000 to the college annually. If each one would pledge herself to raise ten dollars we should have it easily. These are the only two ways open to us. What we really must eventually do is to have the chair of Hospital Economics endowed. One member last year said that she would raise $1,000 towards an endowment.

When you consider that the work will grow and that we shall need more women to do the work, and as we cannot expect to command the time of any expert or competent woman under fifteen or eighteen hundred dollars, you will see that we must have at least that amount. In addition we shall always have lecturers from outside. The board of examiners will decide who the lecturers shall be from year to year. Then as the work grows we shall want a paid secretary. We need one now. It has been very difficult to carry on the correspondence. Miss Walker and I have had a great deal of letter writing to do in answering inquiries, also information would come with more force if it came from one definite point, as from the college.

The PRESIDENT. Do not the fees count for something?

Mrs. ROBB. Yes; the officers of the Teachers' College would be prepared to pay a certain proportion. I asked Dean Russell what proportion they would allow for lectures. He said that in accordance with the number of students he would divide the fees. The fees were $75 last year, and we had two students. We should get $75 of the $150. If some woman were appointed next year they would pay a proportion of her salary—but the lectures will always be some expense.

Some discussion followed as to ways and means. A number of members pledged themselves to give ten dollars annually, one gave one hundred dollars and another fifty for the first year.

Miss Kinney, Professor of Domestic Science at Teachers' College, who had come in during the discussion, was invited to speak.

Miss KINNEY. I am trying to make your point of view mine. I am familiar only to a slight degree with hospital work, and this is my first experience in learning the inner management of hospitals, but as I have worked with the few students, I have been more and more impressed with the possibilities that lie in your work. By co-operating and studying each other's point of view we may reach practical results.

The first thing that we ask for at the Teachers' College is that you will study us as we are trying to study you and that you and we may work together. Great open-mindedness on both sides and willingness to study the conditions and to make compromises, are necessary.

Of course, as I study the problem I see many ways in which the college work can be modified so that we can give you more of what you need and I look to the day when we shall have courses arranged for you from beginning to end. There can perhaps be a special adaptation of psychology to your needs, and a more careful study of dietetics and dietaries. I feel that you have a practical interest in this course, and with open-mindedness and careful study we can make it a success.

Miss DAVIS then spoke on the subject of the forthcoming magazine as follows:

I have purposely refrained from bringing up the subject of magazine in these meetings for fear that I might make a wrong impression and do injury where I hoped to do good and retard rather than advance the cause.

I thought it best, perhaps, as it was in a way the business of the Associated Alumnae that that society should be left to deal with the question, but from some recent developments it has been made apparent that an appeal to the superintendents for aid in this enterprise, which they alone are in position to give might be in order,

and could not possibly do harm. I mean the reaching and influencing their pupil nurses to subscribe for the magazine.

In the few instances where a personal acquaintance made it possible to appeal directly to the superintendent and in those instances where the superintendent grasped the situation, saw her field and recognized its possibilities, the results have been most satisfactory.

This committee was appointed to investigate the ways and means to publish a magazine. The ways are numerous and comparatively easy to find out. The means are much more difficult to arrange and adjust.

The leaflet with which you are all more or less familiar was an appeal to the graduate nurses to make sure of what we might expect of them, and was an effort to provide means to carry on the work. The joint stock company was a plan for providing means. These could be worked up from the outside by the business manager. And now we make another effort in the way of means by making this appeal to the superintendents to work from within outward, and earnestly urge them to reach the class that cannot be canvassed by any outsider. Let no one think that they cannot work for this because they have not been especially invited. We are not in a position to invite. We make an appeal, and we appeal to all.

The PRESIDENT. The superintendents have a great deal to do in furthering this periodical and I know that all who are interested in it will work for it.

The PRESIDENT reminded the association that the Army Nursing Bill had not yet passed in Congress, and that the continued earnest co-operation of the superintendents would be needed till that was an accomplished fact.

