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THIRD ANNUAL CONVENTION

OF

National League of Nursing Education

The American Society of Superintendents of Training Schools for Nurses

HELD IN

THE COLONNADE HOTEL

Philadelphia, Pennsylvania

February 11, 12, 13 and 14, 1896

HARRISBURG, PA.: HARRISBURG PUBLISHING COMPANY. 1896.
ANNUAL REPORT.

The Third Annual Convention of the American Society of Superintendents of Training Schools for Nurses was held in the Colonnade Hotel, Philadelphia, February 11, 12, 13, 14, 1896.

The meeting of the Council was held Tuesday, February 11, at 7.30 p. m. The Society was called to order for the general meeting on Wednesday morning, February 12, at 10 o'clock, the President, Miss M. E. P. Davis in the chair. The following address of welcome was delivered by the President.

THE ADDRESS OF THE PRESIDENT.

It is certainly very gratifying to see such a goodly array of members in attendance to-day, the majority of whom have come long distances, no doubt, at a more or less personal inconvenience to themselves to attend this our Third Annual Convention.

It leaves very little room to doubt that the necessities for unity of purpose and concerted action, in dealing with the problems that confront us—which have been discussed in former meetings and will be brought forward and discussed in this, have made themselves fully felt in all their weight and gravity. Each meeting shows additional numbers, with a corresponding increase in interest and enthusiasm. This interest is not by any means confined to the immediate members only. A large circle of people outside of "the Society," men and women— Influential in establishing and maintaining training schools—who have spent time and thought and substance to make them what they are, are giving their attention to the subjects we have under discussion, and are watching for our solution of these difficult and knotty problems; ready, let us hope, to co-operate when, as the result of our deliberations, we have clearly proven that the methods we have to suggest are practical and for the best interests of the schools. Graduate nurses who feel that they have grievances in the matter of directories, salaries, beneficial societies, etc., are asking "if
the Superintendents' Society proposes to do anything toward adjusting their difficulties?" Consequently they are looking with more than passing interest for a much more speedy development and maturing of plans under consideration than we have ever hoped or imagined could be achieved in so short a time. Pupil nurses, for whom according to the constitution, our best efforts are to be put forth, are alive to the importance of the place their interests occupy in our Convention and are eagerly, if somewhat impatiently, expecting some more decided steps to be taken to remedy the defects which we are pointing out, to make the teaching uniform, to regulate the hours of work and to protect their rights and privileges.

I speak advisedly when I say that according to the constitution the pupil nurses are our first consideration. Article II says: "The object of this Society shall be to further the best interests of the nursing profession by establishing and maintaining a universal standard of training and by promoting fellowship among its members by meetings, papers, and discussions on nursing subjects, and by interchange of opinions." We have begun in the middle of article II and worked both ways. We have held meetings, diversified by social intercourse, which have largely tended to dispel the spirit of intolerant jealousy which some years ago existed between schools, substituting for it that friendly rivalry, that while seeing and acknowledging the merits of others inspires only a vigorous determination to excel. We have read papers and discussed questions in which interchange of opinions has aroused flagging energies, deepened conviction, and given broader views and higher ideas of the work in which we are engaged. And now, as I interpret it, we come to the first and main object of this Society—furthering the best interests of the nursing profession by establishing and maintaining a universal standard of training, and because it is so important and so difficult we have approached it with some degree of hesitancy and trepidation, realizing that in a way we are quite powerless to bring about sudden or radical changes without the cooperation of the managers of the training schools.

An admirable paper was read before this Society last year
on "A Uniform Curriculum." I think the majority, if not all, of the superintendents felt that it voiced the mind of the Convention. The committee appointed at that time to formulate a curriculum will report later the result of their work. If the report of this committee meets with our approval the next step will be to get the training school committees to see as we do the immense advantage to be gained by making the teaching the same in all the schools—having a universal standard of intelligence, education, social status, etc. I am quite of the opinion, judging from my own experience with training school committees, that they will not long hesitate to adopt any feasible plan that the Superintendents of the Training Schools of America have unanimously endorsed.

How shall we proceed to introduce into our schools this universal standard of training? Our path lies straight before us. To point out the defects of our present method or lack of method; to arrange a system that can be applied, with but slight variation, to the individual needs of both large and small schools; to agitate the matter; to get it to the ear of the school boards; to discuss the question with the individual members of our own board with whom our opinions and ideas have weight; to talk "shop," if necessary, to members of other boards whom we may meet either socially or officially; to keep it before the minds of the people who are engaged in philanthropic and educational work; to be enthusiastic about it; to be unflagging in our efforts to inspire confidence that what we want is right and just; to do all this in such a way that every one who hears our arguments will be convinced that we are doing this not for our own aggrandizement or pleasure, but because it is our honest conviction that, if we can secure the cooperation of our boards and establish a universal system of training, the greatest obstacle to the elevation and advancement of the profession will be removed.

So I will repeat, let us keep "hammering" away at it, confidently believing that if pressure is brought to bear concertedly, if from all parts of the country comes the same cry "We need a universal standard of training," our efforts will at length be recognized, and ultimately success reward us.
We have a record of two hundred and twenty-one so-called training schools in this country and Canada. Our membership represents hardly one-third of that number. The superintendents of many of these unrepresented schools are graduates of our largest and most important training schools; women of recognized ability, who feel that they need the inspiration of such intercourse as we enjoy in these meetings to aid them in their oftentimes isolated and unsupported positions. They need to come in personal contact with women old in the work in a way they have never done before, banded together in one common cause—the good of the nursing profession. We must feel that the voice of two hundred and twenty-one people will be louder and farther reaching than that of seventy. We must bear in mind that if we pursue a narrow policy, and exclude women whose only drawback is the size of their school, if we antagonize, instead of conciliate, our chances of failure will be greatly enhanced. We do not have half so much to fear from the opposition of the school boards, as from the women of the profession who feel that they are unjustly excluded from participating in this movement. We cannot prevent the organization of hospitals in small communities; we would not if we could. These hospitals are as valuable to the regions in which they are situated as the larger ones are in theirs.

Following closely in the wake of the small hospital necessarily comes the small training school. In most of these schools we find many of the conditions that existed in the organization of the larger schools twenty years or more ago—rigid economy in food and accommodations for the nurses, with, often, their services utilized to increase the revenue of the hospital. Little or no provision made by the committee for either theoretical teaching or systematic practical instruction. The only hope for such a school to-day is the individual woman at the head. If she is a forceful, energetic, progressive woman, the school will rate high. If she is systematic, conscientious, a strict disciplinarian; with good judgment in selection, her nurses will rank with the best, in spite of the fact that she is handicapped and hampered by the conditions
that may have been necessary years ago, but which at this present period in the history of training schools ought not to exist. Until our small schools are recognized and represented, as well as the large; until the qualifications, examinations and percentage of excellence are the same, we can have no uniform curriculum or universal standard of training.

Many interesting questions are on our programme for consideration, not the least of which is the “National Organization for Nurses.” We are all aware that this is not the first time that subjects of national importance have been brought to Philadelphia to be considered and decided.

I take pleasure in bidding you welcome to this good old Quaker City. Its peaceful traditions will doubtless influence our deliberations. I welcome you to an inspection of its revolutionary and historical relics and mementoes and to that hospitality for which it is so justly famous.

The roll call followed, thirty-eight members answering.

The minutes of the Second Annual Meeting were read by the Secretary, Miss M. L. Littlefield. The report was unanimously accepted.

The report of the treasurer, Miss L. L. Drown, was made as follows:

**Treasurer's Report.**

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

**CR.**

Feb. 14, 1895. By cash, $176 51
By annual dues 44 members, 128 00
By initiation fees 13 members, 57 00

$361 51

**DR.**

Feb. 14, 1895. To printing, $112 75
To membership book, 4 25
To rent of rooms at the Thorndike, 50 00
To reporting Annual Session, 13 50
To postage and express, 5 55

$186 05

To cash National Rockland Bank, 175 46

$361 51

February 11, 1896. LUCY L. DROWN, Treas.
The report was accepted.
The reports of Standing Committees were next in order. Miss L. L. Drown reported for the Committee on Eligibility for membership.

REPORT OF THE COMMITTEE ON ELIGIBILITY.

This committee recommends that for full membership a candidate must be a graduate of a school connected with a general hospital of not less than fifty (50) beds, giving not less than two full years of training in the hospital. Also that she must be the superintendent of a training school complying with the same conditions, and that she shall be acceptable to the Society.

The committee recommends that there shall be two classes of associate members.

1st. Assistant Superintendents, as provided in article V of the constitution, it being understood that the superintendent of the school is eligible for full membership.

2d. Graduates of the school where the superintendent is eligible for full membership, who may be in charge of small general hospitals of not less than twenty-five beds, or special hospitals, all such schools giving not less than two full years of instruction. Such members to be acceptable to the Society.

The committee further recommends to the association, that the associate members of the second class, shall not be entitled to vote or hold office.

Respectfully submitted,

LUCY L. DROWN,
Chairman of Committee on Eligibility.

DISCUSSION.*

Miss HINTZE. Does the clause that refers to the second class of associates mean two years in the hospital or in private nursing?

Miss DROWN. That the two years' instruction shall be two full years in the hospital.

Miss HINTZE. I certainly disapprove of that. I think the

*NOTE—Leaders in discussion, Miss Drown, Miss McKechnie.
associate members of the second class should be admitted even though part of their time of training has been spent in private nursing.

Miss Draper. I agree that the associate members should be accepted if they have taken part of their time in private nursing.

Miss Hintze. One of the best ways of influencing nurses is to have them become members of this Society. It would certainly be an advantage to them to be members. If we want to improve training schools we want their superintendents to belong to this Society. For that reason the line should not be too strictly drawn.

Miss Nutting. How many schools send out pupils the second year for private nursing?

Miss Hintze. I should like to ask those superintendents to rise who send out pupils during the second year of training.

The President asked such superintendents to rise, and thirteen rose.

Miss Dock. I think it would be a pity to exclude those who have been sent out to private duty. Many of the present members of the Association have been obliged to do private duty as a part of their course. The superintendents of small schools are as anxious to raise their standards as we are to have them do so, and this is going to help them. Moreover, I think the custom of sending out pupils for private nursing is passing away.

Miss Griswold. We send them out for one case only with the understanding that it shall not exceed four weeks. The person is told that when they are employed.

Miss Hintze. I want to raise another point. It would be well to consider whether it is wise to limit the number of beds to twenty-five for associate members. Isn't that too high a number? It is my opinion that for associate members the number of beds should not be limited.

Miss Smith. I think the standard of the members should be brought up to the standard of the Society.

Miss Hintze. Exactly, that is the point. If we bring the superintendents of small institutions here as associate mem-
bers it will help to raise the standard of their institutions. I should like to move that all superintendents who are graduates of schools in which the superintendent is eligible for active membership in this Society shall be admitted to this Association as associate members.

Miss Nutting. Does that include any sort of institution whether sanitarium or hospital or special hospital?

Miss Snively. In considering this question we had in view such institutions for instance as a certain children's hospital. It has 175 beds and gives a very good training in surgery and medicine. The superintendent is a graduate of a recognized school, and the training school consists of twenty pupils. It was with a view to giving the superintendents of such schools the opportunity of coming into our Association and sharing in our discussions that the word "special" was introduced.

Miss Davis. There is a saving clause: They must be acceptable to the Society. If the Society does not approve it can reject them. The proposition is to introduce a class that does not at present exist under the constitution at all, associate members of the second class. This class will come under the head of the proposed amendment to the constitution on which we are to vote.

Miss Nutting. I move that the term of associate members of the second class be changed so as to read visiting members.

This motion was seconded and unanimously accepted by vote.

The President announced that no decision on the report of the Committee on Eligibility for Membership should be taken until after the vote on the revision of the constitution.

The report of the Committee on a Uniform Curriculum was read by Miss Snively.

Report of the Committee on a Uniform Curriculum for Training Schools for Nurses.

At the last annual meeting of this Association, held in Boston February 13 and 14, 1895, the question of uniformity of education in Training Schools for Nurses was discussed, the imperfections of the present system deplored, and the need and
desirability of greater uniformity conceded. A committee was appointed to take the whole matter into consideration and report at this the next annual meeting.

Your committee has the honor to submit the following report:

With a view to bringing about a certain amount of uniformity in the various nursing schools here represented the following uniform conditions are recommended:

1st, Practical Nursing.—In order to obtain a practical experience in the art of nursing each pupil nurse should be required to spend two years in a general hospital containing not less than 150 beds, or three years in a general hospital containing not less than 75 beds, where experience can be obtained in medical, surgical and gynecological wards, a given time to be spent in each. In hospitals containing 150 beds, six months each on medical and surgical wards and three months in gynecological wards, while in hospitals containing only 75 beds the service could be nine months each on medical and surgical wards, while six months could be given to gynecological service. It is also understood that this part of a nurse’s training should be conducted under the supervision of an experienced and capable head nurse, whose duty it will be to see that pupil nurses are taught properly and not allowed to work haphazard.

It is also recommended that this practical experience in the art of nursing be supplemented by a given number of lessons on primary anatomy, physiology, materia medica and practical nursing of such a nature as will enable the nurse to perform the practical part of her work intelligently, not mechanically.

The school can be divided into two classes, consisting of Senior and Junior, and the year into two terms of twenty weeks each. First term from October until February. Second term from February until July. This division will allow three months, July, August and September, in which arrangements can be made for holidays without interfering with the curriculum.

It will be observed that no mention is made in the appended curriculum of such subjects as obstetrics, massage, invalid
cookery, etc. These subjects have been omitted, not because they are considered non-essential, nor indeed, because they are not taught both theoretically and practically, in many schools, but simply because our present aim is general uniformity along broad general lines, these being secured advancement in other particulars will necessarily follow.

The curriculum as it stands is by no means ideal. It is presented simply with a view to obtaining uniformity in methods and subjects; each school, as heretofore, will be expected to manifest its individuality in the selection of text books, adjustment of its curriculum, examinations, etc.

**School Curriculum—Twenty Weeks.**

*First Term—Practical Nursing.*

Lesson 1. Beds—Bed making for bed patients.
   Bed making for convalescents.
   Bed making for operation cases.
   Bed making for fracture cases.
   Mechanical appliances for the relief of such patients.

Lesson 2. Hygiene of the sick room and ward. Air—Methods of ventilating.
   Temperature of sick room.
   Disposal of excreta.
   Care of soiled linen.

Lesson 3. Care of bed patients.
   Bathing—Prevention of bed sores.
   Care of mouth. What to observe. What to report.
   Care of convalescents.

Lesson 4. Baths—kinds—methods of administration of simple and medical baths.

Lesson 5. General and local baths.

Lesson 6. Bacteriology as applied to nursing.
   Disinfection of rooms, furniture, clothing, sputum, etc.

Lesson 7. Enemata, kinds, methods of administration.
Lesson 8. Temperature, pulse, respiration.
Lesson 9. Douches—simple, medicated, modes of administra-
tion, catheterization.
Lesson 10. External applications.
  Moist and dry heat.
  Cold applications.
  Modes of administration.
Lesson 11. Counter-irritants.
  Mustard, Iodine, turpentine, cupping, blistering.
Lesson 12. Disinfectant solutions.
Lesson 13. Surgical nursing.
  Preparation of patients for operations.
    (Capital and minor.)
  Care of patients after operation.
Lesson 14. Surgical nursing—fractures, dislocations—splints,
extensions, etc.
Lesson 15. Gynecology—positions, instruments, dressings—
  operations.
Lesson 17. Materia medica—introduction.
Lesson 18. Materia medica.
Lesson 19. These lessons are left open in
Lesson 20. order that each superintendent
may select lessons on the drugs in common use
in her own hospital.

Practical nursing, 16 lessons.
Materia medica, 4 lessons.

First Term—Anatomy and Physiology.

Lesson 1. General outline of the body.
  Different parts of the body.
  Structural elements of tissues, the cell.
Lesson 3. Connective tissues.
Lesson 4. Cartilage and bone.
Lesson 5. The skeleton—long and short bones.
Lesson 6. Flat and irregular bones.
Lesson 7. General review of bones.
Lesson 8. The joints.
Lesson 9. Muscular tissues—attachment of muscles to the skeleton.
Lesson 10. Prominent muscles of the head.
Lesson 11. Prominent muscles of the limbs.
Lesson 12. The vascular system—the blood.
Lesson 15. Venous return.
Lesson 17. Lymphatic vessels and lymph.
Lesson 18. Lymphatic glands and bodies of allied structure.

SECOND TERM—TWENTY WEEKS.

Practical Nursing.

Lesson 1. Surgical operating room. Nurses’ technique, etc.
Lesson 2. Hemorrhages—medical and surgical.
Lesson 4. Medical emergencies—artificial respiration—drowning, etc.
Lesson 5. Food—diet in gout—rheumatism—diabetes, receipts.
Lesson 8. Nursing—tuberculosis.
Lesson 11. Urinalysis.
Lesson 13. Care of baby, complications of puerperal state.
Lesson 15. Infectious diseases, scarlet fever, diphtheria.
Lessons 16, 17, 18. Three lessons in materia medica.
Examination.
Second Term—Anatomy and Physiology.

Lesson 2. Respiration—effects of respiration upon the blood.
Lesson 3. Alimentation.
Lesson 5. Digestive apparatus—alimentary canal.
Lesson 6. Accessory organs.
Lesson 7. Digestion.
Lesson 8. Absorption.
Lesson 10. Secretion of urine.
Lesson 11. The skin—nails—hair.
Lesson 15. Organs of special sense.
Lesson 16. The ear.
Lesson 17. The eye.
Lesson 18. Female generative organs.

Examination.

It is also recommended that in addition to the class-teaching already mapped out a lecture course be provided—these lectures to be delivered by medical men.

All hospitals and schools owe it to their pupils to provide such a course, but no hospital or school has a right to expect doctors to give their services gratis.

True, the doctors may be, and usually are, uniformly generous and cordial, still the fact remains that this is the end to be desired, and its accomplishment will tend directly toward a higher educational status.

Twenty-five or thirty lectures will constitute a very fair course, and these may be divided in the following manner:

Lecture Course.

Medical nursing, .................................. from 4 to 6
Surgery, ........................................... from 4 to 6
Infectious diseases, ................................ 4
Gynecology, ....................................... 8
Obstetrics, ........................................... 4
The eye, ............................................. 1
The ear, .............................................. 1
The nose and throat, .................................. 1
Hygiene and sanitation, ................................ 2

Total lectures, .................................. 30

It is also recommended that all pupil nurses be subjected to the following examinations:

1st. A uniform matriculation or entrance examination, to be passed either before admission or sometime during the probationary period. The necessary preliminary qualification to consist of a thorough common-school English education—that is, ability to read fluently and intelligently, write with ease and accuracy, and cipher readily. The fact that any candidate holds a Normal School or other certificate of qualification would of course obviate the necessity of an examination. It is always to be understood that the standard fixed in any instance is the lowest which can be allowed. Higher qualifications than those mentioned are of course preferable wherever such can be obtained.

2d. A primary examination held at the end of the first year and of such a nature as will test the knowledge of the nurse in the subjects which constitute the curriculum. This examination, which is usually in writing, can very properly be conducted by the superintendent of the school, whose duty it will be to examine the papers and estimate the percentages. It is generally conceded that nothing less than fifty per cent. should be allowed as a minimum.

3d. A final examination.

In schools where a regular course of lectures is given by the doctors, the best plan probably is a written and oral examination conducted by doctors appointed for the purpose, usually called the examining board. Such an examination may consist of a set of papers or questions, based upon the subject matter contained in the course of lectures, together with an oral examination based upon practical nursing experience, the doctors conducting both of these examinations and estimating
the percentages, while the superintendent of the school estimates the percentages given for deportment, management, practical nursing, etc.

In other schools, however, where no regular course of lectures is provided, the best arrangement probably will be to test the qualifications of the nurses by subjecting them simply to an oral examination. This examination can also be conducted by doctors selected for the purpose, who will constitute the examining board, the superintendent of the school estimating the percentages in deportment, management, etc., which is equally important.

The following list of text books on general and special nursing, anatomy, physiology and materia medica is appended, together with some of the later medical publications which will serve as collateral reading or reference books in the nurses' library.

All of which is respectfully submitted,

MARY AGNES SNIVELY,
Chairman of Committee* on a Uniform Curriculum.

BOOKS ON NURSING.


Hygiene of the Sick Room—Confield.

Ophthalmic Nursing—Sidney Stephenson.

Diseases and Injuries of the Ear—C. H. Burnett.

Obstetric or Monthly Nursing—A. Worcester, C. Cullingworth, A. Fullerton, E. P. Davis, John M. Keating, Bell.

Invalid Cookery, Foods and Dietetics—M. A. Boland, R. W. Burnet.

