Eighth and Ninth Annual Reports of American Society Superintendents of Training Schools for Nurses.
HEADQUARTERS

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

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The Property of the

Society of Superintendents

of Training Schools

8th 1901
9th 1902
PROCEEDINGS

OF THE

EIGHTH ANNUAL CONVENTION

OF

The American Society of Superintendents
of Training Schools for Nurses

HELD AT

THE WOMAN'S INDUSTRIAL UNION

Buffalo

September 16 and 17, 1901

HARRISBURG, PA.
HARRISBURG PUBLISHING COMPANY.
1902.
Officers for 1901-1902.

PRESIDENT.
MRS. LYSTRA GRETTER.

1ST VICE-PRESIDENT.
MISS DROWN.

2ND VICE-PRESIDENT.
MISS KEATING.

SECRETARY.
MISS DUCK.

TREASURER.
MISS ALLINE.

AUDITORS.
MISS GRISWOLD.
MISS McKECHNIE.

COUNCILLORS.

3rd Year.
MISS RIDDLE.
MISS McDOWELL.

2nd Year.
MISS RICHARDS.
MISS SNIVELY.

1st Year.
MISS GROSS.
MISS ALLERTON.

STANDING COMMITTEE ON PUBLICATION.
MISS DUCK.
MISS DROWN.
MISS ALLINE.

COMMITTEE ON COURSE IN HOSPITAL ECONOMICS.

MISS BANFIELD.
MRS. ROBB.
MISS MAXWELL.
MISS NUTTING.
MISS McISAAC.
MISS DAVIS.

MISS RICHARDS.
MISS NEVINS.
MISS SUTLIFE.
MISS ALLERTON.
MISS ALLINE, TREAS.
EIGHTH ANNUAL CONVENTION

OF

THE AMERICAN SOCIETY

OF

SUPERINTENDENTS OF TRAINING SCHOOLS

FOR NURSES,

The meeting was called to order by the President of the Society, Miss Keating, on September 16, 1901, at the Women's Industrial Union Hall on Niagara Square, Delaware Avenue, Buffalo, N. Y., at 2:15 p. m.

The President. I have a sad duty with which to open the morning's work and that is a resolution of sympathy to Mrs. McKinley on the death of our President. Miss Brown, have you a resolution to present?

Miss Brown. I move that the following telegram be sent to Mrs. McKinley at the White House, Washington, D. C.:

Resolved, "That the American Society of Superintendents of Training Schools for Nurses desires to express its sympathy with you in your great sorrow."

The President. Does this meet with the approval of the society?

Miss Brown. I move that this message of sympathy be sent to Mrs. McKinley.

Miss Banfield. I second the motion.

A vote was taken and the motion was carried and it was so ordered by the President.

Miss Keating then spoke as follows:

"Ladies and fellow workers from North, South, East and West—I find that my command of language is weak when I desire to express the pleasure it gives me to welcome you to Buffalo, during
this opening year of a new century, and especially while the great Pan-American Exposition is in session. 'Pan-America' means, 'all Americas', and it is hoped that all Americans will join hands and march forward in progress in the future. In our profession we know that there is much to be accomplished and it is only by concerted and steady action that success will crown our work. As our meetings of to-day and to-morrow will be followed by those of the International Congress of Nurses and our time is limited, I have purposely disregarded the constitution in not preparing an address, that we may give all the short time at our disposal to the disposition of business matters."

The roll-call followed; the minutes of the last meeting were read and accepted.

The Treasurer's report was next in order.

**REPORT OF THE TREASURER.**

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

**Cr.**

September 16, 1901. By cash, $176.63
By annual dues, 95 members, 281.19
By initiation dues, 14 members, 60.00

**$517.82**

**Dr.**

September 16, 1901. To printing Annual Reports, $157.50
Paper covered reports, 5.00
Stationery, 13.25
Annual program, 3.25
Typewriting papers, 5.85
Printed circulars, announcements, etc., 34.06

**$218.91**

To postage, 13.00
To reporting Annual Meeting, ........................... 34 00
To rent of room for convention, ....................... 15 00
To annual dues to National Council of Women, ........ 16 67
To expenses of postage, Secretary of Nurses Congress, ............................. 10 00
To R. R. Agt. services, ................................ 5 50
To exchange on out-of-town checks, ................. 30

$313 38
Cash in Nassau National Bank, ....... 204 44

$517 82

Examined and found correct.
Miss MILNE,
*Auditor.*

Anna L. Alline,
*Treasurer.*

The President. The first committee report is that of the publication committee.

Miss Dock. We have continued to send copies of our report to the usual list of public libraries and honorary members. We have also adopted the plan of having paper bound copies for purchase as extras. There are still some of the Sixth and Seventh reports on hand in paper covers, in case any members desire additional copies.

The President. You have heard the report of the committee on publication. Is there any discussion?

Upon motion made and duly seconded a vote was taken and the report accepted.

The President. The second committee is a committee that stood over from last year, on Work in Hospitals for the Insane.

The Vice-President took the Chair and Miss Keating rendered her report informally, as follows: I make very little report on this question because I feel that we are not acquainted with the work in hospitals for the insane; we do not understand it sufficiently to ask for changes and I have purposely left it with
older nurses who have had work in the hospitals for the insane. I would ask that Miss Richards have something to say.

Miss Richards. Although I have been for two years in a hospital for the insane I feel I know very little about it, but I do feel this, that unless there is some change made we cannot have reciprocity between the State Hospitals and the Training Schools of to-day. In the first place a good many State hospitals have experimented in employing trained nurses to come into the wards for the insane and take charge, and in every instance that I have been acquainted with this has been a failure. The hospital nurse comes among the insane with an idea that she can talk with the patients the same as in the general hospital. She says to the patient, "Here is your medicine, take it," and the chances are that she will get a slap in the face and the medicine goes on the floor. I do think, however, that the interchange is desirable and I think that the best training a nurse can have is mental nursing supplemented with the general training. I think the training in the insane hospitals should come first, because the rush and precision of the general hospital will not do in insane hospitals. The first thing a nurse should learn is, of all things, to be patient; that is the first lesson to learn; one must not excite these patients, they are excited already. You have to urge your patient in order to get her to do what you expect her to do; you have to double your patience in order to get her to do what you expect her to do and if you fail, you fail utterly and wholly. We have more trouble in changing nurses with our patients forty times over than you do with your patients in general hospitals. The insane patient hates a new nurse; she hates to have a new person become familiar with her. You may think she does not know whether she has one nurse or another; but she does. I think the ideal training for the nurse would be, first, the mental training, and then the general training.

Miss Davis. I have been in the work but a very short time, perhaps nine months, and cannot give you any more points than those Miss Richards has given, but I am certainly fully in accord with the idea that nurses should have the training in the hospitals for insane. The training is good and the experi-
ence is good. The lesson learned in patience and managing the patients is invaluable and some step should be taken to have training schools in all hospitals for insane.

The President: What is the desire of the Society about this committee?

Miss Robb: Was it not a standing committee?

The President: If it is to be a standing committee I would ask that another chairman be appointed. Perhaps it would be wise to change the chairman each year. What will the Society do with the question? Is the report of this year accepted?

Miss Davis moved and Miss O'Neil seconded that the report should be accepted, and upon vote taken it was carried and so ordered by the President.

(No motion was made or action taken in regard to the form of the committee.)

The President: The next report is on the Teacher's Course, Mrs. Robb, chairman.

REPORT OF THE BOARD OF EXAMINERS FOR THE TEACHERS' COURSE IN HOSPITAL ECONOMICS.

To the Members of the American Society of Superintendents of Training Schools for Nurses:

LADIES: Your Board of Examiners for the Teachers' Course in Hospital Economics herewith beg to present their report for the year beginning May, 1900, and ending May 31, 1901. Three Board meetings have been held. The first took place in New York in the Committee Room of the Academy of Medicine, May 18, 1900. The principal business transacted at that time, was to increase the number or members of the Board from eight to eleven by adding the names of Miss McIsaac and Miss Nevins. At the request of the chairman an executive committee of five was appointed to transact necessary business between Board meetings. The committee named was as follows: The Misses Merritt, Maxwell, Banfield, Walker, Nutting and your chairman. Miss Merritt was made recording secretary, and Miss Alline treasurer for the special funds devoted to the course. After due discussion it was decided that applicants for the course should be graduates from general hospitals having a daily average of not less than fifty patients. The same staff of special lecturers in Hospital Economics was re-appointed for the year and only their travelling expenses to be paid. It was, however, decided by correspondence later in the month not to re-appoint Dr. J. S. Billings
as lecturer on hospital construction, sanitation and ventilation, as it was thought that for the present the money spent for these lectures might be used to better advantage in other ways. In June Miss Allerton, Superintendent of the Homeopathic Hospital, Rochester, was asked to give this course and kindly consented. In the opinion of Dean Russell, Miss Kinney and your Board, it seemed necessary to have some one assume general supervision of the course and its students. Her duties were to act as assistant to Miss Kinney in the Hospital Economics Course, to take the students on excursions in relation to their work, to act as laboratory assistant and to be of general assistance to the students. In addition to this she was to give the lectures in Home Nursing prescribed by the college for its students. To pay for this course of home nursing lectures and to help defray the travelling expenses of the special lecturers for the Hospital Economics Course, the college authorities agreed to pay an amount equal to half the tuition fees received from our students. Therefore, in June, on the recommendation of Dean Russell, Miss Alline, one of last year's students was asked to undertake the duties named above at a salary of $400 per annum. This salary to be paid by your Board to the college, in order that Miss Alline's name might appear on the college salary list with that of the other college instructors. Failing the means to pay a sufficient salary until such times as a chair in Hospital Economics shall be endowed, your Board was glad to avail itself of Miss Alline's interest in the work to have her accept an appointment at a salary hardly sufficient to cover her living expenses. The course prospectus for 1900-1901 appeared the third week in July, after several unavoidable delays, and a copy was sent to each member of the Superintendents' Society. Applicants to take the course were very late in sending for application papers, and until the 30th of August only two formal applications were received. After that date nine more were made, five occurring after October 1st. Eleven in all were accepted, three of whom withdrew their names before the opening of college. This left a class of eight, but by the last of October one more was obliged to drop out on account of ill-health. The delay on the part of the candidates in making application and the fact that so many members of the Board were off on their holidays made it impossible to call a meeting of the Board for September as was done the year before. However, after the last candidate had been accepted and the class under way a statement of the work of the executive committee for the four months from May until October was sent by your chairman to each Board member.

During November, December, January and February, Miss Maxwell and Miss Merritt paid monthly visits to the college. October and November were devoted by the students to the regular college
work, to field work with Miss Alline in connection with training school methods, to clinic work and to visits to supply-houses to learn something about buying hospital supplies. Eight excursions in all were made up to the first week in December, when Miss Banfield commenced her lectures on Hospital Administration.

The second Board meeting was held through the courtesy of Miss Maxwell at the Presbyterian Hospital, New York, January 3d, at 3 p. m. Eight members present. Miss Alline submitted a report of the work of the students from October until December. It was decided after discussion that special students could not be admitted to the Hospital Economics Course until the course was more firmly established. It was also decided that an inaugural address be made the students at the beginning of the term by the one in charge of the course, in order that there should be no misunderstanding as to what they might expect from the course and also what the college should expect from them. The necessary changes to be made in the new prospectus were also arranged for.

Finances for the ensuing year were considered and the discussion resulted in a committee of two being appointed, Miss Walker as chairman, to draw up a circular setting forth the financial condition of the course, the same to be submitted later on to the executive committee. Miss Dolliver’s resignation as a member was read but not accepted at that time. A committee of two was appointed to draw up a set of resolutions for the guidance of the Board (Miss Banfield, chairman.)

The second course of lectures on Hospital Economics was given by Mrs. Robb the first week in January, and the third course by Miss Allerton the third week in February. Your Board deeply regretted having to record the sudden death of Miss Kate Grenier, one of the students. Miss Grenier’s death was undoubtedly due to ill-health aggravated by the constant strain of study. Suitable resolutions were prepared by Miss Dolliver at the request of your Board and sent to Miss Grenier’s family and to the American Journal of Nursing, and were entered upon the Board’s records.

The president and secretary of the Board of Trustees of the Polyclinic Hospital of Philadelphia most kindly offered to pay the expenses of the class to Philadelphia in order that they might visit the hospitals and other institutions of that city. The invitation was most cordially accepted and a most profitable day was spent in Philadelphia by the class on March 6th. The prospectus for 1901-1902 appeared April 18th, and a copy was mailed each member of the Superintendents’ Society. Owing to the fact that the regular annual meeting was not to be held in May and that it was necessary to have the data for the new prospectus your executive committee ventured to reappoint the same lecturers for the ensuing
year and, upon the recommendation of Dean Russell, to retain Miss Alline's services for the year. The fourth course of lectures on Hospital Economics was given by Miss Nutting, the last week in April, and the final course for the year by Miss Walker the second week in May.

The third meeting of your Board was held in Buffalo May 16th, at which Miss Alline's report for the term beginning in January and ending in June was read and accepted. The following resolutions were carried:—After this year to require candidates to complete the prescribed term of four months private duty before taking the college course. To fix the age limit of candidates at 35 years.

The course of lectures on Hospital Economics to be given in the order of names as they appear in the prospectus, a course to be given each of the following months: December, January, February, March and April. Miss Walker, chairman of the committee on preparing a circular of appeal, presented the circular which was accepted and the committee empowered to have 3,000 copies printed for general distribution. Dean Russell kindly consented to have them printed at the expense of the college. Copies of the circulars have reached all of you sometime since and later your Board hopes to hear encouraging financial returns from this general distribution. It was further resolved to make Miss Alline's salary $500 for the eight teaching months, provided the money can be raised. It was further decided that every applicant be required to pass an examination in practical nursing and general education, the examination to be given by the member of the Board in the city nearest to the applicant's residence.

Miss Dolliver's resignation was read and accepted. It was resolved that a vote of thanks be sent to the president and secretary of the Board of Trustees of the Polyclinic Hospital in Philadelphia expressing the thanks of the Board for paying the expenses of the class in order that they might visit the Philadelphia hospitals.

It gives your Board pleasure to report that the six students completed with credit their final examinations in May, the last occurring May 30th.

The financial report will be given by Miss Alline, but it is in order to mention with special gratitude the gift of $200 for the course received from Mrs. Whitelaw Reid through Miss Maxwell last November, $100 from a member of this Society, and that the Johns Hopkins Hospital Alumnae has voted $75 towards the course for the coming year, and one of its members $25, making in all a gift of $110 from this Alumnae. Also that the Illinois Training School Alumnae at its annual meeting voted $100 towards the course.
It also may be of interest to know that eight students are accepted for the coming year.

Your Board regrets to report that the feeling among the students throughout the year has been one of discontent. No official complaint or letter in reference to this state of mind has ever been received by your Board, but it was gathered in a general way that the chief causes of complaint were the unnecessary amount of psychology required, the lack of time to cover the great number of studies, the disappointment in not having more nursing subjects taught, and some business arrangements in connection with the college. The professor of psychology generously arranged to give out of his own time an extra course for the Hospital Economics students, but even this did not suffice to satisfy and complaints in regard to this professor in particular were kept up until the end. Your Board would remind the Society that preliminary reports made the definite statement that Dean Russell and your chairman considered two years would be necessary to cover all the ground that should be gone over, but in view of the fact that it was at that time thought impossible to require so much time and that if we did so, students would not be forthcoming, it was decided to see what could be done in the one year. The conclusions reached by your Board after this second year's experience are: Students must be made to clearly understand that the course is in no sense intended as a post-graduate course in practical nursing, and that it does not supply anything in the way of teaching in the practical branches, but that it is an advanced course for such trained nurses as are already expert in all branches of practical nursing and who can give proof of this adequate training, of maturity of mind, of capacity for advanced work and of earnestness of purpose. That in order to become an expert teacher in a training school for nurses and a capable, intelligent administrator in either hospital or training school it is first of all necessary to have this thorough practical knowledge of nursing as a ground work, and that in the Teachers' College are to be found the means for giving instruction and drill in the best methods of presenting and teaching a subject, also the means for teaching the principles of domestic science, sanitation, ventilation, and kindred subjects with which a hospital administrator should be conversant, but that in regard to hospital administration there is but one way to teach it properly and that is by working in a hospital. That candidates should be selected after a post-graduate course in a hospital, this course to be sufficient to test their practical knowledge and general qualifications for advanced training, after which the regular eight months' course in Teachers' College should be taken and for the course in hospital administration
they should again serve as assistants for a suitable term in the various administrative departments of a good general hospital, receiving at the same time the special course of lectures bearing upon the subject. This plan necessitates having the control of a hospital at our command.

Your Board would finally and respectfully suggest that any member of the Society who may wish to visit the class of students as a class will first communicate with Miss Alline, as interviews with the class held without her knowledge or that of the Board are not conducive to the best interests of the class or its work and argues a lack of confidence in your Board. Also that your Board would beg to remind your Society that the work is still in process of organization and that any criticisms or suggestions bearing upon its further development will be gladly accepted, but that criticisms offered in any other way are detrimental to the best interests of the work and render the work of your Board never at any time easy, much more difficult and complicated.

Respectfully submitted,

ISABEL HAMPTON ROBB,
Chairman.

The President. You have heard the report of the chairman on Teacher's Course. Are there any questions?

Miss Dock. I move that the report be accepted and discussed to-morrow.

Miss Richards. I second the motion.

Vote taken and it was carried and by the President so ordered.

Mrs Robb. In addition to the report it may be of interest to know that of eight applications four have been rejected and one is yet undetermined, and also that we have received as gifts in the way of money for our finances a gift of $75 from the members of the Alumnae of the Johns Hopkins Training School, and $25 from one of its individual members making the income $100 from it. Also the members voted to pay at least $100 toward the course which makes in all $200.

Miss Palmer. I received a short time ago a donation of $200 which I turned over to Mrs. Robb.

The President. It has been moved by Miss Thornton and seconded by Miss Palmer that we send a vote of thanks to the
Alumnae societies and to the persons who have contributed donations.
A vote was taken and the motion was carried and so ordered.
The meeting then adjourned to attend the International Council meeting.

SECOND SESSION.

The meeting was called to order by the President at two o’clock, p. m., Tuesday, September 17th, 1901.
The President. In the short time allotted to us yesterday we did not finish the work of the first day. We were receiving the reports of the committees. The next report we were to receive was the report of the affiliation of the alumnae with this Society by Miss Dock, and for the benefit of those who might not have been at the Alumnae meeting we will hear it now.

"Madam President and Members: After the meeting of May, 1900, when affiliation of the Superintendents’ Society with the Associated Alumnae had been moved by the latter for the purpose of entering the National Council of Women of the United States, and, further, to be ready to enter into international relations with nurses of other countries, the secretary of the Superintendents’ Society received an overwhelming vote of the members in favor of affiliation, and the president and vice-president, Miss Keating and Miss Merritt, were chosen as its two representatives on a Federation Committee. The alumnae chose Miss Thornton and Miss Healy, their secretary and treasurer, and these four members chose Miss Dock as the fifth member to act as secretary pro tem.

"This committee accordingly wrote to Mrs. Gaffney, the president of the National Council of Women of the United States, sending the dues, and making formal application for membership. The dues, which are thirty-three and one-third dollars a year, are shared by the Superintendents and the Alumnae.

"We received a cordial reply from Mrs. Gaffney, welcoming us into the National Council of Women of the United States, also in due time notice that we were entitled to two delegates to the annual executive meeting of the same in Buffalo on September 11, 12 and 13.

"The committee selected Miss Keating and Miss Palmer, the lat-
ter of whom was obliged at a late minute to decline. Our delegate was asked to present a report of nursing in America, with the aims of nursing and the place of nurses as social reform factors.

"We are to understand that the National Council of Women does not look upon us as two bodies, but as one, the federation, a national body, the parts or constituents of which may be made up as we please.

"This national federation is entitled to two delegates, and we are not, as some have supposed, to send two as from the Superintendents' branch and two from the Alumnae branch.

"For the comprehension of the National Council of Women, and for the facilitation of our own work, we should decide upon an organization of the central committee of five, which will make one member the president of the federation and another the secretary.

"This president will be the one who, under the rules of the National Council of Women, is required always to be one of the two delegates, either in person or by proxy. The second delegate may be selected as we please.

"The only call made upon us for action was one asking if we agreed to the issue of a Bulletin by the National Council of Women, as described in the accompanying letters from Mrs. Spencer, the secretary, and to this the committee replied in the affirmative.

"Respectfully submitted,

"EMMA J. KEATING,
"ISABEL MERRITT,
"MARY THORNTON,
"TAMAR HEALY,
"LAVINIA DOCK,
"Secretary.

The President. You heard the report of the chairman of the affiliation committee; is there any discussion? If not, it is in order that it be accepted.

It was duly moved, seconded, and upon vote taken, carried, that the report of the chairman of the Committee on Affiliation be accepted, and it was so ordered by the President.

After some discussion it was agreed that the committee of five be authorized to organize as seemed best to its members, but that it should not be restricted to its own members for a choice for president, as it might be desirable to choose some one else for this office.

Mrs. Robb. I take pleasure in moving that the two members
of the committee from this Society shall always be its president and first vice-president.

Motion seconded.

The President. You have heard the motion; are there any remarks or any discussion? All in favor of this motion signify it by saying aye. Carried.

The President. It is next in order for the representatives or delegates who attended the National Council of Women to give a report.

Miss Keating gave the report, as follows:

To the Members of the Society, Ladies: The National Council of Women met at Convention Hall, Buffalo, September 11, 12 and 13, 1901. There are twenty-five affiliated organizations and councils, and eleven of these were represented by delegates. Mrs. F. H. Gaffney, of New York, presided at all of the meetings, and the only other officers present were Mrs. Peck, of Iowa, Vice-President, and Kate Waller Barrett, of Washington, Corresponding Secretary. Mrs. Gaffney made an able address, in which she advocated peace and arbitration on all questions. A committee was appointed to draft resolutions of sympathy, goodwill, and cheer to President and Mrs. McKinley to present for the sanction of the Council at the afternoon meeting, Mrs. Carrie Chapman Catt, chairman.

The Council pin has been procured and is on sale for seventy-five cents. Any member belonging to an affiliated organization is entitled to wear it. It is expected that each affiliated organization will order at least one dozen of these pins, and they can order them for eight dollars per dozen instead of nine dollars.

A Resolution Committee of one member from each organization represented was formed. Three resolutions were presented.

First, the appointment of women on all commissions for consideration of marriage and divorce; second, to lessen immigration to this country; third, against exemption of church property from taxation.

The Council warmly endorsed the resolution in reference to marriage and divorce.

The meeting on Thursday, September 12, at 2 p. m., was held in the Temple of Music on the Exposition grounds. The President was again requested to give her opening address, after which Miss Susan B. Anthony delighted the audience by speaking a short time on “The Council Idea.” The resolution on marriage and divorce was read and approved warmly, and Mrs. May Wright Sewall and Rev. Anna Howard Shaw made able addresses in favor of it. The meet-
ing adjourned at half-past three, and the members were afterwards received by the Women’s Board in the Club Building on the grounds. On the last day Miss E. Fisher, of Delphi, Ind., gave an exhibit of a style of making hygienic underwear on which she had worked and studied for six years. At the executive session following the exhibit it was decided that the executive session of the triennial to be held in Washington next February should take place on Saturday, February 22d, and that the triennial should occupy the time of the entire week following.

At the last meeting, Friday evening, September 13th, Mrs. Sewall, Mrs. Laura Ormiston Chant, of England, and Rev. Anna Howard Shaw spoke on “International Relationships,” and Mrs. Sewall took pleasure in introducing a representative of the commission from Hayti, or San Domingo, W. I., and also one from Chili, S. A., who made a few remarks on the progress of their respective countries, a larger part of which was due to women’s efforts. The meeting was very interesting and instructive, but the feeling comes to me that we have so much to accomplish in our profession that we can scarcely allot the necessary time to the outside work that organizations with which we are affiliated will demand.

It was moved and seconded that Miss Keating’s report as delegate to the National Council of Women be accepted. Carried.

The President. The next committee is that on revising the constitution, Miss Davis, chairman.

Miss Davis read, as her report, the proposed revised constitution, which was considered article by article and finally adopted as now published. (See Appendix to Eighth Report.)

The President. We will next take up the question of the Board of Examiners for the Teachers’ Course.

Miss Davis. I move that Mrs. Robb be appointed chairman. The motion was seconded by Miss Alline.

Mrs. Robb. I thank you very cordially, but I must decline. I cannot act. I would, however, present the name of Miss Banfield, and ask that it be left with her to appoint her associates.

Miss Twitchell seconded the motion, and upon vote being taken, it was carried and so ordered.

The President. I desire to announce that Miss Davis, Miss
Friend and Miss Brown have been appointed a nominating committee.

The new members were then elected as follows, all, under the newly adopted revision, being admitted as active members:

Miss Emma C. Gilbert, City Hospital, Auburn, N. Y.
Miss Eleanor Underhill, Virginia Hospital, Richmond, Va.
Miss Margaret McCarthy, St. Mary's Hospital, Brooklyn, N. Y.
Miss Lucy Ayers, Rhode Island Hospital, Providence, R. I.
Miss Mabel Wilson, St. John's Hospital, Brooklyn, N. Y.
Miss Florence Bishop, Medico-Chirurgical Hospital, Philadelphia.
Miss Elizabeth Parker, Maryland Homeopathic Hospital, Baltimore, Md.
Miss Anna Schultze, Connecticut Training School, New Haven, Conn.
Miss M. L. Meiklejohn, Lady Stanley Institute, Ottawa, Canada.
Miss Lina Rogers, Grady Hospital, Atlanta, Ga.
Mrs. Dita H. Kinney, Superintendent Army Nurse Corps, U. S. A.
Miss Rykert, Post Graduate Hospital, New York.
Mrs. Harriet Morgan, Lincoln Hospital (formerly Colored Home and Hospital), New York City.
Miss Emily Chilman, General Hospital, Stratford, Canada.
Miss Anna Young, Muhlenberg Hospital, Plainfield, N. J.
Miss Lillian Huffcutt, Children's Hospital, San Francisco, Cal.

