FOURTH ANNUAL REPORT
OF
American Society Superintendents
OF
Training Schools for Nurses.
HEADQUARTERS

NATIONAL LEAGUE OF NURSING EDUCATION,
370 SEVENTH AVE., NEW YORK CITY.
1897

The Property of the Society of Superintendents of Training Schools
FOURTH ANNUAL CONVENTION

OF

The American Society of Superintendents of Training Schools for Nurses

HELD IN

JOHNS HOPKINS UNIVERSITY

Baltimore, Md.

February 10, 11 and 12, 1897

HARRISBURG, PA.: HARRISBURG PUBLISHING COMPANY.
1897.
Officers for 1897.

PRESIDENT.
Miss Snively.

VICE-PRESIDENT.
Miss Nutting.

SECRETARY.
Miss Dock.

TREASURER.
Miss Drown.

AUDITORS.
Miss Brennan,
Miss Stowe.

COUNCILLORS.
3d year.
Miss Richards,
Miss Darche.

2d year.
Miss Smith,
Miss McIsaac.

1st year.
Miss Palmer,
Miss Nevins.

STANDING COMMITTEES—A PUBLICATION.
Miss Dock,
Miss Drown,
Miss Nutting.
FOURTH ANNUAL CONVENTION

OF

THE AMERICAN SOCIETY

OF

SUPERINTENDENTS OF TRAINING SCHOOLS

FOR NURSES.

The convention was called to order in the Donovan room of the Johns Hopkins University Buildings, Baltimore, Maryland, at ten o'clock Wednesday morning, February 10, 1897; by the President, Miss M. Adelaide Nutting.
ADDRESS OF THE PRESIDENT.

Miss M. Adelade Nutting, Superintendent of Nurses and Principal of Training School, Johns Hopkins Hospital.

[Read before the American Society of Superintendents of Training Schools for Nurses in Baltimore, February, 1897.]

In announcing the opening of the Fourth Annual Convention of this Society it becomes my pleasant privilege to extend to you a cordial welcome, not only on my own behalf, but also on behalf of the profession and city which I represent. We all hope that your short stay here may be one of pleasure as well as profit.

In trying to decide what should be the nature of the few words which I shall add to my greeting to-day, I found myself once again, as I have been many times before, deeply impressed with the magnitude of the interests which we, as a Society of Training School Superintendents, represent. In inaugurating the work of another year, I can think of no better stimulus to the enthusiasm which should inspire our efforts, than to ask you to once more briefly consider with me the relation of our profession to the community at large, the scope of our work and some of its manifold responsibilities.

To overestimate the greatness of the task, which we are striving, however imperfectly, to fulfill, would be almost impossible. The world has no interest dearer to it than the care of its sick, its suffering and its helpless; nor, even though the fact may seem to be unrecognized, has it any interest more important than the physical and moral improvement of its people. If our usefulness were limited to the former alone, one could hardly complain of want of scope, but add the duties of the teacher and the reformer, and you place the profession of nursing at once where bounds can hardly be set to its possibilities. Like the physician, the nurse touches the social fabric at every point. The reformatory work which she has brought about in hospitals and the changes which she has wrought in their moral atmosphere can be carried into every other condition of life where such work is needed. As workers we, as nurses, have a peculiar strength; because, no matter what may be our small differences of opinion or of method, as to our main purpose, there is no division in our ranks. We are of no school, race, creed nor class, and we recognize no such distinctions. We are not individuals or small communities, each working for its own self-aggrandizement, but we aim to be one great Christian community, obeying the first law of the kingdom of heaven, trying to do all the good we can, in all the ways we are able, to as many people as we can reach; striving to our utmost to use our talents, not only in actually ministering to the sick, but in working for the general uplifting of human strength and of human character. Do I seem to be unduly magnifying the
proportions of our work? Is this carrying it into channels where it does not belong and investing it with powers it should not possess? Let us look, for a moment, at the value of the education of nurses as one factor in the general improvement which is going on in society at large.

At your last Convention it was stated that there then existed 221 Training Schools in the United States and Canada. To-day that number is probably considerably increased, and whether the individual schools be great or small, each is busied in teaching, training and sending forth annually from two to fifty young women, in the aggregate several thousands in the year. But where the work is properly done, these women are not only rendered competent to take charge of the sick, but are added to the number of those who have had the advantages of a thorough training in the sterling virtues of obedience, self-control, perseverance, accuracy and economy. In every way the endeavor is made to develop in the pupils those traits which go to form character. Many who come to us purposeless, undisciplined and dependent, go away at the end of their term of training, strong, skillful, capable, resolute women, able to stand alone and to help others to do likewise. In looking at our training schools as places in which women are prepared to care for the sick, we are apt sometimes to under-estimate the value of what they do for the nurse herself.

District nursing has also made advances, which will undoubtedly become much more rapid and effectual as soon as the public can be awakened to an appreciation of the manifold advantages of the system. To raise the standard of life, the standard of motive must be elevated; and the work of reforming the conditions of existence in the homes and families of the masses cannot be better undertaken by any than by those who can bring a healthful influence and a practical example to bear directly upon them. The district nurse does not simply fill those with whom she comes in contact, with vague longings for better things. She brings them hope for this life, as well as for the next. She shows them exactly how a more wholesome life can be led beginning from to-day. Provided she be the right woman, she can do more for the improvement of the household and family than all the sermons or tracts that were ever written or distributed.

I need not at this time refer in detail to the value of the work of the graduate nurse in the community, although it is of serious moment and is worthy of careful consideration. Nearly a century ago, in making an apology for the trifling nature of the pursuits of women of his day, Sidney Smith defended them to a certain extent by saying that women were really excluded from all the serious business of the world. It is interesting to fancy what he might have to say, could he speak at the present day, when women
are grappling with some of the most serious problems the world has to meet. "Civilization itself," says Emerson, "is simply the power of good women;" and I have always believed him. To hasten the advent of a period when culture shall be general, a utopia which seems to be dim and distant, even at the close of this famous century, larger opportunities are afforded to none than to us.

I am hardly old enough in this profession to indulge much in the pleasure of looking backward. While grateful for the larger opportunities of the present day, I feel that I have missed much and am sometimes envious even of the difficulties of those brave pioneers who have borne the burden and the heat of the day, and have brought order out of indescribable chaos. No thought of reward had they—but I think they must feel a very pardonable pride in seeing the high standard of excellence which obtains at present in many of the training schools throughout the country. It has been my privilege to know some of these women, and through them to have learned something of what may now be called the history of nursing in this country, and thus to realize through what difficulties the present condition of our schools has been reached. Much has been done, but much remains to be done, and as I have not justly earned the privilege of going over past work, let me ask you to look with me for a moment at one or two of the many questions by which we are confronted at the present—questions concerning problems which appeal to us most strongly and are deserving of our earnest consideration.

Our day is a new day, and the rules and traditions of yesterday do not meet our needs. We must be capable of living up to every possibility which the present offers, and at the same time bear always in mind the alterations which the future will demand. At no time, and in no country, perhaps, have more numerous and greater opportunities for usefulness been offered than here in America in the present decade. The whole land is a fair field. There is as yet a career for every good nurse that we can send forth. In saying this I am quite aware, and the fact must be evident to all of us, that we have to deal now with a profession whose ranks promise to become overcrowded. The reason is of course very plain in the light of the early history of training schools. Given a profession which was easily entered, demanding a comparatively short time for preparation, never more than two years—occasionally only one; requiring considerable physical and small mental equipment, and when acquired, fairly lucrative, and the result may be predicted with scientific precision.

In looking about for some help or suggestion toward the avoidance of this evil, we naturally turn for comparison to the profession of medicine, with which nursing is so closely allied. Though still wrestling with the question of uniform standards of examination
and preliminary education, it will be found that the simple, and by no means ineffective, method of dealing with the question of overcrowding has been to lengthen the time of instruction, by adding one, and in some cases two years to the prevailing course, and at the same time to eliminate a certain number of unsuitable men by increasing the difficulty of the preliminary examinations. Fewer and better men were needed in the medical profession, and admirable indeed have been the results of the measures taken. In the history of medicine the last half century is interesting in this connection. It has witnessed the upspringing and the flourishing, and is now beginning to see the decay or final disappearance of an enormous number of those inferior medical colleges whose diploma has been an article to be supplied at a minimum of labor by those who had the granting of it, and to be obtained by the student at the smallest possible expenditure of time and money. Many men have cared but little where they obtained their diploma, as long as it would enable its owner to practice; and the unsuspecting public appreciated the difference between the degree of one college and another no better than it can to-day distinguish between a nurse’s certificate issued by the proprietors of a hospital for diseases of the eye, ear and throat, and a well-earned diploma awarded by a reliable training school. To the majority of people a doctor is a doctor, and a trained nurse is a trained nurse; sometimes experience shows them that they are wrong. Of course I do not deny that good men and women have come out of these institutions. But surely this can happen only in a few isolated cases of rare ability to rise completely above one’s surroundings, seen, sometimes, in the followers of any pursuit or calling. If we look into matters carefully, I think we shall find that in our profession we have still too low a standard of preliminary requirement, too short a course and too limited a curriculum, and that our examinations are somewhat superficial. The questions that are asked in our preliminary examinations are such as an ordinary child of fourteen should be able to answer. We have training schools in abundance throughout the country where pupils are accepted who may have had only the merest rudiments of a common school education. Even if a woman possesses many natural good qualities, without a basis of education and refinement we can never expect to obtain a training of the mind, which will enable the nurse to observe, think and reason accurately.

It may be natural that all hospitals should wish to have their nursing provided for as cheaply as possible; but the time should be over in this country when training schools are maintained with this as their main object. When boards of trustees have to offer only a partial training and materials for teaching which are abso-
lately inadequate to give pupils the necessary knowledge, they have no right to establish a training school and grant diplomas. Our training schools should rather lessen in number, but improve in quality. Cities that are large enough, and have material enough to support two good training schools, should not maintain a dozen inferior ones. These statements are made with no thought of any particular hospital or individual, but from a deep-seated conviction that it is a subject of the gravest importance to us if we are working, as we say we are, for a high standard and for the best interests of the profession generally. The question comes down to this. Is it right to supply means whereby individuals may obtain credentials for doing a certain work without at the same time affording them a proper preparation for rendering them competent to undertake it?

Let us now turn to another subject which is, as will be seen, intimately connected with that which has just preceded. Of late the criticism has become somewhat common that the number of nurses who prove unsuccessful in their calling exceeds by far the normal proportion. In rather a severe article in the National Review for December, the statement is made that the market is entirely overstocked, and that at the present only about one-third of our graduates turn out satisfactorily; of the remainder some are thoroughly bad, but the majority are mediocre. The article attributes this unsatisfactory state of affairs to the invasion of the profession by a certain type of rather light-minded, frivolous women, and to the fact that not enough care is taken in eliminating the unfit. It states frankly that there is a growing dislike to trained nurses, so that many people say that they will put up with anything rather than to have one of these undesirable young women enter their homes. While declining to accept such a depressing statement as anything approaching to a universal truth, it must be confessed that the criticism has some foundation in fact. What can be done to improve this condition?

Those of us who have looked wearily up and down the ranks of our graduates, seeking in vain enough suitable women to fill the hospital positions of more or less responsibility and importance, which are constantly opening up, and who often have difficulty even in finding enough capable and reliable women to become head-nurses for our own wards, know that we cannot graduate too many really good nurses. But we also know, further, that in order to do so, we need better material to train than the past has afforded.

These two difficulties then—the overcrowding of the profession and the inferior quality of a considerable number of its members—are among the most important problems which we have to consider. It may be asserted that their existence is no menace to the standing which the high character and purpose of our profession entitles
us to take. It might even be suggested that, after all, a sufficient number of the fittest will survive for all the needs of the time, and we may, perhaps, be sorely tempted to seek a temporary respite from these vexed questions, and, like Hezekiah, be selfishly content to pray that the evil may not come in our days. But these two dangers are undoubtedly threatening, and must be faced now or later.