*Committee on a Uniform Curriculum—Miss Snively, Toronto General Hospital, Toronto, Canada; Miss Drown, Boston City Hospital, Boston, Mass.; Miss I. H. Sutcliffe, New York Hospital, New York City; Miss Darche, New York City Training School, Blackwell's Island, New York; Miss Merritt, Brooklyn City Hospital, Brooklyn, N. Y.
Care of the Baby, Hygiene of the Nursery—J. P. Crozier Griffith, Louis Starr, A. Jacobi.
Care of Children—Elizabeth R. Scovil.
The Nervous and Insane—C. K. Mills.
Nursing in Pelvic Surgery—S. McMurtry, A. Fullerton.
Fever Nursing, Medical Nursing—J. C. Wilson, Anderson.
Surgical Nursing and Antiseptics and Antiseptics—E. Stanmore Bishop, C. M. Buchanan, Bertha M. Voswinkel.
Bandaging—Henry R. Wharton, William B. Hopkins.
Handbook for Hospitals—Woolsey, State Charities' Aid Association Reports.
Ethics of Nursing—H. C. C.
District Nursing—Shawe.
Anatomy and Physiology—Huxley, Hutchinson, Dalton, Kellogg, Martin, Furneaux, D. A. Kimber, Chas. B. Nancrede, Joseph H. Raymond.

Books of Reference.

Medicine—Osler, Strumpell, Fagg.
Surgery—Treves, Ehrichsen, Dennis.
Antiseptic Surgery—Gerster, Hunter Robb.
Anatomy—Quain, Gray.
Physiology—Foster, Yeo.
Toxicology—Tanner.
Obstetrics—Lusk, Playfair, Davis.
Gynecology—Pozzi, Hart and Barbour.
Urinalysis—Pavy.
Materia Medica and Therapeutics—U. S. Pharmacopeia, British Pharmacopeia, Bruce, Hare.
Diseases of Children—Hale, Starr, Ashby and Wright.
DISCUSSION.

Miss Darche moved that this report be printed and a copy sent to every superintendent with the request that she experiment with it during the year. The subject to be discussed at the next annual meeting.

Voted.

Miss Snively. I have been experimenting with this curriculum for a year and can speak from practical experience with it. I have been asked why I left out obstetrics. A great many things have been left out not because we do not consider them essential, but there are many schools that have no way of teaching obstetrics practically. We wish to frame this on such a basis that all the large schools could be represented. We hope that all nurses will supplement their training by obstetric instruction if they cannot get it in the schools where they enter. At the same time we are anxious to frame a broad platform on which a number of us can stand.

The report of the Committee on a Three Years' Course in connection with an eight hour system was omitted in the absence of Mrs. Robb. With reference to it Miss Dock said she did not believe that the time for it had yet come. Too many schools have an imperfect two years' course and until they work out a good two years' course, and then find that insufficient, they are not ready to advance to a course of three years.

Miss McIsaac said that she could see nothing to add to the course marked out by Mrs. Robb last year. In her own school she expected to have the three years' course, but the eight hour system would not come at present.

Miss Nutting said that her opinion on this subject was practically the same as Mrs. Robb's in the course laid out last year. She hoped a three years' course would be adopted before many years in the Johns Hopkins Training School.

On motion of Miss Drown it was voted that the same committee be continued and that it should report next year.

A report was called for from the Committee on a Nurses' Directory in New York and Brooklyn, but none was forthcoming.
A report was called for from the Committee on Protection of Training Schools from applicants dismissed for cause from other schools.

Miss Drown. The action taken by the Society last year was carried out. Copies of the form which was adopted were printed and sent to each member of the Society. I have myself received a few individual reports from other schools, but very few. It is to be hoped that during the past year other schools have been equally fortunate in securing only the most desirable pupils.

Miss McIsaac. I presented the circular letter to my Board, and it was accepted, but we have had no dismissed pupils.

The report of the Committee on Publication was called for.

Miss Darche. The only report that we have is the publication of the annual proceedings. The report was printed and sent out to each member.

Miss Drown. I think the membership of last year and the treasurer's report which were omitted from the printed report should be included in this year's volume.

On motion it was voted that this should be done. [See appendix.]

The next business was the election of new members. Miss Merritt, Miss Hintze, and Miss Griswold were appointed a committee to collect and count the ballots. Thirty-eight votes were cast, and twenty-seven active and two associate members were declared elected, as follows:

**Active Members Elected February 12, 1896.**

Miss Rachael Bourke, Cooper Hospital, Camden, N. J.
Miss E. MacDonnell, Kingston Hospital, Kingston, Canada.
Miss H. Brierly, St. Luke's Hospital, San Francisco, Cal.
Miss J. Kloth, Arapahoe County Hospital, Denver, Col.
Miss E. Hibbard, Grace Hospital, Detroit, Mich.
Miss J. Blair, Butterworth Hospital, Grand Rapids, Mich.
Mrs. Leggett, Cleveland Homeopathic Hospital, Cleveland, O.
Miss M. Doyle, St. Mary's Hospital, Brooklyn, N. Y.
Miss Eva Allerton, Rochester Homeopathic Hospital, Rochester, N. Y.
Miss C. Milne, Presbyterian Hospital, Philadelphia, Pa.
Miss V. White, St. Luke’s Hospital, South Bethlehem, Pa.
Miss K. C. Desmond, Carbondale Hospital, Carbondale, Pa.
Miss Clement, House of Mercy, Pittsfield, Mass.
Miss M. Banfield, Polyclinic Hospital, Philadelphia, Pa.
Miss B. Elliott, Victoria General Hospital, Halifax, N. S.
Miss Kennedy, Buffalo General Hospital, Buffalo, N. Y.
Miss S. C. Hearle, Jefferson Hospital, Philadelphia, Pa.
Miss M. Parker, Salem Hospital, Salem, Mass.
Miss G. M. Nevins, Garfield Memorial Hospital, Washington, D. C.

Mrs. L. E. Gretter, Harper Hospital, Detroit, Mich.
Miss H. G. Hill, St. Luke’s Hospital, ‘St. Paul, Minn.
Miss S. H. Cabaniss, Old Dominion Hospital, Richmond, Va.
Miss Ada Shaw, Meadville City Hospital, Meadville, Pa.
Mrs. C. P. Standing, St. Luke’s Hospital, Jacksonville, Fla.
Miss E. Darling, St. Luke’s Hospital, Denver, Col.
Miss C. F. Giles, City Hospital, Trenton, N. J.

ASSOCIATE MEMBERS WHO BECAME ACTIVE MEMBERS.

Miss A. Alline, Brooklyn Homeopathic Hospital, Brooklyn, N. Y.
Miss I. McIsaac, Cook County and Presbyterian Hospitals, Chicago, Ill.
Miss E. Ayers, Paterson Hospital, Paterson, N. J.

ASSOCIATE MEMBERS Elected.

Miss M. M. Riddle, Boston City Hospital, Boston, Mass.
Miss M. G. Hills, Rhode Island Hospital, Providence, R. I.

It was announced that in preparing the ballots hereafter the name of the school from which the candidate graduated and the hospital with which she is connected should be inserted for the information of those who were to vote.

At 12.30 the Society adjourned to the dining-room for luncheon. It was called to order at 1.20 p. m. by the president. A paper on Training School Registries was read by Miss Darche, as follows:
TRAINING SCHOOL REGISTRIES.

By Training School Registries I mean those registries for nurses—whether managed on the purely co-operative basis or by school management alone—which have for their primary object the well-being and employment of the graduate nurse in contradistinction to those registries or directories which make the necessities of the graduate nurse a means for furnishing a lucrative business for some individual or society.

The former registry extends its privileges equally to a limited number of duly qualified members and at a nominal cost the latter extends its membership indiscriminately, and in its effort to obtain the largest monetary returns in membership fees breaks down the barrier which should exist between the duly qualified nurse, the partially qualified nurse, and the aspirant who is not qualified at all.

It is not surprising that this system of registration should in time crowd out the better qualified nurse from the general directory, and we now find the best nurses seeking for some other plan by which they may obtain recognition and employment. This is especially true in cities where the general directory for nurses has held sway from the beginning and, where the school registry has not yet been introduced. The best physicians in these cities are already finding out that the general directory is not now to be depended upon for the best nurses, and they, too, are dissatisfied and would be willing to patronize another plan.

This brings us to the point of how best to establish a registry for nurses which shall limit the membership, protect the interests of the community for which it is organized, guarantee good nurses to those who seek them, and represent to the public the school or schools from which its members graduate.

This close corporation protective registry for nurses may be organized in three ways: first, as a Training School Registry, conducted as a part of the school management; second, as a Co-operative School Registry, managed by a committee composed of school officers and graduate nurses; third, as the purely Co-operative Registry, composed of and managed by the graduates themselves.
In speaking of the first mentioned registry I immediately recall to mind two very well-managed registries, viz: The Bellevue School Registry and the Illinois School Registry. Both are controlled as a part of the school management. In the Bellevue Registry the superintendent of the school is applied to direct when a nurse is wanted. The managers engage a resident messenger boy whose duty it is to notify the nurses, wherever living in the city, of calls as transmitted to them by the superintendent. The superintendent's office is also the registry office and the managers hold themselves responsible for the efficient work and conduct of their graduate nurses. The Illinois Training School Registry is managed on the same principle, though it has become so large and its graduates are so numerous that an agent, one of the graduates of the school, is engaged by the school managers for this part of the school work. Whether called agent or fourth assistant I do not know; her office adjoins that of the superintendent in the hospital, and she can refer to the superintendent's judgment as occasion requires.

In a strictly school registry none but graduates of the school can become members, and the managers assume all responsibility. In contrast to English methods the nurse receives all the money she earns, and the remuneration due her is paid to herself personally at the expiration of the term of service in the family in which she has been engaged. The few rules which are necessary for protecting the nurse in private practice, and which define her obligations to the families which shall employ her, and also her obligations to the registry, are formulated by the school managers. Thus the same fostering care and managing power which trained and educated the nurse in the school, now, through the school registry, protects her interests and looks after her welfare when she has graduated and works for herself outside.

The second kind of protective registry I have mentioned may properly be called the co-operative school registry. It is a make-shift between the school registry managed by the school and the co-operative registry managed by the graduates. It is one which may be organized when the managers of a school
do not take enough interest in their graduates to undertake the trouble and expense entailed by the management of a school registry; or, when the graduates do not harmonize in sufficient strength to manage one for themselves. Our own school, placed under exactly these latter conditions, began a co-operative school registry some five years ago, in which the officers of the school and an equal number of selected graduates form a managing committee. This registry has proved a success, and for those who contemplate such an organization I would refer them for a detailed account to the last December number of the Trained Nurse.

Undoubtedly the most easily managed protective registry is the school registry pure and simple, and next to that the graduates' co-operative registry.

The graduates' co-operative registry is still in the future, but I hope in the near future. The first step toward such a registry should be a graduates' club, chartered and legally authorized. This club might be composed of graduates of one school or several schools. We will suppose a club thus formed in some large city with a membership of one or two hundred and in good working order. What would be easier than for such a club to appoint a committee of trusted members to consider the question of a registry in connection with club management? When the report was ready and a set of rules drafted a mass meeting of club members could be called and the whole question submitted and voted upon. Or better still, some popular and well trusted member could be proposed as agent for a term of from three to six years at a fixed salary, with the understanding that this appointment should take effect only when an assured membership for the registry would guarantee sufficient financial returns. The popular wish for the agent having been ascertained, and rules and regulations formulated, the next step of finding out the proportion of club members who would wish to benefit by and support the registry could be easily ascertained by the pledge system. If sufficient returns were received by a set time, the doctors and general public could then be notified on
what day and where the registry would be opened, and the registry year could start from that day.

I have suggested appointing the agent for a set term of years, as only thus could an enterprising woman be secured for the office, and only thus could permanency (one of its radical requisites) be secured in the registry management. In the rules it would be well to have this term definitely fixed, also the amount of registry membership fee to be paid, the percentage on earnings, if any, the schedule of rates nurses will charge for their services, etc. The club-room could be used as the registry office and thus save considerable expense. A committee, probably the original committee, could be appointed on registry management. This committee should meet with, and report to club managers at stated meetings, and the club managers should be considered ultimately responsible for the enterprise, when once it is started. Should the percentage system be adopted and more funds accumulate than were necessary for the registry expenses, the club should have the option of using this fund for enlarging or improving its quarters, providing a club library, or for any other legitimate purpose in connection with the club or registry. It might be well, however, as a wise precautionary measure to have a considerable floating capital in bank in case the registry membership should fluctuate or a year of unusual health in the community should result in a dearth of nursing work, and of consequent low returns in percentages to the registry.

It is most important that the physicians or other patrons of the registry should understand from the first that good nurses can always be obtained by writing, telephoning, or calling at the registry. It is not necessary that applicants for nurses should see or talk with the nurse, providing the agent can guarantee a good one, though sometimes they will prefer to do so. They should never be obliged to look up the nurse herself at her lodgings. It should distinctly be the agent's duty to see that the nurse who is asked for, or to whom the call is sent, should be notified and should report herself to the doctor or at the patient's house at the specified hour. A doctor may have
but a few minutes in his day to devote to the business of securing a nurse for a case, and if by stepping to his telephone, or by making a hasty call at a registry office, he can secure the kind of a nurse he wants and at the hour he wants her, he will surely feel grateful to that agency and bound to patronize it.

Many nurses object to having a price fixed for their services. They say they should do as the doctors do, charge according to the fortune or income of the patient's family, or the difficulty of the case. This is a fallacy. Nurses are not doctors, nor do they work under the same conditions as doctors work under. Doctors do not get their cases through a directory or registry. A doctor can afford to charge little or nothing at one case, because at the same time he may have another case well able to pay him double his fee. A nurse can have but one case at a time. Neither as a rule is a nurse engaged at first hand as a doctor is by a family, she usually comes as the doctor's assistant, chosen by him, and he in a sense feels responsible both for her and her charges. There should be a definite fixed charge known from the start, and when a patron of the registry asks the inevitable question, "How much do your nurses charge?" the agent should be in a position to give a definite answer according to a schedule of prices with which she should be provided.

Probably the best schedule of rates is that fixed on the graded basis. A certain set of nurses who have been doing private nursing for some time successfully may not wish to accept less than $25 per week. A second set find that in the long run they will do better by offering to nurse for $21 per week. A third set, lately graduated perhaps, and not yet "in demand," may be willing to register for $16 or $18 per week. By this system the agent would be able to meet a fair question with a fair answer and to supply nurses according to the ability of the applicant to pay for them.

Before leaving this subject there is one more point we should consider, and that is, the bearing or effect the protective registry has upon training school management. A wise woman
who contemplates entering upon a training school course will naturally consider what prospects will lie before her after she has gained her diploma. The school which has fostered a registry, and by this means established a footing which the newly graduated nurse may enter upon as soon as she finishes her hospital work will naturally be looked upon with more favor and will secure a better class of applicants than the one which leaves its graduates to shift for themselves and secure recognition and work as best they may. But some will say that this is a protective system which applies only to the graduates in large cities. What is to become of the graduates of the schools in the smaller cities or towns? I would say to this, that the same system might be brought to bear in the small towns as in the large. In every community large enough to require and support a hospital for the sick poor, there must be a certain number of sick in wealthy homes requiring the services of the trained nurse. The mistake has been in leaving these towns and crowding into the large cities; so much so has this been the case that our city registries are frequently called upon to send their nurses to the adjacent towns and smaller cities which might have been supplied by their own nurses trained and graduated within their own borders.

Now, after all is said and done the truth remains, that the greatest obstacle in the establishment of co-operative registries, or co-operative anything for women, is the woman herself. Men in their work and struggle for life have learned through succeeding ages the lesson that union is strength, and that organization means protection and a way to success in their various trades and professions. They have learned to submit to rules and regulations when once they are formulated by general consent, and to bow to authority which they themselves have established. They know how to cohere, to sustain each other; they congregate together for their common protection and safety. Women have yet this great lesson to learn, and we who as superintendents have gained some experience in management and organization owe it to our graduate nurses,
in this their own special work of nursing, so far as in us lies, and with all the influence our position gives, to teach them for their own safety and protection to co-operate and organize societies for mutual protection and advancement.

L. DARCHÉ,

Superintendent New York City Training School.

DISCUSSION.

Miss DROWN. After listening to this able and exhaustive paper I feel deeply my ignorance in this matter of school registries. It has occurred to me that some of our large schools, which have never had any registry themselves, have left perhaps the future welfare of their graduates to the mercies of existing registries. Last year this subject was under discussion in our convention, and the present system in Boston was largely considered. I think it will not be unjust for me to say that that discussion in Boston had more or less effect on the consideration of the best methods of conducting a registry. From what I have been able to gather, it seems to me that more attention has been paid to the wise discrimination of nurses for special cases than formerly. The arrangement of nurses on the waiting list has been more carefully thought over. I hear such expressions as this from time to time from the graduates of the Boston City Hospital: "It must be nearly time for my name to be reached, because I know that some one whose name was shortly before me has just been called." This tendency on the part of the graduates to feel that their work is appreciated and that they are justly and discriminately sent out, is encouraging. As the years go on, I think the large schools must feel that it is their duty to take more interest in the future of their graduates. I am quite sure the superintendents present will agree with me in this respect. When we hear of graduates of ten or twelve years' standing who have waited in vain for cases for weeks and months at a time, we certainly feel apprehensive for our nurses. There must be new avenues for them to find employment. They must try to fit themselves by post-graduate courses to overcome tendency to fall into ruts and get behind the times, otherwise their services will not be in demand.
I should like to ask Miss Darche if her second grade of registries includes those established by medical libraries and associations.

Miss Darche. The second class had reference to the co-operative school registry and is managed by the officers of the school with an equal number of graduate nurses who form the executive committee.

Miss Hintze. It seems to me that the important point brought out by the co-operative plan is that the nurses would feel an individual responsibility. It is important that each nurse should feel her responsibility, and she must be absolutely loyal or the whole structure totters. Another point is whether it would not be well to discuss some uniform business way of running the directory. Can we entirely eliminate the selection of nurses? A nurse often says, "How many are there ahead of me?" and that is a difficult question to answer, for doctors come and want a special nurse, perhaps one who registered an hour before, although others have been registered for days. Certain nurses are very efficient for certain cases. Can we entirely depend on the list as it appears? Another point is, is it wise to send out to patients questions of inquiry as is done in Boston? The questions are sent to the doctor and to the patient, and all the replies are registered, and of course the nurses' record is there.

Miss Darche. In the school registries and co-operative school registries the question of selection would have to be settled on a practical basis. When a doctor wants a particular nurse, he should have that nurse. I think there is no question about it. But if the nurse is not selected by the doctor, then the standing list should be consulted, and the first one should have the case if all are good nurses.

Miss Maxwell. The nurse ought to be suited to the case. In our registry we instruct our pupils to that effect. They are not sent out according to their standing on the list.

Miss Darche. In the school registry the superintendent should have the power of selection, but when it comes to co-operative registries it would be better to have more definite
rules in order to secure peace and harmony in the administration of the registry.

Miss Hintze. It may be possible to classify nurses in order to meet that point. They might be asked what kind of cases they prefer and for which they had had special training. Nurses are clubbing together more than formerly. In Orange, New Jersey, which being a rich place, supports a large number of nurses, there are two nurses' homes. The doctors all know where these homes are, and that most of the nurses are connected with them, and they find it a great convenience to call them up by telephone. There is a directory in each.

Miss McIsaac. In the Illinois school where a nurse registers she makes her exceptions. If she does not care to go out at night, or to contagious diseases, or out of the city, these exceptions are kept as a matter of record, and on the daily list the exceptions are put down, so that one who registers an hour before may be the one to go, perhaps. I have made every effort to have the nurses understand that where they stand on the list has really nothing to do with when they are called. We cannot send them out in regular order.

Miss Durbin. That plan may do very well in a school registry where the superintendent is empowered by her Board of Managers to act entirely according to her own judgment in sending nurses out to cases; but, a co-operative registry must be managed less arbitrarily, and there should be definite rules to go by as to precedence, etc. In either registry a nurse must be allowed to say what class of cases she will register for. An agent or superintendent cannot oblige a nurse against her will to take obstetrical nursing or contagious cases.

Miss Brennan. In the school registry the superintendent knows the nurses and she sends out those suited to the case. It does not make any difference whether she has just registered or has been registered for days; the nurse is sent to suit the case.

Miss McKechnie. I have had no experience except in small schools. We have a number of graduates who register in drug stores, who do not care to leave their names at the hos-
pital. In a school directory I think the superintendent should have something to say about sending out a nurse to a certain case, to choose a nurse to suit the case best.

A statistical report of working hours in training schools was read by Miss Nutting.

**A Statistical Report of Working Hours in Training Schools.**

The statistical report which it is my privilege to present to you to-day is a report of the working hours of training schools in this country and in Canada. I had at first thought of including in this report statistics of the working hours of training schools in Great Britain, but on examination these were found to be so numerous, and the labor involved in collecting them so considerable, that for the present it seemed best not to go so far afield. They will probably form interesting material for a future report, and will then be of value for purposes of reference and comparison. Speaking generally of English hospitals I believe the working day to be a long one. To go on duty at 6.30 or 7 a.m., and come off duty at 9.30 p.m. seems to present a very long day, but this is broken into so frequently, for instance a half hour in the middle of the morning, an hour for dinner, two or three hours off duty and time given later for afternoon tea that the actual working hours are brought down to very nearly the same number as those of many of our hospitals.

This report is prepared from information received from all of the larger hospitals of this country of which I have any knowledge, and from many smaller ones, and they range from Maine to California, from Canada to Louisiana.