Miss Nancy Cadmus, Faxton Hospital, Utica, N. Y.

The PRESIDENT. It has been decided by the Councillors that instead of meeting at the same time with the Associated Alumneans, that is immediately following or preceding these meetings, we shall meet a year from this time, possibly in Chicago or some part of the West. The reason for this is that when these two Societies meet at the same time there seems to be a lack of interest in either one or the other, and one of them has to suffer. We will, therefore, meet next September, 1902.

Miss PALMER. I would like to say a word about our Journal.
It is very noticeable in going over the list of subscribers that the subscription list of those schools where the superintendents show an interest is larger than those where they have not taken an active interest. It seems to me that after all we hear of criticisms of this Society, we have to acknowledge we are the backbone after all. Whatever example we set the pupil nurses will follow. The work of some of the superintendents has been perfectly splendid and I wish all would feel the importance of their taking an active interest. We have a very good subscription list; it goes into the thousands instead of the hundreds as was erroneously stated yesterday. A great majority of our subscriptions have come through our superintendents and I wish to call it to their attention that they have it in their power to help more than any other class of women.

Miss Dock. What does the Society think of having the routine work of the Secretary appear only in the Journal? It would save our treasury quite a little, and save the Secretary's work, and it seems to me that it would be equally agreeable to the Society. The members could just as well look to the magazine as to have individual notices sent out, and it seems to me that it would be as well to have all notices in the Journal and send letters only when necessary for special communications. If we decide to do this, every member would have to bear it in mind that the official notices would be in the Journal and would have to look there for them.

Miss McIsaac. I move that Miss Dock's suggestion as to the official notices appearing in the American Journal of Nursing be carried into execution. The motion was seconded and upon vote it was carried.

Miss Palmer. I think perhaps the members will be pleased to learn that the Spanish-American War nurses voted to adopt the American Journal of Nursing as their official organ this morning.

Miss Drown. I would move that a vote of thanks be extended to the Buffalo Nurses Association for their work in providing for these meetings. Miss Nevin seconded the motion and upon vote it was carried.

A notice of the meeting of the New York State Nurses As-
sociation to be held in the office of Miss Nye, 404 Prudential Building, was read.

The Nominating Committee then reported and the following officers were declared elected: President, Mrs. Gretter; First Vice-President, Miss Drown; Second Vice-President, Miss Keating; Auditor, Miss McKechine; Councillors, Miss Gross and Miss Allerton. The Treasurer and Secretary were re-appointed.

A vote of thanks was then offered to the retiring President, who announced Detroit as the next meeting place, and introduced Mrs. Gretter, the new President.

Mrs. Gretter greeted the members and extended a cordial welcome to the Society for its next meeting in Detroit, September, 1902.
APPENDIX

AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

CONSTITUTION.

Revised September 17, 1901.

ARTICLE I—Name.

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

ARTICLE II—The Object.

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 promoting fellowship among its members by meetings, papers, and discussions on professional subjects.

ARTICLE III—Members.

There shall be two classes of members:
(1) Active.
(2) Honorary.

ARTICLE IV—Classes of Members.

Active members of the Society shall include members of the preliminary organization, all past superintendents who were members while holding that position, all present superintendents of training schools, hospitals and nursing bodies and all assistant superintendents; if qualified as specified in the By-Laws and acceptable to the Society.

Honorary members shall be those of whom the Society wishes to signify its appreciation and hold in grateful remembrance for signal service to the profession or to humanity.

ARTICLE V—Officers.

The officers of the Society shall consist of a President, First Vice-President, Second Vice-President, Secretary, Treasurer, two Auditors, and six other members of the Constitution to be called Councillors. All of these officers together shall constitute a body which shall be known as the Council.
ARTICLE VI—Amendments to Constitution.

This Constitution shall not be amended or annulled except as hereinafter provided.

To amend or annul this Constitution it shall be necessary that such proposed amendment or annulment be presented in writing to the Secretary to put before the annual meeting next preceding the one at which the final ballot shall be cast, for its approval, and a copy of the proposed amendment or annulment with a copy of the part of the Constitution as amended be sent to each member at least two months previous to the meeting at which final action is to be taken. A two-thirds vote of the members present shall be necessary for amendment or annulment.

BY-LAWS.

ARTICLE I—Meetings.

The meetings of the Society shall be held annually. The time and place of each meeting shall be named by the Council and reported to the Society for its action at the meeting next preceding. 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 Society.

The President shall have authority at her discretion to instruct the Secretary to call a special meeting of the Council, and she shall be obliged to do so upon a written request signed by not less than six members of the Council. Such special meeting shall be called by giving at least four weeks written notice.

ARTICLE II—Membership Qualifications.

Superintendents from training schools and hospitals shall be graduates of training schools connected with general hospitals giving not less than a two years' course of training in the wards of the hospital; or, whose experience gained by post-graduate or other additional training school work might justly be considered its equivalent. They must be endorsed by two members of the Society.

Assistant Superintendents must have the same qualifications and endorsements, but in addition must be endorsed by the superintendents with whom they are associated.

Superintendents of nursing bodies must have the same qualifications and endorsements, but in addition must be in regular standing with their Alumnae Association and endorsed by the presidents of the same.
Every candidate for admission shall make application to the President for a blank form which she shall fill out and return, to be sent by the President to the Council for consideration. Final action by the Council shall be taken at the Council meeting immediately previous to the annual meeting, and the names of all candidates with the recommendation of the Council thereon shall be presented to the Secretary for action, at the annual meeting.

Election shall be by two-thirds vote of the members present.

Applications for Honorary Membership, signed by three members, shall be presented at an annual meeting. The election shall be unanimous.

ARTICLE III—Fees and Assessments.

The initiation fee shall be two dollars and annual assessment three dollars. Assessments to be paid at the annual meeting.

Card of membership will be issued on payment of initiation fee and annual assessment.

ARTICLE IV—Withdrawal.

Any member of the Society 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 Society.

Any member who shall fail for two successive years to pay her dues after special notice by the Treasurer, shall be regarded as having resigned her membership unless such dues shall have been remitted by the Council for good and sufficient reasons.

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

ARTICLE V—Election of Officers.

The Officers and Councillors shall be elected at each annual meeting. A Nominating Committee of three, appointed by the President, shall select names and present them to the Society for election, which shall take place immediately. The person who shall have received a two-thirds vote shall be declared elected to the office for which she has been nominated.

ARTICLE VI—Re-election.

The President is eligible for re-election for the second term. The Secretary and Treasurer are eligible for re-election. All 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 Society they shall be filled by the Council until the next annual meeting.

**ARTICLE VII—A Quorum.**

A quorum of the Council shall be formed by five members; and of the Society by twenty members.

**ARTICLE VIII—Duties of Officers.**

The President shall prepare an address to be delivered at the opening session of the annual meeting. She shall preside at all annual and special meetings of the Society or Council, or if absent at any time, the Vice-Presidents shall act in their order. The Secretary shall keep the records of the Society and perform all the duties pertaining to that office. The Treasurer shall receive and duly account for all sums of money, pay all bills approved by the President, and shall submit these accounts with a financial report for the preceding year at the annual meeting of the Society.

Each annual statement to be examined and reported upon by the Auditors.

The Council shall keep a careful record of its proceedings and make an annual report to the Society of matters of general interest. The order of business of each annual meeting of the Society shall be determined by the Council and be printed for the use of the Society at its meetings.

The Council shall also make arrangements for the meetings of the Society, appointing such auxiliary committees from its own body as shall be requisite for that purpose.

**ARTICLE IX—Amendments of By-Laws.**

These By-Laws may be amended or annulled by a two-thirds vote of the members present, provided a written notice of such amendment or annulment be sent to each member four weeks before the annual meeting at which the vote is to be taken.

They may be temporarily suspended at any meeting by unanimous consent.
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PROCEEDINGS

OF THE

NINTH ANNUAL CONVENTION

—OF—

The American Society of Superintendents
of Training Schools for Nurses

HELD AT

DETROIT, MICHIGAN

September 9, 10, 11, 1902

HARRISBURG, PA.:
HARRISBURG PUBLISHING COMPANY.
1902.
Officers for 1902-1903.

PRESIDENT.
Miss Giles.

1st VICE-PRESIDENT.
Mrs. Grettter.

2nd VICE-PRESIDENT.
Miss Delano.

TREASURER.
Miss Alline.

SECRETARY.
Miss Dock.

AUDITORS.
Miss McKechnie.
Miss Nevins.

COUNCILLORS.
3rd Year.
Miss Richards.
Miss Saively.

2nd Year.
Miss Gross.

1st Year.
Miss Gilmour.
Miss Allerton.
Miss Russell.

STANDING COMMITTEE ON PUBLICATION.
Miss Dock.
Mrs. Grettter.
Miss Alline.

COMMITTEE ON COURSE IN HOSPITAL ECONOMICS.
Miss Banfield.
Mrs. Robb.
Miss Riddle.
Miss Maxwell.
Miss Nutting.
Miss McIsaac.
NINTH ANNUAL CONVENTION

OF

THE AMERICAN SOCIETY

OF

SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

The ninth annual convention was held in the Convention Hall of the Russell House, Detroit, Michigan, on Tuesday, Wednesday, and Thursday, the 9th, 10th, and 11th of September, 1902. The first session was called to order by the President, Mrs. Gretter, at ten a.m.

Mrs. Gretter introduced the Mayor's deputy, Comptroller Blades, and Dr. J. H. Carstens, who gave addresses of welcome.

The President then spoke as follows:

It is a great pleasure to me to add my cordial greetings to those that have just been given, and to extend to you all, members and friends, another heartfelt welcome.

Detroit is honored in having been selected for the meeting of this ninth annual convention of the American Society of Superintendents of Training Schools for Nurses, and I appreciate the additional honor conferred upon me in being permitted to serve you as your presiding officer.

You have brought to us the cheer and inspiration of your presence; Detroit tenders to you her hospitality, the enjoyment of her natural beauties and historical interest; so we may hope for mutual pleasure and benefit, which are among the objects of these re-unions.

The inception of a plan to form a bond of union among training school superintendents for mutual help and encouragement dates from a "roundrobin" letter started westward by one of the eastern superintendents about twelve years ago. Though nothing tangible
can be directly traced to it, it was nevertheless an expression of a
need that was felt to cultivate ties of friendship and co-operation
in the important work of teaching and training nurses. That want
was met by the organization of this Society at the first Internation-
al Congress of Nurses, held at the World’s Fair in Chicago in 1893.

One object of our organization, as stated in the constitution, is,
“to further the best interests of the nursing profession by establish-
ing and maintaining a universal standard of training.” That clause
was elaborated by Miss Nutting in her report of the American Fed-
eration of Nurses to the National Council of Women, in Washington,
February, 1902, and reads as follows: “To further the training
schools by establishing universal requirements of admission, a more
thorough and extensive curriculum and a longer period of training,
shorter hours of duty and better quarters and conditions for pupils
generally.” These are clearly definite aims toward the higher edu-
cation of the nurse.

Organization was justly considered the first step toward attaining
standards, and how far that has been accomplished may be briefly
touched upon.

In 1896, through the efforts of this Society there was formed the
Nurses’ Associated Alumnae, a national body now representing forty-
five local alumnae associations and about three thousand trained
nurses. The objects set forth by them are “to strengthen the
union of nursing organizations, to elevate nursing education, and
to promote ethical standards in all the relations of the nursing pro-
fession.”

In London, in 1899, there was founded the International Council
of Nurses—“to provide a means of communication between the
nurses of all nations, and to afford facilities for the interchange of
international hospitality” Further, “to provide opportunities for
nurses to meet together from all parts of the world to confer on
questions relating to the welfare of their patients and their pro-
fession.

In 1900 this Superintendents’ Society and the Nurses’ Associated
Alumnae were affiliated, and under the title of The American Federa-
tion of Nurses were admitted to the National Council of women of
the United States, which was formally organized March 31, 1888, in
Washington. The preamble to their constitution reads thus: “We,
women of the United States, sincerely believing that the best good of
our homes and nation will be advanced by our own greater unity of
thought, sympathy and purpose, and that an organized movement
of women will best conserve the highest good of the family and the
State, do hereby unite ourselves in a confederation of workers com-
mitted to the overthrow of all forms of ignorance and injustice; and
to the application of the Golden Rule to society, custom and law." Its motto is the apostrophe: "Lead Kindly Light."

That Council is affiliated with the International Council of Women, and together they are working for the promotion of the "Council Idea," which Mrs. Sewell sums up as "the climax in the organization of the moral forces of society by women, and standing for the broadest mutual respect and sympathy, and for the peace which makes for righteousness." Its guide is the precept, "Do unto others as you would that they should do to you."

That sums up the history of our organization. The statements quoted from the various constitutions may be called a declaration of our principles, and they serve to show to what we are committed by virtue of our association with those several organizations. To live up to them we must take our place in the arena of the world's activities, and assume our share of responsibility, endeavoring to work with intelligence and an exalted purpose.

One of the educational features of organization is the spread of new thought as it develops, and in that way more minds are enlightened and more of truth is revealed to mankind,—and above all things we need the Truth to guide us to right action and right living. Let us see how far we have profited by our advantages.

One of the early efforts of this Society was to lengthen the course of training and shorten the hours of manual work for nurses in training schools. Just how far-reaching has been the effect during these nine years of effort I am not prepared to state in statistical form. However, two years ago there were reported fifty-six hospitals that had extended their course to three years, and five that had lengthened their two years course by several months. A number of these had reduced their working hours to ten or nine, a very few to eight. In 1891 Harper Hospital adopted the eight-hour system, and the Johns Hopkins Hospital and several others have done so within the past few years.

These sixty-one reports showed that there had been some improvement in the course of study provided for pupil nurses; though there was no uniform standard of admission or instruction. There is still much to work out on that line.

Better quarters and conditions generally for nurses now exist than nine years ago, for we hear of many more nurses' homes being built in connection with hospital training schools.

Another step that has been taken by this Society to advance nursing education was the development during the past three years of the course in Hospital Economics at Teachers' College, Columbia University. The officers have issued a prospectus giving a statement of its aim and purpose, course of instruction, terms of admission.
fees and expenses. We have also a committee that will report to us on the work that has thus far been accomplished.

The advantages of the mental equipment which such a course of study and practice provides, can perhaps be estimated best by those of us who through a lack of systematic preparation for the administration of training schools, feel keenly our limitations in working out methods for others to follow. The Domestic Science Course, including food, home sanitation and economics, and household chemistry, will appeal to every training school superintendent, because it promises to nurses in the future better instruction in these important subjects.

The Hospital Economics Course will also better qualify graduate nurses to take part in reform and preventive work. Miss Richards’ paper on that subject, also read at the Woman’s Council in Washington last February, must have been a revelation to many; and it is full of suggestions of future possibilities. It is true as she states, that “nurses are by their training especially fitted for reform and preventive work, and each year finds a larger number employed outside of what might be considered strictly professional lines.”

Fifty thousand dollars are needed to endow a chair of Hospital Economics in Teachers’ College, and that is a good object for all nurses to work for. Some may have a talent for impressing wealthy, philanthropic people that it is a good investment for a generous sum, on the principle that everything that tends to increase the efficiency of the nurse and to improve the methods of caring for the sick, is a good investment. The popular giving by large numbers in small sums, is an excellent way also, and creates a widespread interest that furthers a good cause, and benefits many—for there certainly is nothing that helps the giver so much as giving.

Preparatory education of nurses is now engaging the attention of training school superintendents, and in the series of papers on that subject to be read to us, we shall have the benefit of much careful thought and some practical experience. Special central schools, technical schools, and hospital schools are severally advocated for the preliminary course for probationers. Whatever their relative merits, a good working method must include the needs and capacity of the average hospital, which is neither large nor wealthy. Domestic science will be included in the preparatory course, and again superintendents will rejoice in future prospects; for where is there one who does not recognize the lack of knowledge of housekeeping as one of the weak points in the average pupil nurse? And often because of imperfect methods of teaching in training schools, or a total lack of teaching, the graduate nurse who otherwise may be technically skilled, is criticised for faults of omission and com-
mission in her relationship to the housekeeping department in private families.

State registration for nurses, as a means to the end of securing legislation for the protection of nurses and the public, and for the improvement of standards in training school teaching, is a large subject in which we are interested. We shall become further enlightened on points relating to it through Miss Allerton's paper and the discussions we hope will follow.

New York, Virginia, Illinois and New Jersey have already taken definite steps toward accomplishing state registration.

The Alumnae Associations of Detroit will make the first move for Michigan, in October.

The need of action is manifest here, for there is established in our midst an institution calling itself the "Detroit Correspondence School of Nursing," and claiming to be incorporated under the laws of Michigan.

Detroit may be somewhat conservative—in the matter of regulation of its standard of time, for instance—but it is not altogether slow, I assure you, for even Chicago could hardly exceed the rapid transit method of educating nurses that obtains in that so-called "School of Nursing." A six months course, and all by correspondence! A fac simile of the "diploma" occupies one page of the "announcement," and is described as being "15x20 inches, is printed on the best bond paper, and is a work of art which the graduate will prize." It furthermore claims to entitle the student to practice nursing in Canada or the United States, without further examination. Could anything be more inimical to the interest of patients, nurses, and unsuspecting credulous young women than such a "school?"

We all know of a very real need that does exist, and which "schools" of that kind sometimes pretend to fill, namely, the supplying of trained nurses to the great body of wage earning and small salaried people, who can not afford to pay for the services of trained nurses.

Miss Richards' plan, of visiting or hourly nursing works well according to reports, but there are relatively few nurses who adopt it; and besides it does not supply the demand for continuous service in cases where the patient is critically ill. "Trained attendants" are advocated by some of the medical profession and Dr. Putnam's paper on that subject read before the Providence Medical Association in February, has been considerably discussed. Her proposition, that hospitals are the places where such attendants should be instructed, appears plausible from one point of view, but to me it seems impracticable. It would complicate too much the training school arrangements for its regular pupils; it would open another door to the entrance into our profession to a class of women we
are endeavoring, by registration and legislation, to exclude; and it
would not supply the real need.
Surely for the great army of honest, intelligent, self-respecting,
working people, who have both brains and brawn, but usually lim-
ited means, there should be supplied when sickness overtakes them
the best kind of nursing. That can be given only by the best trained
nurses.
The remedy for the existing want in my opinion lies in education.
There are those who think the tendency is to over educate the nurse
—that she is being educated "above her position." We must ac-
knowledge faults that lay us open to such criticism; but a deeper
study of the question will bring a different judgment, and it will
be seen that those faults exist, not because of education, but because
of a lack of it. Education in its broad sense, co-ordinates the phy-
sisical, the mental and the spiritual powers of man, and gives him a
true sense of his relationship to others.
When that perfect balance can be reached, he will recognize the
fact that the law of his being is, to do unto others as he would they
should do unto him, and he will live up to that law. The devel-
opment of the altruistic or "other-regarding" spirit is what we need
very much in our education, and its application to our professional
work will solve in a practical way that particular problem I have
just mentioned, and every other problem that has in view the help-
ing of others. I mean plainly this—that if all trained nurses in
the practice of their profession, would, as many already do, assume
their full individual share (according to means and ability) of the
responsibility and hard work of nursing the sick among any and
every class, the question would at least begin to be practically dealt
with. There would be an immediate amelioration of the present
condition, and an abundant hope of its future improvement. We
nurses are the ones to create the sentiment that will supply that de-
mand. It cannot be done without personal effort and self-sacrifice.
For those doing private nursing there would need to be more flex-
ibility in the matter of fees, by charging the very wealthy more,
others less. To charge a moderate price for people of moderate
means would not lower the professional standard; only the char-
acter of the work, and the spirit with which it is done can affect
that. Given the right spirit in nurses, the sentiment of helpful-
ness would grow, and there would be more endowments like the
"Craner Fund" of Chicago, which has for its object the employment
of trained nurses at their full rates, for people of small means. I
do not mean to underestimate the commercial value of our profes-
sional work,— on the contrary it cannot be overestimated, when it
is of a high order—but I do want to emphasize that we should make
it more valuable in another way as well—in an ethical way. "Ethics,"
Jane Addams says, "is but another word for 'righteousness,' that for which men and women of every generation have hungered and thirsted, and without which life becomes meaningless."

Let us endeavor to practice ethics in our daily life, and teach ethics in our training schools. The advent of Hampton's Nursing Ethics as an aid, has been timely. It should be a text-book of every pupil and every graduate nurse.

My object in presenting to you a résumé of what has been accomplished, and is being done by this Society to improve the education and to elevate the professional standard of the nurse, is to impress upon you that it was by co-operation that the results have been attained. The promotion of "fellowship among members, by meetings, papers, and discussions on professional subjects" is an object that we must keep before us to carry on the good work that was inaugurated by the earnest, far-sighted women who were the promoters of this organization. I deeply regret that more of them are not with us on this occasion to inspire us with their presence and their wise counsel.

Let us show our loyalty to them and to our common cause by becoming workers for it, and in that way we will bring also a direct benefit to the particular field of work in which we are severally engaged.

Fellowship and every other object of this Society is effectually promoted by our splendid American Journal of Nursing, a broad-minded ethical magazine which should be supported and its managers encouraged, by every nurse becoming an individual subscriber. Because it is the official organ of this, and the other leading nursing organizations, it should be read by all nurses in order that they may be well informed about their own affairs and interests.

At the last annual meeting it was decided on motion to publish all announcements of meetings, and matters relating to them, in the American Journal of Nursing, instead of sending out printed announcements.

It would seem advisable to have our by-law referring to that clause, coincide with that decision, if that decision is not reconsidered.

In conclusion I earnestly hope that our meeting may in every way be a decided success.

The minutes of the last meeting were then read and approved and the Treasurer's report was read and accepted.

**Report of the Treasurer.**

The American Society of Superintendents of Training Schools for Nurses in account with Anna I. Alline, *Treasurer*. 
Ca.

September 1, 1902. By cash, .................. $204 44
By annual dues, 83 members, .................. 262 06
By initiation dues, 17 members, .................. 85 00
By sales of reports, ........... 5 00
By National Council stenographer's fees, ........... 5 00

$561 50

Dr.

September 1, 1902. To printing, .............. $22 25
To postage, .................. 12 38
To stenographer, .................. 13 00
To rent of room for convention, .................. 15 00
To share of annual dues to National Council of Women, .................. 16 67
To Secretary and Treasurer's expenses to Council meeting in Detroit, ......... 74 00
To ½ expenses of delegates to National Council of Women in Washington, ......... 13 50
To International Congress of Nurses expenses, .................. 100 00
To amount deposited on interest, .................. 100 00
To pins, National Council of Women, .................. 3 33
To exchange on out of town checks, .................. 10

$372 23

Cash in Nassau National Bank, ........... 189 27

$561 50

Examined and found correct.
Miss Griswold, Auditor.

Committee reports were heard from the Publication Committee, which had only to remind members that the proceedings of the eighth annual meeting would appear in one volume with the ninth, and from the American Federation of Nurses' Committee. This re-
port was the same as read at the Associated Alumnae Convention in
Chicago, and may be found in the July number of the Journal. The
Committee on Hospital Economics asked to be deferred until the sec-
don day's meeting.

Election of new members followed, and the list of names is given
as acted upon by the Society:

Miss Martha M. Russel, graduate of the New York Hospital, and
superintendent of nurses of the Western Pennsylvania Hospital,

Miss Ella Phillips Crandall, of the Philadelphia Hospital, in charge
of the Protestant Deaconess' Hospital, Dayton, O.

Miss Annie M. Coleman, of Toronto General Hospital, in charge of
the Saginaw General Hospital, Saginaw, Mich.

Miss C. Louise Burdett, of St. Luke's Hospital, N. Y., in charge of
the Lying-In Hospital, New York City.

Miss Martha M. Russell, graduate of the New York Hospital, and
Miss Edith A. Lampman, of Brooklyn Homeopathic Hospital, in
charge of the Syracuse Homeopathic Hospital Training School.

Miss Hattie M. Phillips, of Farrand Training School, Detroit, as-
sistant superintendent of the Home for Destitute Children, Chicago,
III.

Miss Carrie S. Louer, of Illinois Training School, in charge of the
Jewish Hospital, Philadelphia, Pa.

Miss Margaret M. Wallace, of Rochester Homeopathic Hospital, in
charge of the Memorial Hospital, Brooklyn, N. Y.

Miss J. J. Cunningham, of Rochester City Hospital, in charge of the
Royal Alexandra Hospital, Fergus, Canada.

Miss Mary L. Keith, of Massachusetts General Hospital, in charge
of the Rochester City Hospital, N. Y.

Miss Edith Mayou, of Illinois Training School, in charge of Vic-
toria Hospital, London, Canada.

Miss Brenda F. Mattice, of Boston City Hospital, in charge of the
Anna Jaques Hospital, Newburyport, Mass.

Miss Charlotte R. Brown, of Boston City Hospital, in charge of
Hartford Hospital Training School.

Miss Jane M. Pindell, of New York City Training School, in charge
of the Metropolitan Hospital Training School, New York City.

Miss Bertha Erdman, of St. Barnabas Hospital, Minneapolis, in
charge of the City Hospital, Minneapolis, Minn.

Miss Jane A. Delano, of New York City Training School connected
with Bellevue Hospital, in charge of the same school.

Mrs. Margaret L. Rogers, of New York Hospital, in charge of the
Bridgeport General Hospital Training School, Bridgeport, Conn.

Miss Agnes G. Deans, of Farrand Training School, Detroit, in
charge of Children's Free Hospital, Detroit, Mich.
Miss Sophia L. Rutley, of Farrand Training School, in charge of the St. Luke's Hospital Training School, San Francisco, Cal.

Mrs. Ida Millman Tice, of Illinois Training School, in charge of Monroe Street Hospital, Chicago, Ill.