Miss NUTTING recounted the work done by the committee* of which she was chairman, including their appearance before a committee of Congress, where they stated their arguments in support of the bill.

On motion it was voted that a committee of three should be appointed by the President to draw up a resolution with reference to the Army Nursing Bill.

The PRESIDENT announced as the committee Miss Nutting, Miss Maxwell and Miss Sutliffe.

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*This was not a committee appointed by the Superintendents Society.

The committee retired, and later presented the following resolution, which was unanimously passed.

Resolved, That this Society strongly endorses the principles enunciated in the Army Nursing bill recently brought before Congress, and pledges itself to use every effort to further the objects therein set forth.

A brief memorial of Miss Louise Darche was read by Miss Linda Richards:

It has seemed to devolve upon me to make a few remarks on the loss that this Society has sustained in the decease of our late much-lamented member, Miss Louise Darche.

I feel honored by having the opportunity to express my appreciation of her valuable assistance in helping to organize this Society and her untiring efforts for and devotion to all interests which pertained to the advancement of its work, and I feel that we cannot leave this meeting and go our separate ways without rendering a tribute of our appreciation as a Society of her disinterested labors, the magnitude of our loss, and the memory of her co-operation and friendship which will always be dear to us.

By a rising vote it was ordered that this memorial should appear in the records.

A message of greeting from Miss Kimber was read, and the secretary was directed to express the thanks of the Society to the English nurses for their great kindness shown at the time of Miss Darche's death.

A rising vote of thanks was given to the retiring treasurer, Miss Lucy L. Drown, with warm applause.

Miss DROWN thanked the association and bespoke the same consideration she had received from the association for her successor.

On motion of Miss Maxwell a vote of thanks was passed to the trustees of the Academy of Medicine for the use of the rooms at a reduction from the regular charge.

Miss SUTLIFFE moved that a vote of thanks be tendered to Hon. John W. Kellar, Commissioner of Public Charities; Dr. Schultze, Department of Public Charities, Ward's Island; Dr. Dent, Dr. MacDonald, Mrs. Seth Low, Miss Brennan, Dr. Polk, Dean Russell, Miss Kinney, Mrs Cadwalader Jones, and the Entertainment Committee.

It was voted.

The PRESIDENT. It is now my pleasure to introduce our President for the coming year, Miss Keating.

Miss Keating was received with applause and responded in a few words expressing her wish to serve the Society faithfully and bidding them all welcome to Buffalo next year.

A rising vote of thanks to the retiring President was given.

Adjourned sine die at 12.30 p. m.

APPENDIX

INVITATION FROM THE NATIONAL COUNCIL OF WOMEN OF THE UNITED STATES.

The spirit of the age is combination.

The National Council of Women is the engine of combination offered to women's organizations.

The Council does not exist for itself or to further any purposes of its own.

It is the engine to be made use of by other organizations, the instrument planned to focus and foster the purposes of others, the agent to unite and concentrate scattered forces and amalgamate them into one.

The usefulness of the Council depends, therefore, upon those bodies joining the Council—for advice, information or co-operation.

It invites all, and the wider its representation the greater its usefulness and power as a body; and the greater service and assistance can it render each separate organization forming a part of it.

The Council will not be complete or reach its highest good until all national bodies, State councils and local councils, have a voice in its councils, and lend interest and sympathy to united effort.

With a view to combining effort and uniting and economizing forces toward common ends and purposes, the National Council of Women invites you to join with it and give it the benefit of your council along your own line of work, and to extend your sympathy and co-operation to other organized effort which the Council may present for your consideration or hearing.

We request your suggestion and co-operation. We ask you to use the Council and let it serve you.

A council of women composed of all national organizations could move the nation by its voice.

The officers of the Council place themselves at your service for help and co-operation.

FANNIE HUMPHREYS GAFFNEY,
41 Riverside Drive, New York City.