The number of Hospital Training Schools written to was, 154
Number of answers received, 111
Number of American Training Schools, 97
Number of Canadian schools, 14
In the State of New York alone information was received from schools, 25
In Pennsylvania from, 18
In Massachusetts from, 13
The remaining 41 were scattered throughout the other States. In some instances I was able to obtain information of only one training school in a State, though feeling sure there must be others. Of the size of these hospitals, number of patients, number of nurses in the school, number of nurses steadily on duty in the hospitals (and this an important point, bearing in mind the fact that those that are sent out to private duty may represent a considerable proportion of the senior nurses, thus while the staff of nurses is stated to be, say 25 for every 100 patients, 10 of these may be out of the school altogether), as to these points I did not ask for statistics. This is a matter of some regret to me now, as in considering working hours it is wise also to take into consideration the nature and amount of the work to be done, for there is certainly a difference between the amount of work done by the nurse who cares for 12 patients during 10 hours and that of the one who has but 5 for whom she is responsible during the same length of time. Besides this in those hospitals where the pupil nurses are sent out to private patients a great amount of work is frequently thereby thrown upon the remaining portion of the nursing staff, and their regular working hours are often greatly increased. In taking the working day from the hour of rising to retiring I find it varies from 15½ to 17 hours; the average day is 16½ hours long, the rising hour 6 a.m., retiring hour 10.30 p.m., thus allowing 7½ hours for sleep.

Before going on duty in the wards each nurse has a certain amount of work to do in taking proper care of her room. It may occupy but twenty minutes, or a half hour or more, as in some schools the entire sweeping, cleaning and care of utensils as well as bed-making is required of the nurse.

The hours actually on duty in the wards vary from 8 to 15 hours. In the greater number of hospitals the nurses are on duty for 10½ hours daily. The following table will show the hours of the different schools:

In 2 hospitals nurses are on duty in the wards for 8 hours daily; in 11, 9; in 29, 9½; in 14, 10; in 31, 10½; in 3, 11; in 14, 11½; in 3, 12; in 1, 13; in 1, 13½; in 1, and I am glad to say but one, 15.
Hours off Duty.—The hours off duty for rest and recreation vary. In the majority of schools 2 hours off duty are given daily, but in many instances half this time is taken up on certain days with classes or lectures, and in some schools seniors and juniors each have two classes and two lectures weekly.

Arranged in order the following is the summing up of the hours off duty.

Daily.—In 1 school the nurses are given 3 hours off daily. This leaves practically an 8 hour day. In 2, 2½; in 56, 2; in 4, 1½; in 38, 1; in 1,1½; one gives to seniors, 1½; to juniors, 1; another gives 1 hour daily, 2 hours once a week; another gives 1 hour 4 days in the week, 2 hours 1 day in the week; another gives 3 hours 1 day in the week; another gives 1 hour 3 days in the week. In the other hospitals no time off is allowed during the day.

Weekly.—Half days, however, seem to be very generally considered essential and I find that 98 schools give one half day weekly; 4 schools give one half day on alternate weeks; 1 school states that half days are given "sometimes." The remaining 7 make no mention of half days, but 1 school gives 1 day each alternate week; 2 give 1 day each month, 1 gives a day "occasionally."

Sundays.—The hours off duty on Sundays are also variable and range from 1 whole Sunday in the month to ½ of each Sunday, or of each alternate Sunday; 47 schools give half of Sunday; 4, 5 hours; 25, 4 hours; 13, 3 hours; some give 3 hours every other Sunday; some 2½ hours.

Time for Meals.—One hour for dinner is allowed in 12 schools, one half hour in 98.

Lectures.—In almost all schools each nurse has one lecture weekly, but 12 schools report that each class of nurses has two lectures weekly. Whether these come during the time set apart for rest, or in the evening after the nurses are off duty in the wards, I have not been informed, but probably the latter.

Classes.—37 schools have 1 class weekly for seniors and 1 for juniors; 28, 2 classes weekly for seniors, 1 for juniors.

26 schools have 1 class weekly for seniors, 2 classes weekly
for juniors; 15 schools have 2 classes weekly in both; 4 schools have 3 classes weekly in each.

These have each 1 hour off duty daily, but statements are not made as to whether the classes are held in this time. In the majority of schools I believe the classes are held during the hour or hours allotted for rest and recreation, but my information on this subject is not sufficiently definite to enable me to make a statement concerning this point.

Hours for Study.—47 schools require their nurses to give a minimum of 1 hour daily to study. 14 of these schools give but 1 hour off daily, and state that they require their nurses to study (at least) 1 hour a day, in some instances under a supervisor.

1 school giving 1 hour off duty daily states that the nurses are required to give 2 hours daily to study. This would allow for rest and recreation the remnant of those evenings in the week not occupied with class, lecture, and the additional hour for study for which the day does not provide. Another school expects its nurses to study 2½ hours daily, and another 1 hour daily and 3 hours once a week, this latter of course occupying the afternoon off duty. In one school where the working day is one of 11½ hours, with no time off duty during the day, it is stated that 1 hour for study daily is required. Another writes frankly: "The nurses rules require them to study 1 hour daily, and I give them work enough to make that and more necessary." Here, however, 2 hours daily off duty are allowed. In one hospital where but 1 hour is given daily there are daily classes, and lectures twice weekly. In another with a 10½ hours a day on duty in the wards, and but one hour off, the nurses are expected to do from 1 to 2 hours studying daily. And in yet another with a working day of 11½ hours (it would be 12 but for the necessary half hour for dinner) it is stated that the nurses must attend the lectures of the house staff 3 times a week. No time daily is considered necessary for recreation, but I quote the last paragraph of the letter as being worthy of attention: "Each nurse is allowed to spend 3 hours once every week, and a whole afternoon once every
fortnight at her convenience. She receives a vacation during the summer of between 8 and 11 days."

In regard to classes and lectures after hours. In one hospital where nurses are off duty at 7.30 p. m., seniors and juniors each have 2 classes each week in the evening from 7.45 to 9.15. Each class has also one lecture, and with a "quiz" upon this another evening is taken up. This means practically 4 evenings each week devoted to mental labor. It would be interesting to know in how many training schools the classes as well as lectures are held at night after the day's work of 9, 10, 11, or 12 hours in the wards is done.

It would be interesting to know in how many schools the nurses get the full hour or even half hour allowed for meals, or in how many hospitals the exigencies of their work compel them to go without certain meals altogether, possibly for several consecutive days, also in how many training schools the nurses get the allotted hour or hours off duty daily, the half days or portions of Sunday regularly.

In regard to special duty and night duty there is but little to say, but we find concerning the former that after 20 hours on duty, one may be restored by 4 hours sleep.

Night duty varies from 12 hours, which is adopted by almost 70 per cent. of the schools, to 13 hours and 13 1/2 hours. Each period of night duty may be of 1 month's duration, 2 months, or 3 months.

To the working day of 10 1/2 hours, which is that adopted by the greater number of training schools, add the daily hour required for study (which is only more difficult work) and we have at once a working day of 11 1/2 hours. Add to this one night weekly a class and one night weekly a lecture, and there are two days in which the nurses are working at least 12 1/2 hours. A half day during the week is usually given, but that must be always partially devoted to study. Frequently it is unavoidable that this also comes on lecture day. As there is some little irregularity in the length of days, a simpler method is to get at the number of working hours per week. Take as an example the 10 1/2 hour day—allow for a half day and half
of Sunday, add the daily hour of study and you have on 5
days weekly, 10½ hours, ........ 52½ per week.
2 days weekly, 6 hours (or more), .......... 12
2 days weekly, class and lecture, .......... 2
Daily study 1 hour, .................. 7

and you have a working week of .......... 73½ hours per week,
or more according to the amount of time given on Sundays.

In our statistics 41 schools do not give half-days on Sun-
days. In such instances the working time would amount to
from 75 to 78 hours per week. In many schools the working
hours are much longer than those quoted. There is no other
work sufficiently like nursing to serve adequately for purposes
of comparison, but to take the first that comes to mind it may
be said that from 56 to 60 hours a week are generally con-
sidered fair working hours for the laboring man. I believe I
am right in stating that few industries require their employees
to work more than 10 hours daily and their Sundays are usually
free. We cannot actually compare industries with training
schools, nor wage-earners with pupils receiving their training
in an educational institution, but we can state that a pupil in
a training school may work harder to receive her training than
a laboring man to support his wife and family, for here we find
in one of the most difficult and responsible careers a woman
can undertake, that her only method of receiving a certain
kind of education is not to work 60 hours per week, but a
number of hours varying from that number to 105.

In calculating the hours per week we are able to make the
following statistics: Number of schools in which the number
of working hours is below 60, 4 (the exact number of hours as
nearly as can be made out is 59, and there is in these schools
but little class work and no mention is made of studies); num-
ber of schools in which the number of working hours is from
60 to 70, 54; from 70 to 80, 40; from 80 to 90, 10; from 90 to
100, 1; over 100, 1.

In preparing this report the chief difficulty lay in getting at
the exact number of hours on duty. It seemed to be demand-
ing a great deal of unnecessary information to ask when the
nurses had breakfast, how long a time was allowed for dinner, and whether the nurses came off duty to supper and returned to their wards, or whether in all instances the supper came after leaving the wards for the night. Statistics which are not complete and accurate are of but little value, and while it may seem strainning at a point to even allude to the amount of time a nurse is expected to give to the care of her room, it is not fair to ignore it entirely. It may be but one-half hour daily, but it is work. It seems small, but in reviewing the whole day's work it counts. In this report it has not been counted.

In those schools in which the very shortest hours are adopted, nurses are working at least 9 hours a day at work which taxes the physical strength even of the strong in no small degree, of the moderately strong to the utmost. After 9 hours of hard physical labor the nurse comes off duty—to what? to rest? To get out of her uniform and away from the trying atmosphere of the sick room and into the fresh air? Not at all; but to go to her room, which may perhaps be shared with a stranger, and try to bring the energies of a tired mind, dominated by a tired body, to bear upon whatever problems her theoretical work may present. Having thus taken up her hour or hours supposed to be for rest and recreation, are her evenings free? We find that they are not. For here a class, or a lecture, or possibly two of each, or perhaps relief work in a ward while a member of another class is at lecture, occupies her, and thus 2 or 3 or it may be 4 evenings in a week are taken up. If this be the picture of a day in a school in which the work is thought to be easy, what must be that in those schools where the working day is not 9 but 11, 12 or 13 hours long, and where study and attendance at lectures or classes is still compulsory.

Now what are training schools? Are they charitable institutions? Is it a condition of employer and employee? When we read in some circulars of nurses' wages one might think it. They are really, however, educational institutions, and it is time that this fact be better appreciated. It should not be forgotten that the long hours of duty in the wards may reduce pupils to a condition of servitude. It is not for the purpose of
giving them more and better training that they are kept on duty so long, but rather that the amount of service rendered to the hospital may be increased, and that the working force of the institution may for economy's sake be kept small. These long hours render it nearly impossible for a nurse to profit by the teaching for which her services are supposed to be given, and with such long hours the teaching is merely offered as an advantage to attract applicants and is not deserving of any serious consideration.

What we should do, and what if we fail to do others who come after us will do, is to open our eyes and our minds to the actual state of things around us. Let us look into the matter and satisfy ourselves as to the fair amount of physical labor required for the necessary training, and which can be done without over-fatigue and without infringing upon other duties. Let us plan out a suitable amount of mental work and give our pupils time to do it thoroughly, and see to it that they are in a condition physically to do so. Let us give time for a proper amount of healthful exercise and diversion, that spirit and enthusiasm, and the "merry heart which doeth good like a medicine" may not be utterly lacking. Finally, let us provide the needful time for sleep.

Let us sum it all up, including
1st. The number of hours on duty in the wards;
2d. The number of hours taken up with class or lecture; and
3d. The amount of time expected or necessary to be devoted daily to study, and calculate how much time each day, or even in a week (under the most favorable circumstances and conditions) can be secured for necessary rest and healthful diversion.

The following conclusions are inevitable:
1st. The working hours in the wards being but a portion of the day's work are now in almost all hospitals too long. They should be so arranged as to under no circumstances exceed nine hours and should when possible be limited to eight hours.
2d. That the hours set apart for rest and recreation are now necessarily and frequently infringed upon by class, lecture or
study in order that the pupil may perform the work required of her. This should in no case be done, but these hours should be reserved for the purpose for which they were intended.

3d. When an increase in the theoretical course of instruction becomes necessary or advisable it should, on adoption, be followed by a certain corresponding decrease in the amount of practical work required, and, if necessary, increasing the total length of the period of training.

The explanation of the origin of the preposterously long hours of service quoted in this report exists in the fact that, as a rule, provision has not been made for a sufficient number of pupil nurses. Such attempts at economy in hospital administration are unwise and injurious both to the nurses and their patients, and cannot be too strongly condemned.

Having been requested to prepare a statistical report I do not feel at liberty to comment at length upon the existing order of things, but I cannot refrain from saying that I think the time has come for us to look these matters fairly in the face, and to see whether or not we are dealing justly by those women whom we propose to send out into the world not only to care for the sick, but by influence, teaching, and example to represent the value of our training. If in these women strength, health, and spirit be lacking, even with all the teaching and training we have given and with whatever skill we have been able to endow them, can they be other than pitiful commentaries, either on our ignorance, or on our shortsighted policy in failing to guard all the interests entrusted to our care?

If we are turning out yearly hundreds of nurses who ultimately do mediocre work in a weary and spiritless fashion, nurses who have to take a rest after every third patient, women who seem as we say "literally used up and worn out," can we hold ourselves blameless?

In conclusion, I would take this opportunity of thanking all those superintendents who by their prompt and courteous responses to my request for information have assisted me in preparing this report.

M. A. Nutting,
Superintendent Johns Hopkins Training School.
DISCUSSION.

Miss Drown. It is said that the average life of the graduate nurse in private nursing is ten years. That seems a very short time for one in the strength of life to render efficient service in so honorable a work as caring for the sick. May we draw the inference that if the hours of duty could be lessened and the opportunity of exercise and recreation lengthened, that the mind and body would be in better condition for study, and that the time of usefulness might be lengthened for the graduate nurse?

Miss McKechnie. Where we have a certain amount of study, classes and lectures in addition to the working hours, it leaves little time for rest and recreation. It is only by the gradual evolution of things that we have come to realize that it is necessary for the nurse to have more time. There has been too much sickness among pupils. If you take all the months in the year and average the number of days when nurses have been off duty, it shows the health of the school. We have had less illness among the nurses this year. Previously they had only half a day on Sunday, now they have half a day in the middle of the week. They must have more time for recreation. Superintendents would gladly give more time if it could be arranged.

Miss Drown. In connection with the afternoon off duty, it seems to me almost a right of pupil nurses, that unless some unforeseen emergency arises a nurse should be allowed to know if possible, a day or so beforehand when she can have her afternoon. Many times nurses could make arrangements to attend a matinée or a lecture, or go to the art gallery or do something to take them out of their ordinary work and depressing surroundings. If a nurse never knows when she is to have her afternoon, it is difficult for her to make plans. I think it is a duty of superintendents to have the work so systematized that the nurses will know when they are to have free afternoons.

Miss Maxwell. We have a system in our school by which a card is made out on Saturday and Sunday so that the pupils
know during the week the hours they will have free, and we try to hold to this except in emergencies.

**Miss Snively.** How many schools give one extra day when the nurse comes off night duty, and how many give just a day for sleeping?

**Mrs. Quintard.** In New Haven we always try to give one extra day to a nurse coming off night duty. We shall try to do it all the more after hearing this report.

**Miss Darche.** Two days are given in our school after a month of night duty.

**Miss Snively.** When I first took charge in Toronto it seemed to me that some one was ill all the time. The school had been managed on the principle that when a nurse came off night duty, say it was this morning, to-morrow morning she would go on day duty. As soon as possible I allowed an extra day, and for four years, with one exception, we really have not had any serious illness in the school.

**Miss Darche.** You cannot always tell by sickness how hard the nurses have worked. Many women will put a strain on themselves for two years because they think it is necessary, but at the end they may be worn in brain and nerve to the extent that when they are through with their two years they are so broken down that they are not fit for useful life until they have had a rest of three or four mouths.

**Miss Hintze.** This matter of off duty works two ways. The other nurses may have to work extra time to make up for the rest given to those coming off night duty.

**Miss Darche.** There should be extra allowances for that.

**Miss Maxwell.** What would you do to make that extra allowance?

**Miss Darche.** We do not change all our night nurses at the same time. We arrange for one to follow another. It is a little difficult to arrange it so, but with care and planning it can be done.

A paper on a National Association for Nurses and its Legal Organization was read by Miss Dock.
A National Association for Nurses and Its Legal Organization.

In the course of preparatory work needed to present the subject of a National Association of Trained Nurses, it will be found, I think, that attention must first be given to the general structure, laws and powers of the Government under which we live and hope to unite. Next, that the plans of organization of other national associations be considered and compared. It is necessary to know what legal supports may be obtained for an association such as we wish to form, and it is useful to know something of national associations already existing, what machinery they have, and how it works; how their purposes compare with ours, and what means they take for accomplishing them; how much power and influence they are able to exert, and how prestige and dignity are best obtained.

After this ground has been pretty well gone over, our knowledge of our own needs and present conditions will lead us naturally, and with little further trouble, to the lines upon which a national organization of nurses can best be founded, and will also indicate, with a good deal of certainty, the shape it will take and the functions that it may be expected to possess and acquire.

It is not necessary to describe to you the national organism, the union into one common country of States possessing many attributes of sovereignty, the subdivision of States into counties, and counties into townships; but it may be well to recall the main characteristics of the law-making power, the limitation of Federal and the scope of State law. You remember that the States are so many governments within a government; that, to quote Mr. Bryce, "the Nation is a State, which, while one, is nevertheless composed of other States even more essential to its existence than it is to theirs. The States have over their citizens an authority which is all their own, and not delegated by the central Government." By the Constitution, the law-making power of Congress is limited to certain subjects which are of common interest to the whole Nation, and which I need not here enumerate. By it, also, such independent powers are prohibited to the States as would bring them into conflict with the
National law. "All other legislation and administration is left to the several states without power of interference by the Federal legislature or Federal executive." Or, in the words of the Constitution, "the powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."

Beyond these specified powers no legislation can be had from Congress except by amendment to the Constitution. It is of the greatest importance that this limitation of federal power be clearly kept in mind, for in it lies the key-note to the general scheme of national organizations of private individuals in the United States.

In the Dominion of Canada, to quote Mr. Bryce further, "the distribution of matters within the competence of the Dominion Parliament, and of the Provincial Legislature respectfully, bears a general resemblance to that existing in the United States. But there is this remarkable distinction, that whereas in the United States Congress has only the powers actually granted to it, the legislatures retaining all such powers as have not been taken from them, the Dominion Parliament has a general power of legislation restricted only by the grant of certain specific and exclusive powers to the Provincial Legislatures."

The British Parliament, again, "is, in the sphere of law, an omnipotent body." It has power to make and unmake any law upon any subject. "In point of legal theory, it is the nation," and therefore possesses that entire sovereignty which in this country is held by the people. It is, of course, not to our purpose or advantage now to discuss the relative merits of different forms of government, nor to argue as to which would be most convenient for the solution of our special problems. We simply care to consider the practical fact, that owing to these differences in the governments of countries, private or personal associations formed under them respectively will also differ in their plans of organization. For instance, the Royal British Nurses' Association holds its royal charter under the Great Seal of the United Kingdom, and looks forward to act of Parliament to fix the status and protect the certificate of the graduate trained nurse, precisely as the medical acts establish a
standard and furnish a protection for the medical profession of
that country. But American nurses cannot expect the national
government to do anything of the kind. Such legislation as is
deemed wise or helpful, in aid of any of our higher standards
can only be sought through state legislatures.

Now, if we take a general survey of national associations, be
they philanthropic, professional, or labor unions, there is found
a strong general likeness between them all as to form. All
pattern more or less closely after national outlines, according to
the country in which they flourish. With us, this general struc-
ture may be diagrammatically represented as a tree, of which
the national or central body forms the trunk, the state associ-
tions the branches, and the city, town or county associations
the twigs. The W. C. T. U., one of the most thoroughly or-
ganized bodies in the world, follows state lines in every coun-
try with minute exactness, while its International or World’s
Union is formed of the chief officers of each nation. Thus or-
ganized it is in the best position to exert influence and bring
pressure to bear at any given point.

Of the labor unions may be taken the International Brother-
hood of Locomotive Engineers as a good example of dignity and
conservatism as well as of compact organization. This union
covers Canada and the United States, with an exceedingly
strong and close network, and has “a legislative board in every
State, territory, and dominion, which shall have power to take
charge of all matters coming before the Legislature wherein
the interests of the Brotherhood of Locomotive Engineers are
involved,” and also its committees duly appointed to confer and
arbitrate all questions arising between the railroad officials and
their employees.