To return to our present work, I must ask you to glance at your programmes. You will see that what we have endeavored to do this year is to find out exactly where we stand, and just what progress has been actually made. We have talked for a long time about nurses' registries; every year papers have been prepared dealing with this subject, and many suggestions have been made as to the best methods of conducting them. The concensus of opinion favors the Alumnae Associations as the proper centers of control, and since our last meeting, a definite movement has been made along the lines indicated in our last discussion, an account of which will be given you to-day.

For some years we have been advocating, earnestly and vigorously, the need of a uniform curriculum—a longer course of training and shorter hours on duty. These reforms have been urged upon the profession from the day this Society was organized; and had probably been in the minds of its founders many years before. It will be interesting, and I hope encouraging, for us to receive information as to the attempts which have been made in this direction, and how far they have been successful. Some suggestions will be offered toward the solving of one of our problems—that of the nursing in hospitals for the treatment of special diseases—and suggestions will be made also as to the best manner of reaching that enormous class, for which our fellow-feeling should be great, since the majority of us belong to it, namely, the people of moderate incomes.

Every member of this organization is convinced of the necessity of giving steady, serious and prolonged application to the work of teaching and training. We have learned that the fair light of justice must shine through all our affairs as administrators and that we must meet with courage and firmness our many difficulties. "Nature," says Emerson, "when she makes difficulties, adds brains." To gain a consummation so devoutly to be wished, we should perhaps be willing to welcome the difficulties before us. A writer of to-day dwells at length upon the vast services to the world which have been rendered by those of whom all memory has long since faded away, whose names are forgotten, but whose work remains. To leave behind some good work, some ennobling influence, who could ask for more? Sufficient reward for our humble efforts, if we can gain the right to be enrolled among the world's "Forgotten Benefactors."

_Baltimore, Md._
The roll call was read by the Secretary, showing that forty-eight members were present.
The minutes of the last meeting were read and approved.
The Treasurer's report was read and accepted.

**REPORT OF THE TREASURER.**

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

**CR.**

Feb. 14, 1896.  By cash, .................................... $175.46
By annual dues 56 members, .......................... 165.00
By initiation fees 21 members, ...................... 105.00

**DR.**

Feb. 14, 1896.  To printing, ................................. $147.95
To postage, .................................................. 6.22
To rent of rooms, at the Colonnade, .............. 28.00
To reporting Annual Session, ..................... 26.88

To cash National Rockland Bank, ................. 236.41

$446.46

*February 14, 1897.*  
LUCY L. DROWN, Treas.

The report was approved.

Reports of committees were called for. The Committee on Consideration of an Eight-Hour System asked to defer the presentation of the report until morning.
The Committee on Publication stated that the published volume was the only report to be made.
The Committee on a National Association reported as follows:

Your committee reports that immediately after the last annual session of this Society your committee met to consider methods of forming a convention for the work of organizing a National Association. Other members of this Society who were invited to join with them were Miss Nutting, Miss Draper, Miss Snively, Miss Maxwell, Miss Hutchison, Mrs. Robb, Miss Palmer. Twelve representative Alumnae Associations were chosen and were invited each to send one delegate to the Convention. These Alumnae Associations were the Massachusetts General, the Presbyterian (New York), Bellevue, the New York, the New Haven, the Orange Memorial, the Johns Hopkins, the University of Pennsylvania, the Phila-
delphia, the Brooklyn City, the Illinois and the Farrand. All accepted, and the first meeting of the Convention took place at Manhattan Beach on September 24, 1896. A constitution and by-laws were drafted for an association covering the United States and Canada, and a second meeting was appointed for February, 1897, in Baltimore, and at the same date as the meeting of this Society. At this second meeting it is expected that the constitution will be adopted and officers elected.

The expenses involved up to the time of the first meeting of the Convention were met by this Society; after that time by the Alumnae Associations represented.

Respectfully submitted,

L. L. Dock,
Chairman of Committee.
Isabel McIsaac,
Isabel Merritt,
M. B. Brown,
Lucy L. Walker.

The report was approved.

The election of new members followed. Miss Smith, Miss Maxwell, Miss Kimber, Miss Snively, and Miss McKechnie were appointed a committee to distribute, collect and count ballots for the election of active members.

The names of those elected to active membership were announced as follows:
Miss Ella G. Vance, Metropolitan Hospital, Blackwells Island, N. Y.
Miss Anna M. Sweeney, Louisville City Hospital.
Miss Sarah C. Ebersole, Freedman's Hospital, Washington, D. C.
Miss Grace C. Barhart, St. John's Hospital, Brooklyn.
Miss Lilla J. Sheppard, Guelph General Hospital, Guelph, Ontario.
Miss Alice C. Twitchell, Staten Island Training School.
Miss C. G. Patterson, M. E. Hospital, Brooklyn.

The President called attention to the fact that the Report on Eligibility, while in harmony with the general plan of the Constitution, yet presented several points of variation. As the adoption of the report with its amendment was unanimous, showing that it was the will of the Society that its provisions should be incorporated into the Constitution, it might
properly be considered equivalent to an announcement of the
proposed amendments.
It was then moved that a committee be appointed to formu-
late the necessary changes for amendment. The President ap-
pointed Mrs. Robb, Miss Drown and Miss Snively.
The Chair. A letter has been received from the secretary
of the Matron’s Council of Great Britain and Ireland which I
will request the Secretary to read.
The Secretary read the letter as follows:
The Orchard, Bedford Park, London, W., Nov. 11, 1896.
Dear Miss Dock—
I am directed by the Matrons’ Council of Great Britain and Ireland
to forward to you the following resolution proposed by Mrs. Bedford
Fenwick and seconded by Miss Violet Clarke, matron of the Chiches-
ter Infirmary, with the request that you will be kind enough to
bring it before the next annual meeting of the American Society
of Superintendents of Training Schools for Nurses to be held in
Baltimore in 1897:
“That in the opinion of the Matrons’ Council of Great Britain and
Ireland it would be desirable to hold an International Congress on
Nursing in London, in the summer of 1898, and that the said Council
do request the co-operation of the American Society of Superin-
tendents of Training Schools for Nurses, to carry out the scheme.”
It has also been proposed that an international exhibition of nurs-
ing appliances should be held in conjunction with the Congress, and
my Council would be greatly obliged if you will bring this sugges-
tion also before your Society.
A resolution was proposed by Miss Isla Stewart, from the chair,
which was passed with acclamation: “That the Hon. Sec. be di-
rected to write to Miss Dock saying that the Matrons’ Council of
Great Britain and Ireland had received with much pleasure the
Report of the American Society of Superintendents of Training
Schools for Nurses, for which they begged to thank them, and to
congratulate them on the valuable work accomplished by them for
the nursing profession generally.
The proposition made was considered one of much im-
portance, and action thereupon was deferred until the next day.
Adjourned at 12 o’clock.
After luncheon the Society was called together at 1 p. m.,
and the first paper on the programme was announced.
THE BROOKLYN ASSOCIATED ALUMNAE REGISTRY.
By Isabel Merritt, Superintendent Brooklyn City Hospital Training School.

[Read before the American Society of Superintendents of Training Schools for Nurses, in Baltimore, February, 1897.]

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The object of this paper is briefly to give an account of the work thus far accomplished in the direction of an Associated Alumnae of trained nurses in the city of Brooklyn.

So far as I have been able to gather this is the first attempt on the part of graduate nurses to organize on these lines, and though this Association is yet in its infancy, it has already shown great possibilities, and if (and this is a very large if) the nurses can be made fully to realize what organization means, that each step in this direction is educative and bound to do much toward developing and strengthening the profession, one of the difficult tasks will have been accomplished.

Not very long ago one of the advanced women of the profession made the startling but true statement that “it was time nurses began to manage their own registry affairs; that nurses’ registries should be managed by the graduates themselves.” This was startling because these words brought home to us all very suddenly the fact that we were not running our own registries, and were permitting others quite outside of the profession to do it for us. This condition of affairs seems strange indeed when we realize, as we are constantly compelled to, that the graduate nurse is an independent woman and should be capable of maintaining that independence in every respect.

Last year a very able paper was read by Miss Darche, giving various methods of organizing nurses’ registries.

Therefore, when in the spring of 1896 the periodical wave of discontent swept over some of the graduates in our city, and they decided to form some kind of an association which would include all graduates in good standing, resident in Brooklyn, from which association would eventually spring a Central Registry, it occurred to me this would be a good opportunity to introduce the idea of an Associated Alumnae.

The first step taken in this direction was in the way of a mass meeting held May 15th, 1896, for the purpose of ascertaining, if possible, the minds of the graduates in regard to organization. Be-
tween two and three hundred were present and a vote for and against organization was taken. An overwhelming majority in favor of organization decided the question, and a president was then and there chosen by acclamation.

At a second meeting a week later the officers and council were chosen, all offices being filled by Superintendents of Training Schools, the council consisting of these officers and two graduates from each of the schools.

A constitution was drawn up by the Council on the Associated Alumnae plan and adopted by the Association at their next meeting. All schools that had not already Alumnae Associations were asked to form them, with the understanding that each school was to join the Associated Alumnae in a body, thereby making a solid basis upon which to build an Association and an Associated Alumnae Registry.

By October 1, 1896, every school in Brooklyn had established its own Alumnae, and the council directed that the following notice should be sent to all physicians and representative citizens.

NOTICE.

The Associated Alumnae of Brooklyn Training Schools for Nurses will open a Registry October 1, 1896, at 326 Schermerhorn street, to be known as the Associated Alumnae Registry for Nurses. None but members of the Association will be allowed to register, thus making sure of the standing of all nurses sent out.

No fee will be charged. Those calling a nurse, and the nurses are at liberty to make their own terms.

The registry will be in charge of a graduate nurse, and calls will be promptly attended to day and night. We will also have a list of nurses for special work. They will go by the hour to people who do not require their services for full time. They will also assist doctors in office work and operations. We will be able to occasionally supply doctors with a nurse for charity cases.

Registry lists will be issued as soon as possible and renewed when necessary. These will be furnished the medical profession free. We earnestly request your patronage, feeling sure the convenience of the Registry and the high standing of the nurses will be found perfectly satisfactory. Very truly,

Registry Committee.

Officers and Council of the Associated Alumnae.

The management of the registry is similar to that of other large Registries, excepting that the manager sends out the nurses as their names appear upon the list if the call is not a special one. A few attempts to exactly suit the nurse to the case caused some dissatisfaction and it was decided to follow the list as closely as possible in future, trusting that in time this defect could in some way be remedied.
When a call comes for a charity case the nurse at the foot of the list is called upon to take it.

The same course is pursued in regard to special time work. These nurses, however, still retain their places on the list, and as they approach the top they give the charity case back to the manager of the Registry, who again supplies it, if necessary, from the foot of the list.

In this way nurses can keep both heart and hand in the work, and it is an immense improvement upon sitting at home day after day and month after month waiting for a case. You will notice that by this plan the Registry covers the entire nursing field in Brooklyn outside of hospitals and contagious cases among the poor, and in time we hope one telephone call, that of the Registry, will reach every graduate in good standing in the city. With this system there will be absolutely the least possible loss of time between the call for a nurse and the arrival of the nurse at the house of her patient. Both physicians and nurses, I believe, are ready to recognize the importance of this arrangement.

There seems to be little doubt about the practicability of an Associated Alumnae and an Associated Alumnae Registry. There are difficulties, of course, and we have met them; but the chief difficulty, and the one it is going to take a long time to straighten out, is the graduate herself.

The keeping of a contract is a lesson yet to be learned by many of them. They have also yet to learn that their want of energy and self-helpfulness is incompatible with success in any line of work, and particularly when that work leads them into hitherto untrodden paths. The time has come for them to cease such remarks as these: "I don't see what good an Association is going to do me." "I don't see what good a Central Registry is going to do me," and for the future try and see what they can do for their Association and Central Registry and for the profession in general.