Miss N. E. Haight, of Farrand Training School, Detroit, in charge of the Children's Free Hospital, Detroit, Mich.

Miss Elizabeth L. Parker, of Farrand Training School, in charge of the School for the Blind, Lansing, Mich.

Miss Isabella Cochrane, of Farrand Training School, in charge of the Home for Destitute Crippled Children, Chicago, Ill.

Miss Bertha May Smith, of Rochester Homeopathic Training School, in charge of the Barnard Sanitarium, Baltimore, Md.

Miss Maud McClaskie, of Farrand Training School, in charge of the Woman’s Hospital and Infants’ Home.

Miss Elizabeth Millsap, of the Pennsylvania Hospital, in charge of Nicholls Memorial Hospital, Battle Creek, Mich.

Miss Frances Black, of Rochester Homeopathic Hospital, in charge of the Utica Homeopathic Hospital, N. Y.

Miss Sadie C. Young, of Farrand Training School, assistant principal of the same school, Detroit, Mich.

Miss Beatrice Stuart Monteith, of the Brooklyn Training School, in charge of the same school.

Miss Helen Balcom, of St. Luke’s Hospital, Chicago, in charge in the University Hospital Training School, Ann Arbor, Mich.

Miss Elizabeth F. Flemming, of Rhode Island Hospital, assistant superintendent of the same training school.

Miss Hester L. Page, of Asbury Methodist Hospital, Minneapolis, Minn., in charge of the Watertown City Hospital, N. Y.

Miss Annie Elizabeth Kirchoff, of Brooklyn Homeopathic Hospital, in charge of the Trinity Hospital, New York City.

Miss Isabella E. Jewell, of the Massachusetts General Hospital, in charge of the Montreal Maternity Hospital.

Miss Mary C. Thornton, of Farrand Training School, in charge of the St. Luke’s Hospital Training School, Duluth, Minn.

Mrs. E. G. Fournier, of Farrand Training School, in charge of Hope Hospital, Fort Wayne, Ind.

Miss Gertrude O. Lewis, of Hartford Hospital, in charge of the Litchfield County Hospital, Winsted, Conn.

Miss R. Inde Albaugh, of the Maryland Homeopathic Hospital, in charge of the Grace Hospital Training School, New Haven, Conn.

Miss Harriott Boss Pearce, of the Rhode Island Hospital, assistant superintendent of the Training School of the same hospital.

The President. The first thing on our program is a series of papers on Preparatory Work for Nurses, by Miss Nutting, Miss Parker, Miss Gilmour, Miss Dolliver and Miss Davis.
THE EDUCATION OF NURSES.

By M. Adelaide Nutting, Superintendent of Nurses and Principal of Training School, Johns Hopkins Hospital.

[Read at the Ninth Annual Convention of the American Society of Superintendents of Training Schools for Nurses, in Detroit, September, 1902.]

While the question of nursing education is beset at every turn with urgent problems, no one of these probably transcends in importance that aspect of the matter which, because we do not quite know what to do with it, we call the "Preliminary Education of Nurses." As such it has claimed an increasing amount of our thought and attention during the last few years, and has been made the subject of a few interesting and instructive experiments. In a recent number of The American Journal of Nursing (March, 1901) the writer attempted to describe briefly the methods used in those schools in which a course of preliminary instruction has been established,—viz., the Glasgow Royal Infirmary, the London Hospital, the Dublin Technical School for Nurses, and, in America, the Waltham School in Massachusetts. Since that date an effort has been made to test the value of such a course of preparatory instruction in the Johns Hopkins Hospital School for Nurses at Baltimore, and a class of pupils was admitted on that basis in September of last year. This plan of work has therefore been in operation but little more than six months, and no just estimate of its value can yet be formed, but in view of the increasing interest shown in the matter the writer has acceded to repeated requests to give some details of the work as carried on.

The outline of the scheme for this preparatory teaching includes as subjects "Household Economics," with special reference to the study of foods; "Hygiene and Sanitation," "Anatomy and Physiology," "Materia Medica," and the "Elements of Nursing." The time set apart for this course of study and practical work is six months, which is considered a probationary period. Ability to enter the wards and to proceed with her professional education depends upon the pupil's passing the required examinations and tests in the foregoing subjects, and also upon her having proved her fitness to enter from the important standpoint of physical strength and temperament, personal characteristics and habits. Probationers who are found to be quite unequal to the work and study or are unsatisfactory from other standpoints are dropped from the course within a few weeks, as under previous systems. Pupils receive board, lodging, and a reasonable amount of laundry work from date of entrance, uniforms being supplied them by the hospital when they are accepted as pupil nurses. Textbooks and stationery are provided
from the beginning. The six months form a part of the three years, and accepted pupils have therefore practical work in the hospital wards for two and one-half years. The course of instruction includes both theory and practice, the practice being limited to a period of from four to six hours daily, the theory occupying from two to three hours daily.

For purposes of instruction in the practical part of this training the school building generally known as the Nurses' Home was selected. The kitchens, serving-rooms, pantries, and class-rooms were suitably equipped and certain portions of the necessary daily work set apart for practice classes for the students. In pursuance of the belief that it is essential for the nurse to have a wide and thorough acquaintance with the subjects of foods and dietetics and a full knowledge of the work of the household, with careful training in its various branches, a comparatively large proportion of time is devoted to this study, a detailed account of which will be given later on. The entire mornings are devoted to practical work in some one of the following departments: the dining- and serving-rooms, kitchens, one floor of bedrooms, including halls, lavatories, and bathrooms, etc., the room for the preparation of surgical supplies and dressings, clinics of the out-patient departments. Classes and recitations are held each afternoon between two and five in the following subjects: anatomy and physiology, hygiene and sanitation, the properties and effects of drugs, practical classes in the elements of nursing, including bandaging. At the head of each of these departments a trained instructor is always on duty with her pupils, making the various portions of the work which they are obliged to perform the subject of constant instruction and criticism. The organization thus resembles somewhat that of a ward with head nurse and pupils, the teacher corresponding to the head nurse.

The practical work as carried on in the various departments to-day shows in the dining- and serving-rooms a group of six pupils. Here they are on duty from seven until eleven a. m., going off duty and returning from five until seven p. m. Their duties include the care and cleansing of dishes, silver, china, and all cooking utensils; the care of table linen in the removal of stains before sending to the laundry; the care of pantries, shelves and drawers, and various food receptacles; the care of refrigerators and refuse-cans; the receiving of supplies, meats, milk, butter, eggs, vegetables, and groceries, weighing, noting condition of article when received and its proper care until used. Here lessons are given in the necessity for absolute cleanliness in every appointment in connection with the care and serving of food.

Going from there to the kitchen, which is equipped with a large and complete gas cooking-range, charcoal broilers, as well as various
steam appliances for cooking food in large quantities, we find a class of pupils at work preparing soups, meats, vegetables, and desserts for dinners, also preparing cold meats, arranging salads, and preparing fresh or cooked fruits for the suppers. Nourishment is prepared and trays arranged for any member of the family who is prevented through illness or other incapacity from coming to the table, thus affording practice in the dainty serving of attractive foods.

In the preparation of meats the pupils are taught the characteristics of different kinds and cuts of meats, the relation of bone to muscle and fat, the cuts suitable for different purposes; roasting, broiling, stewing, broth, and soups; cooking of tough and tender meat, the nutritive value of each, the effect of different temperatures on proteids and fats. The pupils have lessons and practice in carving roasts of beef, lamb, poultry, etc., each doing the carving for the dinner daily for two weeks.

In the preparation of desserts, the principles of cooking eggs, milk, and starch are taught.

Instruction is also given in marketing and in the preparation of the weekly menu.

All practical work is under the direct supervision of trained instructors, who emphasize the importance of accuracy, neatness, and the proper regard for time employed in performing every detail of the work.

Twenty-six lessons of from two to three hours each are given in the chemistry of foods, the relation of food to the body, the effect of food on the body in different diseases, the cost of food, food values, and the calculation of properly balanced dietaries. The microscope is freely used in the study of food materials, and demonstrations by instructor or pupils are used to impress on the minds the point under discussion.

It should be noted concerning all of this work that, while instruction is given in the right way of cleansing and keeping in good order all cooking utensils and appliances, and these methods are clearly demonstrated so that the pupil cannot fail to become familiar with the proper agents, the cleaning of floors, sinks, stoves, and refuse-cans is not part of the duties assigned to the pupils. They are expected, however, to know how all these things should be done. That which is most essential for teaching purposes has been selected out of the actual work of the day, which, including, as it does, two breakfasts, two dinners, and two suppers, affords abundant material for a very satisfactory kind of instruction. One of its most valuable features lies in the fact that precisely in the way in which the pupil nurse is taught in the wards to feel the vitally important nature of all that she does for her patients, so the pupils in the school quickly
realize that they are occupied in work the results of which are of much consequence, and it must be done according to certain definite standards of instruction. In each instance the product of their activity as students is utilized and a matter of much moment, and the effect of this knowledge upon the character of their efforts is constantly noted.

One entire floor of the school building has been set apart as a place where a group of students is detailed for six-weeks duty in studying and practising the details of practical hygiene as it should be applied to wards and rooms for the sick. This floor contains bedrooms of one class of students, and, with adjoining halls, bathrooms, lavatories, etc., is used as a field for teaching. Each pupil is assigned a definite territory, and the work is carried on as though each room were occupied by a patient. The routine practical work daily begins with showing how rooms are properly aired, and bed linen, mattresses, and pillows so arranged as to receive the fullest benefit of fresh air and sunshine. Careful bedmaking, with reference to the details essential in preparing the beds for the sick, together with instruction as to the suitable kinds of beds of hospital wards, also the cost and care of mattresses, blankets, and bed linen, are included in these lessons.

The most suitable and convenient arrangement of furniture is observed, as well as a thoughtful adjustment of light and shade. The noiseless closing of doors, moving of chairs, preserving of order and quiet in all work, the comfort of future patients being constantly borne in mind, the care of windows and walls, of hard-wood floors and rugs, of paints, varnish, mirrors, and brasses, including the scrupulous cleanliness of utensils and appliances, are subjects for thorough teaching. The right method of dusting and its extreme importance in hospitals are dwelt upon. In caring for and cleansing porcelain tubs, nickel and brass fittings in bath-rooms and lavatories, the effect of good and harmful agents is demonstrated, and the paramount importance of absolute cleanliness and free ventilation in these frequently obscure places is indelibly impressed upon the minds of the students by the scrupulous care given.

In the linen-rooms the pupils become familiar with the details of the care and arrangement of linen and household supplies.

Instruction in the surgical-supply room extends over a period of about six weeks. It is most practical in character, and includes the making of the numerous surgical dressings, sponges, gauze rolls and pads, the medicated gauzes, iodoform and bismuth, the preparation of silver-foil and tissues, and the making of gauze, muslin, flannel, and plaster bandages. Instruction is given in the methods and purpose of sterilization, the handling of sterilizers, and the principles governing asepsis and antisepsis. By the distribution of the sterile
supplies to the different wards each morning knowledge is gained of the kind and amount of supplies required for the average ward per day, and the weekly and monthly records of the use of materials and their cost is thus obtained. The pupils are taught as they make and prepare for the sterilizer the various kinds of dressings why some are used in certain kinds of work and not in others, and this is supplemented by occasional visits to the wards, inspection of bandage-closets and surgical carriages, and, if possible, a few dressings are seen.

In connection with this are the various clinics of the out-patient department, the orthopedic clinic in particular, where pupils of this group are detailed in rotation to assist the head nurse. Here they are taught how to prepare the children for examination, the care of the skin where plaster casts are to be worn, the use and proper handling of plaster bandages, the use of apparatus for correcting deformity, and by becoming familiar with seeing and handling these crippled and deformed children much is done towards preparing the pupils for their later work in the wards. In these clinics, where so many plaster dressings are made on ward patients who have undergone surgical operations, experience is had in the use of instruments and gloves for dressings and their after-care, the handling of surgical supplies, the making of carbolic and bichloride solutions, preparing for irrigations, accuracy in hearing and alacrity in obeying orders. A thorough course in bandaging comes later in this preliminary training.

The ground of the course of preparatory instruction as carried on here at present is thus outlined. To the regular schedule of work and study a number of lectures and talks by experts in various subjects are added as opportunity for securing them arises. These talks are upon topics relating to the general scheme of the course and included under the head of "Household Economics," such for instance, as the history and manufacture of various textiles, linen, cotton, woolens, silk; potteries, the making and decorating of earthenware and china; floors and floor coverings, and similar subjects.

As before stated, it is too early in the day to say anything conclusive on this subject either as to its merits or demerits. At present the former constantly obtrude themselves; later the other side may claim more of our attention. The basis of all arguments in favor of such a course may perhaps be briefly summed up in the following statements:

That training in the practical or technical side of our work can only be pursued in any satisfactory manner, or to any sufficient degree, when the pupil has been suitably prepared by theoretical instruction. Otherwise she is merely a routine performer of acts which she does not understand and which, therefore, are of little
or no benefit to her, and which are liable through her ignorance to be distinctly injurious to her patients.

That the effort to prepare pupil nurses hitherto has been carried on in connection with their work in the wards and has resulted in the all but universal custom prevalent in training-schools of mixing theory and practice indiscriminately together with little regard to methods, standards, or logical sequence of subjects and with a totally inadequate provision of time for study. We have, therefore, pupils entering wards and finding there a combination of domestic duties of a somewhat laborious and unfamiliar nature and duties and responsibilities of almost every kind in the care of the sick about them. In addition to this, they should begin at once the study of anatomy, physiology, the properties and effects of drugs, and other matters, so that, in fact, it has been found necessary to crowd the instruction of the first year greatly in order to prepare the pupil to proceed with any advantage whatsoever with her professional education.

It has, therefore, gradually become evident that schools for nurses have before them the necessity of considering some better methods of teaching, something more thorough, systematic, and progressive, something which really considers the needs of the pupil in the same way in which similar needs are considered in other educational institutions, and the teaching and training adjusted to the ultimate end. Were it possible now to place the requirements of admission at such a point as would insure in our pupils a definite knowledge of certain prescribed subjects before entrance to the schools of nursing, it is manifest that our work of education might be greatly facilitated. That it is not possible at present will be seen at once when we stop to consider what means are now available for providing candidates for admission with such instruction. We say that any scheme for preparatory instruction should include:

1. A thorough practical training in the care of the household and in the properties and preparation of foods.

2. A definite prescribed course of instruction in anatomy and physiology.

3. A study of the properties and effects of drugs.

4. Classes in and demonstrations of the simple and elementary forms of practical nursing work.

It requires little knowledge of existing facilities for acquiring such instruction to realize that at present there is no known school or institution of any kind where a candidate might go to fitly prepare herself in these subjects for entrance to the hospital school of nursing. Certain well-known institutions, such as the Drexel in Philadelphia, the Pratt in Brooklyn, the School of Housekeeping in Boston, and some others cover the ground of the domestic sciences admirably, and upon them we depend for our instructors in these branches; but the subjects of anatomy and physiology and materia
medical are not taught in these schools, nor does there seem to be any feasible way by which a student could carry on these studies simultaneously with her course of instruction in domestic science. The instruction in the latter subject is, moreover, largely occupied with the subject of foods and cookery,—great essentials, but not all that we mean when we say that a pupil should have a knowledge of housekeeping before entering the hospital wards for her training as a nurse. Such a knowledge includes the practical handling of the things and affairs of the home, and is taught in no schools and in few homes at the present day. Spencer says truly, "That which our school courses leave almost entirely out, we thus find to be that which most nearly concerns the business of life."

But even should it prove possible at some later date to provide instruction such as has been outlined, either in existing institutions or schools established solely for the purpose, there may be some reasonable doubt as to how far this would supply what we are trying to bring into preparatory teaching, and what is perhaps one of its vital features. Not more important than the amount of knowledge gained or the number of facts acquired is the way in which things are taught, the way in which the life of the student is ordered, the constant training in habits of neatness, accuracy, precision, keenness of observation, forethought, the cultivation of self-control, self-reliance, and ability to bear responsibility and to meet the emergencies of life. These are things which we need to teach from the very beginning, or, what is even more important, to find out to what degree it will be possible to teach and develop these qualities in any given student. Our whole system of training is based upon military ideals, rather than the scholastic, and how greatly our efforts are directed towards that moral discipline which forms and determines character and makes it beyond any other thing whatsoever the force in life upon which we as nurses have to reckon, we hardly realize until called upon to consider or apply other methods of education. It will be observed that in our preparatory teaching every step in any direction is governed by the order, method, system to absolute correctness and precision, and obedience of orders which we have found so excellent when applied to the training of pupils in our hospital wards. It would seem, therefore, that in considering constantly, as we do, the question of the establishment of preparatory schools, we should aim at securing a kind of teaching and training which is in some conformity with our existing methods and in accordance with the ideals and standards by which we are at present governed. As a matter of fact, the writer is so far from clear on the subject of preparatory schools that she is somewhat inclined to believe at present that we should drop the phrase "preliminary education," and include in our large schools this instruction in the general scheme of nursing education, which it is the business and purpose of hospital training-schools to give, whether theory or practice.
It is not evident that we have any ground for insisting, for instance, that our applicants come to us prepared by a knowledge of anatomy, physiology, materia medica, foods, and dietetics. For what other work than nursing do they require such instruction? It may be argued that to give this teaching is costly. True, but so is any kind of education worth having. Moreover, facilities, appliances, the plant, in fact, for such preparatory instruction exist in hospitals to a greater degree and better in quality than can be found anywhere else. It is possible that a larger experience may modify or even alter these views upon this one aspect of our attempts to improve the education of nurses. In the meantime our efforts must be to prove all things and to hold fast that which is good.

SCHEDULE FOR PREPARATORY INSTRUCTIONS.

The class is divided into groups of from four to six pupils going on duty at 7 a.m. Each group of pupils is on duty in some one of the following departments for six weeks, passing on at the end of that time to another department. Hours of practical work on duty daily are: Two groups from 7 a.m. until 1 p.m.; two groups from 7 until 11 a.m. and from 5 until 7 p.m.

The Spring class, which entered March 12, 1902, will change in the following manner on April 23, June 4, and July 16:

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PREPARATORY WORK FOR NURSES.

By Miss M. E. P. Davis, Superintendent of Nurses, Boston Hospital for the Insane.

In the first issue of the American Journal of Nursing, October, 1900, the editor mentioned the fact that a movement was on foot in Boston to establish a preparatory course for those intending taking up nursing as a profession.

In view of the long continued absence of data regarding it, the movement, if it made any impression at all, must have seemed simply a ripple, made by the premature plunge of a restless spirit, just then in need of an outlet for an unaccustomed plethora of time, or by one, who not “sitting down and counting the cost,” has been since overwhelmed by the magnitude of the plunge, both in its physical and financial aspect, or who, seeing that such a movement was widespread and the establishment of the preliminary course in some hospitals, an entity, is content to allow that the ideal course is with us, and that nothing remains to be done except to urge each school to establish a course for itself.

While admitting that there may seem grains of truth in the first group of ideas, the last I am not at all content to allow; and as I have been given the credit of this movement, I am pleased with this opportunity to make known my ideas of a preparatory course, with a few of the reasons for them, and the difficulties that stand in the way of its accomplishment.

To begin at the beginning—it may interest you to know the point where the desultory, vague impression that lack of proper early educational advantages in the science of domestic life was too serious a handicap to be altogether offset by the natural or scholastic abilities of the probationer or more than partially atoned for by the routine methods without technical instruction which obtain in the training schools, began to assume proper proportions and take definite shape.

Some ten or twelve years ago in the early part of my career as a nominal superintendent of nurses, I was asked by one of the “managers,” who in visiting the wards of the hospital was struck by the not very prepossessing appearance of a probationer, if we were going
to accept her, and receiving an affirmative reply, launched a series of questions which in substance amounted to this—on what basis do you make your selection?

Up to that time I had not given the acceptance or rejection problem systematic thought enough to be ready with any more intelligent answer than an enumeration of the requirements set forth in the circular supplied to applicants, which are approximately the same in all schools.

While giving the answer I became suddenly conscious that I was making a rather lame, if not misleading statement, and I hastened to throw in "personality," "temperament," "aptitude" and a few more qualifications that came at random to my mind, being all the time aware that in this particular instance the "weight of the evidence was against me," and that it was superior educational advantages both in academic and household branches that made her acceptance possible.

A careful after study of the situation led to the conviction that while it is true that without the qualifications a la circular she could not be accepted as a probationer, it was equally true that the possession of them was not sufficient to insure her acceptance as a pupil, unless accompanied by higher intellectual attainments than the circular called for, combined with the domestic sciences of which manual dexterity is the exponent.

From observation and experience of the failures or successes of the majority of probationers, I arrived at the above conclusion, co-existent with another, which was, that in assuming the burden of this higher education, we were unwisely making ourselves responsible for all the defects and deficiencies in the training of nurses, and bearing the criticisms against the profession—aimed for the most part, not against her nursing education, but the concomitants.

You can see at once that following up such a train of thought, a preparatory course for an entrance standard was inevitable, which resolved itself into a technical school entirely free from domination of hospital or training school; planned and conducted by mutual arrangement between the two, where any one possessing certain qualifications and paying a nominal fee might take the course.

At the end of the school term a certificate would be given to the successful pupil, which would be honored by the training school, only so far as to accept the holder as a probationer.

It binds the one in training to nothing more than a trial and will in no way conflict with or supersede the existing regulations.

The time honored custom of probation will continue, robbed of the greater part of its terrors and objectionableness. The tests of physical capability and mutual balance will still be made by the school
authorities, and gauged by the standards of the profession. If the probationer fails to grasp the situation or master the nice points in the handicraft which cannot be taught by precept or imitation, or if her attitude is at variance with the ethics of the profession, she will be rejected, then as now, but with far more certainty of finality.

This entrance standard I know is calculated to "take away the breath" of the superintendents, especially of the large schools, as the question at once arises, how will we ever secure the full complement of probationers necessary to make up our classes and do the work?

Well, if it comes to that, don’t have them do the work; have them do the nursing, and make them responsible for the character of the work done under their supervision. But though we have small grounds to hope for so agreeable an innovation we have only to "hark back" to the early days of training schools to hear the echo of the same cry, when the difference between the requirements for entrance to a training school and the qualifications of the rather intelligent but illiterate hospital nurse was far more pronounced, to have our fears set at rest on that score.

While recognizing the merits of the preliminary course in hospitals, in support of my ideas of an entrance standard, I am obliged to oppose it.

First, because few hospitals in their physical construction are capable of accommodating one-third their nursing staff, on a purely academic basis or financially able to furnish tuition, board and laundry where “future expectations” is the only indemnity.

At varying periods a number of these people will be found unsuitable for the profession, though abundantly able to acquire the technique, and they go out by so much the debtors of the hospital, diverting its funds from legitimate channels, giving color to the otherwise unjust criticism that nurses’ education is purely charitable and consequently defective.

Second, in establishing courses in the few which have adequate facilities we are discriminating against the majority and bidding fair to defeat our own aims.

What are our aims?

Ours has most emphatically been the improvement and advancement of the “body professional.”

If the preliminary course cannot be successfully introduced into all the training schools, we might as well abandon our plans for a uniform curriculum, from the adoption of which we anticipated so much that would be of advantage to the nursing world.

Another is state registration. What ghost of a chance will the graduate from the indigent training school, coming up before the state board for examination stand, when we are so fortunate as to obtain legislation?
I say nothing of the already overworked superintendent of nurses, who must plan and direct, or is at least responsible for all this additional theoretical education, since it is a part of the curriculum, who simply shifts the burden from one shoulder to the other and goes more serenely on sacrificing herself and resignedly breaking down at a much earlier stage of her career. The pity of it is its needlessness.

The hospital is the place par excellence to teach the art of nursing and to practice the science, but it is not the best place or even a good place to teach the concomitants.

If we are convinced of this where is then the best place?

Ah! there's the rub.

There are a number of technical institutes throughout the land and schools galore where all and special branches are taught. We might think at first glance they were just the places we were in search of, but we have learned that they do not fill the long felt want.

I have not looked into the matter very closely, but so far I have not been able to discover that any of them in any appreciable degree arrange a course looking exclusively to this end and I have yet to meet with the applicant who in preparation for this work has taken such a course.

Realizing that the methods in these schools are pedagogical or towards school honors rather than utility, and that the time consumed and the money expended are items of consideration to the expectant probationer, also that from ignorance of her special needs she would be unable to select the desired subjects and plan a course for herself, much less be able or allowed to dictate the method of procedure, even if she knew what she wanted, it becomes imperative that special schools for this preparatory work be established in, or near all the great training schools centers, and that all who are criticising the product of the present methods, and their names is legion, or clamoring for better educated nurses, or a better system of nursing education, embrace the opportunity thus presented to put their shoulders to the wheel and do their part towards bringing about the desired result. This is purely an educational scheme and no one need feel the least hesitation in calling upon the public, who will be largely the recipient of its own benefactions, or philanthropists whose aims are "the greatest good to the greatest number," or owners of superfluous wealth, seeking worthy objects on which to expend it, to give it financial backing.

It is all that is necessary to place it on the broadest basis, limited only by the personal deficiencies of the applicant. A well paid corps of teachers and demonstrators will insure good results, and while every subject purely medical or nursing will be excluded from the
curriculum, "everything that a nurse should know," exclusive of those subjects, will be planned and arranged for by an efficient committee and the school supervised by one eminently fitted by long intimate acquaintance with the methods, limitations and defects of the present system, the needs, demands and aims of the future, to make it of the utmost utility.

Herein is the strongest argument in favor of the preliminary course in the hospital, that the whole scheme from beginning to end is under the direction of competent judges of the requisites.

I will give one case in point showing the difficulty of arranging a course in any technical school not wholly given up to that one purpose.

In the Journal you must have seen the notice that the superintendents of the nurses in Boston met at the Thorndike to discuss "nursing questions" and although that was not their only meeting to discuss those same questions, the moving cause of this particular one was an article which appeared in the Transcript entitled "A Unique Institution for Women's Technical Education."