The Association of Collegiate Alumnae has a director in each
State. The American Medical Association is composed of Na-
tional, State, county, town, and city societies, all bound to-
gether by the code of ethics. Here and there, especially in
the older States, minor variations exist which do not materi-
ally alter the general scheme. Later on we shall need to con-
sider more fully the organization of the American Medical
Association.
In these different bodies the unit of representation varies somewhat. In the State it is the township. In the Women's Christian Temperance Union, the small local union—the nucleus of which will be a church congregation. With the Brotherhood of Locomotive Engineers, it is the railroad division. With the Association of Collegiate Alumnae it is the associated alumnae of certain specified colleges. In the conventions of the Church, the parish is the unit of representation, and with us it would be, indeed could only be, the incorporated alumnae associations of such training schools as were recognized for this purpose by the general association.

We now conclude our brief survey of surrounding bodies by observing how the machinery (which we have found to be so nearly alike in all cases) works. The most striking characteristic of all alike may be said to be, without doubt, a systematic division and sub-division of work and responsibility. The central bodies having limited legal or extrinsic powers, find their chief strength and security in moral force. They lay down principles; keep an outlook over the whole country; support ideal standards; deliver messages embodying the objects and purposes to be worked for and the reforms to be undertaken. The State organizations take up each one its share of the actual burden of the whole. They are working bodies. Each one conducts, according to its best ability, its separate part of the whole campaign. If a closer network of organization is to be built up in the State, if State laws are to be invoked, if State schools (of course I mean schools within the State) are to be brought into line, or standards worked up, it is the business of the State association. While in the small component parts, the twigs, be they railroad divisions, parishes, alumnae associations, county societies, or what not, all the close individual work is done, which is of all the most important. Here must be carried on the small, fine work, often trivial or petty, often wearisome and discouraging, always laborious and painstaking, seldom appreciated, never realized outside, the work of keeping high individual standards, of applying individual discipline, and of encouraging individual enthusiasm and strong purpose. Not long ago a well-
known man said at a public dinner that the essence of sound
government is held to be that "the Nation should devolve all
that it can upon the State, the State all that it can upon the
county, the county all that it can upon the township, and the
township all that it can upon the individual." And in the arti-
cles of a labor organization, already referred to, we find these
words: "It is to be hoped that every precaution will be taken
to ascertain, beyond a doubt, the merits of each individual, as
regards ability and character, remembering that upon these two
rest the honor and universal acknowledgement of our organiza-
tion." In these examples is laid down the principle which must
be the motive power of every kind of co-operative work, if it is to
be successful, namely: The supreme ultimate importance of the
individual; and with us, if we become an organized body, the
primary source of strength must lie in the associated alumnae
of our schools. Their work will be to keep watch over the
professional standing and general character of future candi-
dates for membership in our organization.

Among their unpleasant, but necessary obligations will be
these: "To exclude or expel unworthy individuals, to cen-
sure or warn backsliding members, to expose, so far as can be
legally and honorably done, such wrongs and injuries done to
our best standards as they may encounter, and to check harm-
ful tendencies as they may meet them. Their responsibility
will be tremendous, but they will be equal to it, if they will do
their duty.

Let us now suppose for a moment that a national organiza-
tion, following the lines here suggested, was on the point of
completion, what might we reasonably expect from it? For a
long time, without a doubt, little or nothing tangible. I know
that in our profession there are many who imagine that some
magic power lies behind the word "organization," and that
the declaration of a pass-word or motto, and the adoption of a
badge will settle at once all troublesome questions, and fix the
status, privileges and responsibilities of the trained nurse.
They believe that kaleidoscopic transformations in nursing
work are possible when an association of superintendents meets
to exchange views. They write anxiously to the magazines to
inquire "why do not the superintendents fix a standard of work; establish a uniform curriculum; do this and that?" Or to say "the superintendents ought to abolish quack training schools; ought to do thus and so," as if they understood the superintendents to be absolute monarchs. These women will be disappointed and offended, when, the day or the year after joining an organization, they find themselves pretty much where they were before as regards grievances, imperfections and irregularities. They will then lose heart and blame the officers of the organization; they will fall away and advise others to do the same. But it is not likely that any of you entertain such delusions. You know that the growth of such a common feeling of loyalty to our work and responsibility toward one another as we need to cultivate is a slow one, not to be hastened, but to be fostered through years with painstaking care; that radical changes are not to be brought about in a day, and that reforms that are worth anything have to be worked for long and arduously.

You all realize that what we may hope to do now is, not to change at once all the conditions of our training and work with which we are dissatisfied; not to fix at once a final and satisfactory standard of excellence, not to establish immediately a complete and perfect curriculum of study, but so to unite and fraternize all the best of our profession that they will learn to stand together, move together, work together. Then in the future we may safely expect them to progress in the right direction, to acquire influence, moral dignity and force as a body, and to undertake successfully the solution of those varied complications which we can now see time and circumstances are fast bringing into nursing questions.

It does not seem as if there was any real ground for faint-heartedness over our outlook. The record of what has actually been done by other bodies in other lines of work forbids it. I would suggest that those who are dubious or unbelieving study the history of, say, the better class of trades unions, the work of the Women's Christian Temperance Union, of the Federation of Women's Clubs, of the Association of College Alumnae, of those associations which unite the members of the different
learned professions, and I believe their doubts will be dispelled.

Of all the organized bodies about us, the one to which we would naturally most closely conform in general outline is the American Medical Association. Founded in 1846, it was at the outset framed broadly, as was not only advisable, but necessary. A rigidly exclusive association could not then have represented the whole medical profession, but must have failed in its purpose, which was to furnish a leaven for the whole, not only to separate from the rest the small portion already leavened. With no such thing in existence as government control or guardianship in educational matters, and with the rush of settlement in a vast new country, a thousand pressing and instant necessities ran away with standards for the time being. A crop of medical schools sprang up like mushrooms, unfurnished and unendowed, but the best that could be had at the moment. The foundations of the American Medical Association were laid with stones that would be rejected to-day. The lines loosely drawn then are now being tightened year by year. Standards first fixed at what was possible are being brought up to what is desirable.

Year by year, now in one State, then in another, the influence of the Medical Association has been bent toward securing better conditions. It is a mistake to suppose that the medical schools as such have been the leaders and standard bearers of the medical profession. It is notable that reforms and advances in schools of medicine have come as results of unceasing pressure brought to bear by the profession through the Medical Association. They have not originated with the colleges and universities. The schools do not precede the profession in the march of progress. They are led and urged on by the concerted purpose of the organized profession.

The association worked steadily, first, for better preparatory requirements; then for a lengthened term; a lengthened course; a year added; then another; then better post-graduate work, and so on; also in the States it labored to secure the passage of beneficial laws. In looking over its ordinances, you will find resolutions on the order of this one which I quote at random: "Resolved, That the faculties of the several medical col-
leges of the United States be recommended to announce ex-
plitely in their annual commencement circulars and advertise-
ments that they will not receive certificates of time of study 
from irregular practitioners, and that they will not confer the 
degree upon anyone who may acknowledge his intention to 
practice in accordance with any exclusive system." And of 
this: "Resolved, that each year, until otherwise ordered, the 
president-elect and the permanent secretary shall be directed 
to appeal in the name of the association to the authorities of 
each State where no State Board of Health exists, urging them 
to establish such boards."

I have gone over this ground because I believe that in cer-
tain features there is similarity between the medical and the 
nursing worlds, and to illustrate the suggestion that a full 
study of the history and transactions of the American Medical 
Association would be most instructive and helpful to us in 
working out our own.

The plan of organization of the American Medical Associa-
tion is roughly as follows: The National body is composed of 
delegates, invited members and permanent members. The 
delegates are sent from State societies and from local societies 
which are recognized by representation in the State society. 
Members by invitation are reputable men from districts having 
no representation, being vouched for by a certain number of 
members. They have no votes. The permanent members are 
all those who have at any time been sent as delegates. This 
 provision for permanent members has manifest advantages, 
and would be a good point for a nurses' association to imitate. 
They remain members while in good standing with the local 
body which they first represented. They, also, have no votes. 
The National Association drew up the code of ethics, the "Ten 
Commandments" of the medical profession, the acceptance of 
which is obligatory upon all members.

The officers of the National Association are such as are 
usually found in like bodies. A very important feature of the 
association is the judicial council, entrusted with the duty of 
deciding all questions of an ethical or judicial character coming 
before the association.
The State societies are made up of delegates from town and county societies. In minor details the State associations vary, while in essentials they are alike. They all subscribe to the code of ethics, and make it obligatory for the local societies to do the same. I have not been able to study the different State medical constitutions, nor do I suppose it necessary for our purpose to do so, though it would be interesting. If we organize in any like manner, instructive and pertinent points from them all can be looked up by nurses in the different States.

Pennsylvania, for instance, allows permanent members to vote, though they are not eligible to office. The State is divided into six censorial districts, and censors are appointed to examine the laws and regulations of the local societies, and to endorse them to the State society when approved. The censors also act in ethical questions similarly to the judicial council of the National Association. The State constitution fixes the conditions and qualifications under which the local society may organize, states the conditions which disqualify individuals for membership, and defines the functions and limitations of local societies so fully as to amount almost to making their constitutions. Upon the local society rests the obligation of censoring or expelling any member who is convicted of violating the code of ethics.

Now to come down to the practical consideration of an organization among nurses, the first question asked is, naturally, "Who shall be included and who excluded?" In a letter from one of the most prominent among you the following words, in effect, have been written to me: "I will be glad of anything that elevates nursing; but if your organization is only going to be a grand leveling process, I do not feel any sympathy with it." Nor would any of us, certainly, if we felt that the "leveling" was to be downward. My correspondent's dread of leveling shows that she fears the nurses who stand high must be degraded to the level of those who stand low, for I know she would feel only pleasure if she thought that those who stand low would be elevated. What needs to be answered, then, is not her indefinite thought that organization involves leveling,
but her definite fear that leveling must be a downward rather than an upward tendency. Is this the case, and must a national organization among nurses result in general deterioration? I cannot think so, nor believe that you can. This idea of leveling is something of a bugaboo, at any rate. Before the law all nurses, wherever or however trained, are on a level now, and if we will ever look to the law to break that level we can invoke it much more successfully as an organized body than as an unorganized mass. Outside of the law, human nature forbids leveling. Could all nurses, or all schools, be leveled to-day, to-morrow some would be up and some down. This, of course, is by no means an original observation. There are no dead levels, but there are planes; and organized forces, the world over, stand on higher planes than the unorganized. Compare organized and unorganized labor, military systems, educational systems, and in our own small province compare the working efficiency and moral force of one of our training school alumnae societies with the chaotic and forceless condition of unassociated graduates of similar schools.

My correspondent will probably say, "It is not organization I object to, but having that organization include anybody and everybody."

For many reasons it seems best to organize as broadly as possible. We need to avoid the appearances of being a clique. It will be easier in the future for us to draw the lines closer than it will be to regain the support of some whom we have alienated at the outset. As I reminded you before, the American Medical Association formed on very broad lines, and found it necessary, in the course of its history, to make many concessions. We labor under the very serious practical disadvantage of having no recognized standard of work or requirements. The Association of Collegiate Alumnae organized on the basis of certain degrees given by certain institutions. Everyone knew exactly what that meant, and the line was drawn at new institutions until they had come up to the mark. We cannot do that, and our only guide in selection can be that general personal knowledge of schools which we may all have.

Yet, while we wish to be guided by liberal ideas, our organi-
zation—if we form one—must stand for something definite—
must express, at least, an approximate standard of attainment,
or it will be chaotic and without influence. At the present
time it will probably be best to include in a national organiza-
tion the graduates of those schools whose superintendents are
members of this society, provided they have already associated
themselves into their alumnae societies. If they have not done
this, the necessary unit of representation will be lacking, and
however high their schools may stand, it will be readily seen
that until they form local bodies, no part can be taken by them
in a national body.

Having started on this basis, which on the whole is tolerably
comprehensive, other schools may be admitted by the rules of
the association.

The admission of new schools will be an important and
abiding question, and the committee charged with this duty
should be a most carefully chosen one. The Association of
Collegiate Alumnae had a good deal of trouble at first with
irresponsible nominations for the admission of new schools.
In 1892 the Committee on Colleges presented a report suggest-
ing that in the future a method be adopted which would pre-
vent application from without the association, and the follow-
ing resolution was adopted: "New institutions shall be
nominated for membership in the association by any five
members of the Executive Committee, who shall represent five
different institutions already enrolled as corporate members of
the association." In proposing the above the report goes on
to say: "The committee have had in mind two distinct ends,
regarded by them as of equal importance. First, to provide
for the Association a safeguard against irresponsible nomina-
tions which force the Executive Committee to an examination
of the institutions in question, and to a definite decision con-
cerning them; and second, to afford by this new method of
nominations as full an opportunity as possible for a wise ex-
tension of the corporate membership of the Association." To
adopt at the outset some such plan would probably save us
trouble.

Having decided what schools as such may be eligible for
membership, let us glance at the plan of organization, beginning at the small end. It will be seen to be quite necessary that the associated alumnae of such schools form comprehensive local societies similar to the county or city society of the Medical Association. Nurses scatter over the country and move away from the neighborhood of their own schools, and it should be made possible for all who are eligible to join a local society in whatever part of the country they are, just as church members take their letters about and connect themselves with churches wherever they go. Besides this, if a nurse if a nurse is a thousand miles away from her alumnae society she is completely removed from its discipline and influence. If then she commits some breach of professional honor, who is there to check or censure her? Such a case could only be reached by a local society covering the whole ground within certain limits, to which all eligible nurses within those limits should connect themselves.

They must have their officers, laws and by-laws, business meetings and plans of interesting and holding their members, and for maintaining a standard. They should be incorporated. They will elect delegates to the State societies. The State societies will be incorporated under State laws, elect officers, hold stated meetings, and supervise the whole field of nursing in the State. They will elect delegates to the National Association.

Now to look over the general plan again with reference to the actual steps in organization, we begin with the central body and work outward.

The first thing to be done would be to call a convention for the purpose of preparing a constitution. Let us suppose that this society of superintendents, first, calls upon the alumnae societies of, let us say, the twelve oldest schools whose alumnae are organized, to send, each, one delegate from among private duty nurses; and, second, elects an equal number of its own members to meet with them as a convention charged with the duty of preparing a national constitution.

This constitution should indicate, among its other articles, the requirements for admission of new schools, the plan of rep-
resentation by delegates from State societies, and, in a broad way, the essentials of the State constitutions. Preliminary articles drawn up by this convention should arrange for the constitution to be sent to the presidents of the alumnae associations, with the message that they submit it to their respective societies, and in due time, if it be accepted, take the necessary steps toward forming the State unions. As fast as these are organized, the officers of the convention should be notified, and delegates elected to form the national meetings. In States where only one eligible alumnae society may exist, its representation could be provided for until such time as a State union might develop.

As our practical interests will always be small, compared with those of an ethical and educational nature, you all realize that we shall imperatively need a National Code of Ethics, something similar to that of the American Medical Association, to be our one common bond of union, and our one—at present—fixed standard. It is so all-important that this code be universally recognized and adopted, that it might, perhaps, be advisable not to draw it up until at least a majority of the States had formed their State unions, but before they had taken out their charters.

The formation of a committee for the purpose of forming a national code would then be less the work of a restricted representation of nurses than it would if undertaken now. If delegates representing all or the greater part of the rank and file of our alumnae societies had a voice in choosing this committee or the president who appoints the committee, there would be a wider interest felt in its work, and a larger sense of ownership and responsibility. After being drawn up and accepted by the national organization, the code of ethics should become the cornerstone of the permanent and incorporate association. The State unions should embody it in their articles, and then proceed to take out their charters.

State constitutions should lay down quite explicitly the rules under which local societies should form, fix the proportion of representation, and require them to suspend or expel members guilty of unprofessional conduct. State officers should stimu-
late and supervise the formation and work of the local societies, and see that the code was adopted and enforced by them.

To get a system like this into working order, will, as you well know, take time. It is nearly three years since the first step toward a national organization was taken by the calling of a convention of training school superintendents in Chicago. At that time the outline of this plan was suggested by the chairwoman of the nursing section, and the importance of forming school graduates into alumnae associations as a necessary preliminary, was brought before the convention and clearly recognized, and since then the members of that convention have steadily pursued the work of organizing their graduates. But even yet there are some prominent schools whose alumnae have not been formed into line.

If we take the steps here suggested, it will probably be at least five years before the State unions are ready for incorporation, for it is best not to ask for charters until constitutions are tried and revised, and the machinery in working order.

Similarly, as I am advised, it will be better not to seek a charter for the national body until it is thoroughly organized.

As to charters, it is understood, as mentioned before, that a charter from Congress is not to be obtained. But State laws allow and provide for the incorporation of bodies which are national in scope, and by the comity of States, such a charter taken out in one State is recognized by all. The law requires that the headquarters of the association shall be permanently fixed in the State which gives the charter; and, as New York State contains, I believe, the largest number of training schools, it, in all probability, would be the one chosen.

The legal restrictions and conditions under which charters may be secured, will be found as a rule to be less elaborate as regards "corporations of the first class," or those not intended for profit, than as regards those of the "second class," intended for business and profit. An association of nurses would, of course, come under the former head, and little or no trouble will be found in taking the necessary steps when the time comes. Incorporation of our national association is by no means essential. The American Medical Association is not incor-
porated, though its branches are. But eminent lawyers counsel incorporation for us, as having many practical advantages. It helps to give stability and continuity to our existence as an association; enables us to hold property, which we may some day be able and willing to do, and confers upon us the right to sue and be sued, an enviable advantage. Should we form a national union, and should Canada form a national union, the bond between us would have to be the term "International," for there is, unfortunately for us, no way in which a national charter can be made to include two countries. If, however, our branch societies alone are chartered and Canada's societies chartered according to her laws, the formation of a central body, composed of delegates from State and Canadian unions alike, will be simply a process of affiliation, and the name, instead of including the term "International," as it otherwise must, could be similar to that borne by this Superintendents' Association, and in the term "American" cover at once all nurses in the United States and Canada. (See footnote*—Mr. McLennan's letter.)

Yet it will probably be considered best to form our two national unions under our respective laws, and to amalgamate as an International Association.

The composition of our forces will need very careful consideration. There are some among you whose opinions are always entitled to respect, who hold the view that a nurses' organization should include members of training school boards in order to carry any weight or exert any influence. The arguments used in support of this proposition are as follows, viz: That most of the future progress of nursing, as well as, to a great extent, the standing of nurses in the eyes of the public, depends upon the policy that obtains in training schools;

*NOTE—"The proposed associations, assuming that they are for charitable and benevolent purposes, including benefit to the members, could be formed in this Province in accordance with Article 3,096 of the Revised Statutes of Quebec with practically no formality, or letters patent could be obtained from the Dominion for societies in all the Provinces, provided that the work of the society did not include insurance in a form that would bring it into conflict with the insurance act."—Francis McLennan.
that a large part of the work of an association will be toward improvements and advances in training school methods; that superintendents of schools, being only salaried officers, have no final authority, and must often, in fact, yield their convictions to the decisions of those in control; that under such circumstances it is idle for nurses to meet and agree upon what they believe to be best for their work's interests, since they have no power to carry out their ideas, and that the only way to organize a practical, common sense and efficient society, is to include in it representatives of training schools or hospital boards. I have tried to give this argument full weight, for there is so much truth in it, and my respect for those who I know hold it is so great that my first mental attitude toward it was that of assent. But fuller study and reflection have changed that attitude completely, and the advice obtained from experienced and practical physicians as well as laymen, is, not to organize on such a system.

The arguments in opposition are these: First, it is hardly likely that training schools or hospital boards would enter into such a scheme with warmth and enthusiasm, for, from their point of view, there would be no valid reason for doing so, no apparent advantage to be gained thereby, as they naturally suppose that in their board meetings they deal with every question relating to training schools, with sufficient thoroughness. But if, we could induce boards of managers to send delegates, these would hardly come empowered with authority to act. If for instance, an assembly of nurses voted for a certain change in, let us say, the course of study or the hours of work, the lay members could not commit themselves, but would have to return and report the matter to their full boards, so that practically nothing would be gained, unless they came in such numbers as to bring authority with them, in which case we should be swallowed up. Beyond this, again, our association would not be intended to represent the training school part of our work alone, but all the interests of a body of self-dependent women. Many questions which will come before us will be entirely away from and outside of training school matters and management, and it seems more fitting,
as well as more dignified, that we work out as far as we can our own problems; and, as occasion arises, send our representatives, it may be to school boards, it may be to State Legislatures, to ask, in the name of the association, for such changes and conditions as are believed to be for the best good of the work of scientifically nursing the sick.

Instead of inviting representatives of the training schools to join our forces, I believe we should work to secure graduate representation on the boards of hospitals and training schools. The Associated Alumnae of Vassar College have succeeded in obtaining place for a certain number of graduates—three, I believe—on the Board of Trustees of the college, and the alumnae of the University of California look forward to a like privilege. It does seem eminently fitting that graduate nurses should in time be placed on the managing boards of their al\textit{mae matres}, where their practical knowledge might prevent many blunders now made through ignorance.