The fact that this Registry must be run on strictly business principles dawns slowly upon the graduate; still more slowly the fact that if they do not support the Registry by a prompt deposit of their yearly fees the Registry cannot return to them the large profit they would otherwise receive. Ten dollars per year invested in the Registry often brings to the graduate a case from which she receives one hundred dollars in four weeks' time. I know of no other investment which will bring that rate of interest. Prompt attention to her call the moment she receives it from the Registry, an alert business-like attitude in all her relations with the physician and the public, are things yet to be cultivated by a large number of the women engaged in nursing work.

On the first day of February, 1897, eight months from the time the Associated Alumnae was started, and four months from the time
of starting the Central Registry, we find there are 145 Association members and 115 members of the Central Registry, the latter having received 70 calls for nurses.

The Registry has secured two furnished rooms on one of the principle thoroughfares of the city; a capable manager, who is a graduate nurse, and an intelligent young woman who relieves the manager for meals and hours. A long distance telephone and messenger service complete the outfit.

The expense of running such a Registry amounts to about eleven hundred dollars per year. This includes everything, and would have been easily met had the School Alumnae kept their contract and joined the Associated Alumnae in a body. This, however, most of them failed to do, and in consequence our financial condition is not what it would have been. The Registry, however, is rapidly growing, both in the number of its members and in favor with the public. And, notwithstanding the above mentioned difficulties, the success of this venture seems assured, and we feel that time and the many splendid women who represent the graduate nurses of Brooklyn will soon place the Associated Alumnae Registry for Nurses among the helpful and permanent institutions of the city.

_Brooklyn, N. Y._
DISCUSSION ON MISS MERRITT'S PAPER.

Miss Darche was asked to open the discussion.

Miss Darche. Are the names of the nurses who are waiting for cases kept according to their schools, or are they all put on the general list?

Miss Merritt. All nurses waiting for cases are on the general list?

Miss Darche. Miss Merritt spoke of councillors as well as officers. Who are councillors?

Miss Merritt. The Council is composed of the officers who are the superintendents of the different schools, and two members from each School Alumnae.

Miss Davis. How is the registry list made up if you have each school listed separately?

Miss Merritt. The graduates of the separate schools are kept on separate lists. Then as these come up they are put on a general list, and the nurse is sent out from the general list.

Miss Greenwood. We have many nurses who graduate in the East, and would have difficulty in carrying out this method. How would you distinguish those who have graduated in other schools?

Miss Merritt. They come under the head of resident nurses.

Miss Greenwood. Must they be members of Alumnae Associations before they are registered?

Miss Merritt. Yes.

Miss Greenwood. Is the last nurse on the list obliged to go to charity cases?

Miss Merritt. No; there is no compulsion, but they rarely decline to go except in cases of contagion.

Question. What would be done in case they declined?

Miss Merritt. The next name above would be taken.

Question. If a doctor asks for a special nurse for special cases can he have her?

Miss Merritt. Yes; all special calls are answered.

Question. If a nurse registers with you for a certain special class of cases and a call comes and she does not want to take it, do you compel her to go?
Miss Merritt. No; but she has to go to the foot of the list.

Question. What effect has your registry upon the other registry in Brooklyn, which has been established a good many years by the doctors?

Miss Merritt. We do not inquire.

Question. It seems to me that is an important matter to inquire about. In many cities a nurse's registry would have to compete with a doctor's registry.

Miss Merritt. It does not seem to us of great importance; the other registry has never done much work. It has never been popular because they take all kinds of nurses.

Miss Darche. One of the most difficult things in a registry is to choose an agent. How was that done with so many schools interested?

Miss Merritt. Three applied for the position, all capable women, but two of the three withdrew their names, so the matter was settled easily. She has been successful, and we feel very much pleased. Her salary is fifty dollars a month.

Question. Can a superintendent, wishing a nurse, select as a doctor would, or must she go by the list?

Miss Merritt. A superintendent has no difficulty in this respect whatever. She can make her choice.

Question. What about remuneration?

Miss Merritt. It is settled by the nurse herself; she makes her own terms in all cases.

Question. Do those employing a nurse pay a fee?

Miss Merritt. No; no fees are paid.

Miss Darche. The superintendent then cannot tell those applying for a nurse what a certain nurse would charge?

Miss Merritt. They are all within telephone call, and the general understanding is that they charge from twenty-one to twenty-five dollars a week, and that the price is within those limits. If a person has had a certain nurse before, she would know her price. We might keep a list of their prices.

Question. Is there any way of disciplining a nurse who does not live up to the rules?

Miss Merritt. We have an advisory board made up of eight honorary members, two of whom are physicians, residents of
the city, especially interested in training-schools, and all matters of discipline are referred to this advisory board, so that the superintendent has nothing to do with the discipline of the graduates of the different schools.

**Question.** What about the special work, the work by the hour?

**Miss Merritt.** The physicians have not yet grasped the idea of the special time work. That is something which might be worked up by the nurses themselves by establishing themselves in certain quarters of the city and notifying the physicians that they are ready for that work.

**Mrs. Robb.** Have you taken any steps toward instructing graduates as to their individual responsibility to meet calls and to live up to the standard required, and the importance of keeping their engagements?

**Miss Merritt.** We have done nothing of that kind because our meetings have been so far taken up with business; but at the general meetings which are to be held four times a year that will be done.

**Question.** Have you thought of any plan?

**Miss Merritt.** Not definitely. There is a paper giving the instructions and rules of the registry.

**Question.** Have you been able to supply all the calls for charity work?

**Miss Merritt.** I think nearly all have been answered in some way. With 115 nurses we do not have much difficulty in supplying almost any call.

**Question.** Can you not have the rules of the registry printed in the Trained Nurse?

**Miss Merritt.** I will see that the Trained Nurse has a copy.

**Question.** Do the Brooklyn doctors support this registry? It seems to me their co-operation is very important, especially as they have a directory of their own.

**Miss Merritt.** The majority of the best physicians have supported this registry from the first, and now send there for their nurses.

**Mrs. Robb.** It does not need the co-operation of the physicians
so much as that of the nurses of the various training schools to make it a success.

Miss Merritt. That is the point. The nurses have to learn to work together.

Question. Have you any rules by which you can dismiss a member who is unsatisfactory?

Miss Merritt. Yes; any nurse who is unsuccessful in three consecutive cases is brought before the advisory board and dismissed if they so decide.

Question. Even if she is supported by her alumnae association?

Miss Merritt. That is the rule.

Question. Are complaints referred to the registry committee?

Miss Merritt. Yes; first, to the registry committee, who give them to the advisory board if necessary.

Question. Can a nurse register at any time?

Miss Merritt. Yes; at any time.

Question. I remember that in Miss Darche's description of a co-operative registry the year begins in October. How does that work?

Miss Darche. If a graduate enters in the mid-year she has to pay the full registry fee, or if for a third of a year she pays the whole fee. If they enter three months before the end of the year they do not pay the fee unless they have a case. A ten dollar fee is not so much for the first case.

The Chair. It makes more work for the secretary to have the year begin at any time that a nurse registers.

A Member. The year might be divided up into quarters, and the fee also.

Question. In the list of 115 were there many who failed to get calls, and is there much dissatisfaction among those not generally called for?

Miss Merritt. So far we have failed to see that anyone is dissatisfied with the management. We have had seventy calls in four months time. Out of the whole 115 many have their own private calls. That leaves only a certain number to be
provided for by the registry, and the majority of those have had cases.

Mrs. Robb. Have any of the alumnae associations their own club or house?

Miss Merritt. No; the school alumnae meet in their different schools; in the parlors. They own no property.

The Chair. Has anything been arranged as to what they shall do with their funds? There is a revenue of some importance attached to a registry which is usually put into medical libraries or something of that kind. What does the registry propose to do with its funds?

Miss Merritt. A club house has been mentioned. The funds may be saved to buy some property so that the Association can have a home of its own.

Question. Is it a good plan for the associated alumnae to own property?

Miss Merritt. I think it would be well to have any property owned by the associated alumnae instead of by school alumnae.

Miss Darche. We are in our sixth year, but we have not had any funds ahead. If we had I think we should lower our fee. A co-operative registry is run for the good of all and not to make money. The fees are arranged with reference to covering the expenses. The expense last year was eleven hundred dollars. 110 members would cover the expenses. If we had 200 members we should have a margin.

Question. Can anyone tell how much is made by the Boston, Philadelphia or New York registries?

Miss M. E. Smith. We have a registry but never made more than the expenses. We have had a small fee starting with a dollar a year. We now have five dollars. We have about eighty members. There is a large registry of about 700 nurses in Philadelphia. Two dollars is paid for every case. The largest medical library in Philadelphia has been paid for out of the income.

The Chair. The medical library, in Boston, receives assistance from the registry there.
QUESTION. What would be the expenses for a registry like that in Boston?

MISS HINTZE. That is difficult to tell. There would be the rent, and the salary of the person employed, the telephone, stationery, etc. There is no expense for rent in Boston, as the directory is in the Library Building which is used for other purposes.

MISS SMITH. In Philadelphia a salary of six hundred dollars a year is paid for the matron, and the nurses pay for the messenger boy.

A MEMBER. The larger the registry the smaller the number of cases for each nurse.

MISS MERRITT. Some nurses do not call on the registry for a case for a whole year. We have several who are at permanent cases, but they pay their registry fee just the same.

MISS HINTZE. How would a nurses’ club-house affect the directory? Would the people send there for nurses? In Orange there are three nurses’ homes, two with about twenty-four each, and another with about twelve. Those three houses absorb all the graduates we have, and they have taken the directory system into their own hands.

MISS MERRITT. It would be better to leave that as it is.

MISS HINTZE. But in a large city I should think it would affect the registry. Would not such an organization as the Metropolitan Nurses Club affect the alumnae registry?

MRS. ROBB. These nurses in Orange are members of the Alumnae?

MISS HINTZE. Some of them are and some are not. They are taken into the boarding-houses irrespective of that, but they are trained nurses and graduates.

QUESTION. How many schools are there in Orange?

MISS HINTZE. Only one. Other nurses are taken in whether they are graduates of our school or not. They are simply boarding-houses run with a view of making money. At present everything goes very well.

MISS MERRITT. It is going to take time to change the order of things. We had, of course, a clear field. There were no regis-
tries except the schools, and one in King's county, which has not been much used.

Miss McKeonnie: If a nurse takes calls from outside must she let the registry know it?

Miss Merritt: Yes; that has been provided for. She must send a postal card to the superintendent stating that she has taken a case.

The second paper to be read was then announced.
TRAINED NURSING FOR PEOPLE OF MODERATE INCOMES.

By Miss Diana C. Kimber, Assistant Superintendent of Nurses, New York City Training School.

[Read before the American Society of Superintendents of Training Schools for Nurses, in Baltimore, February, 1897.]

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For the December number of the "Trained Nurse," 1895, I wrote a short paper entitled "A New Field of Work for Nurses." In this paper an attempt was made to answer two very pressing questions which were then, and are now, troubling many of our minds. These questions were briefly: (1) How shall we provide more work for our graduate nurses? and (2) How shall we provide skilled nursing for people who cannot afford to pay the usual price of the trained nurse?

The ready solution of these two problems adopted by many people who are not thoroughly informed as to a nurse's life and resources is that nurses must lower their prices, and they will then meet with a large demand for their services, and the needs of the largest section of the community—the wage-earning section and the people with moderate incomes—will be supplied. That this is not a practical solution was very ably shown by Dr. Bogart in an address made to a graduating class in Brooklyn last summer, and which address was published in the "Trained Nurse" last August. In stating the reasons why graduate nurses are justified in making seemingly high charges Dr. Bogart gives the principal one as this: Trained nurses on private duty, as a rule, work not five hours a day, as teachers do, nor six to eight hours a day, as stenographers and typewriters do, but sixteen, eighteen, twenty and sometimes twenty-four hours a day. Her pay at $21 a week, or $3 a day, is 20 cents an hour for a minimum of fifteen hours, or 15 cents an hour for a maximum of twenty hours' work. While earning this amount she often gets no more than four or six hours' sleep, and this in the sick room beside her patient, and subject to frequent interruptions. Recreation is scarcely to be thought of until the patient is convalescent, and there are no holidays until the service terminates either by the recovery or death of the patient, or the nurse breaks down under the strain and has to be relieved. ** The average nurse is physically incapacitated at least one-quarter of her time, and many are unable to withstand the strain of private nursing for more than six or eight months out of the year. All this has to be
taken into account in determining the propriety of nurses insisting upon $3 a day as their minimum figure.” The whole paper is a most fair presentation of the nurses’ position with regard to the subject in hand—How to provide trained nursing for people with moderate incomes.