It was a glowing announcement and offered opportunities for technical preparation in every walk of life in which women are engaged as bread winners. Among others and most important to the superintendents was the announcement that a preparatory course for nurses would be established. We hailed it with delight for the promise it gave. A committee was formed to confer with the officers and an audience was granted by the dean, who kindly devoted some time to the discussion, frankly acknowledged that no plans had been formed, because no one knew exactly what was wanted, courteously listened while we explained our position, now and then made a suggestion, frequently asked a leading question, was readily convinced that in this instance it was not one, but many branches that had to be condensed, weeded out or dovetailed together to make a symmetrical whole, but the suggestion that nurses have a voice in this arrangement met with negative and most non-committal encouragement. While apparently recognizing the justice and common sense of the request, we were made aware that we had reached the limit of the dean's authority and were informed that the matter would be laid before the trustees. You will hear more about this in detail from the chairman of the committee, so I will simply sum up the points I wish to make.

The school is to be preparatory for the purpose of acquiring theoretical knowledge of the practical work required, so that the work from the beginning of the probation be intelligently, not mechanically, performed.

It is to be established outside hospital or training school jurisdiction, for its broad general effect. It is to be central, bounded at first
by natural or geographical divisions, later by the need and ability to establish greater numbers, but never exclusive.

The plan, based on the relation of the preparatory school to the training school.

The term, one school year.

The curriculum, arranged by a committee of experts composed equally of nurses and teachers. Entrance qualifications fixed by the same committee.

A fee, nominal or otherwise, according to the financial status of the school, but always a fee.

The certificate, a blank form filled out by the proper authorities constituting a standard for entrance to a training school.

The principal of the school to be an ex-superintendent of nurses chosen by the superintendents of training schools of the territory within which the preparatory school is situated. The choice to be ratified by the trustees.

While the whole scheme as presented is merely a rough outline, it is perhaps enough to show that the undertaking, if not overwhelming, is neither small nor simple.

We are agreed the world over that an innovation is a necessity—something must be done to improve the present training school system, and we are unanimous also that the "something" is a preparation for the work, before undertaking it, the only real difference of opinion being, who shall be responsible for this primary education.

I hope that I have made myself clear, that, while not underestimating any of the difficulties, the plan is feasible, the only serious obstacle to deal with being the monetary situation.

**Preparatory Teaching in the New York City Training School, by Miss Gilmour, Superintendent of Nurses.**

For about two years past, it has been very apparent that a preliminary course was necessary for the pupils of the New York City Training School.

This conclusion was arrived at before any communication was held with other schools which had established a preparatory course. In fact, the officers, three in number, were so busy attempting to do all the teaching required, both theoretical and practical, that no time was left to inquire what other schools were doing.

The course was two years, the places of the pupils being filled as vacancies occurred, so that there was little uniformity in the knowledge gained by the pupils during the first year; some entering the school in April were placed at work in the wards, and classes for theoretical instruction were not formed till the following August. Pupils sometimes reached their junior examination and failed after
being nine months in the school. As all pupils are sent on their emergency service and act as senior nurses during the second year, one can readily see what it meant to the school to lose a pupil at the end of her year, as well as what it meant to the pupil to lose so much time in gaining a profession.

The practical training of the pupil for the first six months has been very hard. She knows nothing from a nursing point of view. If she enters the school when the classes begin she does better, for the theory and practice go hand in hand, but if not the teaching is very one-sided, and she is an element of danger instead of help in the wards.

After careful consideration, it seemed that if a pupil could be taught the theory required of her when she takes her junior examination, before she took up her work in the wards, it would help matters considerably. She could then take up her practical work more intelligently; or, in other words, if she knew the language of nursing before she came to reside in the nursing world, it would help every one materially to teach her its habits and customs and protect her new associates from discomfort and possibly injury due to her extreme ignorance, while adapting herself to her changed surroundings.

We made inquiries, and found there was no school or college giving this teaching to prospective nurses, and we decided to try what could be done for probationers in our own school.

Inquiries were then made at various hospitals, but very little light was thrown upon the subject for us for the reason that no other school was situated as we were, with so much emergency work depending upon us. We were therefore obliged to work out our own plans. What we wanted was clear enough, how to accomplish it was another matter, for lack of room, lack of teachers and facilities for teaching were great drawbacks. But these obstacles are now in a fair way to be overcome and we expect to put in force our new schedule on October 1st.

Our classes will be formed quarterly, all pupils thus starting on the same footing. During the three months, each probationer will spend her morning in the wards assisting the ward nurses and learning the names and care of ward utensils and furnishings, under the care of a post-graduate head nurse; she will spend her whole afternoon in study under the teachers of the school. At the end of the quarter she will be given her junior examination in anatomy and physiology, materia medica, sanitation and hygiene, dietetics and practical nursing. The morning hours spent in the wards will give an opportunity to judge of her practical fitness for the work, so that we expect thus to be able, at the end of the quarter or probationary period, to place our uniformed nurses in the wards much bet-
by natural or geographical divisions, later by the need and ability
to establish greater numbers, but never exclusive.
The plan, based on the relation of the preparatory school to the
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The term, one school year.
The curriculum, arranged by a committee of experts composed
equally of nurses and teachers. Entrance qualifications fixed by the
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school in April were placed at work in the wards, and classes for
theoretical instruction were not formed till the following August.
Pupils sometimes reached their junior examination and failed after
the supervision of Miss Macleod, who had previously been abroad and observed methods at the Glasgow School under Mrs. Strong.

The course as at present carried on may be divided into six branches—1st, domestic science; 2d, housekeeping; 3d, anatomy, physiology, hygiene, bacteriology and medical chemistry; 4th, district visiting, nursing of infants, convalescents and chronic patients; 5th, personal improvement; 6th, care of outside of the body or surface nursing. The branch which receives the greatest number of hours of systematic instruction is that of domestic science, which includes chemistry, dietetics, fermentation, putrefaction and decay (with special reference to their effects on food), marketing and cooking. In chemistry the object of the course is to give some idea of the nature of chemical changes; an elementary knowledge of chemical processes, and familiarity with the nature of ordinary chemical substances in common use. Thirty-two lecture periods of one hour each, and sixty-four hours of required study constitute this course. It is strictly a laboratory course, only such lectures being given as are necessary to explain processes. Each pupil performs each experiment for herself, the results being kept to show the instructor, or when this is impracticable a record of results is required.

The author of “Boland’s Invalid Cooking” was giving a blackboard demonstration and quiz to eight probationers on the morning of my visit and I was told she had been the instructor in domestic science at this school for the past eight years.

In dietetics the attempt is made to present the subject of food values in such a manner as shall enable pupils to gain some knowledge of the nature of ordinary food substances, to recognize the relation of food to the growth, repair and energy of the body and to estimate dietaries. The probationers plan each meal, often with relation to the supposed wages that a man might earn, be it $1.5 a week or $25 a week. This is exceedingly practical as many a nurse in private practice finds herself not only the nurse, but the housekeeper for the family. This course in dietetics is in part a laboratory course and consists of eight periods of one hour each, and sixteen one-hour study periods.

The course of lectures on fermentation, putrefaction and decay is intended to give a knowledge of the fundamental principles of decomposition changes in food and to indicate methods of prevention and preservation. This course consists of twelve lectures of one hour each, with demonstrations by aid of the microscope.

The course in marketing consists in part of lectures on judging of food products in open market and in part of practical work in ordering, inspecting goods received, weighing and recording amounts. There are four one-hour lectures, six hours of market inspection, ten hours of buying and ten hours of required study.
ter fitted from every point of view to undertake the responsibilities of their regular course. This period of probation is to be included in the regular course.

As so much of our teaching has been done in the evening, it has been thought better to lengthen the course to three years and put all our work into the day hours, leaving the evenings free for rest and recreation.

How much of a success this will be remains to be seen. We hope another year will see us well established in a preparatory course.

Personally, I do not approve of each training school doing its own preparatory work. It is a serious tax upon the officers' time and energy and upon the capacity, resources and finances of the institution which ought not to be borne by them.

Our colleges, recognizing that special preparation must be given to students entering certain professions, such as law, medicine, etc., have made provision for such exigencies. Why cannot nursing be recognized as a profession needing special attention and young women just making a decision for the future be given an opportunity to go right on and take up this special theoretical course and then enter a training school later for two years of practical work and the study necessary to make that practice a success?

I think much better results would be achieved both in the care of the patients and the uniformity of the training of the pupils. The officers would have more time to devote to the details of the work and the absence of expense for teaching and maintaining the probationers and pupils would materially benefit the institutions with which the schools are connected and most important of all with other contemplated reforms carried through, our profession would be put on a recognized basis which would put it beyond criticism.

Should such a course be considered for applicants to our schools, the country is not barren of resources for teachers, for I understand the Teacher's College of New York City is turning out every year women, trained nurses, specially adapted for such positions as instructors.

Preparatory Work at the Waltham Training School for Nurses,

By Miss Parker, Superintendent of Nurses, Salem Hospital.

By way of preface let me say that should those of you who have read the last report of the Waltham School accuse me of plagiarism, I shall not deny the "soft impeachment!"

A most interesting morning was recently spent at this school, where under the guidance of the very courteous principal, Miss DeWebber, I was shown the work of the preparatory department. This six months' preparatory course was established in 1895, under
their selection of instructors from their graduates who have proved themselves most proficient in their especial line of work.

The Waltham School evidently believes that "nursing should be taught by nurses."

**THE BOSTON PREPARATORY COURSE, BY MISS DOLLIVER, SUPERINTENDENT OF NURSES, MASSACHUSETTS GENERAL HOSPITAL.**

The Training School Superintendents in and near Boston met in March, 1902, to discuss plans for a preparatory course for nurses. All agreed that better nursing could be taught pupils in the hospitals if, before they entered as probationers, they had received a definite amount of instruction in the branches which are so necessarily a preliminary to the best knowledge of nursing. It was believed that a high school graduate could accomplish this in one school year. The outline which follows was presented in April to the Dean of Simmons College for consideration:

- Physics.
- Chemistry.
- Anatomy.
- Physiology.
- Hygiene.
- Bacteriology.
- Domestic Science.—(A special course, adapted to the needs of nurses, to include the principles of cookery and diets, household economics, accounts, sanitation.)
- Physical Culture.

At the Dean's suggestion Literature and Child Study were added.

The **President.** The subject of Preparatory Work for Nurses is now open for discussion. It is a practical subject in which we are all interested.

Miss **Ayers.** I would like to inquire whether preparatory schools have any tendency to lessen the applicants to the training schools.

Miss **Gilmour.** I think not; on the other hand I am inclined to think it would increase them, because young women could take this preparatory teaching in a special school such as we have heard suggested before the age at which they could be admitted into hospital. Yet as our work is only begun, I cannot answer from direct experience.

Miss **Allerton.** I think the Society might be interested in
The work in cooking is divided into two parts—1st, cooking for the well, and 2d, cooking for the sick. The housekeeping work of the home is done by the probationers under the close supervision and constant teaching of the principal and her assistant. The class is divided into squads, each having its special part of the housework—as they become skilled in the kind of work assigned to them they are changed about each to take up some new work—thus a uniform training is given them.

The third branch of the preparatory course includes the instruction given in anatomy, physiology, medical chemistry and bacteriology. Two lectures are given each week, followed by quizzes, recitations and examinations as needed to make sure that the subjects are being understood. In the bacteriologic course, by the aid of the microscope and of the incubator, the commoner disease germs are grown and studied, and tests applied of the asepsis attained in the different methods of sterilization. This instruction is given in order that the pupils may understand the rigid drill given them in preparing sterile food for infants, in making up surgical material, and serving at mock operations, where perfect surgical cleanliness is demanded of them.

The fourth branch of the preparatory course is the district nursing visits. Most of these visits are to lying-in mothers and their babies. At each time the mother is bathed, her hair brushed and braided, bedding changed, room put in order, gruels and broths made and the baby washed and dressed. Observations of condition of patient are recorded on slips that are returned to the physician's office for his inspection and further orders.

When there is need, a second visit is made in the evening. Most of the time of the instructor in visiting nursing is devoted to this part of the probationer's work. The first few visits are made with the instructor, but after a few lessons the probationer goes alone, and while at her work she is visited and criticised by the instructor or the instructor visits the patient after the pupil has left to see if all has been well done.

The fifth branch in this course is personal improvement. Six lectures are given in history of nursing, four lectures upon personal hygiene, eight lessons in note taking, four in clinical records and eight in reading aloud. Once a week for several months there is a class in voice culture, also regular gymnastic exercises under direction of instructor in physical culture. In the sixth branch, that of surface nursing, for two hours three times a week for three months instruction is given in massage, manicuring and care of scalp and hair.

A pleasing feature of this school is the number of paid instructors. At the time I visited there I was told there were eight. They make
teaching well and may then go into your wards and you may find out that they are not fitted to become nurses. What can you do about this?

Miss Dock. I have asked Miss Nutting about that, and she says that is a weak point in the preparatory course, one which they will have to find out by experiment, because she admits you are likely to find some are not adapted for nursing, although she thinks by having them in the house, as they have there, under close observation, you can soon get a very fair estimate of their qualifications; and then to obviate that weakness she has begun now giving her preparatory pupils a little work in the outdoor department, where they get some surgery and have the management of children. They get a certain amount of experience in dealing with patients in that way, and she has concluded that it will be necessary during their preparatory training to give them enough work with sick people to find out whether they have the right gifts, or else there might be a very decided hiatus and you might lose a good many pupils who went into the wards and found they did not have the right qualifications for taking care of the sick.

Miss Banfield. That seemed the strong point about Miss Gilmour's method, that she combines the work with the theoretical training, and so far as I have been able to notice that is the only school which so far has been able to do it. In a general way our papers seem to advocate keeping them separate, and of course in a central school they would necessarily be so.

Miss Allerton. I perhaps did not understand the question, but it was the intention of both Miss Keith and myself to arrange for some work for those pupils inside. Just what it would be or just how to do it has not been determined, but we expect to have them under our supervision in order to be able to judge whether we are spending money for pupils who will be unsuitable.

Miss Twitchell. While there are many subjects that could be taught advantageously before the pupil goes into the wards, yet I do not think all study should cease when they begin practical work. There are many subjects in which it seems to me so absolutely necessary theory and practice should go hand
what we are doing in Rochester. We have there what is known as the Mechanic's Institute, where they teach chemistry, bacteriology and domestic science as well. We in Rochester are trying to begin in a small way. Each school sends its own probationers, receiving them ourselves and judging of their qualifications, and sending them together for lectures to this institution. This year we expect to have our anatomy, physiology, bacteriology, chemistry and domestic science taught there. Our classes we have not quite arranged, but we have begun in this small way and hope to continue this year.

Miss Dock. You keep your probationers in your own schools?

Miss Allerton. Yes.

Miss Dock. How is the time arranged that they spend in the training school?

Miss Allerton. We have tried to plan a certain number of hours each week for study and for probationer's work, the scheme has not been perfected, but the members of the board of this Institute are very anxious to give us all the assistance possible in this matter.

Miss Dock. It seems to me quite important that during this preparatory course the pupils should not live exactly as college girls do, for then they do not get the daily drill in order and neatness so necessary for a nurse. For this reason I favor the pupil living in the training school during her preparatory work where she is under discipline and learns to think of other's convenience; to put things away, and to keep everything clear. If these preparatory courses are established independently of the hospitals I think the question of the pupil's mode of living should be provided for under some semi-military or training school system. Otherwise they would come into the wards as raw as medical students, and we all know what they are like.

Miss Banfield. I agree with this point. The question of a central school has been brought up in Philadelphia but to my mind its weak point is exactly this one.

Would it not be reasonable for pupils to pay a moderate sum for board and expenses to the hospital which receives them and gives them this preparatory teaching?

Miss Lightbourne. Some pupils may take this preparatory
unfinished business; the report of the chairman, Miss Banfield, on the course in Hospital Economics.

The report was read as follows:

MADAM PRESIDENT, LADIES: I have the honor to report the satisfactory completion of another year of the Special Course in Hospital Economics at Teachers College, Columbia University. As the course continues and develops, new questions naturally arise, and I ask your serious attention on behalf of some of these.

Ten students were accepted last year by your committee. Of these, two withdrew before the commencement of the student year; of the remaining eight, one was obliged for reasons of health to resign, and one was able to complete the first half year only on account of family affairs which called her home. This left six students to complete the year, namely: Miss Glenn, graduate of Illinois Training School; Miss Johnson, graduate of the Boston Homœopathic Hospital; Miss Forbes, graduate of the Boston Homœopathic Hospital; Miss Beazley, graduate of the Polyclinic Hospital, Philadelphia; Miss Frazer, graduate of the Cincinnati Hospital Training School; Miss Fisher, graduate of the New Haven Hospital Training School.

At the mid-year, as well as at the final examinations in June, the standing of these students compared well with that of the regular students of the college. They were earnest and industrious, and their instructors spoke well of them in every particular. This is more to their credit, as the greater number had, it may be presumed, lost the "student habit," which makes learning so much easier.

I should like to emphasize to my committee and to applicants generally the necessity of maintaining the standard set by our students of last year and improving upon it when possible.

Teachers College is becoming better known every day. It has received large gifts of money during the past year, and next year will raise its students' tuition fees from one hundred dollars to one hundred and fifty dollars per annum. The dean informed me that it has more students than it can comfortably find room for; that special students are considerably more trouble than regular students, for special classes have to be arranged for them and extra room made. I asked him whether this meant that he wished the course discontinued at this college, but he said "No, as long as we stood by it, he would stand by us." But the dean also requested that we should conform as nearly as possible to college regulations and be prompt and business-like in our dealings. This I consider a most justifiable and reasonable request, and would ask the assistance of my colleagues in carrying it out.

I bring this point to your attention, because I wish to make it
in hand that I would for one not be willing to separate them entirely.

Mrs. Fournier. The question has been asked if it would not be advisable to charge the probationers something per week to pay possible expenses until such time as their acceptance has been made. I would like to ask the experience of other superintendents, if they do not find the probationer's work is worth a good deal to the hospital? Does not the hospital get a good deal of service? It seems to me that during the first six months we get a great deal of service that otherwise would have to be paid for and would be much less well done if we were paying servants to do it, which is now being done by the younger nurses under supervision.

Miss Banfield. I had no intention of charging the present probationer for her first six months, because I think she does return an equivalent in doing the work she does, fully, to the hospital even although it is not skilled labor. She is sometimes asked to do more skilled labor than she is capable of doing, and if she is capable, much more than makes returns. But under the new regime it is proposed that she should be practically out of the hospital altogether, or in the hospital entirely for her own ends and purposes; I understand at least that that is so, and if it is not the purpose to utilize her labor, but to put it on what is called an educational basis, in that case the hospital would receive practically nothing. I may say that the proposal of the central school in Philadelphia, which has not really come to anything yet, is that a fee of five hundred dollars a year was to be charged to the students to pay for what they received, but that is really more than I should propose.

The President. If there is nothing further, we will bring the discussion to a close.

The meeting then adjourned until the next day, September 10, 1902, at ten o'clock a.m.

Second Session.

Meeting called to order at 10 a.m., September 10, 1902.

The President. The first thing on the programme will be
his expense to inspect the hospitals and other subjects of interest. Our instructor, however, thought that as so much more field work was being undertaken this year than last two days could not be spared.

These things are mentioned in order to show the interest taken by at least one hospital board in the course, and the desirability of extending this interest and knowledge as far as possible, thereby graduating educating the public to the necessity of special training.

The thanks of the Society are also due to the stockholders of the Journal and its able editor, Miss Palmer, for the page space given each month to advertising the course and the space courteously allotted for reports and acknowledgements of donations.

In accordance with a resolution of the members present at the half-yearly meeting an appeal for funds was issued in May last, the cost of printing, etc., being donated by the chairman. This appeal produced two or three editorials in the daily papers, which served as advertisements, but as far as is known to your chairman it shared the fate of many other documents of a like nature in not producing directly any subscriptions in cash.

The resignation of Miss Lucy Walker as lecturer and member of the committee was received with regret, and Miss M. M. Riddle was appointed in her place. Miss Walker had been a member of the committee since the inception of the course, and has rendered valuable service. A letter of regret conveying a resolution of thanks was sent by the secretary.

The chairman also received the resignation of Miss Irene Sutcliffe on account of ill-health. The acceptance of this has been postponed until the present meeting. Miss Sutcliffe has always shown great interest in the welfare and instruction of the students. The loss of her kindly services will be deeply felt.

Up to the present time eleven students have been accepted for the next collegiate year. They are the Misses Barton, Ferrin, Bliss, Campbell, Moore, Nelson, Black, Heinrich, Jewell, Coleman, Hickox. Of these the Misses Coleman, Jewell, and Hickox have withdrawn, possibly to enter next year, leaving eight candidates whom we expect to matriculate. Miss Alline, instructor, reports that the work for the Charity Organization Society has been of great advantage to the students, and purposes to do even more in this line during the coming year. This work is, however, entirely optional with our students.

Mrs. Von Wagner talked most interestingly to the students on "Nurses as Sanitary Inspectors." Your chairman was written to by the Woman's Health League of a town in New Jersey regarding an inspector for them. A lady who was not a nurse was finally appointed. There appears to be a growing demand in this line of
clear that the continuance of the course, at any rate, at this college, which for many reasons is especially fitted for it, is dependent on the grade of students we send, the way in which we conduct our business, and the interest shown by us.

This also affects the question of finances,—always of serious import where the support is mainly derived from women who have to earn the money they give. When this course was first started we received half the fees paid by students for tuition, but we had no contract with the college that this should be continued, and now we do not receive anything and have to raise all the money required. Two hundred dollars per annum is paid our instructor in charge of the class for a course in home nursing, given to regular college students, but this we could not oblige her to give or the college to receive.

The endowment of a chair, say, for fifty thousand dollars would, of course give our students a "regular standing," as our various financial appeals have often put it. But this or any other gift should be made directly through the Society of Superintendents of Training Schools or their committee constituting the Board of Examiners. This point should be borne in mind, for the public is not yet ready to distinguish the necessity of any definite standard of training.

At present our balance on June 1st, the end of the financial year, was one hundred and thirty-one dollars and sixty-two cents and one hundred and fourteen dollars endowment fund in a separate account. Subscriptions amounting to nearly two hundred dollars received during the past year were ten-dollar subscriptions promised in 1900, but not collected. Twenty-one letters were sent out by your chairman, and most of these received a courteous and prompt response. It is possible, however, that many of these subscriptions will not be renewed. A special effort is therefore needed to provide for the salary (an extremely moderate one) of the instructor in charge and the travelling expenses of the visiting lecturers, amounting, with incidental expenses of postage, etc., to about nine hundred dollars per annum. It is only fair to say that these expenses would have been appreciably increased had not the trustees of the Polyclinic Hospital, Philadelphia, freely given the services of a stenographer and all office facilities. Necessary correspondence and answers to inquiries have required the writing and copying of at least two hundred and fifty letters, the transcribing and copying of lengthy minutes, and lists and entries of various sorts. This work could not have been undertaken by your chairman without these facilities, and providing them independently would cost more than our finances permit.

The secretary of the Board of Trustees, Mr. F. B. Kirkbride, also invited the students to make a visit of two days to Philadelphia at
from the members of the Society, as several recommendations have been made. It seems right at this time that the Chair should call attention to one, viz: the suggestion or recommendation that a resolution of thanks be extended to the Board of Trustees of the Polyclinic Hospital in Philadelphia for the very helpful service they have rendered to this work and the Chair thinks the suggestion had better be acted upon at this time.

Accordingly, on motion of Miss Allerton, the Society extended a vote of thanks to the trustees of the Polyclinic Hospital for their great kindness and consideration.

The President. The further consideration of this report is in order.

Miss Dock. Madame President, and Members: we have so many new members that I do not believe they all half realize that this Teachers’ Course is a creation of this Society and that a very large responsibility rests upon this Society. I think we ought to have it fully discussed and have the different points brought out so that all may realize it is not something for them merely to listen to, and then go away feeling sure everything will be all right and somebody would attend to it. I have sometimes thought that it would be a better way of working if this Society were to be regarded as a committee of the whole for managing the business of the Teachers’ Course. In the past, from what I have been able to hear, I believe it has been a very inconvenient and difficult way of getting the work done, to have the large committee we have had on this piece of work, because you all know if you are doing or have done any committee work, how difficult it is to get a big committee together, and then, on the other hand, if you have a large committee there are business connections and different things which do not dovetail, and there are letters which are not received and others which go astray and all kinds of bothers and difficulties of that kind which delay the work. I have often thought that no committee ought to have more than three members, because it is almost impossible to get a large committee to meet together; then, if they are not all consulted, they do not like it, they get to thinking things are not managed
work for suitable women, and it would appear that nurses should be especially fitted for it if they would undertake the small amount of technical training required to make them really valuable.

Professor Thörnyeke, professor of psychology, voluntarily sacrificed part of his time to giving our students a special class in applied psychology during their second half year. This saved them many extra hours of study. His kindness was much appreciated.

The new classes in anatomy and physiology and methods of teaching, given by Dr. Wood, were greatly valued, and promise to develop even further.

Where all the professors and instructors were so kind and considerate, it seems invidious to mention any names, but the two above mentioned, being new this year, may perhaps be thought of special interest.