The question, too, whether the medical profession should have any guiding or controlling hand in an organization of nurses should, I believe, be answered in an negative. The Royal British Nurses Association has a council and executive committee upon which stand a large proportion of medical men, but while it is quite possible that such an arrangement is the best one to make in a small and compact State, and under their special conditions, with which I do not assume to be familiar, but which are different from ours, it would undoubtedly not be advantageous or desirable for us, in our circumstances. The same practical difficulty would exist as in the case of lay members. Either they would be present in small number and be unimportant, or they would be present in large numbers and swamp us. Besides it is not likely that they would care to belong. They would always be kind and ready to help us, but would think it best for us to stand alone. The words of one of the best among them on this point are, "No, make your association exclusively a nurses' concern." It might, however, be provided in our articles that invited members be selected from boards of managers and from the medical profession by specified committees and under specified conditions, to attend
State and National meetings. They would have privilege of debate, but no vote. In this way the benefits of a mixed membership might be reached, and the drawbacks avoided.

I would also suggest that it might be a good plan to elect in each State a certain number of medical men (of course with their consent) who would constitute an advisory board.

The enormous distances in this country to be traversed by delegates will be a source of difficulty. As a rule in national associations it will be found that the traveling expenses of delegates are paid from the general fund, and certainly nurses, who are busy women and who cannot make up at one time what they lose from their incomes at another, ought not to be expected to bear their own expenses, if sent as delegates. In time we might obtain special rates from the railroad companies, as other associations do.

I would finally express with much earnestness, though briefly, both the advice received, and my own convictions, on the subject of relief funds, pension funds, annuity funds, or any form of financial aid to members as a part of the work of a national association. Let our work be solely and singly educational and ethical, and our one object the development of higher standards in all departments of our work. Let us differentiate ourselves sharply, right here, from trades unions, and conform in motives and methods to professional and educational bodies. The feeling with which nurses should regard a national association ought to be entirely free from motives of self-interest. If we try too much, we shall make a success of nothing, and to attempt to manage a financial concern, would, I believe, be a great mistake.

Our associated alumnæ all attend carefully to providing aid for needy members, and in their hands this work is done in a private and dignified way. Plans for mutual help act as a strong bond between them as between members of a family, and should be left to them.

Rather than undertake a similar line of work, I would suggest that if, in the future, we organize, prosper and find the key to any source of revenue, we do as the collegiate alumnæ do, and as alumni of universities have long done; aid, by en-
dowments and gifts, institutions or parts of institutions in which we are deeply interested and whose prosperity we earnestly desire. For instance, nurses' homes are being founded by our alumnae associations; nurses' club buildings are being talked of; nurses' beds in hospitals are being endowed, and nurses' co-operative registries are being formed. The Collegiate Alumnae rejoice in the fact that they have indirectly guided many gifts of money to deserving colleges, and we may rejoice in the future with like reason, if we turn any superfluous energy we may have as an association into similar channels.

I have not spoken with any detail of the different lines of work which we all agree in thinking need developing or reforming, because such discussion hardly seems called for this paper.

An organization of nurses, once thoroughly welded together, and practiced in self-government, will learn how to approach and deal with the confusion and trouble arising from dozens of different standards of teaching, hundreds of rudimentary training schools, laxity in moral and educational qualifications, the competition of the untrained or partially trained nurse, as well as other difficulties now unforeseen which will doubtless arise as time goes on.

One thing is certain; if we do not learn to remedy these disadvantages, no one else will do it for us. The present is a good time to begin. We have been well started; as yet we have not crystallized into factions, nor become deeply rooted in bad habits. The great schools of the country are such that we can consider with pride and admiration their past work and present tendencies. The commercial and utilitarian system of sending pupils to private duty has very nearly disappeared, and with the spread of intelligent ideas must entirely disappear. We have not much to tear down, but unlimited scope for building up, and I hope and believe that among us are those gifted with the constructive genius necessary for shaping and perfecting the work of our honored and cherished profession.

L. L. Dock.
The discussion of this paper was deferred until the next session. A telegram was received from Mrs. Hunter Robb and a letter from Miss Irene Sultiffe, expressing their regret at their inability to be present.

Invitations to a reception at the Alice Fisher Club and to a reception by the Provost of the University of Pennsylvania were read.

Adjourned at 3 p.m.

Tuesday A. M., February 13.

The Society was called to order at 10 a.m., by the President. Ballots were distributed by the Nominating Committee. It was announced that the Council had decided on Baltimore as the next place of meeting.

On motion of Miss Darche it was voted that a committee of three should be appointed by the Chair, with Miss Nutting as chairman, to report at the next annual meeting a practical scheme for limiting the number of hours of work for pupil nurses to a minimum, compatible with hospital requirements.

The following committee was appointed: Miss Nutting, Miss Darche, and Miss Dock.

The amendment to article V of the constitution which was proposed last year was voted upon and adopted.

The last paragraph as amended will read as follows:

"The only persons eligible for associate membership are superintendents of small hospitals and training schools for nurses, who are graduates of training schools in good and regular standing, and regularly appointed assistant superintendents of training schools for nurses which are regarded to be properly such by the council, and these are eligible for such membership only during the time they are holding such appointments."

The committee appointed to collect and count the ballots reported the names of elected officers: President, Miss Nutting; Vice-President, Miss Davis; Secretary, Miss Dock; Treasurer, Miss Drown; Auditor, Miss Brennan; Councillors, Miss Marion Smith and Miss McIsaac.

The report of the Committee on Eligibility was taken up again, as action upon it had been deferred.
DISCUSSION.

Miss Hintze. I think we ought to allow the superintendent of any training school to come to our meeting and listen to the discussion.

Miss Davis. No one at this meeting has been excluded. There is nothing to exclude them from coming as visitors.

Miss Hintze. I think there should be some provision for inviting them. I should hesitate to accept an invitation which simply said I was not excluded.

Miss Smith. At each annual meeting an invitation might be sent to all such superintendents in the place where the meeting is to be held.

Miss Maxwell. We certainly ought to have them present if we want to have them accept our ideas.

Miss Hintze. Some superintendents might like to bring a manager or member of their Board from a distance. Can you not have some provision for inviting guests?

Miss Smith. Does not article VI provide for that?

Miss Hintze. I suggest that they be invited to come as guests; they have no vote. If boards of managers are interested enough to come, and if superintendents of small hospitals are interested to come we ought to make them welcome; it would be for the best good of the nursing profession.

Miss Davis. I think if this matter is left to the President and the Council it can be arranged satisfactorily.

Miss Hintze. Is it understood that any superintendent of any training school can be invited as a guest?

Miss Davis. I think that is the understanding.

Miss Loomis. Why then should we be limited to twenty-five beds for visiting members?

Miss Nutting. The question, I think, hinges on whether or not we wish to recognize as training schools, those which are attached to hospitals for the treatment of special diseases, or those small hospitals with perhaps but one regular service.

Miss Davis. I think it is the mind of this association that we shall have some standard, and we are now trying to make a standard.

A vote was then taken on the report of the committee, and it was unanimously adopted.
The paper by Miss Dock, "A National Association for Nurses and its Legal Organization," was then taken up for discussion.

Miss Drown. I have been vainly endeavoring since I heard Miss Dock's paper to bridge over my untrained legal sense of the heights and depths of that paper, and the only strand I can throw across the chasm is that of the Alumnae Association. In the address of yesterday morning the President said there were 225 training schools in the United States and Canada. I think it would be interesting to have the representatives of the different training schools here signify by rising, how many have alumnae associations, or are in the process of forming them.

At the request of the President such representatives were ask to rise and on count it was found that twenty-two either had alumnae associations or were organizing them.

Miss Palmer. So far as I have been able to keep track of this matter there are now about forty alumnae associations in this country and Canada.

Miss Walter. I think we all owe Miss Dock our thanks. She has gone most fully into the subject and has drawn up clear and definite lines as to how such an organization can be formed. It is a subject of great importance to us as it means the advancement of our profession. The unit is the alumnae association of course. That should be our starting point. In the natural sequence of things, one would suppose that a State association would follow and then the National, but we are advised that the National must first lay down the rules. Of course when the National constitution shall draw up rules it would include the essentials of the State constitution. Miss Dock suggests that the State organization should be formed by delegates from the alumnae associations before the local ones are formed. This seems rather involved. However it is done it must be done on broad lines. It is important that this matter should be begun at once. It will take years to form it, and the sooner we begin the sooner it will be accomplished. Such an organization should not be too rigidly exclusive. The benefits to be derived would be more wisely spread by taking those of a lower standard than many would desire at present. It will be time enough to draw the lines when the problem of the uni-
versal curriculum is solved. We shall then know what we de-
mind. Superintendents will form a small part of this organi-
zaion. It will be an association for independent women, who
hope by organization to work many reforms. If the association
is formed, and we set our standard of eligibility for this Society
high, women will learn to go to those schools from which they
are eligible for membership here, and training schools must
then raise their standards. Hospitals do not have schools for
the advancement of nursing, but because it is an economical
way of caring for hospital patients. Members of our boards
will watch our movements and will gladly help us to raise the
profession. But I see no reason why managers should become
members of this association, neither why medical men should
be admitted. They would not admit nurses to a medical asso-
ciation. But they also will sympathize with us in our efforts.
It is important that some practical steps should be taken to-
wards forming this organization at once. It cannot help
raising the standard of professional nursing.

Miss Dock was asked to re-read a portion of her paper,
which she did.

Miss Nutting. I move that a committee of five be appointed
by the Chair to select seven others who shall form the nucleus
of a convention to prepare a National constitution, and that
they shall secure an equal number of delegates from the oldest
alumnae societies, who shall not be holding hospital positions, to
unite with them in drawing up a constitution.

The committee was appointed as follows: Miss Dock, Miss
McIsaac, Miss Merritt, Miss M. B. Brown, Miss Walker.

It was voted that this committee should report at the next
annual meeting.

A paper was read by Miss McIsaac, "Should Undergradu-
ates be Sent Out to Private Duty."

**SHOULD UNDERGRADUATES BE SENT OUT TO PRIVATE DUTY.**

I must confess to approaching this subject with much reluct-
ance, feeling that it should be fairly dealt with from both sides.
Yet I have experienced for years such an uncompromising nega-
tive as to be unable to regard it as impartially as it should be.
In the three-fold duty we have to the nurse, the patient and the school, all are important and none to be disregarded; and although we consider the duty to the nurse of paramount importance, we will take up the school first.

The arguments set forth by boards of managers in favor of the pupils being sent out to private duty are two, the increase of the school revenue and the value of such training. I see no way of answering the argument regarding the finances. If it is necessary for the school to earn a livelihood in that way, it must be endured with the best possible grace, and a constant effort must be made to reduce its disadvantages to a minimum, and put it on such a basis as to make future private duty unnecessary. Certain it is that many of our best schools were established and maintained in this way, and whether that struggle against such odds has not contributed largely to their vigorous growth and prosperity is a question. Schools are like individuals; it is not always the man whose path has been free from privations who is most successful. The constant effort to overcome obstacles contributes to make his strength and ultimate success.

The value of the training with private patients we cannot dispute, but it should be done in the hospital under supervision. We are criticised, and often justly, with bringing up a generation of nurses pre-eminently fitted for hospital work, but I assert emphatically that our graduates are not fit for duty in private families who have not had at least three months of the care of special patients, assuming all the responsibility of the patient, her orders, her diet, her room and her belongings, subject to the daily oversight of the superintendent or her assistants, at the same time receiving ample instruction in the ethics of private duty that she may avoid the pitfalls of heedless conduct or talk which are more frequently causes for criticism than inferior nursing. In this way the pupil's theoretical training is not interfered with, and she receives the proper relief for sleep and exercise so frequently forgotten by anxious families while she is on private duty.

In consideration of our duty to patients the question arises, are we fulfilling our whole duty in sending them an unfinished
product? Have we morally any more right to send out undergraduates than the law or medical schools? While patients may be quite willing to accept undergraduates from motives of economy, does that lessen our responsibility in the matter? The practice is deplored by our best medical men as a relic of more primitive times, and it is with their help we must bring the laity, which includes our boards of managers, to a realizing sense of our moral obligation. This probably will never come about until we have legal recognition and are protected and restricted by law exactly as is the medical profession, a measure, it is hoped, a national organization will take up vigorously, and not waste any time with pension funds and national badges.

Lastly, are we discharging our obligation to our pupils when we demand that they assume the responsibilities of graduates, while we deliberately interrupt and interfere with that regularity and steadiness in a course of training which are its most valuable features?

Most schools are largely maintained by the fruits of the labors of their pupils. The school then should be in duty bound to give them the best available opportunities. This is not done by sending them out four or five times during their senior year, thereby forfeiting the best of their theoretical instruction. To follow out a regular course during the two years, as, for instance, the one set forth in Mrs. Robb's admirable work, every day is utilized, leaving a very small margin or no margin at all. It is the only possible way of getting through with all that is required of the modern trained nurse, and the most capable nurse cannot make up the time lost by the interruption given to private duty.

Another argument against sending out pupil nurses is the competition with graduates. Nearly all schools have directories for their alumnae. Accusations are often made by the latter that to the choice cases are sent pupil nurses. Feelings of the deepest animosity and resentment are thus harbored against the school to its decided detriment. We all know that the loyalty to their Alma Mater of the alumnae has no inconsiderable bearing upon the prosperity of the school.

Briefly summarizing then, we conclude that undergraduates
should not be sent out to private duty except for financial reasons. It is very easy to say we will not submit for any reason, but while we all know that we may save time, comfort, patience and temper if we ride in a carriage, the most of us go in the street car and arrive safely at our destination some time. If, however, our boards of managers argue in favor of the value of the training in private duty, we should bring out our strongest ammunition, seek the aid of our allies, the medical profession, and hold the fort.

I have purposely refrained from inquiring which schools are sending out undergraduates, and acknowledge myself entirely ignorant on that point, preferring to be unbiased by the experience of others. My own school in times past has sent out its pupils, but for eight years has given them that special training in the Presbyterian Hospital.

In questioning a large number of nurses trained under both systems, they universally condemn the old way.

**Isabel McIsaac,**

*Superintendent Illinois Training School.*

**Discussion.**

Miss McKechnie. I think we all feel that it interferes very much with class work and with regular routine of school, to send out pupils to private nursing. The only advantage in it would be in cases where there are no private patients in the hospitals. A great many schools have dropped the practice of sending out nurses. In the school where I am it was formerly the custom to send out pupil nurses as soon as they had finished their first year. The question of instruction and class work was not taken into consideration. The main thought was to get them out as soon as possible, and to get in as much money as possible. That has been pretty much overcome. We do send out a nurse when near the end of her second year so as to give her a little more confidence in herself. The nurse returns to the school after the case is finished unless it is a long one, when she remains there after graduation. It is almost impossible to make up the instruction that one loses by going out for private nursing. Again the competition of un-
dergraduates with graduates in this work is not fair. This winter after one or two nurses had been sent out, we found that four or five graduates outside had had no calls for some time. When there is much illness outside and a great call for nurses, pupil nurses might be sent out, but that should be exceptional.

Miss Drown. I have had no personal experience in sending out pupils to private nursing. My own judgment is that we should retain the pupil in the school during her full term of training. Looking at it from the side of the hospital, I cannot see that sending pupils to private duty would in any way raise the standard of the training of nurses or improve the care of the patient in the hospital.

Miss Richards. I wish to add my voice against this custom. It seems unjust to send a nurse to a private patient at a time when she is ready to understand and appreciate the instruction she is receiving at the hospital. She must lose her class, she must break in upon hospital work and may be sent off for days and perhaps for a month or two. When she returns, the routine of work goes on, and it is impossible for her to make up what she has lost. Then I think it is an injustice when a nurse has graduated and gone out to practice, to constantly underbid her. Many people will take the pupil nurses instead of the graduates, because they thus pay five dollars less a week for the work. I am in favor of giving a nurse her full two or three years in the hospital. I think a training school which cannot afford to train its nurses in its own hospital had better leave other hospitals that can do the work properly to do it.

Miss Palmer. If it is in order I would like to express my views on the subject in the form of a resolution, which I hope may be unanimously adopted by the Society.

Whereas, It has been shown that the custom of sending out pupils in training to do private nursing is unfair to the graduate, unjust to the pupil, and detrimental to the best interests of the hospital by lowering the standing of nursing in the wards; it is therefore

Resolved, That this Society condemns the practice of utiliz-
ing pupils in training as a means of revenue to the hospital or school.

Unanimously adopted by a rising vote.

Miss McKechnie. What are we going to do for those people who cannot afford to pay the full amount the graduate asks? That is an important point with regard to the public. How is the want to be supplied?

Miss Dock. There has been one practical way suggested by Miss Kimber in a paper lately written for "The Trained Nurse," a paper which all nurses ought to read. It is in effect that nurses might work up a service among patients of moderate means, not devoting her whole time to one, but visiting her patients and taking as many at one time as she can care for by going from one to another through the day. Another plan is working in Chicago, where a $50,000 fund is used to supply nurses to refined people of modest means. The people pay what they can afford into the fund. The fund pays the nurse her regular salary.

Miss McKechnie. That is all very well if people will give the money. One nurse told me that she had given her time during the past year to the value of $200. She made it a point to give for charity work, but she could not afford to keep it up.

Miss Maxwell. An experiment has been tried in New York in Father Johnson’s church. There are several nurses who go out to the poor when they are at home, but they do not give their full time.

Miss Snively. In Quebec a nurse is employed who is paid $500 a year to work among the poor. When she works for richer people the money that she earns goes into the fund.

Miss Richards. Several churches do that same thing.

Miss Allerton. The training school of which I am superintendent has two district nurses who are supported by a certain sum paid to the school to do charitable work in the city. They have the same experience as district nurses have.

Miss Hintze. In the school which I represent we have one visiting nurse who made 1,032 charitable calls last year. She stayed with patients thirty-six nights in all.

Miss Allerton. With us, such work is done by undergradu-
ates and the money received is paid into the training school fund.

Miss Smith. There is another point of view to be considered. If you send out undergraduates to do private nursing is not extra work thrown upon the undergraduates who are left in the hospital? I know in some instances that that is the case.

Miss Griswold. We always take the last month before a nurse graduates to send her out, and we supply her place.

Adjourned for luncheon.

The Society was called to order at half past one by the President. A paper was presented by Mrs. Quintard on "The Limitations of Pupil Nurses' Duties in Caring for Male Patients."

The Limitations of Pupil Nurses in Caring for Male Patients.

The subject which I have been called upon to present to you to-day, namely, The Limitation of Pupil Nurses' Duties in Caring for Male Patients, must be one of serious importance and consideration to everyone who is responsible for the training of those who have chosen for their calling that of the graduate nurse; and I trust that I may be able to do justice to the subject from the standpoint of both patient and nurse, and prove that a nurse can take entire care of a male patient without loss of womanly dignity and modesty.

The term graduate nurse implies far more than at first appears; it means or should mean a woman fully equipped for any emergency that may arise in her profession, and it is to us that she looks for the training which will assure her the knowledge necessary to this end, and it is in the hospital wards that such knowledge must be gained. Herein lies our great responsibility to impart to those under our guidance the fundamental principal that no necessary duty to the sick, whether the patient be man or woman, can be either menial or immodest if rendered in the proper spirit.

I use the term necessary duty advisedly, for there are some duties which may be necessary under some circumstances and not at other times. In the ordinary work in male wards it is easy to say where the limitation shall be in regard to nursing.
All large hospitals have orderlies who do all the work that would be unpleasant for the nurse, her duties being confined to the giving of medicines and treatment, such as is not of a private nature; serving meals and seeing that the patients are made generally comfortable and receive the necessary care given by the orderly, for even here strict personal supervision is required of the head nurse, or she will find dirty toe nails, and sometimes worse. I shall never forget my own mortification one day while serving as ward head nurse, when the attending surgeon turned down the bed clothes of a simple fracture case and displayed a condition of things for which in one way I was not responsible, but which taught me the lesson that the work so far as the orderly was concerned would need much looking after.

As I said before, we can easily limit the nurse's duties where the patients are not critically ill, but where shall we place the limitation in cases of typhoid, pneumonia, or critical surgical cases where the life of the patient often depends upon skilled nursing? We all know and have suffered from the class of men who usually present themselves to our hospitals as orderlies; as a rule they are ignorant and careless, even though they may be willing and kind. They fail to make the distinction between the social cleanliness of their class and true surgical cleanliness. Few of them understand the saving grace of soap and water, and when we do find one who ranks above the average in intelligence and skill we are apt to find him also possessed of a besetting weakness whose effects are only too visible after pay day. This is the class of men, with few exceptions, and I do not think I have overdrawn them, on whom must fall the nursing which lies outside the limitation of the nurse.

In these cases perhaps some would place the limit at giving full sponge baths, the placing of bed-pan and subsequent cleansing of the patient, giving enemata, passing the catheter and dressing of wounds or blisters in the pelvic region.

Is any good nurse who is caring for a critically sick man, watching almost hourly for the appearance of the much to be dreaded bed-sore, willing to take the risk that all her efforts of
skill and care should be frustrated by the rough manipulations of the orderly in bathing, or the careless placing of bed-pan which may convert the tender spot she has guarded with jealous care into a bed sore which not only adds to the present misery of the patient but may retard his recovery? Evidently we cannot place the limitation here so long as the patient requires gentle, intelligent care, which can only be properly given by the true woman nurse.