The plan I suggested last December a year ago was in substance this: That individual nurses, or groups of nurses, of sufficient enterprise for starting such work, should call on all the doctors within a reasonable radius of their headquarters and state that they would take care of patients by the hour, by the night, by the half-day; assist at operations and prepare for same; attend confinement cases and take after care of such by paying at first two or three calls a day, later one, and so on; and that they would thus create a demand for their services among the class of people we most desired to reach. They should in fact become Visiting Nurses, but Visiting Nurses not employed by a Society paying them a salary to visit the poor, but Visiting Nurses employed by the doctor to take care of patients able to pay the nurse for the services rendered.

Take a confinement case, for instance, where a patient can afford to pay $10 a week for the care of a nurse. The nurse cannot afford to give the whole of her time for $10 per week, but she could call night and morning, do the really necessary things for the mother and child, and give such instruction to the relative who was with the patient as would insure her well-being during her absence. The woman would probably do as well as if she had a nurse at her disposal during the whole of the twenty-four hours, and in any case the risk of her doing badly would be very considerably less than if she did not have the trained nurse, or had a woman who was only half-trained.

This system seemed feasible on paper, but the question was, Would it work? Was it a practicable scheme?

In July last the following letter appeared in the Rochester City Hospital Review:

66 South Union Street, July 1, 1896.

To the Editor of the Hospital Review:

As the City Hospital Managers kindly wish to notice the work of visiting nursing in the Review, I will, with pleasure, tell you how I began the work, and how I have succeeded.

My attention was first directed to the subject by an article in the December, 1895, number of the “Trained Nurse,” written by Miss D. C. Kimber, and dealing with two questions: (1) How shall we provide more work for our graduates? and (2) How shall we provide skilled nursing for people who cannot pay $25 per week for the services of a trained nurse, and yet who respect themselves too highly to become the recipients of charity? I thought a good
deal on the subject, and decided to try visiting nursing in Rochester, if the doctors gave me any encouragement, as I felt there were many people in Rochester who could not afford $18 a week for a nurse, and yet who needed skilled care, and who would be glad to have a nurse for part of each day. Then, again, there are cases that do not need constant attention, but there is a dressing to be done, or it may be only a bath to be given, and the bed made, in the case of a helpless person, but these things being properly done means much to them. Patients may have to submit to an operation and stay in bed for a week or so, but they are not seriously ill, and if a nurse comes in night and morning they get on very comfortably, and are willing and able to pay a moderate sum for the care given in that way.

I returned to the city on February 25th, after an absence of eight months, and began at once to talk visiting nursing. I called on sixty-three doctors, and told them what I thought of doing and how I intended doing it. With three exceptions, they were much pleased with the idea, and I thought I should get plenty of work when people knew they could get a nurse for a short time daily. To bring the matter before the doctors in the city with whom I was not acquainted, I had cards printed under the title of visiting nurse, and with a schedule of prices, etc. The prices were specially designed to meet the needs of people in moderate circumstances, and yet to be a fair remuneration (according to Rochester prices) for the services rendered. My first case was on March 6th. I did not have another call until March 23rd. From March 23rd to June 30th, inclusive, I have had twenty calls; twenty days and fifty-four nights have been spent with patients. I made 140 day visits, and attended seven operations. I had to send nurses to four cases I could not take myself. Altogether I feel that the new idea in nursing has been fairly successful.

Doctors, nurses, clergymen and every one with whom I have talked about the work have been most kind and encouraging.

Thanking you and the City Hospital Managers for your kind interest in the work, I am very sincerely yours,

J. J. CUNNINGHAM.

The cards printed by Miss Cunningham read as follows:

VISITING NURSE.

MISS J. J. CUNNINGHAM.

Graduate Rochester City Hospital Training School.

Will care for patients at the following rates:

One to two hours, night and morning, $1 a day.

Prepare patient for minor operation and assist, $2.

Remain with patient all night, $3.
Obstetrical cases—be present during labor, six hours or less, $2, and 25 cents additional for every two hours longer up to $5.

Care for patient and baby, two hours daily, one week, $5 additional.

Messages left at 56 South Union street, or sent by messenger, will receive prompt attention.

December 17th I received a letter from Miss Cunningham in which she says: "I enclose my card with schedule of prices. I intended raising my price for operations to $5 and for obstetrical work to $10, but one of my graduates has sent out cards copying my prices exactly, so I do not think it would be wise to raise my prices. The doctors all think well of the work. I am very careful to follow their directions and not to exceed directions. Several of the doctors for whom I have had to do dressings, etc., said they were glad to have a nurse do them, as it saved their time, and they kindly said I could do the dressings as well as they could. I enclose two reports from the Rochester City Hospital Review, giving the amount of work I have done to October 29th. Since then I have spent twenty-five days with patients and twenty-nine nights, made twenty-nine day visits and attended three operations. November was the slackest month since April. I was without work for four days, the first time I had been without work since April. Of course, sometimes for several days I would only have one call to make each day, but always had some work to do. My average weekly earnings from March 23d to July 1st were $10.32; from July 1st to August 1st, $11.55; from August 1st to September 1st, $18.25; from September 1st to October 1st, $15.13; from October 1st to November 1st, $12.88; from November 1st and December 1st, $9.25; from December 1st to December 18th, $12.85. You will notice that my earnings are not so much as would seem they should be from the amount of work done, but I often feel that I cannot charge even my moderate prices. My diet kitchen, which I started September 4th, has been a success from the first. The principal demand is for koumlys."

In response to another letter from me Miss Cunningham writes January 14th: "A great many of my cases have been among wealthy people, who do not need a nurse all the time; artificers, clerks, florists, railway men, ministers, students, commercial men, porters, waiters have all employed the visiting nurse.

There being four other nurses in the city, who are ready to do visiting nursing, has made little if any difference in the number of calls I have had. I think there is much need for this kind of nursing. I like visiting nursing better than private nursing, as I get out more, going from one case to another; there is more variety to the work, and I frequently have two or three hours a day to myself."
I have to-day had a letter from Baltimore, Md., inquiring about visiting nursing, and one from Belleville, Ontario, Canada. Trusting my answers are full enough, I am very sincerely,

J. J. CUNNINGHAM.

So much for the work in Rochester. From New Haven I have received the following:

"MY DEAR MISS KIMBER—Please excuse the delay in answering your letter of December 22d. Before answering your questions let me say a few words about work in general. The people are slow to understand the meaning of the word Visiting Nurse or District Nursing, or to take up any new thing, and my work has been so irregular that I am afraid I cannot give you a clear understanding of it. I sent out my circulars about the 1st of September. My first call came September 14th. To answer your questions. How many calls have you made? In four months one hundred and fifty. Nature of calls? Massage, night work, surgical dressings. What class of people? First and second class. How much earned a month or week? Average first month, $6 a week; average now, $15 a week. Do the doctors approve? The doctors approve, but have not given it much thought. Is there much need for this kind of nursing? At present there is not much need of such work, but it will grow; the need will grow when the work shall be more generally known. How did I start? I sent out 150 circulars to doctors, former patients and friends, called on a good many doctors—all thought it a good idea—advertised in home paper. I send my circular. hoping this may not be too late to be of use, I am, yours sincerely,

M. E. C."

The circular runs as follows:

DISTRICT NURSING.

"We believe that if a man cannot have a trained nurse every moment of the time, he will be glad to have one part of the time."

—Trained Nurse, 1895.

Having taken up district nursing, I am prepared to attend patients who need a nurse’s care for one or more hours a day.

Baths, Massage, Surgical Dressings. To assist doctors when needed. Ready for any call.

Name and address.

From Buffalo a nurse writes:

"MY DEAR MISS KIMBER—Yours of recent date is received. To my regret I have no report for you. I was interested in your article, the plan seemed feasible, and I felt a desire to give the work a trial. In September I made a slight beginning, viz.: Called on about a dozen physicians and presented the plan, meeting with encouragement from all. I was then suddenly called out of the city
by the illness of a friend, and have but just returned. There are two nurses; however, who have been doing something in that line during my absence. I have not seen them to talk it over, but hear that they have succeeded."

I have also heard from a nurse in Utica, N. Y., who is about to begin the work, and who seems sanguine of success.

In New York three nurses have been working for nearly a year, who have an advertisement in Miss Longeway's Directory, which reads as follows:

TRAINED NURSES BY THE HOUR.

Telephone 241 Columbus. Address, 207-208 W. Eightieth street.
Miss G. F.,
Miss M. L. C.,
Miss C. E. W.,
Gradsuates of Charity Hospital.

Offer their services to attend by the hour cases that require periodical attention, such as Baths, Dressings, Douches, Catheterization, etc., as ordered by physician or surgeon in charge.

Terms, $1.00 Per Hour.

Also surgical and obstetrical cases at $10 per week, making two visits daily.

These nurses write me that the doctors highly approve of this system of nursing, that they have been successful, though the work has not been sufficiently advertised to overwork them yet. One nurse confines her attention almost entirely to obstetrical work, the other two to surgical and miscellaneous cases.

This is all the information I have been able to obtain as to this method of supplying trained nursing to people with moderate incomes.

And now let me say a few words as to what seem to me to be some of the advantages of this method of nursing. First, I have thought that nurses introduced into families in this way would be educative influences as well as actual workers, reaching and teaching a section of the community very susceptible of profiting by such instruction. The care of the sick would not be taken entirely out of the hands of their friends, for wherever necessary and practicable it would be shared by them, and that dread of the nurse taking exclusive charge of the sick room, which makes many people hesitate to send for a trained nurse, would not arise. Again, we know that in many cases it would be better for the patient if the nurse were not at hand to satisfy every foolish whim and fancy that may occur to a nervous patient, just as in hospitals we often find operation cases do better when put in the general ward than when they are placed in special rooms, have the exclusive attention of the nurse, and nothing to divert their attention from themselves. Of
course, I am not arguing that there are not many cases that require
individually skilled attendance for shorter and longer periods, but a
very large majority of patients would do quite well if the nurse
came in for one, two or three hours every day, carrying out such
doctor's orders as required dexterity and training; bathing the
patient and making the bed, teaching the friends how best to keep
the room ventilated, and what to do until she came again. But the
chief argument in favor of the adoption of this kind of nursing
is that it brings the services of the trained nurse within the range
of nearly all wage-earners, and is a fair arrangement for supplying
non-charitable help, the basis of the system being adequate re-
umeration for services rendered.

I think there is little question that if some such system as I have
attempted to outline, and which Miss Cunningham has practically
worked out, were to become general, many nurses would prefer the
life of a visiting, to that of the private duty nurse. It is a healthier,
wholesomer life; it leaves a possibility for some kind of home
life, it allows plays for more individuality, it brings the nurse into
direct contact with doctor and patient, and, better than all, it gives
greater opportunities for usefulness and help.

It is to be hoped that more doctors will take up the idea and that
it will become customary for a doctor with a large practice to em-
ploy his visiting nurse to visit his less wealthy patients just as he
secures one by the week for the more wealthy. The most encourag-
ing feature of the reports received has been the well-nigh unanimous
approval of all doctors who have been asked for their opinion of this
method of supplying skilled nursing to people with moderate in-
comes.
DISCUSSION ON MISS KIMBER'S PAPER.

The Chair. In this valuable paper to which we have just listened, we seem to have reached a solution of one of our most difficult problems. We have presented to us excellent suggestions as to methods of placing the necessary services of the trained nurse within reach of those who cannot afford to pay for her whole time. Efforts have been already made in this direction, and we are given encouraging reports of the measure of success with which they have been attended. It would be interesting to know if these experiments have been made elsewhere. Possibly we may receive further information from Miss Allerton, of Rochester.