In conclusion, your chairman wishes to point out the desirability of applicants having held some position of considerable responsibility in a hospital before undertaking this course, or being willing to accept minor positions at average salaries when they leave. The personal equation will, of course, always be the prime factor in this as in other work, but it is noteworthy that the graduate fresh from school or such a position as head nurse of a ward or other minor positions where ultimate decisions did not rest with her, or having added to her school training only that of private nursing, experience shows profits less by the instruction offered than women of wider experience. They do not know what they need. Questions are discussed of the mere existence of which they are ignorant, and this, the instructor informs me, is particularly noteworthy when visiting other institutions. In hospital work perhaps more than in most other vocations, the apprenticeship, which Florence Nightingale says can be found only in the workshop, can only be supplemented and made more available by theoretical teaching. We do not make superintendents of hospitals or training schools; we only help them to help themselves. We do not confer executive power; we only supply certain definite information which, we hope, enables it to be used without the loss of energy caused by unnecessary friction. The application of the instruction offered can only be afforded in a hospital; therefore the college will never be able to do this. Those who come to us without a record in executive positions have yet to make one when they leave us, and must still be content to fill moderate positions at moderate salaries. They can readily prove that they are worth more and can handle larger responsibilities, and then I believe they will obtain them.

The President. This report which has just been presented is a very important one and should receive some consideration
sequently have gone off in other directions and have been lost. You can readily imagine, if you were one of those applicants, how vexed you would be, and it seems to me that is not a good businesslike way of getting work done.

The President. Will Miss Banfield explain the work to the members of the Society?

Miss Banfield. I shall be happy to do my best. Here in the first place are college announcements, which are issued to all applicants. I should be glad if any members care to retain them for future reference or hand them to their friends. Then here are some of the circulars sent out in appeal for funds. You will see on the back of these the names of the committee on the Teachers' Course for the past year. Up to the present, the Society has appointed the chairman of this committee, and she has appointed her colleagues. This course of study was first put into practical working order by Mrs. Robb, who has done so much for us in various ways. She went to the various colleges and looked up the different facilities afforded, but found it difficult to get any college to take up the question until she came across Teachers' College, and there she met with a more cordial reception. They were willing to consider a new idea, and seemed to them a very new one. They did not know anything about nurses, and I am not entirely clear they were anxious to learn anything; but Mrs. Robb presented the question to them in an acceptable way, and eventually a preliminary committee was appointed of which I had the honor to be one. The first course was inaugurated in 1899 with two students, of whom your instructor, Miss Alline, was one. Now, you must understand very clearly that neither then, nor at present, is the course all that everyone could wish it to be. I doubt very much whether it ever will be, for it will in all probability always remain a purely collegiate course. In the beginning the college had to make the best of us, and we had to make the best of it. It is simply wonderful, however, how very good they have been in endeavoring to meet us in every way possible, and I think Miss Alline will endorse that. They did not in the least understand us, or our aims. They expressed themselves
well, and in the meantime the people who are waiting and whose applications are being delayed think the management is bad. Then again, the Teachers' College of course wonders why delays should occur, and it has made an unnecessary amount of troublesome details and anxiety and burdensome work for the chairman in having to report everything and carry everything before a large committee of people. It seems to me that it might be a good plan if this society would reorganize somewhat the way of conducting the work of the Teachers' Course. If, for instance, as I suggested, you make yourselves more a committee of the whole and all of you charge yourselves more with responsibility in carrying on the Teachers' Course, and then if you were to appoint the chairman of your committee, making her more like the head of a department, granting to her a good deal of executive power and responsibility, and let her decide for herself in accordance with your general instructions all the various details that come up in the course of a year. In order to relieve her of too much isolated responsibility you could give her subsidiary committees which might be charged with doing some particular piece of work. For instance, a financial committee, an advisory committee, etc., and whenever your chairman was in doubt about anything and really needed advice she could go to her advisory committee, or to her other committees, and when she felt pretty sure she was carrying out your general instructions and wishes and was doing the right thing, she would not need to spend her time or take the time and money of the trustees of the Polyclinic Hospital, for instance (supposing we had the same chairman), in having all these innumerable typewritten letters sent out, many of which are lost or mislaid, or something of that kind and which never turn up. This summer two very excellent applicants for Teachers' Course have probably been lost to the course entirely on account of having to send all the correspondence around to all the different members of this large committee in summer. Some were away and some could not be found. These various letters have been so delayed and the business of coming to a decision has been so delinquent that those two applicants could not wait and con-
Thus you see there is a considerable amount of detail business which must be promptly attended to. I am the only member, I think, in Philadelphia. The committee was found to be so unwieldy, that last year only two members instead of five were placed on the executive committee to confer on the applications, but even that, as Miss Dock has explained to you, has, I regret to say, caused some delay, doubtless unavoidable. The minutes of the last meeting, at which only myself and Miss Maxwell were present, I should be very happy to read to you, as Miss Dock requests, simply to show the varied points which come up for consideration in a few months. I did not incorporate all these in my annual report because I feared that I should make it too long and weary you. I should, however, like to emphasize very strongly to the society as a whole their responsibility in regard to this course, at which your committee works hard in your name. The Society as a whole is before the eye of the outside public in regard to this matter and comes in contact with the dean and through him with the faculty of the college. Now, if we act in an unbusinesslike way and do not know how to carry on our own affairs, they will not only say that they do not want to be bothered with us, but will think that we do not know how to do better. We have voluntarily taken upon ourselves this work, and having done so I think we ought to carry it on in a way that should do us all credit and not discredit. We are watched very carefully, and by us our profession stands or falls in the estimation of a number of people who otherwise would hardly know of our existence. Of course it is very difficult in a Society such as this to convey to each member that member’s individual responsibility, but if a committee of the whole would do that, then I should say let us have a committee of the whole. I don’t know, of course, whether the Society wishes to appoint me Chairman another year, so I am speaking quite impersonally, when I say that to carry out Miss Dock’s suggestion that this Society depute one of its members to carry on this course and transact all business accordingly between the annual meetings of this Society, would necessarily be an enormously increased responsibility for any
as agreeably surprised to find we were half so possible as we were, and I trust they will go on being surprised; but you can imagine from these few details it was rather uphill work to begin with. It has not been any easier for the reason that the members of the committee have always been widely scattered. This has been arranged purposely, because it was very desirable to distribute the interest over the different cities and States, and therefore we have a member of the committee in Chicago, one in Boston, one in Baltimore, one in New York, one in Philadelphia, and so on. That, of course, caused the difficulty which Miss Dock mentioned; that of getting this committee together; it has remained very difficult. We all of us occupy salaried positions, and are therefore not entirely free agents. We owe a good deal to our hospitals and we are happy to owe a good deal, but that simply means we cannot always take all the time we wish to attend committee meetings. I know also that many members who lecture there do so at great self sacrifice. For this course they are not paid anything. The expenses of the lecturers are paid, but only their bare expenses, and these are often not fully covered. All these things make it a difficult course to carry on.

You will also be surprised at the amount of detail business which has to be transacted. I have here two large letter files and a letter book. This does not by any means represent the work which has to be done, although they are very bulky. It is very necessary to keep a copy of every letter which is written and this letter book is already nearly filled with letters dating only from last September. I have found it absolutely necessary to keep a copy of every letter. Then also a card catalogue is necessary, filing the list of applicants. Letters of inquiry come from every State in the Union. From many you often hear nothing more, but often a year or more afterwards you receive an application referring you for details to that first letter. For many nurses have first to earn the money which will take them through college. Again, letters of reference are often delayed, and these must be kept track of; and all these lists to be of any use at all, must of course be absolutely accurate, and up-to-date.
nine hundred dollars for next year, which I think is a fairly serious problem. Various members here present have contributed one hundred dollars. Miss Dock for instance. A member in England, Miss Kimber, sent us one hundred dollars. Mrs. Sullivan, one of our former students, sent us her scholarship money of one hundred dollars toward the endowment fund, but before the endowment fund is considered we must pay our daily expenses and keep the thing going. We really live in a hand to mouth manner and practically on the contributions of the people who are here to-day, and you can imagine what a haphazard way that is to live. I don’t think we raised any other money. We have tried to. We sent out this appeal which did not produce anything as far as I know. I don’t think printed appeals ordinarily do.

The President. The Chair would like to explain to the Society that the Council has considered this very serious question of raising finances and has recommended to the Society that the surplus in our treasury be devoted to this measure. The Chair will call upon the treasurer, Miss Alline, to state the balance to our credit in the treasury of the Superintendents’ Society.

Miss Alline. The balance now on hand in bank is one hundred eighty-nine dollars, twenty-seven cents, but that does not include one hundred dollars voted by the Council to be laid aside to be devoted to this purpose, if the Society so votes it at this meeting, and this does not include also the fees taken in in the last few days, and our new members at five dollars bring nearly two hundred dollars. We have promises of some two or three hundred dollars for this coming year above what we expect our expenses to be, but the present state of the treasury is one hundred eighty-nine dollars, twenty-seven cents aside from the one hundred dollars already set aside for the Society to vote on.

Miss Dock. I would ask the Treasurer about how much it costs to run this Society, to pay all of our expenses for the coming year.

Miss Alline. The extreme limit for our Society has been
one undertaking it, although it would undoubtedly facilitate business, especially the appointment of students during the summer months. As I have before told you, it is very difficult to get a committee together at any time. But for my part, should the Society see fit to reappoint me, I would be unwilling to accept the responsibility without the privilege of appointing an advisory committee. How anyone else would feel, I cannot say, but questions of policy come up, questions of advisability which perhaps are not very great, but which lead to greater things, and I should not care to decide those entirely on my own responsibility, simply because I think two heads are very often better than one and someone else might be able to give me points. Suppose by any good fortune a sum of money should be given us, I think that would necessitate immediately the calling of an advisory committee to suggest means to employ that properly, so that it might be disposed in a way which confer the most benefit both on the college and on our own interests there. All these are important points which I think should be considered, and it is practically impossible to call a special meeting of the whole of this Society, is it not?

Miss Dock. Only at their Annual Meetings.

(Miss Banfield then read from the minutes of the meeting.)

Miss Dock. Will Miss Banfield please tell us about the way the money is gathered up?

Miss Banfield. We simply live from hand to mouth, so that our finances are unfortunately very easily told. A good deal of the money ($180), which was collected last year was promised at the Superintendents' Meeting in 1900. Each promised there to contribute ten dollars or to secure ten dollars from their friends. A great many of those promises were simply forgotten, and while we were not exactly in debt, we had not any money, and in looking round to see how we could get some money, I found these promises had not been fulfilled. That meant sending out a good many letters. As I have told you, this produced nearly two hundred dollars, but unless the ladies this morning will all promise me ten dollars each, we shall have only one hundred and thirty-one dollars with which to pay the-
will be printed in the report. I think the suggestion of a systematic crusade is a very good one. We are so widely scattered that we must surely touch many interests, and I believe that if people knew more about it, they would give.

Miss Ayers. If the various alumnae associations would interest themselves and pledge themselves to an amount proportionate to their membership I think it would do good. I wonder whether that has been suggested or not, for the various alumnae associations to have an interest in that.

Miss Banning. About three hundred reports and appeals for aid were sent to Miss Fulmer for distribution among the associated alumnae at their last meeting. I have heard nothing further from it.

Miss Dock. So as to focus the discussion on this point, I move that this Society gives two hundred dollars now to the Teachers' Course, and if its funds permit, that the Treasury be authorized to give another hundred dollars later. We have now nearly three hundred dollars on hand and our expenses practically paid, and if we take in for the coming year five hundred more I think we shall have enough to allow that.

Miss Allerton. I will support the motion.

The motion was carried.

Miss Twitchell. I would like to ask if there is anything in our rules, regulations or by-laws which necessitates our having the report printed, whether that one hundred and twenty-five dollars or one hundred and fifty dollars that is going to be expended to print the report could not be used to better advantage in this course and that all trust to our magazines for a report of this convention. I am sure I would be willing to keep my magazine for the sake of the report. I make this only as a suggestion, that there is that much more which could be used if necessary.

Miss Dock. There is nothing in our constitution which requires it, but I think as a whole the members would be very unwilling to give up their report. They like to have the proceedings on file, and not only that, but our proceedings are kept by a number of public libraries and educational institutions and
four hundred dollars a year. Last year our expenses came up pretty well on account of the Congress, one hundred dollars at a time being devoted to the expenses of the Congress, and while we had no printing of our reports last year, this year that will be added to the amount and the expenses for last year are about three hundred and seventy-five dollars. It will not be much less than that this year. Unfortunately I have not my report here this morning, but the last time we had our report printed there was one bill of one hundred and seventy-one dollars for printing.

Miss Dock. I have been in hopes that we could afford to give the Teachers’ Course at least two hundred and fifty dollars out of our surplus.

The President. One hundred dollars it was suggested be put on interest. That was not included, the Chair understands, in that statement.

Miss Alline. We have on hand now two hundred and eighty-nine dollars.

The President. The recommendation is before the meeting for consideration.

Miss Delano. May I ask if the question of the course in the Teachers’ College has ever been systematically presented to the board of managers of the various training schools. If it were presented by one person systematically to all the boards of managers, could we not raise money in that way?

Miss Banfield. I cannot say that this has been done by one person. One thousand appeals for aid were printed, and sent to the nine members of the Committee for distribution to their boards and any other friends they thought desirable. Several were also sent, with about three hundred circulars of information concerning the course, to the meeting of the Associated Alumnae held in Chicago in the spring. Miss Maxwell has been very good, and has taken much interest in and done much work for the course during the past year. She also some year or two ago secured $200 from Mrs. Whitelaw Reid, and we hope Mrs. Reid may some day repeat this gift. Miss Allerton obtained $100 from members of her Board. All names of donors
It needs no argument to convince this audience of the value of clinical demonstrations in teaching nurses, and every superintendent has no doubt struggled with the question of methods. No one will deny that if each probationer and junior nurse had a head nurse who was a good teacher and who could spend her whole time with one pupil during her first year we would produce excellent results, but as that is entirely out of the question, we must utilize our material and time to the best advantage.

In a large school this subject is one of more gravity than in the smaller ones; the larger the school the harder the problem. Given twenty good nurses and twenty probationers to be taught bed-making we may not get twenty ways of doing it, but the number will be large enough to discourage the most sanguine. Besides bed-making there are any number of routine duties to be taught in which we desire uniformity; if these are taught theoretically in class and then each head nurse demonstrates in her own particular way we still get too much variety. Seven years ago I undertook to minimize this unsatisfactory variety in a very large school. Taking the methods of the surgeons in their clinics I made our first demonstration one on beds and bed-making. We called the class into a large operating theatre, where there was room for practical work. We had in the arena all kinds of hospital beds, even a water bed—all kinds of mattresses, including straw and air—all sorts of bedding and pads, rings, cradles, hot bricks, hot water cans and bags, rubber blankets and rubber cloth and rubber pillow slips for the protection of the bed.

Beginning with the bed a talk was given on metal and wooden beds, explaining why the metal is more sanitary, then a demonstration of cleaning the bed and how to prevent and exterminate vermin, then upon the care of the mattress and pillows, every article of bedding was gone over, explaining the various materials, special attention being given to the blankets. A bed is then made up, one of several special points being to teach how a bed may be made by going around it just once instead of running from one side to another with every article of covering. A bed with a straw mattress is then made and also a water bed; boards are put under the spring cross wise to make an unyielding fracture bed. A woman patient is then undressed and put to bed; she is put into all sorts of positions and turned and lifted, pillows put in and taken away, pads, cradles and bed rests of all sorts adjusted, external heat applied to the feet. A good deal of time is given to turning and changing positions, special stress being laid upon the typhoid and abdominal surgical patients. Also teaching how such work may be done without jerking and bumping against the patient or the bed. It is often a good lesson to show the wrong way and then the right. Long and short night gowns are
I think it would be rather a pity for the Society to discontinue that outward sign of life.

The President. I think the other recommendations about the change in the Committee should be more definitely considered.

Miss Dock. I move that for the coming year the Chairman of the Teachers' Course Committee be authorized to deal directly with the head of the course in all matters of detail and that a finance and advisory committee be appointed for her to call upon when she needs their assistance.

This motion was seconded and voted in the affirmative.

On motion of Miss Allerton the President of the Association was given the power to appoint the members of the Advisory and Finance Committee.

On motion of Miss Dock, Miss Banfield was reappointed, for the ensuing year, Chairman of the Committee on Hospital Economics and Teachers' College.

Miss Banfield. Before the meeting goes on to other business, I wish to express my thanks to the Society for this expression of confidence in myself, and to say that I shall endeavor to do my best for the course and for their interests. If anyone feels at all inclined to send me by letter or otherwise any recommendations or suggestions, I should be very grateful indeed to receive them. I hope that they will not be deterred by fearing to criticize anything that is done in any way, because I assure you that any suggestions of any sort will be considered by me as wishing to help the cause, whose good we all have at heart.

The President. The next thing on the program is "Class Clinical Teaching," by Miss McIsaac. In her absence the paper will be read by Mrs. Tice, a new member, and a graduate of Miss McIsaac's school.

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CLINICAL TEACHING FOR NURSES.

By Isabel McIsaac, Superintendent Illinois Training School for Nurses.

[Read at the Ninth Annual Meeting of the American Society of Superintendents of Training Schools for Nurses, held at Detroit, Mich., Sept. 9-11, 1902.]
to a patient in uremic coma; nothing a nurse can do for a patient requires more intelligent nursing. It is not enough for her to know that the patient must sweat, but she should know why he needs to sweat, and to watch the effect upon him, why his skin burns so easily, what she may give him to aid the action of the skin, why each individual patient must be a law unto himself as to the length of time he is left in the sweat, why he may need to be taken out after a few minutes and why she must guard against chilling. It may be made extremely interesting and impressive, or very tiresome and speedily forgotten.

It is a hobby of mine that a few minutes of time from each meeting for class should be devoted to the ethical side of nursing and in these demonstrations, this is not omitted.

The President. Papers of this kind are especially helpful to the younger members who are beginning to take up hospital positions, and anything which is gained from the experience of others is a direct benefit. We hope there will be free discussion and information as to methods obtaining in other schools in regard to this clinical teaching. Perhaps Miss Kelley or Mrs. Tice, who are graduates of this school of Miss McIsaac’s, will be so kind as to tell us something further in relation to the particular methods adopted there.

Mrs. Tice. I can only say that Miss McIsaac carries on this work exactly as stated in the paper, and it is very satisfactory. She has very large clinics. She divides them up and has about 50 in a class. They are most interesting. She finds that the nurses learn a great deal more in that way than in the former way of holding class.

The President. Is Miss McIsaac herself the sole demonstrator?

Mrs. Tice. She has two assistants, one surgical and one medical, and when she gives the surgical clinic the surgical assistant gets things ready and helps her, and the same with the medical. She simply talks all the time, explaining, and the assistants do the work of demonstration.

Miss Dock. At the Johns Hopkins we always held our classes in that way. They still do so, and although there the classes were smaller, this method of teaching by demonstration was exactly the same. They have there now a suitable room set aside
put on and off the patient, and it is just here that very young nurses get their first sermon on undue exposure of the patient, a very large text which bears any amount of preaching upon through the whole of their training. This demonstration takes two full hours with an assistant to the teacher; everything should be ready to begin promptly and it will probably be only after some practice that it will be finished in two hours. I may say here that it is the most exhausting work for the teacher, who must be almost constantly speaking. She should have a schedule made out to which her assistant may also refer that the demonstrations may go on in proper order and no time be wasted. These clinics do not take the place in any way of the regular lessons, lectures and ward teaching, but serve as a review. We require head nurses to attend one course a year. We have eight demonstrations and give them three times a year, so that all pupils come before they are in the school any length of time. The second clinic is changing the patient from one bed to another, baths for cleanliness, combing hair, changing the bed with patient in it, sponging, packing, sprinkling and tubbing for temperature. The third is on local applications: Linseed, bran, corn meal, bread, onion. Fomentations and turpentine stupes. Plasters: Belladona adhesive, mustard, spice. Blisters: Cantharides, croton oil, chloroform, painting with iodine, cupping, ice bags and ice, cold compresses. The fourth is on Enemata: Nutritive, laxative, sedative, stimulating, saline, colonic flushing, alcohol sweat, artificial respiration, gastric lavage. The fifth: Getting out medicines, measures, weights, etc., methods of administration, care of hypodermic syringe and needle. Making solutions: Carboic acid, bichlor, mercury, boric acid, normal salt, iodine, acetate aluminum, permanganate of potassium, etc. All about specimens of urine and sputum. The sixth, Fractures: Beds, splints, bandaging, positions and handling. Use skeletons and charts. Shock: Application of external heat, friction, stimulation. The seventh, Sterilization: Hands instruments, utensils, dressings. Field of operation: Dressing simple surgical wound, making iodoform gauze. The eighth, Care of gynecological patients: Positions, local applications vaginal douche, vesical douche. Preparation for gynecological examinations and operations All of these subjects may be amplified to a great degree where there is time; they would do better to be divided into ten or eleven demonstrations. The success of this method, like all teaching, depends upon the interest aroused. Who has not heard, for instance, a dear good tiresome teacher describe the circulation of the blood in such a way that it is as interesting as directing one to go one block south and three blocks west and go on until one arrives at the starting place, whereas the story of the circulation is like a fairy tale, if it is properly told. Take, for instance, the vapor bath or alcohol sweat
SELF-DISCIPLINE.


[Read at the Convention of the American Society of Superintendents of Training Schools for Nurses, Detroit, September, 1902.]

When the council's letter came, asking me to write a paper on "Self-Discipline" for this meeting, many things passed through my mind, and many nurses passed before me who had been helped to become efficient, capable, trustworthy workers, holding prominent positions in the nursing world, by encouraging this strong factor—self-discipline.

It is not of rapid growth, but slow, though sure to bear good fruit. It begins with an ability to bear disappointment with cheerfulness and self-poise and continues on through life; for, once acquired, it becomes a part of one's self—a strong, character-building quality, bringing out one's reserve force in the hour of need.

Self-discipline should be taught early in the nurse's course; she should be told, when a probationer, that self-restraint and self-reliance are needful, that she must put forth her best efforts, make up her mind that nothing short of the best she is capable of will be acceptable to those in authority, and that she must succeed.

A proper amount of encouragement should be given, while the nurse is made to feel that she is being observed and her work criticized for her good. She should accept criticism as it is meant,—in friendliness. We must make the woman in her feel that where much is expected, much must be given; for we give that which is expected of us, whether much or little, if we are in earnest. Whatever we are satisfied with is our portion from others.

Again and again we need self-discipline to reconcile us to duty. Who does not at times fret at work to be accomplished? A duty calls, we attend to it; we think we can rest, be free from care; but an emergency arises obliging us to continue our numerous cares, and we seem to have strength given to us to go on—I had almost said indefinitely—before the rest we have been looking forward to can be attained. We are never free from responsibility in some form or other after we have reached the years of discretion. Duty after duty and care after care are ever before us. Disappointments must be met with a smile, or possibly a sigh. When we would be free and amused, we must be ready to accept the commands of circumstances, which are always changing and urging us to our utmost efforts.
for that purpose and all the appliances and materials needed are kept there.

Miss Russell. Have any of the schools succeeded in having any clinics or laboratory work in physiology? The teaching of scientific work in other schools seems to be in that direction. It seems much more impressive. Practically I have not been able to see how we can get any laboratory work in physiology and I would like to know whether any one has done that.

Miss Dock. The nurses study physiology at Johns Hopkins in that way now. They did not in my time, but have for the last few years. The pupils in their preparatory course go down to the laboratory where they have all the anatomical and physiological specimens. Anatomy and physiology are taught them by one of the assistant instructors of the medical school.

Miss Delano. I would like to ask a question on the teaching of materia medica. Is that done in any other schools in the same way and instruction given by instructors?

Miss Banfield. In my hospital the nurses are taught materia medica by medical instructors.

Miss Dock. I believe in Johns Hopkins Miss Nutting has materia medica taught on the laboratory method and I think by a medical man, although I am not sure about that, but they study materia medica by studying all the drugs in the raw and in the prepared state.

Miss Delano. Are those various instructors in the schools that make use of them paid, or is that a part of their regular medical school work?

Miss Banfield. We pay our medical instructors a small fee, not what we would wish to pay them, but what we can afford.

Miss Dock. At the Johns Hopkins they are paid by the training school because these assistants are all on the faculty of the medical school.

The President. Next on the program are the papers on Discipline.
there is an atmosphere of peace and order that seems natural to that ward. Her own grievances and trouble are not allowed to appear in the ward, and no one is aware that the head nurse is sick or upset in any way. Thus, by keeping good control of herself she conquers all obstacles and is looked up to and loved and honored by those connected with her. When she enters the homes of others as private nurse, seeking to make a reputation for her own future welfare, she will be a comfort to those in grief or trouble by her calm personality and the quiet self-control which leads the weary and heart-sick members of the family to rely on her and to put their burden on her strong shoulders, feeling that she is to be trusted until they can take it up again. She may never realize what she has been to those in affliction, but they will always remember her. Her position in the hospital has neither made her arbitrary nor domineering, but has brought out and developed those qualities that are purely womanly, that she may have been unconscious of possessing. It will never be said of her that she is lacking in sympathy or tactfulness. Her very presence will be a blessing in the household of the suffering.

I do not doubt it will take years to acquire the self-control and self-poise so necessary to develop the self-disciplined nurse.

THE DISCIPLINE OF THE NURSE.

By Alice I. Twitchell, Superintendent S. R. Smith Infirmary, Staten Island.

I have been asked to give my idea upon discipline, and at the same time was asked if I believed in military discipline in our training schools for nurses and I assure you that I do most decidedly, but the believing in, and desiring it are very different and much easier than obtaining such discipline.

Promptness is coming on and going off duty—to meals—time off and obeying rules generally regarding practical work I have no difficulty with, but my nurses have two hours off every day and it is a well understood fact that one hour is to be devoted to study and the other to recreation—the latter hour, I am sure is always satisfactorily employed but with very few exceptions that extra hour is not devoted to study, except the day before, or perhaps, two days before class, then one will see text books very much in evidence—the prevailing idea seeming to be that some added information may be acquired by absorption.

Now I would like some superintendent who is satisfied with the amount of studying that her nurses do, and with their standing in
Accordingly, self-discipline becomes a part of our character and of our moral life. It helps us to bear our trials and tribulations with fortitude and equanimity.

In training our nurses I do not know how this lesson can be taught with impressiveness except by precept and example. Let the nurse understand that when a duty has been given her to perform, no matter how difficult or unpleasant, she must act from a high sense of responsibility and perform that duty as faithfully as though she felt the eyes of the doctor or those of her superintendent upon her.