In a hospital it is unnecessary for a nurse to pass the male catheter, but every nurse should be taught the method and it can be easily done upon children and unconscious patients. No nurse should consider her knowledge complete unless she is able in her private work to meet this emergency, which is often of a most serious and distressing character, but it is only in cases of urgent necessity that a nurse should be called upon to perform this duty.

In a surgical ward a nurse may be called upon to do dressings, such as abdominal wounds, supra-pubic lithotomies, inguinal hernia and hip-joint diseases that are of an unpleasant nature, but with care exposure can be avoided, and the knowledge that a good pure-minded woman is willing to so care for him has its moral effect upon the man, and certainly the experience will be of value to her when such duties devolve upon her in private work. In some hospitals this may never be necessary. There are plenty of assistant surgeons or a trained dresser to do this work, but where it is a question of nurse or orderly, I think the nurse is the proper one to do it.

In regard to the preparation of patients for operations and the operating room service there may be much room for discussion, especially where students are admitted. I do not know what the practice is in most hospitals. My rule has been to have the orderly give all preliminary treatment—shaving, scrubbing, etc., but final preparation of the field of operation must be performed by the nurses, unless it be upon the genital organs or perineum. The same rule holding good in the operating room, the nurses remaining unless the operation is one directly upon these organs. Is it wise to allow our nurses to give a full massage or rubbing to male patients? In some cases
it seems necessary where the patient is recovering from the effects of a severe illness, but when convalescence is once established, such treatment is best given by a male attendant.

In caring for the very sick we must as far as possible, forget both sex and self. In their weakness men appeal to us as little children and the motherliness inherent in every true woman's nature responds to their cry for help and we give them what they need in our relation of patient and nurse.

The question seems to resolve itself into one of sacrifice—a sacrifice of the best good of the patient or the feelings of the nurse, and I am sure that every woman of good principle who is taking her training will hesitate at no service necessary for the welfare of the patient. To the young woman who has left her refined home where she has been protected all her life, and who for the first time comes in contact with the work and requirement of hospital life, the shock is a severe one. But if she has in her the material out of which good nurses are made she soon recovers her equilibrium, accepts the situation and by the time she is ready to don her cap is always ready to consider the best good of her patient before her own personal feelings, and is willing to acknowledge that some of her preconceived ideas of modesty must yield to the necessities of the invalid.

Forgive me if I have exceeded the limit of my subject in referring so often to a graduate's work; as training is only preliminary in most cases to such work it has seemed necessary and could not be avoided. Much more might be said on this subject but I do not wish to take up too much time, and I trust that I have said enough to call forth a discussion that will be a help to us in dealing with this subject.

When we look back and remember how few years it is since it was considered possible for women of intelligence and refinement to enter the ranks of nurses, and think how much has been accomplished in refining the influence surrounding the hospital wants and the operating room, it must encourage us to believe that the next few years will bring about results we scarcely dare to hope for at present. Can any of us think that the women who have been the means of bringing about
this great change have lost dignity and modesty during their training, or do we find that our pupils become coarse, vulgar, or loud, unsympathetic or indifferent to suffering? Does it not develop all the best qualities in a woman if she is the right kind? Think of what the operation room was before women entered it to purify its moral atmosphere. Have our nurses been contaminated by that since? On the other hand the surgeons of to-day have cause to bless us for what our presence has done for them and the young men they are training to take their places in the future. They ask that we take charge of all operations. Let us demand that they exercise care, so that there shall be no necessary exposure, whether the patients be men or women. It is the duty of every woman in charge of a school to be often present in the operating room, and when there is undue exposure to speak of it. This can be done in such a manner as to call forth thanks and not criticism.

(MRS.) L. W. QUINTARD,

DISCUSSION.

Miss DROWN. A great deal depends upon the judgment of the one in charge of the case in this matter. In the school of course the superintendent is immediately responsible for the care of each patient in the hospital.' Any matter that came up for decision in this line would be referred to the superintendent by the head nurse of the ward. In private nursing each nurse must be responsible in all matters pertaining to the care of the patient. I have known, as all superintendents have known, that many times graduates in private nursing are called upon to do things that necessity does not require and it certainly must take a great deal of tact and judgment for a nurse to extricate herself from a position that involves her self-respect. I have told my nurses as they went out to private nursing that when anything of that kind came up they must confer with the attending physician and get his advice in the matter. There can be no fixed rules laid down with regard to the guidance of nurses either in hospital or private work in this matter. True necessity must be the law
and judgment must be exercised in order to decide what the true necessity is. I would very much like to hear from superintendents of other schools in regard to this subject.

Miss Plumer. We should remember one thing, that our pupil nurses promise to obey, and we should exercise judgment in what we demand of them. After they come out they are their own mistresses as to what they will do or will refuse to do. In a hospital with which I was once connected it was the custom of the nurses to give temperature baths to very sick patients, although it had not been the custom of the school in which I was trained. I think we got very much better results from having them give the baths than if they had been given by untrained people or orderlies who would give them without much judgment. Another thought in this connection, could not the orderlies be trained and elevated as the nurses have been? We are doing that in some schools.

Miss Milne. At the hospital where I am we train men as well as women nurses. There are some drawbacks, but a great deal is to be said in favor of men as nurses. The drawback is that it is hard to get the right sort of men for the work. Another is that they are not always willing to take the lowest places, to do cleaning or other things that the woman nurse does. The men like to do the operating room work and any special work for the patient and they are not content to exactly obey the nurses, and trouble is had with them on this account. Personally I have no trouble with them. After I had men trained there were very few cases of cystitis as they attended to the cure of the catheters.

Miss Smith. How many superintendents will allow their nurses to attend operations upon screen cases?

Miss Maxwell. What are we to understand by a screen case?

Miss Smith. I should say one where there is any operation upon the external genitalia.

The superintendents who allow their nurses to go into the operating room when the operation is on the external genitalia of men were asked to rise.

Several rose, but one or two explained that as there were
women as well as men among the students it seemed proper to have the nurses also in attendance.

Miss Milne said in the large hospital where she was trained the students always passed the catheters. She thought that if necessity required a nurse to attend to these duties and it destroyed her modesty she had mistaken her vocation.

Miss Maxwell. Do the members think it proper to allow orderlies to catheterize patients and so run the danger of producing cystitis?

Miss McKechnie. Who is responsible for the work of the orderly, is it the superintendent or the doctor? If this duty is given to the orderly undoubtedly, unless he is taught to do it, he will bring about cystitis. How is this danger to be overcome? In a great many hospitals the doctor instructs the orderly in the method in which it ought to be done. That has been my experience. He takes the responsibility of it. Of course the head nurse is responsible for all her cases, but if the orderly is there to do that work, and is to be shown how, whose duty is it to teach him? If the doctor takes it as his duty he gives the order. If the nurse is to be taught this sort of work who is to teach her? Doctors outside have criticised just this one point in the teaching of nurses that they are not taught to do that sort of work, and when they go to private cases they have to be taught by the attending physician. It seems to me Mrs. Quintard's way of doing it is a very good one. No nurse could have any feeling in the case of children nor in the case of an unconscious patient. I think a nurse ought to know how, and that there ought to be some way by which she can learn in the school, but I do not think she ought to do it where there are orderlies.

Miss Snively. I have found that by holding the nurses responsible for the care of the catheter the difficulty in regard to cystitis has been avoided. I make it a point that the orderlies pass the catheter, but the nurse is responsible for preparing and for after care of the catheter, and whenever he is to pass the catheter the orderly must come to her to have her prepare it. I always teach theoretically something of the method, in
case a nurse should be placed in a position where it would be absolutely necessary for her to act.

Miss McDowell. I represent a small hospital where we depend on orderlies. But there are cases where nurses are not only responsible for taking care of the catheter but for overseeing the scrubbing of the hands of the one who is to use it.

Miss Maxwell. I think it is right that medical men connected with the house staff should do the catheterization. We require the nurse to make preparation. Nurses should know how, but in private nursing if they were required to do it to save wealthy patients from paying five dollars a day for a physician to do it I should stand out against it. If it is necessary to do it for a poor patient or one unable to pay for it the nurse should do it.

Miss Smith. In our hospital the staff do the catheterization.

Miss Drown. In our hospital the catheterization of male patients is always done by the junior members of the house staff.

Mrs. Quintard. The same is true in St. Luke’s.

Miss Snively. If one had the regulating of the matter we should prefer to have the house doctor called on, but as he is not under the supervision of the superintendent of nurses she has to do the best she can.

Miss McKechnie. How shall the nurses be taught?

Miss Davis. Mrs. Quintard’s method is the only one except as medical students learn by practice on the cadaver.

A paper on “Uniforms” was read by Miss M. E. Smith.

Uniforms.

The subject of this paper, when first given to me was “A National Uniform,” and I replied perhaps rather abruptly to our secretary that I could write it in one sentence, and that would be “It is an absurdity.” It was then given to another member, who, I believe, would have none of it, when it was again turned over to me with its present title. Feeling it had been treated very shabbily, I somewhat reluctantly consented to undertake what appeared to be a meager subject, and find,
after all there is something to say, though I fear nothing new, and certainly nothing original.

Let us take up the question of the proposed national uniform first. The suggestion is that we strive to make our dress a national one, like that of the soldier or policeman. Apart from all legal steps which might make this possible, we should have to begin by being very much more liberal minded than we are now. We could not look askance at other schools outside of our own, for their ranks would be equal in all eyes. More loyalty would be necessary, and therefore the petty spirit existing so largely among us to-day would to a great extent be abolished; so far so good. An act of Congress, doubtless difficult to obtain, would be the only way to settle the question of right. If we take the ground that it is desirable, what should we gain by this change? A better esprit de corps probably. An abolition of vulgarity of dress, let us hope, frills and tucks and unsuitable colors being eliminated by the final vote. Easy recognition of a graduate nurse by all, and there my list ends.

The disadvantages. Very many I think. First of all, why in these days when individuality is cultivated and desired, and rightly so, should we endeavor to make ourselves so characterless as a row of paper dolls in appearance? Do we not all wish that only our own graduates shall wear the well-known dress of our school? About this there can be no question surely. I for one resent any other superintendent adopting ours, as has been done on one or two occasions to my knowledge by women who did not have the right to wear it themselves, but who, by some extraordinary system of reasoning felt at liberty to give it to their graduates, and booked deep in all our hearts is, or should be—and those without it deserve our pity—a pride and loyalty in and to our own school which would, one would suppose, make a national costume an impossibility. We all have reasons for thinking our own the best. It is a matter of education and training, and who is going to give up their dress? Shall we adopt the Bellevue? or perhaps the choice will fall on ours, or will Johns Hopkins be the favored one, or shall we take the Nightingale cap of St.
Thomas's? I adhere to my original opinion; it is an absurdity and can never come to pass; each school will have its own distinctive dress honored and loved by its wearers, because it is theirs and means so much to them, and this is as it should be, for "The apparel doth oft proclaim the man," and the reputation jealously guarded and watched over would perhaps be less precious, if we were no longer known by our dress, but shared it in common with the whole nursing world. We shall never be a government body, employed by the Nation or the State, therefore why try to emulate a class controlled by entirely different circumstances. Rather let us seek to uphold the standard of our schools, that the particular dress may be an honor which great striving and high character will alone make one worthy to wear.

The question of the protection of our uniform is a much more important one. How shall we prevent any one and every one from wearing our cap or our distinctive dress? Not infrequently are private nurses asked for a pattern of a cap for a waitress or parlor maid; while it is an all too common thing for a dismissed pupil, or one who for some reason did not finish her course, to pose as a graduate, and assuming the cap of her late school, to be employed by physicians who do not know, because they do not ask, whether she is in good standing in her profession or not, and who do not suspect that she has not graduated. What is to be done? How can we prevent such occurrences? Individual effort can do much. Pursuit of the pirate and exposure of the fraudulent person would result happily in many instances. We are all far too lax in these matters, though we have but little opportunity of hearing of them, and they come to our ears as a rule only by chance. In England there has been a great deal of talk about the abuse of the outdoor uniform of nurses; thieves and women of bad repute wearing it with impunity. The editor of the Hospital says in the October number: "We would therefore suggest that this question is now a condition to be taken up by the Royal British Nurses' Association, which might thus give sureties to the profession and the public that it intends to represent the interests of nurses whenever such representa-
tion will conduce to the welfare of the public and the nursing body as a whole. If an association of nurses is ever to be of practical utility it must take charge of questions of this kind, and that is why we hope the Royal British Nurses’ Association will approach the hotel keepers and secure that in the future no woman can masquerade in nurses’ uniform without the running the risk of prosecution and conviction.” Surely these remarks apply also to our society in regard to the indoor uniform; and fortunately for us we can possibly cover the ground by approaching the physicians, for the evils the British Nurses’ Association have to cope with, I am thankful to say, have not reached our doors. Let us see to it that they do not, for by our efforts, united and individual, we should be able to keep them away. A suggestion I have to make is that a circular be sent by each training school to all the physicians asking for their co-operation, as follows: To employ no nurse unless she can produce a diploma or a letter from the head of the school she represents. Then a list of all the graduates of the schools should be sent to the physicians, corrected by the additional number graduating each year. This certainly should be a help. I think if doctors realized the sort of women they sometimes employ, they would be quite willing to take the extra trouble necessary to look up their credentials. Most physicians are very particular about this; but that many are not is shown by the nurses who find employment without vouchers.

I have endeavored, through the kindness of General Hawley who inquired at the patent office, to get some facts as to the possible patenting of the cap, and I learn it is not practicable, at least if it has been worn already. “That honorable feeling alone can protect it.” Alas! that this should be so scarce a virtue! To those who wish a national uniform here is a chance to invent and patent a composite cap and dress.

As to the advisability of the general use of an outdoor uniform, I do not think it desirable or likely to be adopted here. In this climate of extremes one would need at least four different cloaks of varying thickness, and I cannot picture one cool enough for an August day in Philadelphia. It is useful for pupils in training, saving time and the trouble of dressing
when going out during off duty hours. For the district or parish nurse, it is a necessity. No woman could go into the courts and alleys unprotected as she has to, in ordinary street dress. But the respect invariably shown a nurse who comes to help the sick members of the community, no matter how low the slum, enables her to pass in, not only unmolested, but welcomed. Here is protection by the uniform, it being as of much use to her as a coat of mail to a warrior in the middle ages. It also simplifies her work, her apron and appliances being easily carried in her bag.

For private nurses or hospital women, other than those in training, I would not advocate the outdoor dress. Hotel keepers have found that a nurse cannot wear her uniform in the hotel dining-room on account of the guests, who fear contagion whenever they see a cap and apron, and who dislike to be reminded of illness in any way, and unless she can wear her dress at all times under her cloak, the outdoor uniform is of little use.

It is in questionable taste to wear it at a concert or meeting or any place of amusement. It is so essentially a duty dress, and had better be laid aside when on pleasure bent. Since writing on this subject, I see by the January number of the Hospital that the matter is being discussed in England, and I am glad of it, for whether the use of the outdoor dress has much increased of late years, I cannot say; but never before have I been so struck with the multiplicity of nurses in the regulation bonnet and cloak, as when last in England in '94. The whole country swarmed with them in cabs at railway stations, in churches and theatres, on the moors and in the city streets. They seemed as numerous as the soldiers and the clergy, giving one the impression of the presence of a violent epidemic, which was enhanced by their generally appearing to be pressed for time.

A nurse need not relinquish her tastes for artistic and becoming dress because she is a nurse. Indeed, I think few women feel the need of recreation in the shape of the beautiful in any form more than we who spend so large a part of each day surrounded by the grim specters of disease. I sympathize
thoroughly with the pupil who, when on special duty to three patients with a peculiarly terrible type of purulent ophthalmia went out one day and brought into the ward a beautiful bunch of pinks because she "had to have something nice to look at."

A woman with a nice sense of the eternal fitness of things certainly wields a greater influence over those she comes in contact with, if she knows how to dress well, than if she is careless of her appearance. Besides this in the case of a nurse a change from her official dress (and I speak now more particularly of hospital nurses) to the more frivolous one of fashion is often beneficial to her for the reason I have already given. Let us not for a moment undervalue the uniform; we cannot think too highly of it or deprecate too strongly those who wear it unworthily or illegally. It is more than a simple costume. It is, to use de Goncourt's words, "A dress that bears a blessing sometime... that inspires awe like the robe of a priest, and yet that attracts like the dress of a woman."

It makes much possible, even easy, which could not be attempted without it. Who among us has not felt its power? It soothes the restless patient, checks the oath and the coarse word, brings a smile to the face of the hospital baby, and relief and comfort to the ill and dying. It dignifies and ennobles the woman who wears it, and so it should for is it not the outward and visible sign of the noblest profession open to womankind to-day?

MARRION E. SMITH,
Chief Nurse Philadelphia Hospital.

DISCUSSION.

Miss McKee. Of course as each nurse goes out from the school she owns and cherishes her uniform. She wears it as a badge of her school, but there may come times when she would like to take from it or add to it, and I do not see any objection if she finds something more suitable to her work. Her pin is the badge of the school and her diploma shows to those who see it that she rightfully wears the dress of such and such a school.

Miss Snively. How are we to "pursue" nurses who have
not taken the course, but who assume the uniform and pose as graduates?

Miss Smith. I do not mean actual pursuit, but we may expose them, perhaps by a directory.

Miss Griswold. I think that is one reason for keeping the surgical service back, so that if they leave without the approval of the school they cannot go about saying that they have served in the operating room.

Miss Banfield. Why should not the hospital supply the uniform and then take it away again? I had one probationer whom I would not accept and she went and gave herself out as a graduate, wearing the uniform. She finally took a place as a housemaid. I followed the case up, but it took some trouble.

Miss McIsaac. We do that; we provide uniforms and when we choose we can withhold them. But there is nothing to prevent such women from going into a shop and buying the same stripes and making the uniform for themselves.

Miss Banfield. If they have to buy fresh material I should hope that a happy chance would induce them to choose something else.

Miss Richards. When the training schools control the nurses' directories that will be remedied.

Miss McIsaac. We tried to control the pattern of the seersucker that we used for the dresses, but we were not able to do so. The manufacturers refused to give us the right to any particular pattern. We changed to get one more unusual, but it was abused in the same way.

Miss Dock. I am sure there is no way in which this can be prevented. The only thing we can hope to do is to raise the ethical and moral standard among nurses. We cannot get uniforms patented, and without a patent we cannot protect them. All that can be done is to teach nurses to be loyal and honorable in these matters. And they should not be encouraged in taking liberties with their uniform. It is not pleasant to see a nurse go out with a trim uniform made after the school pattern and a month after to see her perhaps with a stringy white necktie with lace ends, the nice cuffs replaced by some fancy arrangement with embroidery, or wearing pink or blue
ribbons. It is discouraging. I think we should try to instil a soldierly feeling as to uniforms.

Miss Maxwell. Our dress in New York was white, but we found it was not distinctive, so we reverted to our uniform, and the wearing of our uniform is obligatory on those who join our registry.

Miss Drown. This difficulty might be avoided by having a graduates uniform. White has been adopted in some of the schools. We have two uniforms, one for the undergraduates and one for the graduates, but as the graduates is white it may come under the same objection that Miss Maxwell has referred to. The difference in caps might obviate that.

Miss McKechnie. White is very unsuitable and hard to keep in order. A good washable gingham that will hold its color seems to be the right kind of dress.

Miss Davis read an invitation to the superintendents to attend a reception at the house of Mrs. H. F. Jenks.

Miss Richards. As we have become so large a society and may not always be entertained in cities with so many training schools, I move that we shall institute the custom of holding an annual dinner to be paid for by assessments to be determined by the Council.

Voted.

Miss McIsaac asked what provision could be made for reports to distribute among managers of training schools.

Miss Darche said that one copy ought to be sent to every member of the society and that if subscriptions were sent in for extra copies they could be furnished at a nominal price. It would be necessary to know in advance how many copies would be wanted.

Miss Littlefield said that was practically the idea of the Council with regard to this matter.

On motion of Miss Drown it was voted that the secretary should send suitable replies to the messages from Mrs. Hunter Robb and Miss Irene Sutcliffe.

On motion of Miss Hintze a vote of thanks was given to those who had contributed papers and reports to the meeting.

On motion Miss Ayres and Miss McIsaac, in compliance with
the constitution, were elected active instead of associate members, as both are now superintendents of training schools.

Votes of thanks were then passed unanimously to Provost and Mrs. Harrison and to Mrs. H. F. Jenks for delightful receptions; to the retiring secretary for her able services for two years; to the Alice Fisher Club for its hospitality, and to the superintendents of the training schools of Philadelphia for their very cordial and generous reception of the Society; to the retiring president for her past faithfulness and her willingness to serve as vice president; to Dr. and Mrs. E. P. Davis for their invitation for Friday evening, and to Miss Drown, the treasurer, for her faithful work.

Miss Davis then introduced the next president, Miss Adelaide Nutting, of the Johns Hopkins Hospital.

Miss Nutting. That you should elect me as your president is to me a matter of surprise. To serve such a body of trained nurses in any capacity is an honor and a privilege. I can assure you that whatever you put in my hands to do I will do to the best of my ability, and when you come to Baltimore you will be most cordially welcomed there.