Miss Allerton. The nurse, Miss Cunningham, to whom allusion has been made, in Rochester, sometimes earns as much as thirty dollars a week though, of course, it does not average that. She has also established a diet-kitchen in connection with her work. It is a great convenience, too, for a visiting nurse. We send her cases from the hospital who require work at home. She is well established in Rochester and very successful.

Mrs Quintard. Such a nurse has been successful in New Haven.

Miss Brown. It is a lamentable fact that nurses who start out with a fair amount of health often fall by the wayside. I have such a nurse in mind, who after years of very successful work succumbed to nervous prostration. She has nearly regained her health, but it is not safe for her to take up her former duties, and she is beginning this kind of work. We shall follow her course with interest.

Miss Stowe. One of our graduates started along this line last March after seeing Miss Cunningham's letter. She has barely made a living by doing office work for one or two of the officers of the hospital staff.

Miss Snively. This work has been started in Toronto. One of the doctors appealed to me to find a nurse to do a dressing for a patient. It occurred to me that we might put some work
in the hands of the graduates in this way. This nurse is now receiving about seven dollars a week for such services.

Miss Hintze. There is a good field for such work in the smaller towns. In Orange we send out nurses to do work by the hour in obstetrical cases.

Miss Kimber. When nurses find that others have been successful in this line they will be glad to take it up.

Miss Smith. The way in which people of moderate incomes have heretofore got nurses was to take those who have been turned out of schools.

The Chair. This means a check upon that plan.

Miss Nevins. At a time when we had a larger number than we could keep employed, I spoke to the doctors about having nurses sent to people who could pay five or ten dollars a week. The demand came suddenly, and it was somewhat disastrous because such calls have continued ever since when we were unable to respond. But the nurses were glad of that experience of having private patients among poorer families where they tested their ability in many directions. It worked well and the need of such work among people of moderate incomes was demonstrated.

The Chair. It would seem that here is an opportunity for good work. As Miss Drown suggests, nurses who are not equal to the full demands of their profession could employ a certain number of hours each day, satisfactorily to their patients and to themselves. We can easily call to mind nurses, whom we know are quite sure to break down if they go on with private duty, yet they are obliged to maintain themselves, and nothing else is open to them. The suggested plan of nursing would work beneficially both ways, and in trying to place nurses within the reach of people of moderate means, we may be helpful to the nurse of moderate strength.

Miss McIsaac. A visiting nurse in Chicago, Miss Williams, has been very successful, so that she has to turn her cases over to other nurses and they have taken up the work. She has been as busy as she could be for two years. She does exactly the same work as Miss Cunningham.

Question. What are the rates in Chicago?
Miss McIsaac. I do not know the rates. There is no printed schedule. I only know that she told me the first few months she hardly made her expenses, and now she has a considerable income. She is well spoken of and employed by the best men.

A message from President Gilman was read, stating that the University buildings would be open to all members of the Society during the Convention.

Adjourned at 3 p.m. to meet at 10 a.m., the next morning.

Thursday Morning.

The Society was called to order by the Chair at 10 a.m. The ballot committee was directed to distribute ballots for the election of officers for the coming year.

Miss Scively, for the committee on the amendments of the constitution, reported that the necessary changes had been made and would be distributed by the Secretary, as provided by the constitution.

The Publication Committee was directed to print the constitution in small pamphlet form.

The report of the committee on preparing a practical scheme for limiting the hours of work in hospitals was presented by Miss Darche, as follows:

At our last year’s Convention and following Miss Nutting’s very able statistical paper on the number of hours the nurses of our schools work in the wards, a committee was appointed (of which Miss Nutting was chairman) for the purpose of presenting a report at this convention of a practical scheme which might reduce the nurse’s hours on duty to a minimum.

The duties of this chairmanship were later laid on me and I have mapped out the schedule of hours of our own school (which is the same schedule as that of a number of other schools) as this plan reduces the day duty of the pupil nurses to nine hours, and the night duty to twelve.

In order to obtain this result we have all day nurses breakfast, before going on duty, at 7.30 a.m. At 12 o’clock two-thirds of the nurses come to the Home for the “first dinner” hour, then they all return to the wards at 1 o’clock when the remaining one-third comes to the Home for the second dinner hour. They continue off duty two hours longer and return to the wards at 4 p.m.

At 5.30 p.m. the first relay of nurses, who attended first dinner,
now come off duty for the day, and the second relay, which returned at 4 p. m., continue on duty till the night nurses relieve them at 7.30 p. m.

The first relay have supper at 6.30 at the same hour that the night nurses have their supper before they go on duty. The second relay of nurses, who come off at 7.30, have their supper at 7.40. This plan necessitates at the Home two distinct breakfasts served at 6.40 and 7.40 a. m. Two distinct dinners, served at 12.30 and 1.30, and two distinct suppers at 6.30 and 7.40 p. m.

This report is not presented as a scheme which would prove practicable for all schools; but simply as a report of what has been found practicable in a number of schools, and it arranges that the pupil-nurse shall not be on duty in the hospital wards over nine hours per day, and the night nurses not over twelve hours per night.

LOUISE DARCHE,
Chairman.
M. A. NUTTING,
L. L. DOCK.

DISCUSSION ON THE REPORT.

QUESTION. Will Miss Nutting tell us about the arrangement of hours at the Johns Hopkins?

Miss Nutting. I should like to say to begin with that I have never attempted to inaugurate what is generally understood as an eight-hour system. It is not possible to limit the service to eight-hours a day in every department of hospital work, and unless the eight hours obtains throughout, it is no eight-hour system. Such a system, in most people's minds, means such a division of the twenty-four hours that the nurses go on in three relays, each relay remaining on duty for eight hours. We have never attempted that. We simply try to give as near eight hours of duty as is possible, both day and night and the service is broken according to the needs of the wards. Some nurses are on duty four hours in the morning and four hours in the afternoon; some five in the morning and three in the afternoon, just as they are needed. In some hospitals all the heavy work is in the morning, but in ours it is distributed pretty well throughout the day, and is frequently quite as hard in the afternoon and evening. Our present plan of work I must, for the present, regard as purely experimental, and I shall be glad to give my opinion of it two years hence.
Mrs. Robb. Will Miss McIsaac tell us about their experience in Chicago with reference to this?

Miss McIsaac. Our course has been begun so short a time that I feel that I can tell better about it two years from now. It is only by experience that we can put down hard and fast rules. We could not take up the eight-hour system, but we have tried to minimize the work in other ways. We give night nurses, after a month's duty, two days off. Last year I took a large class of sixty and we discussed the matter and the vote was unanimous for the present system, nine hours, with a half day's rest. The trouble is in many schools they are not sure of having their time, but we make it a point to insist on it, that they shall have their regular time. It would be impossible for us to inaugurate an eight-hour system.

The Chair. It may be of interest to state that we have not increased the school yet by one nurse and we have given half days on Sundays, except on one or two days when it was impossible to do so.

Mrs. Quintard. We have nine and a half hours daily duty and a half day off, except when very busy, and then that lost time is made up to the nurse during the week. The nurses have two hours off duty each day. We could not have an eight-hour system.

Question. Do you take the class hours out of the duty hours?

Mrs. Quintard. Yes; the lectures come from the duty hours.

The Chair. That makes a great difference.

Miss Hinte. Do the nurses get an afternoon off beside half of Sunday?

Mrs. Quintard. Yes.

Miss Hinte. That would bring their actual working hours in a week's time to less than eight hours a day.

Miss Darche. How long has this been the arrangement in St. Luke's.

Mrs. Quintard. Since last March.

Miss Darche. What were the hours before that time?

Mrs. Quintard. About fourteen.

Miss Darche. Have you increased the force of nurses?
MRS. QUINTARD. No. We have a full number of nurses.
Miss Darche. What were the longest hours that any nurses worked as given in Miss Nutting's paper last year?
The Chair. One hundred and five hours a week, or fifteen hours a day. The next longest was thirteen and a half.
Question. Were there any schools where they worked only eight hours daily?
The Chair. There were two; I think Brooklyn was one.
Miss Merritt. Our eight hours duty lasts during the summer, from May till September; the rest of the year we have nine hours.
Miss Banfield. In our hospital, which is a surgical hospital, I cannot have a systematic scheme because of the exigencies of the work.
On motion, it was then voted to approve the report of the committee.
The letter from England with reference to an International Nursing Congress, and Nurses' Exhibit was again taken up. Much interest was expressed, and after some discussion it was voted that Miss Draper and Miss Smith, who intend visiting England in the summer, should be authorized to confer with the officers of the Matrons' Council on the subject, and to report next February at the annual meeting, at which time final action could be taken.
The ballots were then collected and the following officers were declared elected:
President—Miss Mary A. Snively.
Vice-President—Miss M. Adelaide Nutting.
Treasurer—Miss L. L. Drown.
Secretary—Miss L. L. Dock.
Auditor—Miss E. L. Stowe.
Councillors—Miss S. F. Palmer and Miss G. M. Nevins.
A paper on a "Uniform Curriculum" was then read by Miss McKechute.
WHAT HAS BEEN ACCOMPLISHED IN THE DIRECTION OF A UNIFORM CURRICULUM.

By Miss Mary W. McKechnie, Superintendent Wilkes-Barre City Hospital Training School.

[Read before the American Society of Superintendents of Training Schools for Nurses, in Baltimore, February, 1897.]

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An attempt has been made, in the preparation of this paper, to present a report of the methods of work and plan of teaching in the various training schools represented by the members of this society, in the United States and Canada, and has been undertaken with a view of finding out what degree of uniformity exists, and how the general plan of instruction compares with the conditions laid down in the report of the committee on this subject, recommended and approved by this society at its last meeting. The information has been taken from the reports sent in response to a list of printed questions addressed to those members who are at present occupying positions as superintendents of training schools.

The number of superintendents written to was ........................................ 66
Number of answers received ........................................ 58
Number of American training schools ........................................ 51
Number of Canadian training schools ........................................ 7

In the State of New York alone reports were received from schools ........................................ 13
In Pennsylvania from ........................................ 10
In Massachusetts from ........................................ 6
In New Jersey from ........................................ 5
In Illinois from ........................................ 3
In Michigan from ........................................ 3
In Ohio from ........................................ 2

The remaining nine were scattered throughout the different sections of the United States: Eastern Section, 3; Southern, 4; Central, 1; Western, 1.

The principal points dwelt upon are: The preliminary qualifications for entrance to training schools; length of course of training; division of time for practical experience in the various branches of nursing; curriculum of teaching and study; length of scholastic year with length of terms; specified times for the admission of pupils and vacations; examinations; entrance, primary and final; examiners and methods of examining; grading in practical work.
and conduct; final examinations and percentage required before
receiving a diploma.
In order to give a better idea of the plan of instruction in these
fifty-eight schools, I have arranged them in three classes:
1. Those connected with hospitals having 150 beds or more.
2. Those connected with hospitals having less than seventy-five
   beds and not more than 150.
3. Those connected with hospitals having less than seventy-five
   beds.
Schools of the first class.—Twenty-eight schools are represented
in this class. The largest school has 150 pupils to 1,200 beds, a
ratio of one pupil to eight and two-third patients; the smallest has
eighteen pupils to 150 beds, a ratio of one nurse to eight and one-
third patients.
Length of Course.—Twelve of these schools require a three-year
course of instruction; two have a three-year course in view, and
fourteen require a two-year course; of these schools giving a three-
year course nine are connected with hospitals having from 200 to
1,200 beds.
Practical Work.—From twenty-one schools reports of the division
of the pupil's time for practical work were received. In all of these
the practical experience included medical, surgical and gynaecolog-
ical nursing, but each school seemed to be a law unto itself in
the length of time allowed for each service. In twelve schools hav-
ing a three-years' course, one allows 12 months for medical nursing;
one, 10; two, 9; one, 8; one, 7½; four, 6; one, 4; one, 3. For surgical
nursing one school allows 16 months; one, 10; two, 8; one, 7½; one,
7; five, 6. In gynaecological nursing one school allows 7 months;
two, 6; one, 5; two, 4; one, 3; three, 2. One school combines surgical
and gynaecological nursing and allows 10 months. In considering
these facts it is well to remember that the largest hospital may not
always offer nursing experience in the greatest number of services,
also, that a hospital of 150 beds may have every variety of cases
and that the difference in the number of patients in the different
services in large and small hospitals is to be borne in mind. One
school giving a three-years' course allows four months in the chil-
dren's ward; another affords a large experience in the nursing of
contagious diseases.