Self-discipline tends to make the nurse self-reliant, it gives her a truer insight of the work, and she works from a higher motive and with a clear and distinct knowledge that nothing but her best efforts will avail. She will never be automatic or machine-like in carrying out orders, a fault often complained of—justly or otherwise. Her sympathy for the patient will cause her to be gentle, thoughtful and tactful.

Self-discipline strengthens sympathy. She has become more sympathetic through self-discipline; without sympathy, she is without the very key-note of nursing, which depends upon sympathy for success,—not the sympathy that simply expresses a wish to do something to relieve, but the good, practical sympathy that puts one's hand into one's pocket, as it were, and does something that is really helpful.

Let the nurse feel that her success depends on her ability to overcome her own physical desires; that she must be willing to give up may comforts—even needed rest, if necessary—when duty demands her services.

She has entered upon a work where human lives are at stake, and nothing should interfere with her assuming all the responsibilities of such a work and life. It is no slight undertaking, but the work of a strong, vigorous nature, toned down by experience and the successful overcoming of one's self. She is a wise nurse who learns this early and profits by the teaching.

If we are to study, we must have in mind the end to be attained. We must seek to know all that relates to our special work.

We shall not reach perfection,—unfortunately, that is not to be attained,—but we may approach perfection, and that principally by our own efforts towards character-making. That every victory over one's self opens possibilities for further victories is well known. The self-disciplined nurse will always be in demand. In the hospital wards, as she assumes one post of responsibility after another, she will be recognized by the quiet order which prevails, by her gracious dignity, and the manner in which she appeals to the best in her assistants. Her influence is greater than she may know, but
there is an atmosphere of peace and order that seems natural to that
ward. Her own grievances and trouble are not allowed to appear
in the ward, and no one is aware that the head nurse is sick or upset
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THE DISCIPLINE OF THE NURSE.

By Alice I. Twitchell, Superintendent S. R. Smith Infirmary, Staten
Island.

I have been asked to give my idea upon discipline, and at the same
time was asked if I believed in military discipline in our training
schools for nurses and I assure you that I do most decidedly, but the
believing in, and desiring it are very different and much easier than
obtaining such discipline.

Promptness is coming on and going off duty—to meals—time off
and obeying rules generally regarding practical work I have no diffi-
culty with, but my nurses have two hours off every day and it is a
well understood fact that one hour is to be devoted to study and the
other to recreation—the latter hour, I am sure is always satisfac-
torily employed but with very few exceptions that extra hour is not
devoted to study, except the day before, or perhaps, two days be-
fore class, then one will see text books very much in evidence—the
prevailing idea seeming to be that some added information may be
acquired by absorption.

Now I would like some superintendent who is satisfied with the
amount of studying that her nurses do, and with their standing in
class, and general interest and understanding of their theoretical work, to tell us how she has accomplished such a result, for my experience has been that I get good practical work done much more easily than equally good theoretical work.

The idea of each nurse being entirely self governing and that we shall trust to her honor and judgment,—in all things—I am sure would prove a failure with me and any class of nurses with whom I have ever had to deal. Another reason that I fully approve of, military discipline is, that the women who are taking up the work—in this age—seem as a general thing to imagine that they know so much better how to manage the work than their superior officers. Juniors criticize their seniors, seniors know so much better how to run the wards than the head nurses, while I have no doubt that the head nurses think they could manage the school and conduct the affairs of the school and hospitals better than those in charge. It seems to be an open question with some nurses and most interns where the line should be drawn, as to relations and communications necessary to the performance of their duties in the hospital.

If our medical schools would introduce a branch of hospital ethics into their curriculum for prospective interns I think it would be a great help to us heads of hospitals.

I heard of one school where the superintendent allowed the interns and nurses to mix and mingle and go out together as much as they wished, providing that they assured her that they were serious in earnest, and were not merely flirting.

I have never tried that plan and hardly think I will at present, until I feel that it would prove satisfactory, for I cannot see how there would be the desired dignity and attention to duty in the wards if this was allowed.

I have been very forcibly impressed during the past year or more with the idea that if the members of our schools, while in training, were sufficiently, disciplined by a superintendent who would set an example of cool dignified, unbiased opinion and judgment, and expect the same from her pupils they might not feel inclined after graduation to express themselves in private, in public and in our nursing periodicals quite as forcibly and regardlessly of facts and the feelings of others as some have been inclined to do in the past.

I approve of and expect nurses to be self contained and self governed in the respect of relying upon themselves in emergency, not to be affected by trifles, "to keep their heads" under all circumstances and take the initiative in managing her ward, in instructing the nurses under them, in improving things in every way possible, at the same time to realize that rules are made to be observed and not to be broken.
The President. These two interesting papers are now open for discussion.

Miss Dock. The secretary might say she had quite a little trouble in getting up a group of papers on discipline. It was thought it would be a good plan to have four or five short papers on discipline, and the wish of the council was to bring out the different ideas as to discipline which are held in the different schools. We wanted some from very strict disciplinarians and some from those who believe in practicing discipline more by suggestion, that is, getting people to think out their own ideas of discipline, and your secretary will tell you in confidence, without mentioning any names that she wrote many letters, and that almost every one declined. That is the reason this group of papers is incomplete. The criticism which I hear now, being outside of the training school, is that the discipline of the training schools tends to repress individuality. I hear that criticism made sometimes quite severely. It is said that nurses in training are intimidated and are afraid to be natural, that individuality and originality are repressed, instead of being brought out. I do not think that is altogether true, though there may be some truth in it, and a criticism I hear very often from people in general is that nurses are lacking in initiative when they get outside of the hospital. That is another very difficult point, because we all know it would not do to have every nurse exercise her free initiative in the hospital, for we would have from seventy-five to two hundred different initiatives being acted on at once with disastrous results, yet it seems important that outside of the hospitals, trained women should have a certain amount of independent judgment. Those are the puzzles in the case.

Miss Delano. This is a subject that has interested me for a great many years and I do believe that a defect of training schools in the past has been to turn out a set of machines and it is a question that has for a long time seemed to be acted upon from a mistaken point of view. Educators all over the world are training children along different lines, and why we should conduct schools for women and expect to turn them out
all on the same mold, with exactly the same ideas warranted
to run a certain number of hours a day and sleep a certain
number of hours a day, regardless of that woman's individual-
ity, seems to me a tremendous mistake; and yet I think train-
ing schools for years have worked on those lines. Just how
we are to get ourselves in line to do anything else, I do not
know, but it seems to me, we have made a mistake in the past.
We are supposed to have self-reliant, educated, well brought up
women, in our schools, and it seems to me we should find a
way of dealing with them a little differently. I confess I have
not found the way, but I think we ought to work on that line.
I would like to hear from some of the others.

Miss Twitchell. I would like to ask the President, as I
understand she has the eight hour system, if she succeeds in
getting a great deal more study from the nurses owing to their
having those extra hours off duty. Is your theoretical work
more satisfactory than before?

The President. The chair will unhesitatingly state it is
more satisfactory. There is more time devoted to it and a
higher standard of theoretical work has been done since we
have adopted it.

Mrs. Fournier. I would like to express my idea on that line.
Our system was changed three years ago to the eight hour
system. At that time the school was a two years school; it is
now three. At the first examination after the hours were
changed every examiner asked me, what had happened, that
my nurses passed such a high grade of examination, that they
passed as good an examination as the average medical student.
I think that proves that they do better work under the eight
hour system.

Miss Ayers. I would like to hear from some of the superin-
tendants on the question of misdemeanors, what penalties
they impose for the breaking of the various rules of conduct
and of discipline?

The President. The chair is very glad that question has
been raised, because it is a practical question, and she also
would like to know if there are any codes of penalties in train-
ing schools under the charge of superintendents who are here, whether it has ever seemed advisable to adopt such codes.

Miss Allerton. It seems to me that right here is where the treatment of a nurse as an individual comes in. I think that no two nurses are alike in disposition and no two can be punished alike. What would be punishment for one would not be for another, and there are some nurses so conscientious and so sensitive that you have to handle them very carefully. There are others who are so perfectly indifferent to what they have done or the result it brings that some very severe measure must be taken. At least, I have found that so in my treatment of nurses.

Miss Dock. There is one punishment that is used sometimes—I don't remember whether I ever did it myself or not. I think now it is quite a wrong thing, based on a wrong principle, because it humiliates the nurse publicly and does not do any good. That is taking away a nurse's cap for the time being. I have heard of that being done.

Miss Twitchell. In reply to the President's question as to whether there are any printed rules, one of our rules is that the superintendent shall dismiss all insubordinate or incompetent persons, reporting the same to the Board of Trustees at the next meeting. That is a printed rule with us.

The President. The chair would furthermore like to know if there are other training school superintendents who have the power of dismissing pupils.

Miss Allerton. I will say that we have the power of suspending a pupil and keeping her off duty, not dismissing her, but keeping her in the house until the matter is adjusted by the training school Board. I myself do not care for the authority to dismiss a pupil. I would rather that the pupil's side of the story would always be heard and that the Board should share with me the responsibility of dismissal.

Miss Ayers. Another thing I would like to ask is after six or eight or ten months, perhaps, when it is found on further observation that the pupil is not the proper material for a nurse, how the different superintendents manage to get rid of
them without difficulty. We all know there are pupils whose
conduct is excellent and yet who have not proved themselves
good nurses as they get further along; or perhaps they have
the mental but the moral qualifications. Of course those are
more easily disposed of, but I should like to get the opinion
of some of the superintendents on the other matters.

Miss GRISWOLD. I have had some experience on that line
and I always try to make an appeal to the pupil herself and
have usually been able to get her interested in some other kind
of work. In some cases I advise millinery.

Miss BANFIELD. I am at present in charge of a small train-
ing school. I am a graduate of a hospital of over two hundred
nurses, and I think I may say that our discipline was strict,
decidedly so, military; and I did not notice amongst my over
two hundred fellow workers, a great many of whom I after-
wards had charge of, that they at all killed their individuality.
If they had it, it came out; in fact, it could not help but come
out. But it does seem rather as if it were, first of all, a ques-
tion of the superintendent as much as the pupil? If you have
a superintendent whom you can trust, the best way it seems
to me is to trust her and she will bring out or should certainly
if she is fit for her position all that is best in her pupils in one
way or another. As Miss Allerton said, I do not see how any
of us can be expected to give the golden rule in training schools.
You get the best out of one woman in one way and out of
another in another. Some require military discipline and some
require greater individual sympathy, and of course the diffi-
culty with us is to give this individual sympathy to our pupils.
After all, the pupil is only in the hospital for three years and
when she gets outside she can be just as individual as she
pleases. We all know how much that is; it is not very much.
So really I would say that I think we are not over-doing it.
We do the best we can with the pupils and we know we have
to have certain rules. We have all been pupils ourselves; it is
not as if we did not know what it was like and we have all had
to obey rules we did not want to obey and to turn out our
lights at times when we wanted them to burn. I have often
been told by probationers that my rules are too rigid—they do not seem to be afraid of me, and it affords me a great deal of amusement at times but do we not all think that we have discipline in our schools. I do not think we have to lay at our own doors very much of the stifling of individuality. The person who cannot obey, I have never yet found can command.

Miss Gross. I think we all agree that in the hospitals it is necessary to have discipline among the pupils for the sake of the reputation of the hospital. There is nothing that effects the hospital and its good name so much as poor pupils; that is, pupils who are not doing good work, and for that reason we must have good discipline there. If one pupil does something that is entirely wrong in the hospital, it will be told by the patient with whom it has occurred and repeated all over the city and she will do more harm than forty other pupils who are doing good work. We must control our pupils and it seems to me the best way we can do it is by love. If we can teach our pupils to love us, if they are at all affectionate, you can appeal to their sympathy and treat them as if they were your younger sister, younger in the same profession, let them know that you are interested in them and that you want them to follow you. Let them know it is going to hurt you if they do otherwise. But you will find a few you cannot even control in that way and then I think for those few who are left you must establish a rigid discipline. As Miss Allerton has already said, you cannot adopt any code that will appeal to those few who need the rigid discipline. What is punishment to one is not punishment to others and one must study the individual pupil in order to know what is the need for that one.

The President. If there is no further discussion we will proceed to the consideration of the next subject, the work of the Legislative Committee of the New York Nurses Association. As this subject is only in the preliminary stage it will be discussed informally only, and not reported. At the conclusion of Miss Allerton’s report the meeting adjourned until Thursday, September 11, 1902, at ten o’clock a.m.
The President. If there is no further discussion, we will proceed to the reading of Miss McMillan's paper on The Examinations and Markings of Pupil Nurses.

The paper was read as follows:

PRACTICAL METHOD OF EXAMINATION AND MARKING PUPILS FOR THE FIRST, SECOND AND THIRD YEARS.

By M. Helena McMillan, B. A., Superintendent of Nurses, Lakeside Hospital, Cleveland, Ohio.

Read at the ninth annual meeting of the American Society of Superintendents of Training Schools for Nurses, held at Detroit, Mich., Sept. 9-11, 1902.

Educationalists pretty well agree to the statement that examinations are a necessary evil. This is not the ideal way of ranking pupils, some obtaining higher marks than their application and improvement during the year deserve, while others fail to show to advantage. The average pupil, however, requires some incentive to study, and without the dread of the yearly examinations holds many careless or half-hearted students to their books. Possibly this is in especial true of the pupil nurse who, on account of weariness, disinclination to study or absorption in the practical part of her training, is tempted to neglect the theoretical work.

In the nurse's education theoretical instruction does not hold the primary place. Practical ability and skill must always be of the first importance, while theory is a means to an end, namely, to make the nurse a more intelligent and acceptable worker and more perfect in her practice of nursing.

This being the case, it is certainly unjust to rank pupil nurses at the end of the year on the results of examinations held entirely on theory of their work and allow their hard and faithful practical work to count for nothing. It would seem fairer and liable to bring forth better effort on the part of each pupil if in marking, an equal division were made, half being given for the practical record and the other half depending on the results of the examinations.

In practical marking the many different points which go to make up the good nurse would have to be taken into consideration, as for instance: thoroughness, conduct, tidiness, health, tact, executive ability and other similar qualifications, with, in addition, the record
made in the diet kitchen and in the bandage and massage classes. Possibly it might be advisable for the superintendent to examine the pupils as to their knowledge of nursing by having each demonstrate to her some points of nursing, as the making of beds, the application of a poultice, giving a hypodermic, etc., in the first year, and in the older years something more advanced.

The practical marking would then be something like the following:

50 marks—Perfect in each division.
49-45—Excellent.
44-40—Good.
39-35—Fair.
Under 35—Poor.

FIRST YEAR.

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<th>Conduct</th>
<th>Tidiness</th>
<th>Health</th>
<th>Tact.</th>
<th>Practical Demonstration</th>
<th>Cooking, 1st Year</th>
<th>Bandage Work 1st Year</th>
<th>Executive Ability 2nd and 3rd Year</th>
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PRACTICAL METHOD, EXAMINATION AND MARKINGS.

To make this marking as accurate as possible it is advisable to have monthly, semi-monthly or even weekly reports sent from each department in which the pupil receives training. These reports being written, signed by the head of the department and sent in systematically, assume an official importance, and supplemented by the personal observation of the superintendent, form on the whole a fairly just and accurate record of the pupils' progress.

The yearly examinations and theoretical marking would naturally be given by the lectures on the subject matter of the lectures delivered during the year, and possibly a short paper on nursing by the superintendent to supplement the demonstration.

In written examinations I have found that by posting something like the following a few days before the examinations, the papers have a more uniform and satisfactory appearance:

RULES TO BE OBSERVED IN WRITING EXAMINATIONS.

1. Pupils must report in the lecture room punctually at the stated hour, provided with pen, ink and blotting paper.
2. A class number will be given to each member, which is to be used throughout the examinations. The name must not be placed on the paper, but instead, the given number on the back of each page, at the right hand corner.

3. Only one side of the paper must be written upon, and an inch margin left on the right hand side of the page.

4. Questions are not to be written on the paper, but merely the number of the question with its subdivisions, care being taken that both number and subdivisions are correct.

5. One or two lines must be left between each question; each subdivision must be started on a new line; a new question must not be started at the bottom of a page.

6. Pages must be numbered consecutively, and when completed, folded together lengthwise.

The following are model sets of questions for the three years, selected from examinations given to the pupils of the Lakeside Hospital, Cleveland, on the lectures delivered during the year by the members of the staff:

**First Year.**

*Bacteriology.*

1. (a) What are bacteria?
   (b) Where are they found?
   (c) What are some of their functions in nature?
2. Name the most important bacteria causing wound infection.
3. How may disease-producing bacteria gain access to the tissues of the body?
4. What do you mean by the terms:
   (a) Infection?
   (b) Contagion?
   (c) Pathogenic?
5. How does infection with typhoid occur and in what substances is the infection usually carried?
6. Where may the diptheria bacillus be found:
   (a) In health?
   (b) In disease?
7. (a) How would you sterilize material containing spores?
   (b) Why?
8. Why must greater precautions be taken in a hospital than in a private house in surgical work?
9. Name some bacterial diseases which may be carried by dust.
10. What excretions are dangerous in the following diseases:
    (a) Diphtheria?
(b) Pulmonary tuberculosis?
(c) Pneumonia?
(d) Dysentery?

Medical Paper.

1. What do you understand by the terms:
   (a) Cyanosis?
   (b) Dyspnoea?

2. (a) What is a dicrotic pulse?
    (b) What is Cheyne—Stokes respiration?

3. What is:
   (a) An intermittent fever?
   (b) A remittent fever?
   (c) A continuous fever?

4. What are the good effects of tub baths in the treatment of typhoid fever in the order of their importance?

5. What are the more common and important indications for the removal of typhoid patients from the tub?

6. Define:
   (a) Orthopnoea.
   (b) Asphyxia.
   (c) Hyperpyrexia.

7. State four causes of rapid pulse and one of slow.

Anatomy and Physiology.

1. (a) Name three bones in the upper extremity.
    (b) What is the chemical composition of bone?
    (c) State what you know about bone marrow.

2. (a) What is the periosteum?
    (b) State its use.
    (c) State kinds of muscular tissue and give examples.

3. (a) Name the vessels entering and leaving the heart and state which chamber each one enters and leaves.
    (b) Name the valves of the heart.
    (c) State the function of each valve.
    (b) What is the normal respiration?
    (c) Mention some conditions in which respiration is increased.

5. (a) Where is the diaphragm?
    (b) What is its function?

6. (a) State the functions of the saliva.
    (b) Name the active principle.
    (c) Name the chief constituents of gastric juice.
    (d) Upon what kinds of food does it act?

7. (a) Name the parts of the alimentary canal from the mouth to the anus.
(b) Locate the liver.
(c) State what you know about bile.

8. (a) Define the terms chyme, chyle, peristalsis.
   (b) Locate the vermiform appendix.

9. (a) Locate the spleen.
   (b) Name three localities where lymph glands are found.

10. (a) Name the subdivisions of the brain.
    (b) Define motor, sensory and mixed nerves.
    (c) What would be the effect of cutting one of the last named?

_Surgery._

1. (a) What is a simple fracture?
   (b) What is a compound fracture?
   (c) What care does each require?

2. (a) What are the ordinary methods of stopping haemorrhage?
   (b) What are the dangers of using pressure in haemorrhage?

3. How may a patient in shock be revived?

4. (a) Give the signs and symptoms of internal concealed haemorrhage.
   (b) What should be done when such a condition is suspected?

5. Name
   (a) Four general anaesthetics.
   (b) Three local.

_PRACTICAL NURSING._

(By Superintendent of the School.)

1. Describe the correct method of dusting a ward.
2. (a) How should the bed linen and other clothing belonging to a typhoid be cared for?
   (b) How would you treat typhoid evacuations?
   (c) What is the necessary care of the mouth of a typhoid?

3. What would you do with dressings removed from a wound?
4. How would you prevent a bed sore?
5. Describe the correct method of filling
   (a) A hot water bag.
   (b) An ice cap.

6. When not in use, how would you care for the following:
   (a) Rectal tubes and rubber catheters?
   (b) Glass douche nozzles and points?
   (c) Nursing bottles?
   (d) Nipples of nursing bottles?
   (e) Hypodermic syringes?
Dietetics.
(By Teacher of Cookery.)

1. (a) What is a food?
   (b) Name the chief classes.
2. (a) Discuss water according to:
   (1) Daily outgo and income.
   (2) Uses.
   (3) Contamination and sterilization.
   (b) What foods contain the most water?
3. State the principal salts of the body with their uses and how obtained.
4. Fats.
   (a) Sources and uses.
   (b) Digestibility.
   (c) Dishes furnishing fats.
5. What arguments would you advance for the use of animal foods?
6. (a) When is milk diet advisable?
   (b) Methods of improving digestibility, with reasons?
   (c) How may taste be altered?
7. (a) What is the proper way of cooking albumen?
   (b) Illustrate by experiments with eggs.
8. (a) What does beef tea contain?
   (b) Give three methods of preparation.
9. In what diseases is sugar forbidden, and why?
10. Discuss the cooking of starchy foods:
    (a) Cereals.
    (b) Vegetables.
11. (a) What are the chief uses of fruits?
    (b) Classify the fruits according to their properties.
12. (a) How may beverages be classified?
    (b) State good and evil effects of two of the following subjects:
        (1) Tea.
        (2) Coffee.
        (3) Cocoa.
13. (a) Would you consider alcohol a food?
    (b) Give reasons.
14. Give a dietary to be used in two of the following diseases:
    (a) Bright's.
    (b) Typhoid.
    (c) Diabetes.

Intermediate Year.

Materia Medica.

1. Give dose of the following drugs: Tr. Digitalis, Infusion Digitalis, Oleum Tiglii, Trional, Tr. Opil, Fowler's Solution, Paregoric, Potassium Iodide, Chloral.
2. Give synonyms of the following: Oleum Ricini, Oleum Tiglii, Oleum Morrhuae, Pulvis Glycyrrhizae, Hydrargyri Chloridum Mite, Liquor Potassii Arsenitis, Spiritus Aetheris Compositus.
3. What are the ingredients of a gr. x Dovers Powder?
4. (a) What is the value of hypodermic method of administration of drugs?
   (b) What are the dangers to be avoided when giving drugs in this way?
5. (a) What is meant by tolerance of a drug?
   (b) Give two examples.
6. (a) What is the effect of Digitalis?
   (b) What are the first indications that the limit of toleration has been reached?
7. What is the action of Opium and its preparations on:
   (a) Secretions?
   (b) Respiration?
   (c) Pain?
   (d) Insomnia?
   (e) Temperature.

The Eye.

1. Describe the conjunctiva, its extent, some of its most frequent diseases.
2. What precautions would you take in washing out an eye:
   (a) With a deep ulcer of the cornea? Why?
   (b) After an operation which opened the eye ball? Why?
3. (a) In what cases would you use:
   (1) Atropine?
   (2) Hematropine?
   (3) Eserine?
   (b) Give the reasons for the choice in each case.
4. (a) Describe in detail the steps of cleansing an eye of a patient suffering from purulent infection.
   (b) What precautions must be taken?
   (c) Why?
5. Describe the method of applying:
   (a) Hot packs.
   (b) Ice packs.
   (c) Leeches.

Gynecology.

1. What are the internal organs of generation?
2. What is the normal position of the uterus?
3. (a) How would you place a patient in the following positions:
(1) Dorsal?
(2) Left lateral?
(3) Knee chest?
   (b) Give a detailed description of each.
4. Describe the technique employed in catheterizing a patient after
   a perinaeorrhaphy.
5. What are some of the methods of treatment in cystitis?
6. How would you recognize the onset of septic peritonitis?
7. Give the principal symptoms of simple endometritis.
8. (a) What are the different pessaries most frequently used?
     (b) How would you sterilize a pessary?
9. What can be done to relieve thirst following operation, before
   fluids are allowed?
10. What are the best measures to give mental rest to a patient
    following an abdominal operation?

Medicai Paper.
1. Name the factors which maintain the circulation of the blood
   and describe the functions of each.
2. Give the symptoms of falling heart action.
3. Give your method of examining the pulse and describe the charac-
   teristics to be looked for.
4. Describe the mechanism of hiccup and enumerate the sources
   for this symptom.
5. Describe the mechanism of vomiting and enumerate the causes
   of vomiting.

Urinalysis.
1. (a) Name the functions of the kidney.
     (b) State briefly its relation to the excretory organs.
2. (a) Name two of the usual tests for albumen in the urine.
     (b) Describe the results of those tests when the urine contains
        albumen.
3. Name the important changes in the urine as regards quantity in:
   (a) Acute nephritis.
   (b) Chronic interstitial nephritis?
4. What effect have the following causes on the quantity of urine:
   (a) Catheterization?
   (b) Cold?
   (c) Leaving a large amount of fluid in the abdominal cavity
       at time of operation?

Practical Nursing.
(By Superintendent.)
1. Describe the method of rectal feeding.
2. How would you care for a patient immediately after a major
   operation?
3. What are the points to be considered in administering the following, and give the correct method of administration of each:
   (a) Pills?
   (b) Capsules?
   (c) Oleum Tiglii?
   (d) Oleum Ricini?
   (e) Powders?
4. How would you place a child or other patient in a croup tent?
5. How would you prepare for an infusion of salt solution to be given to a patient?
6. Describe the method of giving:
   (a) A typhoid tub bath.
   (b) A cold pack.
   (c) An antipyretic sponge.
2. What amount of food at each feeding should be given to a baby?

**Third Year.**

*Children.*

1. What is the care which should be given to infants mouths?
2. What is the appropriate diet for a child eighteen months old?
   (a) One week old?
   (b) One month old?
   (c) Six months old?
   (d) One year old?
3. What is the treatment, other than by drugs, of constipation in infancy?
4. What is the treatment, other than by drugs, of constipation in babyhood?
5. What should be the average weekly gain of an infant in the first six months?