On motion the Society then adjourned to meet in Baltimore the second Wednesday of February, 1897.
APPENDIX.

HONORARY MEMBERS.


MEMBERS OF THE SOCIETY.

Allerton, Eva, Rochester Homeopathic Hos., Rochester, N. Y. Alline, A. L. (Associate), Brooklyn Homeopathic Hospital, Brooklyn, N. Y.

Alston, Miss A. L., 106 E. 38th street, New York City, N. Y.

Ayer, E. D., Rhode Island Hospital, Providence, R. I.

Banfield, M., Polyclinic Hospital, Philadelphia, Pa.

Bannister, L. A., Wisconsin Gen'l Hospital, Milwaukee, Wis.

Berry, M. J., St. Mary's General Hospital, Brooklyn, N. Y.

Betts, L. A., Hahmemann Hospital, Brooklyn, N. Y.

Blair, J., Butterworth Hospital, Grand Rapids, Mich.

Bourke, R., Cooper Hospital, Camden, N. J.

Brennan, A. S., 426 E. 26th street, New York Training School, New York City, N. Y.

Brent, L., Grace Hospital, Toronto, Canada.

Brierly, H., St. Luke's Hospital, San Francisco, Cal.

Brown, M. B., Massachusetts Gen'l Hospital, Boston, Mass.

Cabaniss, S. H., Old Dominion Hospital, Richmond, Va.

Clement, Miss, House of Mercy Hospital, Pittsfield, Mass.

Collier, E. S., National Soldiers' Hospital, Hampton, Va.

Darche, L., New York City Tr. School, Blackwell's Island, New York City, N. Y.

Darling, E., St. Luke's Hospital, Denver, Col.

Davis, M. E. P., University Hospital, Philadelphia, Pa.

Desmond, K. C., Carbondale Hospital, Carbondale, Pa.

Dock, L. L., Harrisburg, Pa.

Dolliver, P. L., Morristown, N. J.

Doyle, M., St. Mary's General Hospital, Brooklyn, N. Y.

Draper, E., Royal Victoria Hospital, Montreal, Can.

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

Edgerton, M. B. (Associate), Milwaukee, Wis.

Elliott, Bertha, Victoria General Hospital, Halifax, N. S.

Elliott, E. T. (Associate), Boston City Hosp'l, Boston, Mass.
Giles, I. O., City Hospital, .................................. Trenton, N. J.
Greenwood, M. H., Jewish Hospital, .................................. Cincinnati, Ohio.
Gretter, L. E., Harper Hospital, .................................. Detroit, Mich.
Gross, L., 12 Union Park, .................................. Boston, Mass.
Hall, C. B., City Hospital, .................................. Zanesville, Ohio.
Hibbard, E., Grace Hospital, .................................. Detroit, Mich.
Hill, H. G., St. Luke's Hospital, .................................. St. Paul, Minn.
Hills, M. G., (Associate), Rhode Island Hosp', .................................. Providence, R. I.
Hintze, A. A., Memorial Hospital, .................................. Orange, N. J.
Hogle, A. C., (Associate), Boston City Hosp', .................................. Boston, Mass.
Holland, B., Winnipeg General Hospital, .................................. Winnipeg, Manitoba.
Hollingworth, H., M. E. Hospital, .................................. Brooklyn, N. Y.
Horrigan, C., Newark City Hospital, .................................. Newark, N. J.
Hutcheson, F., St. Luke's Hospital, .................................. Chicago, Ill.
Kennedy, K. I., Buffalo General Hospital, .................................. Buffalo, N. Y.
Kimber, D. C., N.Y.C. Tr. Sch., B'k'l'wells Isl'd, .................................. New York City, N. Y.
Kloth, J., Arapahoe County Hospital, .................................. Denver, Col.
Leggett, Mrs., Cleveland Homeopathic Hosp', .................................. Cleveland, Ohio.
Littlefield, M. S., Episcopal Hospital, .................................. Philadelphia, Pa.
Livingston, N. G., Montreal General Hosp', .................................. Montreal, Canada.
Loomis, V., Williamsport Hospital, .................................. Williamsport, Pa.
Lund, O., German Hospital, .................................. New York City, N. Y.
Lundsberry, Mrs. (Address not received).
MacDonnell, E., (Address not received).
Maxwell, A., Presbyterian Hospital, .................................. New York City, N. Y.
McDowell, A., Newton Hospital, .................................. Newton, Mass.
McIsaac, I., Illinois Tr. Sch., 304 Honore st., .................................. Chicago, Ill.
McKechnie, M. W., City Hospital, .................................. Wilkes-Barre, Pa.
Merritt, I., Brooklyn City Hospital, .................................. Brooklyn, N. Y.
Milne, C. I., Presbyterian Hospital, .................................. Philadelphia, Pa.
Moore, I. W., Lady Stanley Nursing Institute, .................................. Ottawa, Canada.
Novins, G. M., Garfield Memorial Hospital, .................................. Washington, D. C.
Nutting, M. A., Johns Hopkins Hospital, .................................. Baltimore, Md.
Orr, M., .................................. Paterson, N. J.
Palmer, S. F., Rochester City Hospital, .................................. Rochester, N. Y.
Parker, M. P., Salem Hospital, .................................. Salem, Mass.
Plumer, P. M., .................................. Wentworth, N. H.
Quintard, Mrs., St. Luke's Hospital, .................................. New York City, N. Y.
Richards, L., 109 Cumberland street, .................................. Brooklyn, N. Y.
Riddle, M. M. (Associate), Boston City Hosp', .................................. Boston, Mass.
Robb, Mrs. Hunter, 1342 Euclid avenue, .................................. Cleveland, O.
Roberts, J., House of the Good Shepherd, .................................. Syracuse, N. Y.
Sanborn, R. A., St. Vincent's Hospital, . . . New York City, N. Y.
Shaw, A. B., Meadville City Hospital, . . . Meadville, Pa.
Smith, A. L., Maine General Hospital, . . . Portland, Maine.
Snively, M. A., Toronto General Hospital, . . . Toronto, Canada.
Stowe, E. L., Rhode Island Hospital, . . . Providence, R. I.
Sutcliffe, Ida, Long Island College Hospital, . . Brooklyn, N. Y.
Sutcliffe, I. H., New York Hospital, . . . New York City, N. Y.
Tompkins, W. M., 27 W. 35th street, . . . New York City, N. Y.
Wallace, Elsie, New York Hospital, . . . New York City.
White, V., St. Luke's Hospital, . . . S. Bethlehem, Pa.

MEMBERS ELECTED IN 1895.
Miss A. L. Smith, Miss B. Holland, Miss Brent, Miss Brown, Miss Plumer, Miss Griswold, Miss Bannister. Associates, Miss Nutting, Miss Alline, Miss Elliott, Miss Hoyle, Miss Edgerton, Miss Ayers.

CONSTITUTION.

ARTICLE I.

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

ARTICLE II.

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

ARTICLE III.

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

ARTICLE IV.

The officers of the Association shall consist of a President, Vice-President, Secretary, Treasurer, two Auditors, and six other members of the Association to be called Councillors, all of these officers together shall constitute a body which shall be known as the Council.

ARTICLE V.

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

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

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

The only persons eligible for Associate membership are superintendents of small hospitals and training schools for nurses, who are graduates of training schools in good and regular standing, and regularly appointed assistant superintendents of training schools for nurses which are regarded to be properly such by the Council, and these are eligible for such membership only during the time they are holding such appointments.

**ARTICLE VI.**

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

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

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

**ARTICLE VII.**

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

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

**ARTICLE VIII.**

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

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

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

**ARTICLE IX.**

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

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

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

**ARTICLE X.**

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

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**BY-LAWS.**

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**ARTICLE I.**

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

Special meetings of the Council may be called by the order of the Council. The President shall have authority at any time, at her own discretion, to instruct the Secretary to call a special meeting of the Council; and she shall be required to do so upon a request signed by
six members of the Council. Such special meetings shall be called by giving at least four weeks' written notice.

ARTICLE II.

The initiation fee shall be five dollars for Active members and three dollars for Associate members; which shall include annual dues for the first year.

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

ARTICLE III.

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

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TREASURER'S REPORT FOR 1894.

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

CR.

1894. Initiation fees, 47 members, ..................... $235 00

DR.

1894. To printing, ...................... $27 00
To Register Books, etc., .................. 11 73
To rent, Academy of Medicine, ............. 15 00
To postage, ....................... 1 60
To telegrams, ...................... 2 16
To express, ..................... 1 00

$58 49

To cash on hand, ..................... $3 71
To cash, Rockland National Bank, ........ 172 80

176 51

$235 00

LUCY L. DROWN, Treasurer.
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ERRATA.
On page 63, “Miss Walter” should be “Miss Walker.”

LIBRARY
Johns Hopkins Nurses Club,
Not to be taken away.
Proceedings
of Convention
of
TRAINING SCHOOL
Alumnae Delegates
and Representatives
FROM THE AMERICAN SOCIETY OF
SUPERINTENDENTS
OF TRAINING SCHOOLS FOR NURSES
Proceedings of Convention

of

Training School

Alumnae Delegates and Representatives

From the

American Society of
Superintendents of Training
Schools
For Nurses

Held at Manhattan Beach Hotel

September 2nd—4th, 1896.

Harrisburg, Pa.: Harrisburg Publishing Company.
1896.
PROCEEDINGS.

First Session, Wednesday, September 2, 2.30 P. M.

Miss Dock in the chair. Meeting called to order. The Chairman made a few remarks, recalling the object of the convention, viz: to organize an Association of Nurses which should include Canada and the United States, methods, system and conditions being alike in both countries.

Roll Call.

Miss M. B. Brown, Superintendent Massachusetts General Training School. Absent.


Miss Ella Clapp, Delegate New Haven Training School Alumnae. Present.

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

Miss Edith Draper, Superintendent Royal Victoria Training School. Absent.


Miss Laura Healy, Delegate Brooklyn City Training School Alumnae. Absent.

Mrs. J. R. Hawley, Delegate Philadelphia Training School Alumnae. Present.

Miss Isabel Merritt, Superintendent Brooklyn City Training School. Absent.

Miss Isabel McIsaac, Superintendent Illinois Training School. Absent.

Miss Anna Maxwell, Superintendent Presbyterian Training School, New York. Present.

Miss Margaret A. Mullen, Delegate Garfield Training School Alumnae. Present.
Miss H. Morand, Delegate University of Pennsylvania Training School Alumnae. Present.
Miss Adelaide Nutting, Superintendent Johns Hopkins Training School. Present.
Miss Sophia Palmer, Superintendent Rochester Hospital. Present.
Miss Bessie Pierson, Delegate Orange Memorial Training School Alumnae. Present.
Mrs. Hunter Robb, late Superintendent Johns Hopkins Training School. Absent.
Miss Ross, Delegate Johns Hopkins Training School Alumnae. Present.
Miss M. A. Snively, Superintendent Toronto General Training School. Absent.
Miss M. W. Stevenson, Delegate Massachusetts General Training School Alumnae. Present.
Miss Mary E. Smith, Delegate Farrand Training School Alumnae. Present.
Miss Lucy Walker, Superintendent Pennsylvania Training School. Present.
Miss Warren, Delegate Bellevue Training School Alumnae. Absent.

Through an error in the date given her, the Bellevue delegate had come the day previous to the meeting, but could not stay.

General informal discussion of forms of Constitution — how to frame one inclusive of Canada and the United States; the importance of strong State and local organization; Constitution to be as simple as possible; outline given and definitely considered as follows:

I. Name. — Suggested by Miss Palmer: "The American Association of Graduate Nurses." Objected, not sufficiently clear as regards primary organization in alumnae associations, nor, as regards Canada. Suggested by Mrs. Hawley: "The American Association
of Training School Alumnae." Objected, not explicit as to nursing—might be confused with manual training schools. Moved by Mrs. Hawley, and seconded by Miss Palmer, "Nurses' Associated Alumnae of the United States and Canada." Carried unanimously by rising vote.

II. Object.—Full discussion. Unanimous opinion that the object should be educational and ethical. No benefit funds or insurance attempted—alumnae delegates united in holding such work should be left to alumnae associations, or to private enterprise. It was shown that benefit work would entail salaried officers, much expense and a complicated organization. The object of the American Medical Association was asked for and read; moved that a committee draft in a similar form a paragraph on "Object," and present it at next session. Voted.

III. Eligibility.—Full discussion. How broad should the association be? What would be the result of admitting graduates of small schools and special hospitals as full members? As associate members having limited privileges—no votes? How can any standard be set if no distinctions are drawn? Report of the committee of Superintendent's Association on eligibility for membership was called for and read. Moved that a draft on the same lines should be prepared by a committee. Voted.

IV. Members.—Discussion on similar lines. Impractical to create fixed classes of members having different privileges. To make requirements as broad as possible and have all members enter on the same footing. (This and the preceding discussion had reference entirely to the question whether to allow very
small and special hospitals any representation in the Association.) Moved by Miss Walker, and seconded by Miss Palmer, that there be two classes of members, (1) active, (2) honorary; the first class being delegates from such Alumnae only as are recognized as eligible for membership. Voted.

Moved by Mrs. Hawley and seconded by Miss Maxwell, that honorary membership be conferred only on women who had rendered distinguished services in the nursing profession. Voted.

V. Officers.—Moved by Miss Palmer, and seconded by Miss Walker, that schedule of officers be drafted by same committee and presented in the morning. Voted.

VI. Fees and Dues.—General discussion. How to adjust fees and dues to provide for expenses without taxing Alumnae treasuries too heavily. This being entirely a question for the Alumnae, it was moved by Miss Nutting, and seconded by Miss Palmer, that all delegates present from the Alumnae Associations should go into committee and present a report on this point at the next session. Voted. Adjourned.

SECOND SESSION, THURSDAY, SEPTEMBER, 4, 10.30 A.M.

Roll Call.—Members present: Miss Phoebe W. Brown, Miss Clapp, Miss Dock, Mrs. Hawley, Miss Maxwell, Miss Mullen, Miss Morand, Miss Palmer, Miss Pearson, Miss Stevenson, Miss Smith, Miss Walker, Miss Walden.

The minutes of yesterday’s proceedings were read. Miss Palmer moved a reconsideration of action as to two classes of members. Voted. Moved by Miss Palmer, and seconded by Miss Clapp, that all those who had at one time been sent as delegates from their
Alumni Associations should, so long as they remained in good standing in their Alumni Association, be permanent members, and as such entitled to attend meetings and debate, but not to hold office or vote; it being further understood that permanent members should, under suitable restrictions, be eligible to re-election as delegates and as holding office. The motion was carried. With this amendment the minutes were accepted.

Reports of Committees.

A. On Object, Eligibility, Officers.—(Members of committee: Miss Palmer, Miss Merritt, Miss Healy, and the Chairman.) 1. Object.—Committee presented a condensed form of the preamble to Plan of Organization of the American Medical Association. Amended by Miss Palmer to contain a statement as to the need of a universal code of ethics. Approved by all present. Moved by Mrs. Hawley and seconded by Miss Maxwell that the purpose of forming a code of ethics should stand first in the paragraph on “Object.” As amended it reads as follows: “The object of the Association shall be: To establish and maintain a code of ethics, to the end that the standard of nursing education be elevated; the usefulness, honor, and interests of the nursing profession be promoted; public opinion in regard to the duties, responsibilities, and requirements of nurses be enlightened; emulation and concert of action in the profession be stimulated; professional loyalty fostered, and friendly intercourse between nurses facilitated.” Accepted.

2. Eligibility—Committee recommended: That eligibility for membership in the Association consist in being a member in good standing of an Alumni Asso-
ciation of a Nursing School connected with a General Hospital of not less than fifty (50) beds, giving no less than two full years of training in the Hospital. Mrs. Hawley amended, the Alumnae Association should be eligible as a unit. Miss Palmer, Miss Brown, Miss Stevenson and others agreed. The paragraph was amended to read as follows:

"Alumnae Association of Schools of Nursing connected with General Hospitals of not less than fifty (50) beds, giving not less than two full years of training in the hospital, shall be eligible for membership. Accepted.

3. Officers.—Committee recommended: A president; two vice-presidents, one of whom should have charge of organization work in Canada, the other in the United States; corresponding secretary and recording secretary, providing that both offices might be held by one person; treasurer, and two auditors, a judicial council, one director for each State or Province. The national officers with State directors to form a board of management, this board to elect from its members an executive board of convenient number to transact business.

Discussion. Criticisms made as follows: (a) State directors having immediate charge of organization in their States and executive committee having charge of business, it would be roundabout to charge vice-presidents with organization work; (b) directors should only exist in States or Provinces having more than one eligible Alumnae Association; (c) judicial council should not be included among national officers as part of board of management or control, as no executive duties should be shared by it.
Moved by Mrs. Hawley, and seconded by Miss Walden, that rearrangement be made as follows: A president and two vice-presidents, having the ordinary duties; one secretary, with power to appoint an assistant when necessary; treasurer, with provision for professional auditor; board of control, to be composed of these officers and State and Province directors; executive committee, elected from board of control by its members; a judicial council of nine. Voted. Thus amended, the report was accepted.

B. On Initiation Fees and Dues.—(Committee: Mrs. Hawley, Miss Walden, Miss Stevenson, Miss Ross, Miss Pierson, Miss Morand, Miss Mullen, Miss Brown, Miss Smith and Miss Clapp.) The committee reported as follows: "Each and every Alumnae Association joining the Nurses Associated Alumnae of the United States and Canada shall pay an initiation fee of five dollars ($5) for every twenty-five (25) members. Alumnae Associations of less than twenty-five members to pay five ($5). This fee to be paid by the treasurer of said Alumnae Association within one month after admission into the National Association. This initiation fee shall include annual dues for first year. The amount of annual dues to be fixed yearly by the Associated Alumnae.

The report was accepted unanimously.

VII. The Annual Meeting of the Association.—It was agreed that the annual meeting should be composed of 1. All officers of the Association. 2. All State and Province directors. 3. Delegates from Alumnae Associations in proportion to their number. Also that the by-laws should specify details and provide for visitors and permanent members.
VIII. Amendments.—It was agreed that rules for amending the constitution should provide for proposed amendments to be announced at one annual meeting, and voted upon at the next; it being also understood that a printed copy of proposed amendment should be sent by the Secretary to each Alumnae Association three months before annual meeting at which the amendment was to be voted on. Two-thirds vote.

Adjourned until 2.30 p. m.

THURSDAY, SEPTEMBER 4, 2.45 P. M.

Meeting called to order. The same members present.

Moved by Miss Walker and seconded by Miss Stevenson, that the first annual meeting be fixed by the by-laws for the second Thursday and Friday of February, 1897, in Baltimore, Md. Voted.

Moved by Miss Palmer and seconded by Miss Clapp, that the outline of the constitution as drafted be accepted, and the Chairman instructed to put it into shape, submit it to expert advice for criticism and suggestion, and return it to the delegates for the ratification of their respective Associations. Voted.

The by-laws were informally discussed. The details as to duties of officers, conditions of holding office, membership, dues, committees, code of ethics, meetings, State organizations, fiscal year, guests, rules of order, amendment of by-laws, etc., were discussed one by one in order that the general opinion on all points might be brought out.

No points were finally considered.

After full discussion it was moved by Miss Walker, and seconded by Miss Maxwell, that the Chairman appoint committees to draft by-laws and report at the next session.
Mrs. Hawley amended, and moved a recess until 9 p.m. of the same day. Voted.

Committees were appointed and work divided as follows:

Mrs. Hawley, Miss Stevenson, and Miss Morand,
Officers—Association; State; board of control; executive committee; judiciary; duties, etc.


Recess until 9 p.m.

REPORTS OF COMMITTEES.

Officers.

1. The nomination of officers shall be made [from the floor] by a nominating committee, and the election by written ballot. A majority shall elect.

2. President.—Her duties—She shall preside at the annual meeting, and appoint all committees [except the executive committee] not otherwise provided for. She shall be an ex-officio member of all committees.

3. The Vice-Presidents.—Shall, according to their rank, in the absence of the President, assume her official duties, and shall act as State and Province Directors for isolated Alumnae.

*Note.—Words in [ ] show form of report as originally made, the text is as altered by the conventions. Words in () are those added to the report by the convention. The words enclosed in [ ] have been added by the Secretary from advice given her.
4. Treasurer.—Shall receive and have charge of all moneys of the Association. She shall deposit such moneys in a bank of good credit, and shall submit her reports and accounts every year to the Auditor. (She shall report to the Executive Committee, when requested to do so, the financial standing of the Association. She shall pay by check only, such bills only as have been approved by the President or Chairman of the Executive Committee.)

5. Secretary.—Shall keep the minutes of the meeting, conduct the correspondence of the Association, and send by mail to the Alumnae such matter as may be necessary.

6. State or Province Directors.—Any State or Province having three associated Alumnae belonging to eligible schools, which have joined the Association, shall annually elect a State or Province Director, who shall be a member of the Board of Control and President of her State or Province Society. Through her application for membership in the Association must be made. She shall be a resident of the State in which she is elected.

7. Judiciary Council.—Shall consist of nine (9) members who shall elect their own chairman. Three members of this Council shall retire annually in rotation. The Judiciary Council shall have charge of the code of ethics and before them [shall] may be brought any infringement of the same. They shall be a court of appeal in disputed cases and a majority vote in this Council shall be final.