MRS. KATE WALLER BARRETT,
218 Third Street, N. W., Washington, D. C.

EXTRACTS FROM DRAFT CONSTITUTION OF INTERNATIONAL COUNCIL OF NURSES.

(*a*) To provide a means of communication between the nurses of all nations, and to afford facilities for the interchange of international hospitality.

MEMORANDUM.

Clause A.—The first object of the Council being to provide a means of communication between nurses of all nations, it would appear advisable that an Annual Report compiled by the Officers of every National Council of Nurses should be yearly forwarded to the Hon. Secretary of the International Council, containing a summary of nursing progress and politics in each country, to be incorporated in an Annual Report of the International Council of Nurses, and to be distributed to the Secretaries of every affiliated National Council.

It might be very helpful to trained nurses upon visiting a foreign country to be in possession of the name and address of a colleague of repute, officially appointed by the International Council of Nurses, who would be prepared to advise them in professional matters, and to extend to strangers some degree of courtesy and hospitality.

(*b*) To provide opportunities for nurses to meet together from all parts of the world, to confer upon questions relating to the welfare of their patients and their profession.

MEMORANDUM.

Clause B.—A Quinquennial Congress of Nurses might be organized, if desirable, at the same place and time as the Quinquennial Meeting of the International Council of Women. Social intercourse and the exchange of personal experience between the nurses of various nations is undoubtedly of great educational benefit.

RESOLUTION PASSED BY BRITISH DELEGATES.

"That in the opinion of the British Members of the Provisional Committee, the Organization of Nurses being more fully developed in the United States of America than in any other country, it would be of great professional benefit if a meeting of the International Council of Nurses could be held in the United States in 1901 to celebrate the new century."

Proposed by Mrs. Bedford Fenwick.

Seconded by Miss Isla Stewart.

It would be an opportunity to hold an International Congress of Nurses at the same time.

MEMORANDUM.

That it would be of benefit to nurses to come into personal contact with the women workers of the world, so that should the following resolution which stands upon the Agenda of the International Council of Women in the name of Mrs. May Wright Sewall, be passed in 1904 at Berlin, it is hoped that in the future the International Council of Nurses will be sufficiently representative as an International Society to be affiliated to the International Council of Women. In this connection it is possible that the privilege of affiliation with the International Council of Women would only be open to those societies primarily affiliated by national representation with the National Council of Women in each country.

RESOLUTION *re* SOCIETIES OF WOMEN INTERNATIONAL ORGANIZED.

"That Societies of Women internationally organized, desirous of joining the International Council, may become members of the International Council, with the approval of the Executive."

In this connection it may be noted that Mrs. May Wright Sewell, President of the International Council of Women, speaking at the Conference of the Matron's Council held in London on July 1, 1899, at which the International Council of Nurses was proposed and founded by Mrs. Bedford Fenwick, said:

"In the Constitution of the International Council of Nurses, which will build up an organization of National Councils of Nurses in the different countries, there may be a feeling that they would come into the International Council of Women without relating themselves to the other work of the women in their respective countries. It is a point which I wish to make clear. A proposition has been brought forward in the International Council of Women that organizations of women may come into that Council directly. Now, excluding anybody from anything is the last thought that could ever enter my mind, it is not to exclude that I speak, but to include in an orderly manner. Therefore, when this proposition comes up, I think an amendment should be made to secure the favor of all countries, that whenever a nominally international organization proves itself to be really international, by the existence of its membership in various countries, it may be welcomed into the International Council, but only on condition that the respective national groups enter the respective National Councils of their own countries.

PROPOSITION BY MRS. NORRIE.

It was proposed by Mrs. Gordon Norrie, of Denmark, at a meeting of the Provisional Committee, and carried, "that English shall be the official language of the International Council of Nurses."

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124 LIST OF MEMBERS.