**DIVISION OF TIME IN SCHOOLS REQUIRING 2 YEARS' COURSE.**
Reports were received from 9 schools. For medical nursing two
schools allows 10 months; three, 9; three, 8; one, 3. For surgical
nursing one school allows 14 months; one, 12; one, 9; two, 8; two,
3. For gynaecological nursing four schools allow 3 months; two, 2;
two schools combine surgical and gynaecological nursing and allow
14 and 10½ months respectively.
The usual course of training offered by the most advanced schools
in this country includes, besides experience in the nursing of medical, surgical and gynaecological patients, obstetrics, experience in the care of private patients in hospitals, practical instruction in massage and invalid cookery, and frequently nursing in contagious diseases.

The number of schools in this class giving instruction in all these branches is three. The number giving in addition to medical, surgical, and gynaecological nursing, practical experience in obstetrics is 12; the number giving private ward experience is 6; number giving instruction in cooking for the sick, 23; instruction in massage, 15; experience in contagious wards, 8.

Special nursing in hospitals is usually considered preparatory experience for private nursing in so far as the duties, hours, and in a measure, the responsibilities of the nurse are concerned; but the sending of pupils out to private patients and to district work is not generally recognized as a part of the course of training; yet we find the practice still exists to some extent. From the reports received at least four schools in this class continue to do so, in one giving a three-years’ course of instruction and in three giving two years. In two schools, additional time has been affixed to the prescribed course of two years for special practical instruction. In one two months for district work, and another offers a post-graduate course of six months for the purpose of fitting those pupils possessed of ability to fill hospital positions.

Head Nurses.—All schools requiring a 3 year course have graduates or 3rd year pupils in charge of wards. In those giving a 2 year course, 5 schools have graduates in charge of all wards, and 5 part graduate nurses and part pupils; 4 schools have pupil nurses in charge of all wards.

SCHOOL CURRICULUM—LENGTH OF SCHOLASTIC YEAR.

Fourteen schools have a year of from 8 to 10 months or one term of 36 to 40 weeks extending from September or October 1st to June or July 1st; twelve schools have the same year but divide it into two terms of from 16 to 20 weeks each.

Class Instruction.—Seventeen schools give one lesson each week in anatomy and physiology, materia medica and nursing throughout the school year; the number of lessons varying from 20 to 40 according to the length of the term. One school gives class instruction the year round, summer and winter. In two schools lessons in anatomy and physiology and nursing are taught by the superintendent, instruction in materia medica being given by the druggist of the hospital. In one school the superintendent teaches practical nursing only, anatomy and physiology being taught in a course of twenty lectures delivered by a physician which makes the Junior Lecture Course. Eight schools failed to send any definite report of class work.
Classes.—All of these schools are divided into classes. In those giving a two-years' course into junior and senior, and junior, middle and third year pupils in schools having a three years' course. Some schools have classes for head nurses as well.

Admission of Pupils.—Twelve schools have stated times for forming classes, usually spring and fall, or spring and summer; thirteen schools take in probationers at any time, usually when a vacancy occurs; three schools admit regularly a certain number every month throughout the year.

Vacations.—Twenty-one schools arrange for vacations to take place in the summer months; five give them at any time when convenient; one has vacations going on all the year round.

Lecture Course.—In all but one school in this class a course of lectures is provided, delivered by medical men. The greatest uniformity exists in respect to the subjects lectured upon, the main points of difference being in the arrangement and the number given on the various subjects. The usual course contains lectures on medical, surgical, gynaecological and obstetrical nursing; nursing of children; infectious diseases; special nursing of the eye, ear, throat and nose; hygiene and sanitation and frequently on nervous and insane nursing. Lectures are delivered one, two or three each week according to the number of courses arranged. Ten schools have a separate course for juniors and seniors; two schools have three, a junior, middle and third year course; fifteen provide only one and one school none at all. In one school giving a three years' course of instruction and having two courses of lectures, only seventeen lectures are given to the juniors in the first year, and the course does not begin until the second half of the school year, the first four months being entirely taken up with class teaching on anatomy, physiology and nursing. In another giving the same length of training, the junior course consists of twenty lectures on anatomy and physiology, no class teaching being given on these subjects.

Special Instruction.—In fifteen schools a practical course in massage is provided, usually in the form of lectures with demonstrations. Twenty-one schools provide instruction in sick-cookery, either in the form of lectures with demonstrations, or practically as well as theoretically in a diet school under a special teacher where the pupils are sent in turn to serve a definite time varying from one to three months.

Text Books.—In every school either Isabel Hampton's or Clara Week's manual on general nursing has been adopted, five schools use both. Diana C. Kimbers' "Anatomy and Physiology for Nurses" is used in more than two-thirds of the schools here represented, and L. L. Dock's "Materia Medica for Nurses" is more than one-half of
the schools. Where a text-book on "Cooking for the Sick" is used
M. A. Boland's "Invalid Cookery" is most often mentioned.

Facilities for Object Teaching in Class and Lecture.—Twenty
schools are supplied with a skeleton, sixteen with a manikin, thir-
teen with both skeleton and manikin; fifteen with anatomical charts
and separate bones. One has a miniature bed and doll for demon-
strating and many keep models of appliances.

Books of Reference.—In twenty-one schools a reference library is
to be found for the use of the pupils, the largest contains 233 vol-
umes. One school not having one of its own, has access to the staff
library.

Class Demonstration.—Several schools mention especially the at-
tention given to class demonstrations in practical work and speak
with assurance of the success of this method of teaching.

Examinations.—Little uniformity is to be found in the method of
examining in schools of this class.

(a) In two schools an entrance examination is required in the
common English branches, usually held sometime during the period
of probation. Eight schools do not require an examination, the
superintendent deciding as to the qualifications of the applicant.

(b) Twenty-two schools hold an examination at the end of the
first year; in ten schools, it is conducted by the superintendent of
the school; in twelve schools, by the lecturers or board of exam-
iners. This may be either written, oral, or both.

(c) A final examination is held in every school, and in twenty-five
out of the twenty-eight, is conducted by an examining committee
selected usually from the staff of lecturers, or the whole staff of
lecturers may constitute an examining board. In twenty schools
this examination is both written and oral, and in fourteen of these,
ward marks for practical work and deportment are included in the
general average; in two schools, where ward marks are not given,
records of the pupil's work are kept. In two schools, the final ex-
amination is conducted by the principal of the school. Two schools
have an examination every three months conducted by members of
the staff; three have an examination every six months in the first
year conducted by the superintendent of the school, and a final ex-
amination conducted by members of the staff. One has an exam-
ination every three months, in both first and second years, conducted
entirely by the superintendent.

What Merits a Diploma.—In eighteen schools a certain per-
centage of marks is required in work, deportment, and in final ex-
aminations, before a diploma is granted.

Averages.—Four of these schools require an average of 50 per
cent.; two, 60 per cent.; one, 65 per cent.; six, 70 per cent.; four,
75 per cent.; one, 90 per cent. In ten of these schools ward marks
are included in the general average. In the eight remaining schools,
general excellence in examinations, work, and deportment, merits a diploma.

**SCHOOLS OF THE SECOND CLASS.**

Eighteen schools are represented under this head; the largest having forty-two pupils to 140 beds, a ratio of 1 to 3 1-3; the smallest having 18 pupils to 75 beds, or one nurse to 4 1-5 patients.

Length of Course.—Five of these schools require a course of three years and all of them nurse hospitals with 100 to 125 beds; the remaining 13 require a course of two years.

Practical Work and Division of Time in Schools Giving a 3 Years' Course.—Three report a systematic division of each pupil's time for medical, surgical and gynaecological experience. For medical nursing, one school allows 8 months; one, 6; one, 4. For surgical nursing, one allows 6 months; one, 4; for gynaecological nursing one allows 6 months; one, 4; one combines surgical and gynaecological nursing and allows eleven months’ time; one states that no definite division is made; another divides the time equally between the three services but gives no idea of the amount of time divided. Experience in obstetrical practice is given in each of these five schools. Two, in addition to general branches, afford experience in the nursing of contagious diseases; five give experience with private patients in the private wards of the hospital; four provide special courses of instruction in massage and cooking for the sick. With one exception, these schools send their pupils out on private duty. One school arranges for it in the second year of training; in the third year, the pupils are required to act as head nurses in the hospital. In another school the pupils are sent out to private duty in the third year. The money earned in every instance, going into the hospital treasury.

**DIVISION OF TIME IN THOSE SCHOOLS GIVING A 2 YEAR COURSE.**

Reports were received from nine schools giving the time allowed for each department.

For medical nursing, one school allows 7 months; four, 6; one, 5; one, 4; two, 3; for surgical work one allows 8 months; two, 6; three, 4; two, 3. For gynaecological nursing, two schools allow 6 months; one, 4; three, 3; one, 2; two schools combine surgical and gynaecological nursing and allow seventeen months, and five months respectively. All of the nine schools provide practice in obstetrical nursing, the time allowed varying from two cases to three months; seven schools include experience with private patients in private wards in their hospital; four afford experience in the nursing of contagious diseases; seven give practical instruction in sick-cooking in a diet kitchen; seven schools send their pupils out on private duty during the two years. One school arranges for one month of district nursing in the two years. Another allows three months for this
work in the first year of training and in the second year the pupils
are sent out on private duty, so that their training in hospitals is
limited to about nine months.

Head Nurses.—In those schools giving a course of three years,
the third year pupils are generally placed in charge of wards. One
school has a graduate nurse in charge of the operating room, the
other head nurses being senior pupils. In schools giving a two
years' course, four have graduates in charge of the most important
departments; as operating room, and private wards; six schools have
senior pupils in charge of all wards. In one school the head nurses
are sisters of a religious order and in another the assistant super-
tendent is also the head nurse of all wards.

School Curriculum.—Fifteen schools have a year of from 8 to 10
months, as in the first class, beginning in September or October and
ending in June or July. One school continues classes and lectures
all the year round; and vacations in this school are given at the end
of the first year. Six schools divide the year into two terms; eight
making the year one term.

Class Instructions.—In thirteen schools, instruction is given by
the principal of the school or her assistant in anatomy and phys-
ology, materia medica, and nursing.

Number of Lessons.—Ten schools give a lesson each week on an-
atomy and physiology, and nursing; the number varying from 20
to 40 according to the length of the term. In nine schools, lessons
are given in materia medica, the number ranging from 10 to 36.
Eight schools sent no reply to questions on this subject.

Classes.—As a general thing, each school is divided into classes.
In those giving a course of two years, into juniors and seniors and
sometimes a class for head nurses; and into juniors, middle and
senior, in those giving three years.

Admission of Pupils.—Eight schools have a stated time for this,
usually spring and fall as in the first class; nine schools admit
pupils at any time, usually when a vacancy occurs; and one takes
in probationers every month.

Vacations.—Fourteen schools arrange for vacations in the sum-
ner months; four give them any time when convenient.

Lecture Courses.—Each school provides a course of lectures de-
ivered by medical men. Seven schools arrange for two courses, a
junior and senior; the number in each varying from 24 to 40.
Where only one course is provided the number varies from 24 to 60.
Most of these courses of lectures include 5 or 10 on anatomy and
physiology in addition to the usual number on general subjects.
In every instance the services of the lecturer are given gratuitously.