8. The Board of Control.—Shall consist of the President, Vice-Presidents, Secretary and Treasurer and the State and Province Directors, and shall manage the affairs of the Association.
9. Executive Committee.—Must consist of at least five (5) members and must meet for the transaction of such business as the Board of Control places before them as often as is necessary. It shall be the duty of the Executive Committee to have the Treasurer’s accounts audited every year by a professional auditor.

10. A majority of any committee shall constitute a quorum unless otherwise provided.

Report of Committee on Membership.

1. Members.—Shall be (a) active, (b) permanent, (c) honorary.

2. Active Members.—Shall be all the officers of the Association and the [officially appointed] regularly elected delegates of the Alumnae Associations in the proportion of one to ______. They shall be entitled to vote at the annual meetings; shall be eligible for office; shall have right of debate. Alumnae Associations shall forward the credentials of their delegates to the Secretary of the Association at least three months prior to the annual meeting.

3. Permanent Members.—Shall be those in good standing with their alumnae, who have once served as delegates or officers in the Association. They shall send credentials from their alumnae to the Secretary of the Association at least one month prior to the annual meeting. They shall be entitled to attend all general sessions of the annual meeting and to participate in debate on professional and ethical subjects, and shall not vote or hold office, but they may at any time be re-elected as delegates and become active members.

4. Honorary Members.—Shall be such women as have rendered distinguished service in the nursing profession. The names of such proposed members shall be
presented at the close of the first session of any annual meeting, and shall be voted upon at the beginning of the closing session of the same. They must be elected by a unanimous vote of the members present. They shall be entitled to attend all general sessions of the annual meeting, and to participate in debate on professional and ethical subjects only, but shall not have the right to vote.

5. **Guests.**—I. Graduates in good standing with those Alumnae which are entitled to representation in the Association may attend all general sessions of the annual meeting, but shall not be entitled to the privilege of a vote or to debate. They shall present a ticket of admission signed by the president of the Alumnae Association to which they belong.

II. The president of the National Association shall have the privilege of inviting special guests to the general sessions of the annual meetings.

6. **The Fiscal Year.**—Shall extend from April 1 to March 31, inclusive.


8. **Amendments.**—Amendments to the by-laws may be effected by a majority vote at any meeting.

9. **Dues and Fees.**—No Alumnae Association shall be entitled to representation at the annual meeting until all its specified dues have been paid into the treasury.

**Eligibility for Office.**—Shall consist in being a delegate from an Alumnae Association entitled to representation at the annual meeting. The President and
Vice-Presidents may serve in their respective offices for two consecutive years, after which they will not be again eligible for re-election to said offices until the lapse of a period of three years from the expiration of their last term of office.

Report of Committee on Meetings, etc.

1. Meetings.—The Association shall hold an annual meeting at such time and place as may be determined upon from year to year. The first one to be held at Baltimore, Md., on the second Thursday and Friday in February, 1897.

2. State Societies.—It shall be the duty of the Associated Alumnae of each State or Province to organize a State Society, provided that not less than three (3) eligible Alumnae Associations exist in said State or Province. Such a Society may elect its own officers and adopt any rule or set of rules that does not contravene those of this Association; provided also, That in any State or Province where less than three Alumnae Associations may exist, they may unite temporarily with the Society of an adjoining State, this union to exist only during the time that no organized union is formed in their own State.*

As soon as a State or Province Society is formed, the Secretary shall send a copy of its rules and regulations, with the names of its officials and members, to the State Director, who shall submit it to the Board of Control.

* Note.—It was pointed out later by an advisor, that this arrangement would not be practicable and would conflict with the provision, making the Vice-Presidents to have charge of the isolated Alumnae: it was therefore left out of the by-laws.
A member in good standing of a State Society, residing in another State, may [with the consent of the State Director] by complying with the terms of the State rules, become a member, for the period of her residence in that State.

Each State Society shall report annually to the Secretary of the Association a list of its officers and members, all new rules and such other matter as may be deemed interesting. Brief notices shall also be given of members who have died during the year.

3. Every State and Alumnae Society shall enforce upon its members the code of ethics of the Association and shall be authorized to censure, suspend or expel any member who violates any portion of the code.

A member of a State or Alumnae Association who is censured, suspended, or expelled, shall have the right of appeal—

1. To her Alumnae.
2. To the Judicial Department of the State Society.
3. To the Judiciary Council.

The decision of the Judiciary Council shall be final.

4. Each State Society shall hold at least one meeting annually.

**Code of Ethics.**

The code of ethics of the Association shall be binding upon all members of this Association, and upon the respective State and Province and Alumnae Societies.

**Committees.**

1. All standing and special committees shall be appointed by the President, except when otherwise ordered by the rules or by a vote of the Association.
2. Standing committees shall be:
   
   (a) On arrangements.
   
   (b) On publication.
   
   (c) On nomination.

   (a) The Committee on Arrangements shall consist of five (5) members. The chairman of this committee shall be a resident of the State in which the annual meeting is to be held. It shall be the duty of this committee to prepare and arrange the programme of papers and discussions, and, in conjunction with the committee on publication, prepare a complete programme for the entire session, and have printed as many copies of the same as may be deemed necessary. It shall make all other necessary arrangements for the meeting, and superintend the registration of delegates and permanent members. It shall send to the Publication Committee a report of its proceedings within one week after adjournment of annual meeting.

   (b) The Publication Committee shall consist of three (3) members. It shall be the duty of said committee to supervise the printing and publication of the proceedings of the Association. The committee shall report annually.

   (c) The Nominating Committee shall be formed in the following manner. Immediately after adjournment of the morning session of the first day of the annual meeting, the delegates of all the State and Province Alumnae Associations shall be called together, and the delegates of each State and Province shall elect one member. The members thus elected shall constitute the Nominating Committee. The committee shall organize by electing a chairman and secretary. It shall be the duty of this committee to nomi-
nate candidates for all offices of the Association and a chairman for the Committee on Arrangements. It shall nominate two or more members for each office. It shall report as the first item of business at the afternoon session of the second day of the annual meeting.

3. **Dues and Fees.**—Annual dues shall be paid to the treasurer on or before January 1 of each year. Any Alumnae Association neglecting to pay its annual dues shall not be entitled to send delegates to the annual meeting of the Association.

If an Alumnae Association fail to pay its dues for two successive years, it shall cease to belong to the Association.

After hearing the reports of committees read, the meeting adjourned until 9 P. M., Friday.

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**FRIDAY, SEPTEMBER 4, 9 A. M.**

Meeting called to order.

**Roll Call.**—Members present: Miss Brown, Miss Clapp, Miss Dock, Mrs. Hawley, Miss Maxwell, Miss Mullen, Miss Morand, Miss Palmer, Miss Stevenson, Miss Smith, Miss Walker, Miss Walden.

Yesterday’s minutes were read and accepted.

Moved by Miss Maxwell, and seconded by Miss Brown, that the report of the Committee on Meetings, etc., be accepted. Voted.

Moved by Mrs. Hawley, and seconded by Miss Morand, that the report of the Committee on Membership, etc., be adopted. Voted.

Moved by Miss Palmer and seconded by Miss Walden that the report of the Committee on Officers be adopted. Voted.
Moved by Miss Palmer, and seconded by Miss Smith, that the Chairman of this Convention be hereby instructed to set in proper order and shape the provisions for a constitution and by-laws as here drafted, and to submit same to proper expert advice for criticism as to construction, etc., and to have the whole printed, together with the minutes of these meetings, and sent to all delegates. Also that the names and official titles of the delegates to this Convention, together with the names of the Associated Alumnae which they represent, shall stand as charter members in the said printed copy of the constitution and by-laws. Also that suitable reports of these proceedings be sent to the daily press, the nursing journals, and the medical journals. Voted. The meeting then adjourned.
CONSTITUTION.

ARTICLE I.

Name.

This Association shall be known as the Nurses' Associated Alumnae of the United States and Canada.

ARTICLE II.

Objects.

The objects of this Association shall be: To establish and maintain a code of ethics; to elevate the standard of nursing education; to promote the usefulness, honor and interests of the nursing profession; to enlighten public opinion in regard to the duties, responsibilities and requirements of nurses; to stimulate emulation and concert of action in the profession; to foster professional loyalty; and to facilitate friendly intercourse between nurses.

ARTICLE III.

Eligibility.

Alumnae Associations of Schools of Nursing connected with General Hospitals of not less than fifty (50) beds, giving not less than two (2) full years of training in the hospital, shall be eligible for membership.

ARTICLE IV.

Membership.

Membership in this Association shall be divided into active, permanent and honorary. Active membership
shall consist of delegates duly elected to represent the Alumnae Associations belonging to this Association, including all officers of the Association.

Permanent membership shall consist of former delegates and officers, and delegates to the constitutional convention.

Honorary membership shall consist only of women who shall have rendered distinguished services in the nursing profession.

**ARTICLE V.**

*Officers.*

The officers of this Association shall be a President, first and second Vice-Presidents, Secretary and Treasurer. They shall have such duties as shall be hereinafter provided.

**ARTICLE VI.**

*Board of Control.*

**SECTION 1.** The officers of this Association, with State and Province Directors, as hereinafter provided, shall constitute a Board of Control and shall manage the affairs of the Association.

**SECTION 2.** They shall elect an Executive Committee from their members, for the transaction of business.

**ARTICLE VII.**

The code of ethics of this Association shall be binding upon all members.

**ARTICLE VIII.**

There shall be a Judicial Council of nine (9) members whose decisions in all cases shall be held final and binding by this Association.
ARTICLE IX.

Annual Meeting.

The annual meeting of this Association shall include all officers of the Association, the Judicial Council, State and Province Directors, delegates from Associated Alumnae in such proportion to their numbers as shall be hereinafter specified, permanent members and visitors according to the rules of the Association.

ARTICLE X.

Amendments.

Section 1. Amendments to the Constitution shall be proposed in writing at the . . . day of the . . . session of the annual meeting, and shall be voted upon at the annual meeting next subsequent to that at which such amendment shall have been proposed; it being provided that each member shall receive a copy of any proposed amendment at least three months prior to the meeting at which action is to be taken. [Provided further, That when an amendment is properly under consideration, and an amendment is offered thereto, germane to the subject, it shall be in order if adopted, and shall have the same standing and course as if proposed at the preceding meeting of the Association.]

Section 2. A two-thirds vote of all the members present at the meeting shall be required.
MEMBERS CHOSEN TO FORM THE CONSTITUTIONAL CONVENTION CALLED AT MANHATTAN BEACH HOTEL, SEPTEMBER 2-4, 1896.

Delegates from Alumnae Associations of Training Schools for Nurses

Miss Phoebe W. Brown, . . . The Illinois.
Miss Ella Clapp, . . . . The New Haven.
Miss Laura Healy, . . . The Brooklyn City.
Mrs. J. R. Hawley, . . . The Philadelphia.
Miss Margaret A. Mullen, The Garfield.
Miss H. Morand, . . . . The University of Pennsylvania.
Miss Bessie Pierson, . . . The Orange Memorial.
Miss Ross, . . . . . . . . . . . The Johns Hopkins.
Miss M. W. Stevenson, . . . The Massachusetts General.
Miss Mary E. Smith, . . . The Farrand.
Miss Lena H. Walden, . . . The New York.
Miss Warren, . . . . . . . . . The New York City attached to. Bellevue Hospital.

Members of the American Society of Superintendents of Training Schools for Nurses.

Miss M. B. Brown, . . . The Massachusetts General.
Miss L. L. Dock, . . . . Secretary and Chairman Constitutional Convention.
Miss Edith Draper, . . . The Royal Victoria.
Miss Isabel Merritt, . . . The Brooklyn City.
Miss Isabel McIsaac, . . . The Illinois.
Miss Anna Maxwell, . . . The Presbyterian, (New York).
Miss Adelaide Nutting, . The Johns Hopkins.
Miss Sophia Palmer, . . . The Rochester City.
Mrs. Hunter Robb, . . . . Cleveland, Ohio.
Miss M. A. Snively, . . . The Toronto General.
Miss Lucy Walker, . . . . The Pennsylvania.
BY-LAWS.

I.

Nominations and Elections.

The nomination of officers shall be made by a nominating committee, and a majority shall elect.

II.

Duties of Officers.

Section 1. The President shall preside at the annual meeting, appoint all committees not otherwise provided for, [and give a casting vote when necessary.] She shall be an ex-officio member of all committees.

Section 2. The Vice-Presidents shall, according to their rank, in the absence of the President, perform her duties, and shall act as State and Province Directors for isolated Alumnae Associations.

Section 3. The President and Vice-Presidents shall be elected annually, and may serve in their respective offices for two consecutive terms, after which they shall not again be eligible for re-election to the same office until the lapse of a period of three years from the expiration of their last term of office.

Section 4. The Secretary shall keep the minutes of the meeting, conduct the correspondence of the Association, and send by mail to the State and Province Directors, or to the Presidents of Alumnae Associations, all such matters as may be necessary. [She shall preserve all papers, letters and unpublished transac-
tions of this Association.] She may appoint an Assistant Secretary.

SECTION 5. The Treasurer shall receive and have charge of all funds of this Association. She shall deposit such funds in a bank of good credit; shall make all her payments by check, and shall pay such bills only as shall have been approved by the President or the Chairman of the Executive Committee. She shall submit her reports and accounts every year to the Auditor, and shall report to the Executive Committee, whenever requested to do so, the financial standing of the Association.

III.

The Judicial Council.

SECTION 1. The Judicial Council shall elect their own chairman. Three members of this Council shall retire annually in rotation. They shall investigate and determine all such questions of violation of the code of ethics, the rules of this Association, or matters of dispute between members, as may be brought before them. [They shall require all charges and complaints to be preferred formally in writing, and shall make such other rules for procedure as they shall deem expedient.]

[SECTION 2. The Council shall make written report upon all matters received for adjudication at the next ensuing session of the Association.] A majority vote of the council shall be final.

IV.

State and Province Directors.

There shall be one Director in each State or Province, where there is a State or Province Association,
who shall preside over the work in her State or Province, and shall be a member of the Board of Control. She shall be a resident of the State she represents.

V.

The Board of Control.

Section 1. The Board of Control shall be composed of the President, the Vice-Presidents, Secretary and Treasurer and the State and Province Directors, and shall manage the affairs of this Association.

Section 2. The Board of Control shall choose from its own members an Executive Committee of at least five (5) members, who shall meet as often as shall be necessary, and shall transact all such business as may come before them. They shall report at the annual meetings.

Section 3. The Executive Committee shall have the Treasurer’s accounts audited yearly by a professional auditor.

VI.

Membership.

Section 1. Active members shall receive their appointments from their Alumnae Societies, shall be entitled to vote at the annual meetings, shall be eligible for office and shall have the right of debate.

Section 2. Each Alumnae Association shall have the privilege of sending to the annual meetings of this Association, one delegate for every . . . . . . of its resident members, and [one for every additional fraction of more than half that number.]

[Section 3. Alumnae Associations shall forward the credentials of their delegates to the Secretary of this
Association at least three months prior to the annual meeting.

Section 4. No individual who shall be under sentence of suspension or expulsion from any Alumnae or State Association shall be received as a delegate to this Association, or be allowed any of the privileges of a member until she shall have been relieved of such disability by such Alumnae or State Association, nor shall any individual not a member of an Alumnae Association be eligible to membership in this Association.

Section 5. Permanent members shall send credentials from their Alumnae Associations to the Secretary of this Association at least one month prior to the annual meeting. They shall be entitled to attend all general sessions of the annual meeting and to participate in debate on professional and ethical subjects. They shall continue in those privileges so long as they remain in good standing with their alumnae. They shall not be entitled to vote or hold office, but they shall be eligible to re-election as delegates at any time.

Section 6. Honorary Members.—The names of such proposed members shall be presented at the close of the first session of any annual meeting and shall be voted upon at the beginning of the closing session of the same. A unanimous vote of the members present shall be required to elect. Honorary members shall be entitled to attend all general sessions of the annual meeting, and to participate in debate on professional and ethical subjects. They shall have no votes.

VII.

State and Provincial Associations.

Section 1. Whenever there shall be not less than three eligible Alumnae Associations existing in a State
or Province, it shall be the duty of these Alumnae to organize a State or Province Association; provided that they shall first have joined this Association. They shall elect State officers and shall adopt such constitution and by-laws as shall not contravene those of this Association. They shall elect a State Director who shall be a member of the Board of Control and who shall receive all further applications for membership from within her State and shall transmit them to the Executive Committee.

Section 2. Whenever such State or Province Association shall have been formed, its Secretary shall send a copy of its constitution and by-laws with the names of its officers and members to the State Director, who shall transmit it to the Executive Committee.

Section 3. Any member of this Association becoming a resident of another State than her own, where there may be existing a State or Province Association, may, by complying with the rules of that State or Province Association, become a member thereof during her residence in the State. The method by which she shall apply for such membership shall be designated by the local rules or regulations.

Section 4. Each State and Province Director shall report annually to the Secretary of this Association a list of the State officers and members, all amendments to constitutions, by-laws, and such other matter as may be deemed interesting. Brief notices shall also be given of members who have died during the year.

Section 5. Each State and Province Association shall meet at least once annually.
VIII.

Discipline.

SECTION 1. Every State, Province and Alumnae Association shall enforce upon its members the code of ethics, and shall be authorized to censure, suspend or expel any member who violates any provision of this code.

SECTION 2. Such member may have the right of appeal: First, to her Alumnae Association; second, to her State Judiciary; third, to the Judicial Council. The decision of the Judicial Council shall be final.

IX.

Guests.

SECTION 1. Members in good standing of Alumnae Associations belonging to this Association may attend all general sessions of the annual meeting, but shall not be entitled to the privilege of vote or debate. They shall present a card of admission, signed by the president of the Alumnae Association to which they belong. [or by the Director of the State or Province Association with which they have united.]

SECTION 2. The President of this Association shall have the privilege of inviting special guests to the general sessions of the annual meetings.

X.

Committees.

SECTION 1. All standing and special committees shall be appointed by the President, except when otherwise ordered by the rules or by a vote of the Association.
SECTION 2. Standing committees shall be:

(a) On arrangements.
(b) On publication.
(c) On nomination.

(a) The Committee on Arrangements shall consist of not less than five (5) members. The chairman of this committee shall be a resident of the State in which the annual meeting is to be held.

It shall be the duty of this committee to prepare and arrange the programme of papers and discussions, and in conjunction with the Committee on Publication prepare a complete programme for the entire session and have provided as many copies of the same as may be deemed necessary.

It shall make all other necessary arrangements for the meeting and superintend the registration of delegates and permanent members. It shall send to the Publication Committee a report of its proceedings within one week after the adjournment of the annual meeting.

(b) The Publication Committee shall consist of three (3) members. It shall be the duty of this committee to supervise the printing and publication of the proceedings of the Association. This committee shall report annually.

(c) The Nominating Committee shall be formed thus: Immediately after adjournment of the morning session of the first day of the annual meeting, the delegates of all the Alumnae Associations present shall be called together, and the delegates of each State and Province shall elect one member. Delegates present from isolated Alumnae Associations shall unite together to elect a member or members according to their num-
ber, which proportion shall be fixed by the Executive Committee, and the Vice-Presidents who are in charge of the isolated Alumnae.

The members thus elected shall constitute the Nominating Committee. The committee shall organize by electing a chairman and secretary. It shall be the duty of this committee to nominate candidates for all offices of the Association, and a chairman for the Committee on Arrangements. It shall nominate two (2) or more candidates for each office. It shall report as the first item of business at the afternoon session of the second day of the annual meeting.

SECTION 3. A majority of any committee shall constitute a quorum, unless otherwise provided.

XI.

Dues and Fees.

SECTION 1. Each and every Alumnae Association joining the Nurses' Associated Alumnae of the United States and Canada shall pay an initiation fee of five (5.00) dollars for every twenty-five (25) members. Alumnae Associations of less than twenty-five members shall pay five (5.00) dollars. This fee shall be paid by the Treasurer of each Alumnae Association within one month after admission into this Association.

SECTION 2. This initiation fee shall include annual dues for the first year. Annual dues thereafter to be fixed yearly by this Association, (Executive Committee). Annual dues shall be paid to the Treasurer on or before January 1st of each year.

SECTION 3. An Alumnae Association neglect to pay its annual dues for any year shall be entitled to send delegates to the meeting of this Association of that year.
SECTION 4. An Alumni Association which shall fail to pay its dues for two (2) successive years shall cease to belong to this Association.

XII.

The Fiscal Year.

The fiscal year shall extend from April 1st to March 31st inclusive.

XIII.

Meetings.

SECTION 1. This Association shall hold an annual meeting at such time and place as may be determined upon by the Association from year to year.

SECTION 2. The first meeting shall be held at Baltimore, Md., on the second Thursday and Friday in February, 1897.

XIV.

Amendments.

Amendments to the by-laws of this Association may be effected by a majority vote at any meeting.

XV.

Rules of Order.

The deliberation of all meetings of this Association shall be governed by the Woman's Manual of Parliamentary Law, by Harriet R. Shattuck.
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