Allerton, Miss Eva, ... Rochester Homeopathic Hospital, Rochester, N. Y.
Alline, Miss Anna L., ... Teachers' College, W. 120th St., New York, N. Y.
Alston, Miss A. L., ... 143 West 47th St., New York, N. Y.
Ashby, Miss Alice, ... Indianapolis City Hospital, Indianapolis, Ind.
Ayres, Miss Eugenia D., . Rhode Island Hospital, Providence, R. I.
Banfield, Miss Maud, ... Polyclinic Hospital, Philadelphia, Pa.
Bannister, Miss Lucy A., 15 Livingston Place, New York, N. Y.
Barnhardt, Miss Grace, . S. R. Smith Infirmary, New Brighton, Staten Island, N. Y.
Bolster, Miss Mary F., ... Nicholl's Hospital, Petersborough, Ont.
Bourke, Miss Rachel, ... Cooper Hospital, Camden, N. J.
Bowen, Miss, ... Boston City Hospital, Boston, Mass.
Bowman, Miss C. M., ... Hamilton City Hospital, Hamilton, Ont.
Breeze, Miss J., ... Illinois Training School, 304 Honore St., Chicago, Ill.
Brennan, Miss Agnes S., . 426 East 26th St., New York, N. Y.
Brent, Miss Louisa, ... Hospital for Sick Children, Toronto, Ont.
Brown, Miss M. B., ... 5 Franklin St., Providence, R. I.
Cabaniss, Miss S. H., ... Old Dominion Hospital, Richmond, Va.
Campbell, Mrs. J. R., ... 116 West Second St., Oil City, Pa.
Clark, Miss E B., ... Grace Hospital, Toronto, Ont.
Clement, Miss Anna G., . House of Mercy Hospital, Pittsfield, Mass.
Church, Miss E., ... Rogersville, Allegheny Co., Pa.
Cottle, Miss Jennie S., ... Medico-Chi. Hospital, Philadelphia, Pa.
Darling Miss E., ... Pottsville Hospital, Pottsville, Pa.
Davis, Miss M. E. P., ... 4168 Washington St., Roslindale, Mass.
Dean, Mrs., ... Mt. Sinai Hospital, New York, N. Y.
Denike, Miss Ellen Van A., care of 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, ... Howard University, Washington, D. C.
Ehrlicher, Miss, ... German Hospital, New York, N. Y.
Elliott, Miss Bertha, ... care of Victoria General Hospital, Halifax, N. S.
Ellis, Miss E. Maude, ... State Hospital, Tewkesbury, Mass.
Friend, 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 W., St. Luke's Hospital, New York, N. Y.
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, ... Methodist Episcopal Hospital, Brooklyn, N. Y.
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, .. 409 Mance St., Montreal, Canada.
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, Bowmansville, Ontario, Canada.
Keating, Miss E. J., ... Erie County Hospital, Buffalo, N. Y.
Kennedy, Miss K. I., ... 64 Anderson Pl., Buffalo, N. Y.
Kimber, Miss Diana C., . 73 Lansdowne Road, Notting Hill, London, W., England.