Special Instructions.—Ten schools provide a course of lectures
with demonstrations on massage. Eleven provide a course of in-
struction in sick cookery, usually lectures or classes given by a special teacher. These are always paid courses.

Text Books Commonly Used.—Twelve schools use either Hampton or Week’s on "General Nursing," and four use both; one uses Stoney; fourteen schools use Kimber’s "Anatomy and Physiology," and twelve use Dock’s "Materia Medica."

Facilities for Object Teaching.—Thirteen schools have a skeleton for teaching in class and lecture; eleven have a manikin besides, one has an atlas and specimens; three sent no reply on this point.

Books for Reference.—Fifteen schools report having a number of standard medical works for the use of their pupils; the largest number mentioned was 80 volumes.

Examinations.—(a) Twelve schools require an entrance examination in the common English branches unless a high school certificate is furnished; two schools require a physical examination only.

(b) In sixteen schools, an examination is held at the end of the first year, and in nine schools the superintendent of the school conducts it. In the other seven it is conducted by the lecturers who constitute the examining board.

(c) In all of these schools, the final examination is conducted by the lecturers or a special committee appointed for the purpose.

Methods of Examining.—In seven schools the primary examination is both written and oral; in six, written only; in two, oral; three give no answer; eight schools require both a written and oral final examination; five written only, and five oral.

Diplomas.—Fourteen schools require a certain percentage of marks in examinations and standing in work and conduct to merit a diploma. In schools where ward marks are not kept the work and conduct must be good.

Averages.—One school requires 50 per cent. in everything; one, 60 per cent.; six, 70 per cent.; four, 75 per cent.; two, 80 per cent.

SCHOOLS OF THE THIRD CLASS.

Included under this head are reports from twelve schools all connected with hospitals having less than seventy-five beds. The largest hospital has 70 beds; the smallest 30. The largest school has 22 pupils to 60 beds, or one nurse to 2¾ patients; the smallest has 5 pupils to 30 beds or 1 nurse to six patients.

Length of Course of Instruction.—The largest school gives a three years' course of instruction, all the others give two years.

Practical Work.—All of these schools give experience in medical, surgical, and gynaecological nursing. One school allows for medical nursing, 12 months; surgical, 9 months; children's ward, 8 months; private wards, 9 months; practical experience in housekeeping, 3 months.

In seven schools having 24 working months, one allows 8 months
for medical nursing; four allow 6 months; one, 5; one, 4; for surgical nursing, two allow 8 months; three, 6; one, 5; one, 4; for gynaecological nursing two allow 6 months; one, 5; one, 4; two, 3; one, 2; eight out of these twelve schools teach obstetrics practically; two afford experience in private wards in hospitals; one gives experience in the nursing of contagious diseases and practical instruction in cooking for the sick. Only one school affords practical experience in all these branches and, besides requiring the whole time of instruction to be spent in the hospital, conducts a registry for its graduates under the school management. Another school includes district nursing in the course of two years; and five make a special point of sending pupils out on private duty.

School Curriculum.—In eight schools instruction is given in class and lecture. The teaching beginning in September or October and ending in May or June, one term of from 30 to 40 weeks.

Class Instruction.—In seven schools one lesson each week is given in anatomy and physiology, materia medica and nursing, throughout the school year. One school omits materia medica but the other two subjects are taught. Four schools have failed to send a report on this point.

Classes.—Seven schools divide the number of pupils into juniors and seniors. In a school of seven pupils this seems hardly possible.

Admission of Pupils.—Five schools admit pupils in the spring and fall; six, when a vacancy occurs, and one takes them in every two months; eleven schools arrange for vacations during the summer month and one at any time.

Lecture Course.—Each of the twelve schools provide for a course of lectures delivered by medical men, taking in all general subjects. All are given gratuitously, two arrange a separate course for juniors and seniors. Special instruction is given in several schools in massage and cooking for the sick.

Text Books.—In all twelve schools either Hampton or Weeks’ is used; in two, both; Kimber’s “Anatomy and Physiology” is used in more than one-half the number; and “Dock’s Materia Medica” in seven schools.

Facilities for Teaching.—Nine schools possess skeleton for object teaching; eight schools have a manikin, and four have charts besides.

Reference Books.—Nine schools have a number of standard medical works for reference. The largest library mentioned has 50 volumes. In three schools the pupils have access to the Staff Library, not having one of their own.

Examinations.—(a) Eight schools require an examination in the common English branches during the probation months. (b) In seven schools an examination is held at the end of the first year conducted by the superintendent of the school. (c) In ten schools
the final examination is conducted by an examining board; and in
eight schools, is both written and oral.

Diplomas and Averages.—One school requires 60 per cent. in final
examinations; one, 70 per cent.; three require 75 per cent. in both
ward marks and examinations and one 80 per cent. in everything.
One grants a diploma for satisfactory work and conduct; still an-
other confers a degree of medical and surgical nurse on its grad-
uates. Three require good work and creditable examinations before
granting a diploma.

Now let us review some of the main points dwelt upon in this
paper and, if possible, form conclusions therefrom.

Outside of the educational requirements for admission I have not
touched. There are many others; those of moral character, physi-
que, physical and mental strength, refinement, knowledge of
housekeeping, which I trust will be taken up in the discussion to
follow.

A knowledge of housekeeping, so essential in a nurse’s work, is
so often found lacking in the young women who make application,
that until domestic economy becomes a branch of education in our
public and private schools I fear we cannot hope for much im-
provement. The home training is all that can be counted upon, and we
know this part is often most sadly neglected. This would seem
to be a most important requirement for a course in nursing.

There seems to be some difference of opinion among superin-
tendents in regard to the length of the course of training, which
does not accord with the conditions laid down in the report of the
Committee. The paper to follow will probably show why out of
44 schools connected with hospitals containing 100 beds and over, 20
have lengthened the course to three years, and only one connected
with a hospital containing less than that number. As to the division
of time for practical work, reports from 42 schools show that each
pupil serves a definite time in each department of the hospital, but
uniformity is lacking in the amount to be devoted to each service.
It would seem best to allow each school to adjust this matter for
itself, according to the peculiarities of the hospital with which it
is connected, but if possible the minimum amount of time required
in each branch to fit the pupil for her profession should be decided
upon by this Society and be recognized by all schools. The ques-
tion of supervision of the pupils in ward work, we would think,
needs more attention, especially in the smaller schools. The most
thorough class of instruction in the principles of nursing, and
often and repeated demonstrations in the practice, are not enough
to inspire every pupil to be thorough in every detail of her ward
work, unless there be constant oversight by a superior. Little
negligences and carelessnesses, in the doing of one’s work, soon
become confirmed habits, and the pupil falls into a way of doing
things entirely different from that in which she has been taught, hence the necessity for an experienced and capable head nurse.

As to the curriculum of study, in thirty-eight schools we find class instruction recognized as an essential part in the training of a nurse. The time has passed when a nurse was supposed to be a mere machine to carry out orders. By arranging the pupils in classes regular attendance at class and lecture is insured, and the arrangement for vacations during the summer months seems to be general.

As the principles of nursing laid down in "Hampton" and "Weeks" are much the same, and as fifty-two schools use either one or the other, and some both, it follows that if the principles taught from these books are carried out in practice in ward work general uniformity in nursing must be the result.

With reference to the lecture course provided by all schools, one might be pardoned for thinking this part just a little overdone, and might question whether too much attention is not given to it, in exclusion of the more important grounding in principles and practice. We find in every course, besides a number on hygiene and sanitation, lectures on every branch of nursing. Why not include obstetrics, massage and cooking for the sick in the curriculum and require that provision be made by every recognized school for practical instruction and experience in these branches. No nurse should be considered perfectly equipped to practice her profession without including these three in her general training. From reports received we find many schools already make them a part of the course of training.

Systematic marking of the pupil in ward work and deportment does not seem to be universally adopted. But all will agree that to get at the real standing of the nurse and her capability for the calling she intends to pursue, thoroughness in work and ladylike behavior count far more than proficiency in theory alone.

It is shown that a number of schools require a definite percentage of marks on a graded scale, in practical work, deportment and theory, before granting a diploma, and not less than 70 per cent. is the average most frequently required. Another question to which I would call your attention is the "pupil's allowance." Though not exactly coming within the scope of this paper, any information I may have gathered on the subject may be of interest to you. In going over the reports sent from the various schools I find that eight have done away with the monthly payment of money, allowed for "the dress, text books and other expenses of the pupil in connection with her work." These schools now furnish the uniform, text books, stationery, etc., themselves, besides the usual provision of board, lodging, laundry work and medical attendance, and with this, a thorough training to fit them for their profession. To help
those who, otherwise, might not be able to take the course for pecuniary reasons, one school awards annually twelve scholarships of $100 each for the most creditable general records, of work and conduct, and six schools present to each pupil, on completing with credit her full course of training, a sum of $75 or $100.

In conclusion, I wish to thank all those superintendents who, by their courteous and full replies to my long list of questions, have greatly assisted me in preparing this report.

Wilkes-Barre, Penna.
DISCUSSION ON MISS MCKECHNIE'S PAPER.

Miss Snively. This array of facts and figures is somewhat puzzling, but notwithstanding this I am sure we must feel encouraged, for I think we can safely say that these figures show that we have taken higher ground. It is only two years since we began to talk of uniformity, and to-day we find as a result that twenty-one schools have lengthened the course of training to three years. This raises the standard, and the prospect for the future is that we shall send out better equipped nurses.

Another cause for encouragement is the fact that though we seem to be in a stage of evolution regarding practical work, we must certainly admit that there has been an attempt on the part of a great many schools to fall into the line of class teaching. Fifty-two schools now use text books and conduct their practical work along the lines of these text books. In regard to what is before us, I am sure we must feel that in the work of systematizing and of planning for the number of months that shall be spent in each department, the percentages for examinations and the various things spoken of, we have yet a great deal to do.

I would like to ask in regard to the proposition about housekeeping ability as a qualification for entrance, just how it would be possible to test a candidate in that particular. A knowledge of housekeeping is very essential to every nurse. The better housekeeper a nurse is the more likely she is to be a success. But a candidate may come to us who is well up in housekeeping on a farm who may know nothing of housekeeping in a city. And the city applicant may know nothing of housekeeping in the country, and the two are very different. How shall we decide what should be the standard? There is also some difficulty in judging this matter by the way in which a nurse keeps her own room and belongings. Unfortunately nurses have not always separate rooms. If they had it would be easy. But where you have four in a room—and we have three rooms in each of which are four beds—I find it exceedingly difficult to judge in this respect. One can judge in part
from the ward work. One gets a general idea from the head nurse, but it is difficult to decide.

Miss McKechnie. It has been my own custom when applicants have come, perhaps before entrance on probation, or during the probation month, to question them as to what they know; whether they have had responsibility at home, whether they have bought or know the value of stores, etc.

Miss Hintze. The Pratt Institute is giving a course in laundry work, in marketing for institutions, in housekeeping, etc., which ought to be of value to trained nurses who intend to work in institutions and teach others.

Miss Davis. The Drexel Institute of Philadelphia has intimated that it would give a course in classes to graduate nurses from different schools. They have arranged to give special instruction to one of our nurses in cooking, marketing, household economics and kindred branches. This is a graduate nurse who is taking the course, and we intend to employ her until one of our pupil nurses, in her third year, shall be educated up to the point where she can take the work. We also intend to arrange that the pupil nurses shall take a course in that work in the third year. We intend to take each probationer as she is accepted and give her instructions in dietetics.

Question. How long will that take?

Miss Davis. We don't know whether one month or two.

Miss Banfield. Cooking for the sick is very little taught in England, but housekeeping in the sense of buying stores for the nursing and housekeeping department is general. In two London hospitals, in which I have been, it was the general rule to have the nurse serve three months in assisting the housekeeper to see to the stores as they came in, and give orders when the housekeeper was off duty, but that did not include cooking for the sick.

In the absence of Miss Walker a paper prepared by her was read by Miss Banfield.
THE PROGRESS MADE TOWARD ESTABLISHING A THREE YEARS' COURSE IN TRAINING SCHOOLS FOR NURSES.