*Obstetrics.*

1. Give the changes effected in the uterus by pregnancy as regards:
   (a) Dimensions?
   (b) Position?
2. Give:
   (a) The probable signs of pregnancy.
   (b) The certain signs of pregnancy.
3. (a) Give the frequency of head presentations.
   (b) Describe the three stages of labor.
4. (a) Give the chief cause of post-partum haemorrhage.
   (b) What means should the nurse employ to control the haemorrhage?
5. Give the usual method of resuscitating asphyxiated babies.
6. (a) Give the chief sources of puerperal infection.
   (b) Briefly outline the aseptic technique to be employed by the nurse.
Nervous Diseases.
1. What constitutes the nervous system?
2. What are (1) the pre-disposing and (2) the exciting causes of diseases of the nervous system?
3. (a) Give an instance of an organic nervous disease.
   (b) Describe its symptoms.
4. Define:
   (a) Insanity.
   (b) Hallucination.
   (c) Dementia.
5. (a) Name the chief symptoms of melancholia.
   (b) What are the duties of the nurse in the care of melancholic patients?
6. Describe measures other than medicinal which are used in the treatment of insomnia.

Dermatology.
1. Give a general outline of the duties of a nurse in the management of acute suppurative inflammation of the skin.
2. What are the general contra-indications for a prolonged hot bath in inflammation of the skin?
3. Tell something about the new treatment of lupus.
4. Define:
   (a) Scabies.
   (b) Impetigo.
   (c) Pemphigus.
   (d) Herpes.
5. (a) What is epilation?
   (b) How should it be performed?

Practical Nursing.
1. Describe the method of isolation and disinfection while nursing a scarlet fever patient and the care of room, etc., after dismissal of patient.
2. Mention some points which you consider of importance in the care of:
   (a) Young children.
   (b) Patient with heart disease.
   (c) Tubercular patient.
   (d) Convalescent patient.
3. What could you do for a mother and young infant in a tenement house in a visit of an hour?
4. Give your ideas of the management of a ward, including the duties which the head nurse owes to the patient, the pupil nurse, the hospital.
5. Give some points of clinical value to the nurse under the following conditions:
   (a) In private nursing.
   (b) In district nurse work.

6. Give in brief your idea of the correct organization of a nurses' school; its relation to the hospital; the duties it owes to the pupil and to the public.

Massage.

(Prepared by a Graduate of Miss Mitchell's School.)

1. Prepare carefully a short paper on massage and in closing state the use of massage in the hands of a nurse.

2. To what two classes of patients would massage prove beneficial and why?

3. Give four rules which would govern you in treating a patient?

4. (a) Explain fully the effects of massage upon the circulation.
   (b) Give three contra-indications of massage.

5. Explain why and how a sprain or contusion of a joint may be treated by massage.

6. Give three important general effects of massage.

The marks for each paper being handed in to the superintendent by the examiners, the total marking would be similar to the following:

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The President. If there is no further discussion we will proceed to the consideration of the next subject, the work of the Legislative Committee of the New York Nurses Association. As this subject is only in the preliminary stage it will be discussed informally only, and not reported.

At the conclusion of Miss Allerton's report the meeting adjourned until Friday, September 11, at ten o'clock a.m.
THIRD SESSION.

Friday, September 11th.

The President. Before beginning our papers the Secretary will read a communication from Mrs. Fenwick, President of the International Council of Nurses.

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

DEAR MADAME: As president of the International Council of Nurses, it is my privilege to convey to the American Society of Superintendents of Training Schools for Nurses, assembled in annual conference, the greetings of this council, and to wish success to its deliberations. In the nursing world the past year has been, to some extent, one of contemplation in regard to the many lessons learned at the great International Nursing Congress at Buffalo, but we must now begin to look forward instead of backward, for the next meeting of the International Council of Nurses at Berlin in 1904 will soon be here. The date has been fixed with only a three, instead of a five years' interval between the two meetings in order that it may be held simultaneously henceforth with the quinquennial meeting of the International Council of Women.

It is not proposed to organize a nursing Congress at Berlin, but hold two sessions of the International Council of Nurses, one for the transaction of business, and the other to afford an opportunity for receiving reports upon questions of vital interest to the nursing profession. A subject which at once suggests itself at the present time is that of the State registration of trained nurses (concerning the desirability of which a unanimous resolution was passed at Buffalo) and, as a necessary preliminary, the definition of the educational curriculum for nurses which should be insisted upon before they are held eligible for such registration. I shall be glad to receive from the American Society of Superintendents suggestions as to subjects they consider desirable for discussion before the Agenda of the meeting is sent out next year.

I have watched with great pleasure the organization of State associations of nurses for the purpose of obtaining State registration in the United States. The reports of the progress and experiences of these associations cannot fail to be of interest and benefit to the nurses of other nations.
In Great Britain we have this year, as you are aware, formed a society having the State registration of trained nurses as its sole aim. We have found by experience that if the subject is incorporated in the objects of other societies it does not receive sufficient prominence to be effective. The present business of the society is the education both of the public and of nurses on the whole question of registration and its educational and economic effects.

Effective interest is difficult to arouse, for in this country reforms are not easy of attainment without the support and social influence of the leisured classes, and the educational and economic issues involved in the State registration question are incomprehensible to the average protected and non-wage-earning woman, nor do the self-supporting and self-respecting aspirations of trained nurses appeal to her.

It is difficult for a democratic country to appreciate the political influence of the aristocratic classes in a country which maintains a monarchy.

It is the intellectual middle classes who, for the most part, appreciate that the higher education question is involved in our demand, and from whose ranks some of the brightest and best women have come forward to help us by acting as vice-presidents of our society, women who have made their mark in educational and other public work, and whose help and advice will be invaluable to trained nurses, who are, as a class, neither independent nor versed in the methods of public business.

Recent communication with the matrons and many trained nurses in this country on the question of State registration has been distinctly encouraging, whereas ten years ago many of our most deeply respected matrons were either totally ignorant of or opposed to legal status for trained nurses, with very few exceptions they now declare themselves in favor of the principle of State registration, although many of them do not at present seem inclined to take an active part in urging this reform upon the legislature. The economic side of the question naturally affects private nurses much more closely than those working in institutions, and it is largely the private nurses who are coming forward to join our new society and urge forward its propaganda.

I am to have the privilege of speaking before meetings of nurses on this question in Scotland at an early date, and have every hope that when once the forceful women of North Britain begin to consider the question they will not be long in giving it strong and hearty support.

Indeed, the attainment of the registration of trained nurses seems to be within measurable distance, for the precedent established in
the registration of the medical profession must, in compliance with the laws of evolution, sooner or later be universally applied to that of nursing. We have only to advocate our principle with courage and constancy and the victory is ours.

I am, dear Madam,

Yours faithfully,

ETHEL G. FENWICK,
President International Council of Nurses.

The President. It is most inspiring that our fellow workers across the sea are engaged in the same efforts which we are making here for progress. It must encourage us to hear of their work, as it does to feel their sympathy, and to know of their co-operation. I hope that this Society will be well represented at Berlin in 1904, and trust that the Council will take up the suggestion made in regard to subjects profitable for discussion at that time. We will leave this to the Council to consider at its next meeting. We will now take up our papers. The first paper on the program is on the District Nursing of Detroit, by Miss M. E. Smith, and in her absence it will be read for her.

DISTRICT OR VISITING NURSING.

By Miss Mary E. Smith, Detroit, Mich.

[Read at the Ninth Annual Meeting of the American Society of Superintendents of Training Schools for Nurses, at Detroit, Sept. 9-11.]

In introducing the subject of district or visiting nursing at this meeting of the superintendents of training schools, it is a matter of keen regret to me that I have had to have recourse to a paper that was originally written only as a part of a discussion of the subject for an entirely different meeting, where a rigid time limit was enforced, which precluded the possibility of elaborating the points brought forward. When your president requested the use of it for the present meeting, my first thought was to refuse it, knowing that it so inadequately deals with a subject that is each day growing more and more important in every city of our land. Though not altogether a new field, I believe it to be one that has a very bright
future in store for it, in which many earnest-minded women of our profession may find the passport to their satisfaction in life through their noble efforts to help others to help themselves.

Realizing, however, that many times the discussion which follows a paper is of greater importance in bringing about more desired results than the paper itself, I offer it, in all its meagerness, without apology or further explanation, trusting that each superintendent in attendance at this convention will do what she can to further the interests of district nursing in her own school, and thereby help to provide adequately trained women to take up the work in new places or to follow in the footsteps of those who have done such noble pioneer service in this peculiar field of labor.

To-day the question of district or visiting nursing is one of vital importance in every city, because it has become an educational force. The nurses reach the people during sickness, and so have the best opportunity of forcing home lessons in hygienic and right living, that no amount of talking to, or teaching, under other circumstances could induce them to heed.

Florence Nightingale says: "I do not think there is any human being who may be as useful as a district nurse, if she is helpful without being interfering."

Jane Addams, of Hull House Chicago, says: "The Visiting Nurse Association has always seemed to me to be free from some of the faults found in organized philanthropic effort, and to be managed with wisdom and care."

Just here I wish to emphasize the fact that it tends to the preservation of the home, lessens the necessity of institutional aggrandizement, caring for cases that for various reasons either cannot or will not be cared for in hospitals or county institutions, and in a measure thereby prevents crime and pauperism.

The older associations have proved beyond the shadow of a doubt not only the wisdom, but, I would add, the necessity of employing only graduates from our best training schools as visiting nurses. Tact, courtesy, and refinement are as necessary to the visiting nurse as the more or less mechanical skill she has acquired in the performance of routine duties in the sick-room, if she is to meet and overcome successfully the ignorance, prejudices, and superstitions of patients and their friends. Having proved by experience that the best are none too good for this peculiar work, it is imperative that we who have assumed the responsibility of directing the affairs of such an association, shall put forth our best efforts to secure only such women for the active work as shall come up to the high standards we have raised. Vacancies are constantly occurring on the working staff of every visiting nurse association and many times these are most difficult to fill quickly and well. How best to meet
these emergencies is a problem each board must solve either systematically or as best it can, when these occasions arise. It will be generally admitted that it will be best done, if done systematically. I therefore suggest that each association, as soon after organization as possible, shall employ a trained superintendent of nurses, with an office situated in the same building as the central offices of all the charity organizations of the city. Having a central office in such a place would be a most effective way of making our work and its needs known to many people, besides securing often needed co-operation from other branches of charity work, without needless loss of time to the nurses themselves or to members of the board. I would suggest in addition to this, that the board, through this superintendent of nurses, offer the officials of one or more regular hospital training schools in the city, the privilege of training in the district work, to a limited number of their senior students. This supply would be constant, and would have its economic advantages, as well as be the means of securing a larger number of specially trained women to select from in the future. This would not interfere with accepting graduates for a similar training if any desired to take it. Under this arrangement the regular working corps of nurses would be graduates from good training schools, just as at present; in addition there would be a limited number of responsible senior students from one or more of our best training schools given the opportunity of training in this peculiar work. Thus, the people, whose best interests we are trying to serve, would not only be as well taken care of as at present, but as the work grows we would be able to select especially trained women for all increase in our permanent staff of nurses. The Detroit Visiting Nurse Association is a comparatively young organization, its fourth annual report having just been issued. The members of the Executive Board feel that while the work has increased rapidly, the growth has been natural and they have been able to meet the new conditions satisfactorily. An especial interest is taken in the home life of its staff of nurses, and the board feels that the high standard of work maintained by them, their increased zeal, and fine esprit de corps, are due almost as much to this feature as to their high sense of professional responsibility. Perhaps the most distinctive thing that has been done, has been to send one of the nurses each year, at the expense of the association, for a month's observation, and inspiration, into the district work of another city. Last year the time was spent in the Nursing Settlement of New York City, under Miss Wald. This year it has been in Chicago, under Miss Fulmer. From both places they have returned filled with enthusiasm over the different phases of the work they have had the opportunity of studying. This experience has not only widened their horizons, but has been a direct
benefit to the patients and to the board, whose interests are better
served by their greater knowledge of present conditions, and by the
larger understanding they have gained of possible development in
this wonderful charity. So convinced are we of the triple benefit
derived from this course, that on behalf of our Executive Board I
would say that we will be only too glad to offer the same courtesy
to others desirous of studying our methods, that has been so gene-
rously extended to us by the workers in New York City and in
Chicago.

The President. The chair would like to explain that The
Visiting Nurses Association in Detroit has its headquarters at
15 Elizabeth Street East, and the nurses who are engaged in
that work will be very glad to see any of the members of this
Society or their friends at their home. As Miss Smith has
explained in her paper, it is a young organization, being but
four years old, but there are two distinctive features associated
with it upon which the chair would like to dwell for a moment.
One is the fact—and perhaps she did not allude to this—that
the nurses of Detroit are represented on the Board. There
are three nurses who are members of the Board of this visit-
ing Nurses Association. The two alumnae associations of
Detroit have each a representative on the Board and one of
the training schools is also represented by its head; so that we
feel on that very important work that we have representation.
Another feature is this very admirable plan of sending nurses
who are engaged in the work to other cities to obtain experi-
ence, instruction and inspiration from those particular organi-
izations which they visit. I can only emphasize what Miss
Smith says that the advantages obtained by these visits to
different cities have greatly furthered the activity of the work
here. Another point brought out in the paper, and upon which
we would like very much to have some expressions of opinion
from other superintendents, is the suggestion made of having
a few pupils of the training school, undergraduates, engaged
in the work. In other words, whether it is advisable to have
that as an elective course in training schools or a prescribed
course, and we would like very much to know if the superin-
tendents here have any feature in their own training schools
which would throw light on that subject, whether any of their pupils engage in district work and if so, if it is an elective course or prescribed.

Miss Griswold. In the Massachusetts Hospital at the time I was there, we had an elective course in District Maternity work of two months and we found it invaluable to the nurse in her training. In fact, when the superintendent of the hospital decided that it could not be carried on any longer, and we were obliged to give it up, we felt it was a great loss to us. It brought to the nurse what she needed and from time to time I could go out with her and make the work instructive to her.

The President. I would ask if they were senior nurses.

Miss Griswold. Always senior nurses within three months of their graduation.

Miss Allerton. In Rochester in the Homeopathic Hospital we have two nurses whom we call the visiting nurses, so that each one of our pupils has that experience for a certain length of time, varying from six weeks to two months. The nurses are supported in the training school by two different ladies, one in memory of her mother, Mrs. Cox, and the other in memory of Mrs. Frances Woodbury, by her son. They pay into the hospital fund three hundred dollars a year, which we consider it costs us to support a nurse and furnish the uniforms and care fare and other sundry expenses necessary. We also, in case the family is very destitute, manage in some way to help that family through some member of the Board or some charitably inclined person, so that we feel it is a very satisfactory arrangement, being no expense to the hospital, and giving the nurse this valuable experience.

The President. In that case, do you rotate the work among different members of the school?

Miss Allerton. Yes, every graduate has that experience.

Miss Keith. In the Rochester City Hospital we have one of the pupil nurses assigned each month to do District Nursing in the same way as that in the Homeopathic Hospital. Our nurse unfortunately is not supported from outside, but each pupil nurse has it in turn.
Miss Dock. As two of the superintendents who send their pupils to the Nurses Settlement are not here, I might speak for them. At the Nurses Settlement in New York for a year and a half we had pupils from two hospitals for three months training. The superintendent of one of them thought that this work should not be elective, but that the nurses should be sent at her direction just as nurses would go through the ordinary ward work. The superintendent of the other school thought that such a course ought to be elective, and she always, at the beginning of the term with her third year pupils put this work before them and told them that any of them who chose might take it, but it was not compulsory. She believed in the elective idea for the third year and she thought that all pupils would not be adapted for district nursing, and if they went into it without heart and perhaps with prejudice or unwillingness, they would not gain anything. Miss Hitchcock's experience was that this was the case, as she found that the nurses who came from choice, while not necessarily the best nurses, yet were more satisfactory as they put more zeal and sympathy into their work. For myself, I am inclined to think it ought to be elective work, because there are a great many features about it that are special and require a special adaptability on the part of the nurse; and if the nurse was disposed to dislike the poor, dirty houses and bad smells, she might be unsuccessful at district nursing. There is one trouble about the elective plan. If you give the nurse the choice of going or not, you may have a gap sometime and then your work is left stranded and you have nobody to do that portion of work which would otherwise have been provided for. That is a practical difficulty.

The President. The chair would like to ask Miss Allerton if there is an organized District or Visiting Nurses Association in Rochester?

Miss Allerton. No, there is not. All the visiting work is done from the hospitals.

The President. This question was brought up at the Charity Organization Society which met in Detroit this summer. Miss
Fulmer, of Chicago, was present. She had expressed very decided objections to having this work in district nursing brought into the training schools at all and she said that her position was based on experience. She found that there was not quite the right spirit manifested on the part of pupil nurses and she felt that it was not the best thing for the interests of the Visiting Nurses Association to have undergraduates.

Miss Dock. Did they send undergraduates out alone or under supervision?

The President. They sent them out with supervision first. Then in Chicago, they have a district period of probation, as I understand it, and they are under the instruction of the older nurses during that time; the pupils were taken in the same way on probation and then allowed to do some work independently. That is one reason why we were particularly anxious to have some report of the experience of others in this line.

Mrs. Fournier. In Fort Wayne we have a District Nursing League, but our training school, being the only one in Fort Wayne, has no connection and does no visiting nursing in connection with the League, but we do have a visiting nursing department of our own guided by and under the management of our medical staff. Any doctor on our staff having a case which is free, having need of the services of a nurse, calls upon the hospital at any time, day or night, and asks for the privilege of a nurse's assistance and that assistance is rendered by the nurse who has just completed her course in our operating room. It has never been felt to be compulsory. It seems to be elective. There has never been the slightest objection to any one of them going and they have always been glad of the opportunity. It has never been said, "you must," but it seems as though the opportunity has been so inviting they have been very glad to take advantage of it, and they have done a good deal of obstetrical nursing in that way, and some emergency work. Our hospital is small and could not take all the cases in that way necessary to supply the demand of the city. So the nurses have been taken from one place to another to assist our doctors and it has been a great benefit to our school, and
yet we have not had to come in competition with the nursing of the general City League.

Miss Dock. I should think it would not be advisable for pupils in training to do district nursing unless they were pretty carefully supervised. The Chicago Districts are so large I should think it would be hard to give pupils very much individual care. In New York where we tried this experiment, the districts are smaller and these pupils from the training schools were kept very closely under the supervision of Miss Hitchcock, who had charge of it. The whole idea there was to keep them as much as possible as if they were in a ward and she watched all their work almost as closely as the head nurse of a ward would do. It seemed to us we could all see the pupils develop quite appreciably in character and we all felt sorry when the hospitals had to give it up, because of the pressure on their own inside work. I think close supervision and careful teaching ought always to go along with undergraduate district nursing work and even with post-graduate district nursing work until the new nurse gets well trained in.

Miss Vinington. In the absence of the superintendent of the Albany City Hospital may I speak of what we hope to do in Albany?

The President. We should be glad to hear.

Miss Vinington. At present there is the difficulty of sending out pupil nurses, into district work on account of the pressure in the hospital; but as soon as the number of seniors will warrant it, the president of the Board of Managers of the training school has assured me that the matter of district work is to come directly under the work of the Albany Guild for the care of the sick poor, which is the same as your Detroit organization under a different name, and the direction of these nurses from the hospital will be under the head nurse of the Guild. It will be exactly the same as though these senior pupils were under the head nurse in the hospital or under the superintendent. She will be directed in every step. She will be put in charge of certain cases that may involve night work the same as she would have in the hospital. She will have not only
obstetrical work but the practical work along with the various lines of diseases that come under the Guild, and as the Guild works only under physicians, it will be also under physicians that these nurses receive their training.

The President. The chair regrets very much that Miss Smith is not here to carry on the discussion. She is very much interested in this question in a practical way. One point that she particularly felt would be an advantage would be the value of undergraduate training to the Visiting Nurses Association itself, for when a vacancy occurred through illness or some other cause in the ranks of the visiting nurses there would be a supply of nurses available from whom to draw to fill the vacancy. Also there was a feeling that it might be an advantage to the training schools in inducing a broader knowledge of the methods of living that obtain among the poorer districts and in that way create a broader sympathy with the poor people. The educated teacher is what we have been anxious to develop.

Miss Cottle. In 1889 and 1890 I had charge of the Visiting Nurses in Philadelphia and during my term of office there we employed graduated nurses only. After my departure from this institution Miss Richardson of the Taunton Hospital, followed me and has started a training class of her own, employing nurses who have had some experience and some who have had none. That, in six or eight months or a year possibly, I may say did not prove a success and it was discontinued at the suggestion of the Board of Managers, who did not approve of it. I cannot see why a hospital that has a large number of nurses at its command should send out their nurses to district nursing when they have so many patients in their hospital. It seems to me better to make it post-graduate work.

Miss Allerton. In order to support district nursing with graduated nurses, there must be a fund. They must be paid salaries. We have no such organization in Rochester and unless the hospital did it, the poor would have to go without home nursing.

The President. Miss Allerton is also in a position to tell
us of the effect this has on the pupils, whether there are those who demur.

Miss Allerton. I never have found one who was not very glad of the opportunity. I have had occasion several times to speak to the nurse because she was not inclined to treat poor patients with proper consideration, but she only needed to have the fault pointed out. I think the effect upon the pupils themselves very beneficial. It increases their sympathy for the poor and the suffering; they see so much they never would otherwise even dream of, so much dirt, so much abuse of children, so many drunken husbands who do not support their families. They go into families where they have to take it upon themselves to provide for the very next meal, not only for the patient, but for the whole family, and as I said before, we always have kind friends who are perfectly willing to help us out. I consider that experience for the nurse extremely valuable. She has to learn to do and to make her patients comfortable with very little indeed. I have known nurses who would do a family washing themselves, and I would not know about it until they came back and told me.

The President. The next paper will be on the Training of Nurse-Maids, by Miss Haight. She is absent this morning, but her paper will be read by Miss Cottle.

THE TRAINING OF NURSE-MAIDS.

By Miss N. E. Naught, Children's Free Hospital, Detroit.

[Read at the Ninth Annual Meeting of the American Society of Superintendents of Training Schools for Nurses, at Detroit, Sept. 9-11.]

The object of this paper is to present a brief synopsis of the history of the Children's Free Hospital of Detroit, and in connection with it I especially desire to bring before you the subject of training of nursery maids as a branch of our hospital work.

The Children's Free Hospital was organized December, 1886, and incorporated January, 1887. The object, as set forth in the articles
of incorporation, is "to care and provide for sick and suffering children, under twelve years of age, whose parents or friends may be unable or unwilling to care for them, and to furnish such medical and surgical aid as they may require."

Twelve beds were originally donated and support for them promised. Through the kindness of the trustees of Harper Hospital a ward was set apart for the use of the Association. As the work progressed additional beds and rooms were provided, and from this small beginning the present institution developed.

In 1891 the work of the Children's Hospital had increased to an extent demanding larger accommodations and a house was rented on West Fort street, where the work was carried on, each year finding the amount of good accomplished greater than the one preceding.

The late Hiram W. Walker, in 1896, presented to the Association the magnificent hospital building, which he had erected in loving memory of his daughter, Jennie Walker. This building now stands as a monument, not only to the memory of a child loved and lost, but to perpetuate the memory of a man whose whole life was filled with acts of love and charity.

Here the Association has found its permanent home. The number of beds have increased to sixty and the indications are that a further increase will be necessary. Since the beginning 3,490 children have been received into the hospital and cared for.

The hospital is absolutely non-sectarian.

In June, 1896, the first class for the training of nursery maids was organized. The requirements call for young women between the ages of eighteen and thirty years—those over twenty preferred, as more thoughtful and capable of better work—a good common school education, good health and letters of reference relative to moral character of the applicant.

A term of six months' training was first decided upon, but after trial was found to be too short for practical purposes, and in 1901 the term was extended to one of nine months. This seems to meet better the needs of both the hospital and pupil and has proven more satisfactory to both.

The schedule of instruction embraces the following:

1. Infant feeding.—The care of milk; milk sterilization; care of bottles; preparation of food, with rules as to quantity and frequency.
2. Bathing.—Daily bath; the use of hot, cold and mustard baths.
3. Hygiene of Skin.—Care of mouth, eyes, ears and nose.
4. Nursery Hygiene.—Ventilation, temperature, cleanliness, care of napkins, etc.
5. Training of children in proper bodily habits.
6. Miscellaneous.—Use of clinical thermometer; making of poultices and cotton jackets; giving of enemata.
7. Simple means of treatment in nursery emergencies.
8. The rudiments of kindergarten work.

At the end of nine months, if satisfactory examination is passed, the nurse maid receives a certificate. She is then ready to go from the hospital among families and is capable of assuming a position of trust in caring for young infants or in taking charge of older children.

We have no hesitancy in pronouncing the training school for nursery maids a success. It has proven itself. Our greatest difficulty in the work is to procure the right class of pupils, i.e., young women above the average servant class, who appreciate the dignity of labor and comprehend that it is the individual that gives character to the work rather than the work to the individual.

The position of trained nursemaid is one of responsibility. To the young mother she proves of inestimable value, rendering conscientious and capable service, and bringing to inexperience a feeling of relief and assurance which it is difficult to measure by mere words and can only be expressed from the fullness of a heart overburdened with unusual care.

A children's hospital furnishes the opportunity for a nursemaid to gain knowledge of this work. In caring for many young infants the nursemaid secures varied experience. She is taught hygienic methods of feeding and caring for young children. She is taught to distinguish health from disease and to care intelligently for children through mild contagious diseases incident to childhood, and becomes familiar with the symptoms of disease incident to babyhood period. She is, while in the hospital, under the supervision of a trained nurse who explains to her, as far as necessary, the care of sick children, and though the giving of medicine is outside the province of a nursemaid she will be able to give a simple mixture specially ordered. In the care of older children her experience is valuable. Having been specially trained in the observance of rules of discipline adds to her capacity of understanding and managing child nature.