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Kindbom, Miss Hanna, ... Sherman, Texas.
Le Febvre, Miss T., ... New York City Training School, Blackwell's Island, N. Y.
Lightbourne, Miss L., ... House of the Good Shepard, Syracuse, N. Y.
Littlefield, Miss Mary S., . Episcopal Hospital, Philadelphia, Pa.
Livingston, Miss N. G., . Montreal General Hospital, Montreal, Canada.
Loomis, Miss V., ... Lemon, Wyoming Co., Pa.
MacDonnell, Miss Emily, Albany Hospital, Albany, N. Y.
Maxwell, Miss Anna C., . Presbyterian Hospital, New York, N. Y.
May, Miss Mary E., ... State Hospital, Rochester, N. Y.
McDowell, Miss Annie, .. Newton Hospital, Newton, Mass.
McIsaac, Miss I., ... Illinois Training School, 304 Honore St., Chicago, Ill.
McKechnie, Miss M. W., . Infirmary for Women and Children, Livingston Pl., New York, N. Y.
McMillan, Miss M. Helena, Lakeside Hospital, Cleveland, O.
Merritt, Miss Isabel, ... Brooklyn Hospital, Brooklyn, N. Y.
Milne, Miss C. I., ... Presbyterian Hospital, Philadelphia, Pa.
Moody, Mrs. A. W., ... 241 Smith St., Winnipeg, Manitoba.
Moore, Miss Gertrude W., 53 E. 21st St., New York, N. Y.
Murray, Miss Annie, ... Care Miss L. L. Dock.
Nevins, Miss G. M., ... Garfield Memorial Hospital, Washington, D. C.
Newman, Miss Catherine, Faxton Hospital, Utica, N. Y.
Nutting, Miss M. Adelaide, Johns Hopkins Hospital, Baltimore, Md.
O'Neil, Miss Martha, ... Kings County Hospital, Flatbush, Long Island N. Y.
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., ... California Hospital, Los Angeles, California.
Patton, Miss Mary, ... City and County Hospital, San Francisco, Cal.
Pierson, Miss Alice E., . Allegheny General Hospital, Allegheny, Pa.
Plumer, Miss Persis M., . Massachusetts General Hospital, Boston, Mass.
Quintard, Mrs., ... General Hospital, Puerto Principe, Cuba.
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.
Robertson, Miss A. C., ... St. Luke's Hospital, Chicago, Ill.
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 B., ... 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 F. E. S., ... Orange Training School, 68 Henry St., Orange, N. J.
Smith, Miss Marion E., . Philadelphia Hospital, Philadelphia, Pa.
Smith, Miss M. E., ... Harper Hospital, Detroit, Mich.
Snively, Miss Mary A., .. Toronto General Hospital, Toronto, Ont.
Standing, Mrs. C. P., ... Georgia and Duval Sts., E. Jacksonville, Fla.
Stanley, Miss, ... North Adams Hospital, North Adams, Mass.
Stowe, Miss Emma L., ... Rhode Island Hospital, Providence, R. I.
Sutliffe, Miss Ida M., ... Long Island College Hospital, Brooklyn, N. Y.
Sutliffe, Miss Irene H., .. New York Hospital, New York, N. Y.
Sweeney, Miss Anna, ... 1060 Lexington Ave., New York.
Taylor, Miss Ada J., ... Finley Hospital, Dubuque, Iowa
Taylor, Miss Alice M., ... Perth, Ont.
Thayer, Miss Blanche, ... Quincy City Hospital, Quincy, Mass.
Twitchell, Miss Alice I., . S. R. Smith Infirmary, New Brighton, Staten Island, N. Y.
Vance, Miss Ella, ... Metropolitan Hospital, Blackwell's Island, N. Y.
Walker, Miss Lucy, ... Pennsylvania Hospital, Philadelphia, Pa.
Washburne, Miss, ... Boston City Hospital, Boston, Mass.
Wallace, Miss Elsie, ... Lebanon Hospital, New York, N. Y.
Wheeler, Miss Mary C., Blessing Hospital, Quincy, 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, First Vice-President, Second 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 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 person 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 Uniaed 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 state-

ment shall be examined by the Auditors, who will prepare and present at each annual meeting of the Association a report showing its financial condition. The Council shall have charge of any funds in the possession of the Association, and which shall be invested under its direction and control. The Council shall keep a careful record of its proceedings, and make an annual report to the Association of matters of general interest. The Council shall also print annually the proceedings of the meetings of the Association and the reports of the Treasurer and Auditors. The Council is empowered to manage all the affairs of the Association, subject to the Constitution and By-Laws; to appoint committees from the membership of the Association, and spend money out of its surplus funds for matters pertaining to the objects of the Association; to apply the income of special funds at its discretion, to the purpose for which they 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 orders 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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