The trained nurse maid does not at any time conflict with or usurp the position of the trained nurse. She has her own sphere to fill and to it we gladly welcome her.

The demand for the service of trained nurse maids far exceeds the supply. Nearly all our nursemaids secure engagements before they leave the hospital work.

The twentieth century heralds an era of progress along all lines of work and the trained nurse maid is ready to take her place among the skilled workers. The time demands our best efforts and those specially prepared to fill that demand will take foremost place.
The President. The training of nurse maids appears one of of the legitimate ways of providing for trained attendance for minor illness at least among children. It has worked very satisfactorily here. As Miss Haight says, the nurses are in demand and they do sometimes follow trained nurses in cases of illness where the crisis is past and combine their nursing with what it is not necessary to detain a trained nurse for. The Babies' Hospital in New York is one after which this was modeled. We would like to know if there are any others, or if there is any information bearing on this subject which can be brought out in discussion of the paper.

Miss Dock. As there are very few of the New York people here to-day, I seem to have to do all the talking for them. The Babies' Hospital in New York is an extremely successful piece of work in this line of trained nurse-maids. It is under the charge of one of the graduates of the New York Hospital, Miss Wheeler, who is quite a noted expert with children. She writes a great deal on the care of children and she has developed this work of training the nurse-maids and has made it most successful and quite free from points to criticize. These trained nurse-maids while they are young women of excellent character and qualities, do not make the slightest attempt apparently to encroach on the province of the fully trained nurse. They are paid twenty-five dollars a month and are all engaged before they finish their course. They become most valuable members of the household staff and seem to fill an entirely new field which is all their own and which nobody else has filled. I have never heard of them trying to go out as trained nurses, as so many of the other so-called trained attendants do, and I account for it by supposing that theirs is a branch of skilled expert work in which they are taught to be proficient and which consequently satisfies them, whereas the "trained attendants" are taught nothing thoroughly.

Miss Keith. There is a training school for nursery maids in Boston. I do not know very much about it. What I do know is in connection with the Infant's Hospital. There is a postgraduate course for nurses, I think it is 16 weeks. Then there
is also in this same hospital—the babies are all under two years old—a ten month's course for nursery maids. These nursery maids are not allowed to give medicine; they are not taught to take temperature. Their training is as near as may be to take care of well children. Of course all the babies in this hospital are ill, but after they have been in the hospital for a while the nurse maids are sent out to the day nurseries. This hospital has arranged with various day nurseries by which they will take two or three maids from the hospital for two or three months at a time and in that way several of the day nurseries in the city have their day children taken care of. The girls who go there for this nurse-maid course are from 16 to 18 years old. They sign for this ten months' service. I am not sure whether they receive any remuneration while they are in training or not, but they agree not to charge more than six dollars a week for their services after they shall have obtained their certificates. The demand for them is very greatly in excess of the supply, and I know one year that some of the nursery maids were sent out in private families the last three months of their term in training, the understanding being that if satisfactory they would continue as nursery maids for the children in that family, and this little hospital is turning them out just as fast as it can and the public is crying for more all the time.

The President. We will pass to the next paper, Post-Graduate Work, by Miss McClaskie.

POST-GRADUATE WORK.

By Miss Maude McClaskie, Woman's Hospital, Detroit.

The urgent demand for post-graduate work is the occasion of much thought in the nursing world to-day. That the project is yet in its infancy is evidenced by the fact that so few hospitals are furnishing the much needed opportunity. The relationship of excellent post-graduate work to the questions now engrossing the attention of the nursing profession is hardly to be estimated.

Whether an opportunity is to be offered in the majority of our large general hospitals, or whether post-graduate schools can be suc-
cessfully carried on, on an independent basis, or whether hospitals specializing their care of the sick will attract graduate nurses are all questions to be answered by the future.

What forces are to bring about the much needed opportunity we cannot yet determine.

It is not our hope in this paper either to present, or elaborate schemes for the development of post-graduate work, but if it will be of interest to note what happens when necessity is the mother of invention we will give a brief outline of a recent venture along this line now being conducted at the Woman's Hospital and Infants' Home in this city.

The Woman's Hospital and Infants' Home was incorporated in 1869 for the purpose of enabling charitable women more effectually to promote a hospital and shelter for women who have recently become mothers or who are about to become such; also to shelter and care for foundlings (meaning infants left for adoption).

The officers of the corporation were a matron and a house physician. Harper Hospital sent one pupil nurse at a time for a period of from one to two months, for obstetrical training.

Totally untrained women were accepted for obstetrical experience in obstetrics, remaining from three months to one year. All instruction was given by the house physician.

Twenty-four years later (1892) the hospital was moved to a beautiful new building and better equipment provided for the admission of private room pay patients, both for surgical and obstetrical work.

The services of a second house physician were required. Two years later a Farrand Training School graduate was secured to act as supervising nurse and instruct the nurses. At this time Harper Hospital sent a second pupil nurse. From 1892 for a period of about eight years Grace and St. Mary's Hospitals, of Detroit, and the Soldier's Home and Butterworth Hospital, of Grand Rapids, co-operated with the Woman's Hospital and these institutions in order named and for a varying period of time sent from one to two pupil nurses for training in obstetrics.

The Soldiers' Home Hospital Training School disbanded; the others, except Harper Hospital, added its own obstetric ward and withdrew its nurses.

The hospital was reincorporated in 1899 under the name of Woman's Hospital and Infants' Home.

At this time, as no source opened from whence to obtain nurses, a decision was made to accept pupil nurses for training in obstetrics for either six months or one year, according to apparent fitness for the work—certificates to be granted at the expiration of agreed time. Three such certificates have been granted and the holders are doing
private nursing, in some instances receiving trained nurses' prices. They do not, however, confine themselves to obstetric work.

Some of the leading physicians of our city urge in defense of the above the fact that the majority of trained nurses are tabooing obstetrics; also the pressing demand for nurses among those not able to pay trained nurses' prices.

At this time, also, Harper Hospital sent a third pupil nurse so that their nurses might take advantage of instruction in infant feeding and infirmary. By a natural development the Woman's Hospital grew more popular for surgical and gynecological work. The inefficiency of pupil nurses mentioned to properly care for such cases; the agreement with Harper Hospital to ask only obstetric and infirmary work from Harper Hospital nurses, the lack of funds with which to supply salaried graduate nurses; no opportunity for cooperation with general hospitals affording itself, all combine to present a problem the solution of which is not yet, but from which the idea of post-graduate work was evolved.

In December, 1901, announcement was made through the nursing journals that the Woman's Hospital would accept a limited number of graduate nurses for work in obstetrics, gynaecology and care and artificial feeding of infants.

The response was 37 letters of inquiry. These were answered by letter.

From January 1, 1902, 30 letters of inquiry have been received. These were answered by printed circulars of information and application blanks. Fourteen applications have thus far been received. One certificate has been granted, three are about to be. The application requires the name in full and address of the applicant, age, residence, date of graduation and from where graduated and names of two persons as referees.

The course is three months. Applicants are accepted on or near the fifteenth of January, April, July and October, respectively.

The candidate must be a graduate of a training school connected with a hospital in good standing.

The hours of duty are from 7 a. m. to 7 p. m. A half day each week and two hours off daily (sometimes more) are allowed.

One month of night duty required.

The nurses may wear any uniform of wash material except white.

No renumeration but board and laundry are provided. A certificate signed by the Board of Trustees is granted at the expiration of three months if character, work and personal conduct warrant the same.

During the three months from 25 to 30 obstetrical cases and from 20 to 25 surgical cases are handled. From 10 to 25 infants are continually on artificial feeding.
The privileges of the operating room are free to all and some instruction in operating room technique.

Lectures by the specialists of our medical staff will be given once a week; also class room work with practical demonstration will be given once a week by the supervising nurse.

Also through courtesy of Mrs. Gretter, nurses coming to the Woman's Hospital for post-graduate work are allowed to attend the Farrand Training School lecture course.

It may be interesting to note that of the 67 letters of inquiry 8 are from New York, 6, Ontario; 10, Ohio; 8, Michigan; the remainder are from Connecticut, Florida, Indiana, West Virginia, Iowa, Minnesota, Illinois, California.

It is also interesting to note that nearly all with whom we have corresponded are recent graduates coming mostly from schools specializing their care of the sick and they come desiring to supplement their training.

Those who have been engaged in private nursing for a number of years come to refresh their ideas and come in contact with the latest methods.

The President. This paper is open for discussion.

Miss Ayers. While we are discussing post-graduate work, I would like to know how many hospitals there are which let their own graduates come back for a certain period of time for post-graduate work.

The President. Will the superintendents please reply to Miss Ayers, if there are any members who have made such arrangements.

Miss Keith. The Massachusetts General, in Boston, has arranged for a two month's course for its graduates.

Miss Twitchell. The New York Hospital gives from one to two months; so does my own hospital, the Smith Infirmary.

Miss Delano. Bellevue has for a number of years taken its own graduates back.

Miss Banfield. The Polyclinic of Philadelphia also allows its nurses to return, and also permits post-graduates from other schools. The term is six months for applicants from other schools, and our own nurses come back according to private arrangement.

The President. It would be of further interest to know just
under what conditions the graduates are received. Will Miss Delano kindly tell us the conditions obtaining in Bellevue.

Miss Delano. I can scarcely speak definitely. I think the conditions are rather informal. If the nurse wished to come, I think she was allowed to come for a certain period of time, as seemed necessary. If she was fitting herself for a hospital, possibly she was taken for the length of time that suited. That was a private arrangement.

The President. And in the Polyclinic Hospital?

Miss Banfield. The only condition for post-graduates of other schools are that they should be graduates of a general hospital. The greater number of applicants were graduates from, say, physicians' private hospitals, and they simply wanted to come and take our course, so they could say they were graduates and call themselves Polyclinic Nurses. We therefore stipulate that they should not be graduates of a special hospital but of a general hospital, and any general hospital graduate in good standing from any city is accepted, provided she can furnish reference from her training school superintendent. If she has been in private nursing for five or ten years, she is expected to furnish in addition two recommendations from physicians. Not more than two or three post-graduates are accepted at one time, and they work in with the other members of the school and are subject to the discipline of the school in exactly the same way and no salary is paid them, but board and laundry are given. They are not given a course of probation, but generally act as second nurses. If they show capability, they are put in charge of different departments, but their work depends entirely upon the capability of the nurse. If they wish administrative work, and there are very few who ask it, they are then offered some special facilities. I find post-graduates very loyal and generally obedient and I really never have had any trouble with post-graduates except from one school whose pupils were not very loyal to their own school. They were entirely loyal to us, but not to their own school, and simply as a matter of example I do not now accept them so willingly; but that is the only criticism I have ever had to make of post-graduates.
Miss Keith. After four years of hospital work and five years of private nursing, for six years I had charge of the Maternity Hospital, giving a post-graduate course. We graduated about twenty nurses a year, and those nurses came to us from training schools all over the country. Now, I do not want to be presuming about it, but if you would like to hear some of the weak points and some of the strong points, that those nurses from all over the country brought to us, I shall tell you. The nurses were weak in their materia medica. There were ever so many of them who could not tell me the difference between a drop and a minim. From one certain hospital, a large hospital, the nurses would all tell me that the dose of morphia sulphate was one drachm, and when I suggested to them that this one drachm was probably their hospital solution, they did not dispute it, but they had no idea of how much of the actual drug there was in that one drachm. There was one other large hospital from which nurses would come to us and they would all tell me that the dose of magnesia sulphate was two ounces, because their hospital solution was put up a half ounce of magnesia sulphate to two ounces. That was not peculiar to the nurses alone from that hospital. Our house doctors who were also taking post-graduate work, from that hospital, would write in the order book, "salts, two ounces," and then the nurses, who had been trained in obedience would give the patient two ounces of crystals. Sometimes they would come to me with the order book and they would say, "is this order all right, isn’t that rather a large dose?" Then a good many of the nurses did not know how to prepare a five per cent. solution of carbolic acid. Some of them did not know what it was, and others who knew what it was did not know how to handle the crystals and prepare it. That did not matter so much, because carbolic is so little used, but it did matter when it came to the corrosive sublimate. They were all familiar with the solution of their hospital, perhaps one to one thousand or one to five hundred, but they did not know how to take the crude drug and make a preparation of it, and they did not know what strength it was, and where we use so much corrosive and use
it in very strong solution, that was really rather bothersome. Another minor point: We used at that time a great many syringes, used them for spraying. Every time one of them would not work, it was discarded as being no good, and a good many of the nurses would be surprised when I unscrewed it and took out the absorbent cotton which was invariably sucked up into the syringe, and after it had been taken out for them they were not able to put the syringe together again. Some of them would say, "What are these little tacks for?" And those who knew what they were did not know which way the valves should point. When I was doing private nursing I once had a patient who in speaking of the syringe question, told me he had a great many brought to him for repair; that he unscrewed them, unwound the lint from the valves, replaced them properly and charged a dollar apiece. Another thing which was bothersome in maternity cases, was, a great many nurses did not understand that the amount of urine which the patient passed in twenty-four hours was not the same thing as the amount of urine the kidneys secreted.

The discipline of this school and the attitude of the pupils toward me was a very beautiful part of the school work. No credit was due me at all; it was all due to the superintendents who trained those pupils before they came to us. When you were talking yesterday about your methods of discipline, I wanted to tell you that whatever your methods were, the results were good. Since I have left this post-graduate work and am connected with a general hospital, the question of discipline is before me morning, noon and night, and I look back to those very quiet, peaceable days when the discipline of the school gave me absolutely no trouble whatever. I take this opportunity of expressing my gratitude and appreciation to those superintendents who sent to me such well disciplined nurses and if I am able to graduate nurses as well trained and disciplined I shall be perfectly satisfied.

The President. I would ask Miss Twitchell to tell us something of her methods.

Miss Twitchell. I have had two graduates from other
schools for nearly a month at a time, simply because they wanted to brush up in operating work. Otherwise, I have had my own nurses. They come in from one to two months, mostly in the operating room. They come in as second seniors, never in charge of a ward, perhaps from one to two weeks they are in the ward assisting the nurses, and then assist in operation, but they are usually nurses who have been out for several years and who feel a little rusty on matters of technique and come back to brush up in that respect—not a very extensive course, something to keep the graduates who are still working fresh and in touch with modern work.

Miss Keith. In Boston the Eye and Ear Infirmary a year or more ago had a post-graduate course of four months. They have opened a new building and what changes they have made since then I cannot say. Up to that time the course was four months, four months in the eye department or in the ear department; it did not include the two departments. They took graduates from any well recognized training school, in good standing, and paid them I think $15.00 a month. They had a diploma and certificate at the end of the four month's service.

The President. We in Detroit are specially interested in this very young post-graduate course at the Woman's Hospital, because there seemed at one time a danger there of inaugurating a school for trained attendants who would have a very limited training and who would probably endeavor to compete later with the trained nurses, so that we are fostering this with a great deal of interest and care.

The election of officers followed and Miss Giles, Superintendent of Nurses in the Homeopathic Hospital, of Pittsburg, was elected president. It was announced that the next meeting would be held in Pittsburg in the latter part of September.

Miss Giles was called to the Chair and after a word of greeting the Convention adjourned.
## APPENDIX
### TO NINTH REPORT

(This chart is made up from statistics sent by Miss Patton, Superintendent of Nurses, City and County Hospital, San Francisco, to show the work on the Pacific Coast).

<table>
<thead>
<tr>
<th>Character of Hospital</th>
<th>No. of Beds</th>
<th>Average of Patients</th>
<th>Length of Course</th>
<th>Average Number of Pupils</th>
<th>Under-graduate Private Duty</th>
<th>Allowance</th>
<th>Theoretical Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waldecker Sanitarium</td>
<td>70</td>
<td>80</td>
<td>1892 3 yrs.</td>
<td>50 None</td>
<td>$7 10 12</td>
<td>Graded Classes and Lectures.</td>
<td></td>
</tr>
<tr>
<td>California Hospital, Los Angeles</td>
<td>105</td>
<td>80</td>
<td>1893 2 yrs.</td>
<td>45 Rarely</td>
<td>$8</td>
<td>Graded Classes and Lectures.</td>
<td></td>
</tr>
<tr>
<td>City Hospital, Salem, Oregon</td>
<td>General</td>
<td>60</td>
<td>1896 2½ yrs.</td>
<td>8 Yes</td>
<td>$6</td>
<td>Classes and Lectures.</td>
<td></td>
</tr>
<tr>
<td>Fabiola Hospital, Oakland, Calif.</td>
<td>General</td>
<td>100</td>
<td>1897 3 yrs.</td>
<td>30 Yes</td>
<td>From $8 to 10</td>
<td>None given.</td>
<td></td>
</tr>
<tr>
<td>San Jose Sanitarium, San Jose, Calif.</td>
<td>Private</td>
<td>120</td>
<td>1897 3 yrs.</td>
<td>12 Yes &amp; 3d year variable Lectures</td>
<td>$7 7 &amp; 12</td>
<td>None given.</td>
<td></td>
</tr>
<tr>
<td>Good Samaritan Hospital, Portland, Oregon</td>
<td>General</td>
<td>185</td>
<td>1890 2½ yrs.</td>
<td>35 None</td>
<td>$11</td>
<td>Graded Classes and Lectures during 3 years.</td>
<td></td>
</tr>
<tr>
<td>St. Mary's Hospital, San Francisco, Calif.</td>
<td>Private, General</td>
<td>150</td>
<td>125 1900 3 yrs.</td>
<td>32 Occasional</td>
<td>$8</td>
<td>Lectures.</td>
<td></td>
</tr>
<tr>
<td>French Hospital, San Francisco, Calif.</td>
<td>General</td>
<td>200</td>
<td>1895 3 yrs.</td>
<td>40 None</td>
<td>$8</td>
<td>Not given.</td>
<td></td>
</tr>
<tr>
<td>German Hospital, San Francisco, Calif.</td>
<td>General, (75 in charge of school)</td>
<td>200</td>
<td>1224 1899 3 yrs.</td>
<td>24 None</td>
<td>$8</td>
<td>Lectures.</td>
<td></td>
</tr>
<tr>
<td>St. Luke's Hospital, San Francisco, Calif.</td>
<td>General</td>
<td>120</td>
<td>85 1888 3 yrs.</td>
<td>40 None</td>
<td>$8</td>
<td>Classes and Lectures.</td>
<td></td>
</tr>
<tr>
<td>A. Miles Taylor Sanitarium, San Francisco, Calif.</td>
<td>Private, Sanitarium, General</td>
<td>25</td>
<td>20 1901 3 yrs.</td>
<td>10 None</td>
<td>$8</td>
<td>Classes and Lectures.</td>
<td></td>
</tr>
<tr>
<td>Lassen Hospital, San Francisco, Calif.</td>
<td>General</td>
<td>110</td>
<td>60 1895 3 yrs.</td>
<td>42 None</td>
<td>$10 m'onthly</td>
<td>Not given.</td>
<td></td>
</tr>
<tr>
<td>Mt. Zion Hospital, San Francisco, Calif.</td>
<td>General</td>
<td>65</td>
<td>40 1897 3 yrs.</td>
<td>15 Special in hosp'lonly</td>
<td>$10 m'onthly</td>
<td>Lectures.</td>
<td></td>
</tr>
<tr>
<td>City and County Hospital, San Francisco, Calif.</td>
<td>General</td>
<td>550</td>
<td>400 1891 3 yrs.</td>
<td>40 None</td>
<td>$5 m'onthly</td>
<td>Graded Classes and Lectures during 3 years.</td>
<td></td>
</tr>
<tr>
<td>Children's Hospital, San Francisco, Calif.</td>
<td>General</td>
<td>200</td>
<td>117 1896 3 yrs.</td>
<td>40 None</td>
<td>$5</td>
<td>Lectures during 3 years.</td>
<td></td>
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</tbody>
</table>
Text Books in Use.

Anatomy and Physiology for Nurses ............................ Kimber
Nursing—Principles and Practice ......................................
Hygiene of the Nursery .................................................... Hampton
Materia Medica for Nurses ................................................. Starr
Materia Medica for Nurses ................................................. Stoney
Obstetrical Nursing ........................................................... Dock
Practical Points in Nursing ............................................... Stoney
Text Book of Nursing ....................................................... Weeks
Bacteriology and Surgical Technique .................................. Stoney
Fever Nursing ................................................................. Wilson
Materia Medica for Nurses ................................................. Groff
Handbook of Invalid Cooking ......................................... Boland
Text Book for Training Schools for Nurses ........................ Wise

Names of Subscribers to Hospital Economics Course.

Miss Drown, ................................. $10.00
Miss Milne, ........................................... 10.00
Miss Elliot, ........................................... 10.00
Miss Dock, .......................................... 100.00
Miss Bolster, ....................................... 10.00
Miss Kimber, ....................................... 10.00
Miss Maxwell, ..................................... 10.00
Miss Keating, ..................................... 10.00
Mrs. Gretter, ...................................... 10.00
Miss Walker, ....................................... 10.00
Miss Merritt, ...................................... 10.00
Miss Alline, ....................................... 10.00
Miss Dodge, ....................................... 10.00
Miss J. H. Sutcliffe, .................................. 10.00
Miss Richards, ..................................... 10.00
Miss Banfield, ..................................... 10.00
Mrs. Robb, ......................................... 10.00
Miss Dolliver, ...................................... 10.00
Miss Gorman, ..................................... 10.00
Miss Davis, ....................................... 10.00
Miss Clement, ..................................... 10.00
Miss McMillan, ................................... 10.00
Miss Snively, ...................................... 10.00
Miss Gilmour, ...................................... 10.00
Miss Giles, ........................................... 10.00
Miss McKehnie, ..................................... 10.00
Miss McDowell, .................................... 10.00
Miss Riddle, ....................................... 10.00
Miss Samuels, ........................................ 10 00
Mrs. Dean, ........................................... 10 00
Miss Brent, ........................................... 10 00
Mrs. Whitelaw Reid, ................................. 200 00
One-half of tuition fees of Hospital Economic Students, 250 00
Mrs. Sullivan, ....................................... 100 00
H. E Student 1901, ................................... 5 00
Nurse, .................................................. 2 00
Nurse, .................................................. 3 00
Nurse, .................................................. 2 00
Nurse, .................................................. 2 00
Illinois Training School Alumnae Association, 100 00
One-half of tuition fees of Hospital Economic Students, 150 00
Mrs. Sibley, through Miss Allerton, ................. 25 00
Mrs. Watson, through Miss Allerton, ............... 25 00
Mrs. Hollister, through Miss Allerton, ............. 25 00
Miss Watson, through Miss Allerton, ............... 25 00
Cash, through Mrs. Robb, ........................... 10 00
New England Hospital Alumnae Association, 20 00
University Hospital of Phila., through Miss McPherson, 15 00
Miss Kimber, ......................................... 100 00

LIST OF MEMBERS.

Albaugh, Miss R., ......Grace Hospital, New Haven, Conn.
Allerton, Miss Eva, .......Homeopathic Hospital, Rochester, N. Y.
Alline, Miss Anna L., ..402 W. 124th St., New York, N. Y.
Alston, Miss A. L., ......143 W. 47th St., New York, N. Y.
Ashby, Miss Alice, .....Indianapolis City Hospital, Indianapolis,
                      Ind.
Ayers, Miss Lucy A., ....Rhode Island Hospital, Providence, R. I.
Ayers, Miss Eugenia D., Central Maine General Hospital, Lewiston,
                      Maine.
Balcom, Miss Helen, ......University Hospital, Ann Arbor, Mich.
Banfield, Miss Maud, ...Polyclinic Hospital, Philadelphia, Pa.
Bishop, Miss Florence A., Medico Chirurgical Hospital, Cherry St.,
Black, Miss Frances, ....Pittsford, N. Y.
Jourke, Miss Rachel, ...Cooper Hospital, Camden, N. J.
Bowen, Miss S. A., ....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., 14 Irving Place, New York.
Brent, Miss Louisa, Hospital for Sick Children, Toronto, Ont.
Brown, Miss Charlotte, Hartford Hospital, Hartford, Conn.
Brown, Miss M. B., 108 Mt. Vernon St., Boston, Mass.
Burdett, Miss C. Louise, Lying-In Hospital, 17th St. and 2nd Ave., New York, N. Y.
Cadmus, Miss Nancy E., Faxton Hospital, Utica, N. Y.
Campbell, Mrs. J. R., 116 W. Second St., Oil City, Pa.
Chilman, Miss E., Stratford General Hospital, Stratford, Ont.
Clark, Miss E. B., Toronto, Ont.
Clement, Miss Anna C., House of Mercy Hospital, Pittsfield, Mass.
Church, Miss E., Santa Mesa Hospital, Manila, P. I.
Cochrane, Miss Isabella, Home for Crippled Children, Park Ave., Chicago, Ill.
Coleman, Miss Annie M., Saginaw General Hospital, Saginaw, Mich.
Cottle, Miss Jennie S., Colorado Fuel & Iron Co’s Hospital, Pueblo, Col.
Crandall, Miss Ella Phillips, Deaconess Hospital, Dayton, O.
Cunningham, Miss J. J., Royal Alexandra Hospital, Fergus, Can.
Darling, Miss E., Pottsville Hospital, Pottsville, Pa.
Davis, Miss M. E. P., Boston Insane Hospital, Dorchester, Mass.
Dean, Mrs. M. F., Mt. Sinai Hospital, New York, N. Y.
Deans, Miss Agnes C., Children’s Free Hospital, Detroit, Mich.
Delano, Miss Jane A., Bellevue Hospital, New York, N. Y.
Dock, Miss L. L., 265 Henry St., New York, N. Y.
Dodge, Miss Hannah E., 107 Prospect St., Willimantic, Conn.
Dolliver, Miss P. L., Massachusetts General Hospital, Boston, Mass.
Doyle, Miss M., Matanzas, Cuba.
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 Emma T., Leonard Morse Hospital, Natick, Mass.
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