By Miss Lucy Walker, Superintendent of Nurses, Pennsylvania Hospital Training School.

[Read before the American Society of Superintendents of Training Schools for Nurses, in Baltimore, February, 1897.]

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Two years ago, when this Association met in Boston, a very interesting and instructive paper was read on "The Three Years' Course in Connection With the Eight-hour System." At that time only one Training School, that of the University of Pennsylvania Hospital, had formally adopted the three years' course, and one other, the Presbyterian in Philadelphia, was admitting pupils with the understanding that they should remain for three years, if required to do so.

When making inquiries as to the progress which has been made since that time, I wrote only to those Training Schools whose superintendents are members of this Association. Sixty-six letters of inquiry were sent, and fifty-seven answers returned. These showed that a present total of sixteen schools have formally adopted the three years' course of training. Four others stated that there was a prospect in the near future of its introduction into their schools; two wrote of a prospective provisional third year term, and several superintendents expressed their regrets that they had not yet been able to adopt the lengthened course.

These sixteen hospitals, which lead in this progressive movement, are not confined to one section of the country, but are widely spread. In Philadelphia there are five: The University of Pennsylvania Hospital, Presbyterian Hospital, Jefferson Hospital, Polyclinic Hospital, Pennsylvania Hospital. New York City, two, viz.: The New York Hospital, St. Luke's Hospital. Brooklyn, two, viz.: The Brooklyn City Hospital, the Long Island College Hospital. Baltimore, one, viz.: Johns Hopkins Hospital. Newton, Mass., one, viz.: The Newton Hospital. Chicago, one, viz.: The Illinois Training School (nursing the Cook county and Presbyterian Hospitals). Montreal, one, viz.: The General Hospital. Toronto, two, viz.: The Toronto General Hospital and Grace Hospital. Manitoba, one, viz.: The Winnipeg General Hospital.

This makes the report the more encouraging, for from each center
we may hope to see the movement extend, thus elevating our professional standard in this direction more rapidly.

I regret to say that the report of the eight-hours system is less encouraging. Only one Training School (Johns Hopkins) has adopted it in connection with the extended course. The reason for this is readily shown in that the three years' course is of benefit to the hospital as well as to the nurse, whereas the eight-hours system benefits the nurse only. Few hospitals provide sufficient accommodation for the nursing staff, and are unwilling to provide for the increased number that the lessened hours of work would entail. This, and the increased expense, raise formidable barriers. For the feeling that pupil-nurses must be paid an increasing sum each year seems to be ingrained in the minds of all hospital trustees, and until the training can be placed on an entirely educational basis, viz.: No payment to the pupils, with first-class, well-paid teachers in every department, and systematic, progressive courses of lectures each year by appointed, salaried professors, there will be little hope of their conversion to a belief in eight hours' practical work.

Not counting "afternoons" and extra time on Sundays, I find that of these hospitals four have a working day of ten hours, six have a working day of nine and a half hours, three have a working day of nine hours, one has a working day of eight and a half hours and two have a working day of eight hours.

The hours of night duty, with the one exception already mentioned, are either eleven or twelve hours, and the terms of night duty vary from one to four months. The yearly vacations have, in some cases, been increased in length.

One hospital gives four weeks yearly; five, three weeks yearly; one, two weeks the first year and three weeks the second and third year; one, two weeks the first years, three weeks the second year and four weeks the third year; one, two weeks the first and second year and one month the third year. Seven still give only two weeks yearly.

The payments (or allowances, as they are generally called) vary greatly. With the three years' course and eight-hour system the Johns Hopkins Hospital has done away with all money allowances and supplies the uniform dress. One school provides the uniform dress and gives $10 a month additional during the third year of training. Two give a uniform allowance of $10 and one of $8 monthly. The others all increase their payments yearly, varying in the first year from $3 to $10 monthly, and in the third year from $6 to $18 monthly. Let us hope that the day is not far distant when this money will be applied more profitably for the students, in providing them with first-class instruction and more time for study and rest, rather than by giving it into their hands to use or misuse
as they see fit. Such a change would not only induce our more intelligent and earnest-minded women to enter the profession, but would deter many who “have a desire” to become Trained Nurses simply because it is the only profession they can acquire without any outlay of money.

The practical work of all these hospitals includes the nursing of medical, surgical and gynaecological cases, with attendance at operations. Eleven add obstetrical nursing and five the nursing of contagious diseases. Twelve give instruction in sick-diet cookery and nine in massage. Three, I regret to say, send pupils out to private cases during a part of their training. One hospital includes pharmacy in its course; another a term in the linen room. One gives training in housekeeping, one in training school administration and one in training school and hospital administration, including housekeeping, the purchase of food, the purchase of supplies and office work. These last mentioned additions to the nurse’s training must prove very valuable, not only for those who wish to take up hospital work exclusively, but for all, as it teaches the value of supplies and the necessity for their economical use; the desirability of system and method, so that all departments of work may run smoothly together; and a knowledge of and sympathy with the difficulties of housekeeping. Even in private nursing this knowledge, gained before they are given responsibility, must bear fruit in making nurses more economical, careful and thoughtful for others.

It was suggested, when the idea of extending the course was first discussed, that women would not be willing to enter for three years. Only one training school reports that the number of applications is “slightly lessened,” nine report “no change” and six report that the number has increased, and in some cases that the quality of the applicant has improved. In many of the schools a few of the pupils who had entered for two years asked to be permitted to remain a third year.

The changes have been made so recently that little as yet can be said of the results. Only one class of three-year nurses has graduated. As I stated before, one hospital was in 1894, and prior to the formal adoption of the lengthened course, admitting pupils with the understanding that they should remain three years, if required to do so. A class of five nurses also, who had entered for two years, elected to stay for a third year. These latter graduated in April, 1896. Another class will soon graduate, as will also the first class of the University of Pennsylvania Hospital. Inquiries have been made concerning the physical condition of the third year nurses at one hospital, and it gives me pleasure to report that there has been very little sickness, and that some consider themselves in better physical condition than when they entered.
the Training School. When asked their opinion as to the value of their third year of training they were unanimous in saying that it has been of great value. They have become more self-reliant, their powers of observations are largely increased, and they are, in every respect, better fitted for their work.

I have also been informed that the improvement in the nursing of the hospital is marked, and the junior nurses are profiting greatly from the teaching and example of the well-disciplined, self-reliant and intelligent third-year nurses.

May I, in conclusion, make the following quotations from Mrs. Hunter Robb's paper of '95, with the hope that this year some action will be taken upon the suggestions contained therein.

"Between these schools there should exist a spirit of unity, and it should be our earnest desire to establish a standard of education that will be common to all.

"And it seems to me that just at present no better opportunity could be afforded us to accomplish our end, than in uniting and developing the three years' course of instruction, and agreeing, after due discussion, upon the adoption of some scheme, which should also include (1) specifications of the necessary qualifications of applicants; (2) a curriculum for teaching and study, and (3) a proper grading in tests and in final examinations for certificates."

Philadelphia, Penna.
DISCUSSION ON MISS WALKER'S PAPER.

Mrs. Gretter was not present, but sent the following contribution to the discussion.

Mrs. Gretter. Miss Walker's carefully collected data show a considerable lack of uniformity still, but some allowance for local differences, that will always exist, must be made. There is encouragement in the fact that the teaching is similar in all of the hospitals under consideration, and that the number of applications has increased and improved. In Harper Hospital the three years' course is prospective only, the next spring class being the one to inaugurate the change. Our curriculum has not yet been elaborated because we are waiting to obtain the benefit of the earlier movers in the cause. We are here therefore in the guise of a seeker of information rather than a discusser of that in which we have had no experience.

The study and practice mapped out by the committee on a uniform curriculum was based on the two years' course, and with slight variations obtain in our school. What we are anxious to learn are the special features that are introduced as advantageous to the nurses in training in the three years' course. Or is it left to the individual superintendent to broaden out in those lines already delineated?

That obstetrical work is included in only eleven of the sixteen schools, cited by Miss Walker, is a surprise. That would seem one of the essentials of a nurse's qualifications for her professional practice. Cooking also should rank in that list because good food is one of the vital things connected with nursing. Electricity and massage are recognized as important factors in treating nervous disorders, and nervous disorders are concomitant with so many gynecological diseases, that they might, with advantage, be counted in features of the three years' course.

It would be interesting to learn if the practice of massage in those schools quoted has been found to constitute too great a physical tax upon the nurse, who necessarily has other onerous duties to perform for her patient.
We should like to have physical culture included in the course. Scientific muscular exercise to supplement the systematic development that is an outcome of the busy, regular life in a hospital, would help to equip a nurse for the hardships of her profession, and the knowledge and practice would aid in preserving her health and physique after she leaves the school.

We should also like to know if the school that gives linen room, housekeeping, and hospital and training school administration, as experience, has adopted the selective, elective or general plan in those particular branches.

So few pupils, relatively, have special talent for institutional work, that it would seem questionable to add that training to the general course.

Miss Drown asked if some one who had experience in marking the standing of nurses would tell of that experience.

Miss Smith. We have always had a system of marking nurses for deportment. The first of every month each head nurse gets a paper with blanks to fill up, and there is a system by which pupils are marked from one up to four. The list includes punctuality, industry, cheerfulness, good temper, deportment in the ward, general attention, bed making, observation of symptoms, etc. At the end of a week it is returned to the office and entered in a book. So at the end of the year the average for graduation marks are from four departments, medical, surgical, obstetrical and ward work, the latter being the result of the monthly report and are termed "ward marks."

Miss Nutting was asked about the working of the non-payment system.

Miss Nutting. As to the question of payment of pupil-nurses, I had been warned that if we gave no payment we should have no applicants. So far, however, our numbers have not decreased, and I think we have rather a better class than heretofore.

Miss McIsaac. We have had some years' experience with the non-payment system and have had no difficulty about applicants. When we began the three years' course I thought a
first that there was a difference, but on the whole I think the average remains the same.

Adjourned for luncheon at 12.15 p. m.

The Society was called to order at 1.30 p. m., to listen to the final paper on the programme.

The amendment was first made that the next annual meeting would be held in Toronto, Canada, the second week in February, 1898.
NURSING IN THE SMALLER HOSPITALS AND IN THOSE DEVOTED TO THE CARE OF SPECIAL FORMS OF DISEASE.

By Mrs. Hunter Robb, Formerly Superintendent of Johns Hopkins Hospital Training School.

[Read before the American Society of Superintendents of Training Schools for Nurses, in Baltimore, February, 1897.]

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IV. Plea for co-operative nursing. 66

If I have to begin with an apology, and ask you not to criticise too sharply the crudeness of the paper which I shall present to you to-day, I cannot nevertheless accept the entire responsibility, for I feel that the fault lies also partly with circumstances and partly with our esteemed chairman. The subject was first assigned to Miss Palmer, but she found her time so occupied on assuming the duties of superintendent of the Rochester City Hospital that she wrote that it was impossible for her to prepare the paper. Our chairman in casting about for a substitute and knowing my good nature of old, has taken an unfair advantage of that knowledge. While I feel that she has conferred an honor by putting this task upon me, I am convinced that I have assumed a burden which is too heavy for me. The subject is one upon which I would speak gladly only after months of careful study. But it is too important and far-reaching to be touched upon lightly and in the short time at my disposal I have not been able to grapple with it with any great satisfaction to myself.

The question of providing nursing in the smaller hospitals and in those devoted to the care of special forms of disease is not a new one. I am sure that many of us in days gone by, as well as at the present time, have turned and are still turning the problem over and over in our minds. We have pondered it in the night season, and have had it with us as a continuous underlying current of thought through our busy working hours. For there is no doubt that this class of nursing goes far towards the making or undoing of our present system of caring for the sick both inside and outside of hospitals; its influence is far-reaching, and largely by the results obtained in these institutions will the profession of nursing rise or fall. It is, therefore, a problem that demands our most careful consideration and deliberation; it is not to be taken up lightly or passed over hastily, but discussed carefully and kept before us until, as a convention, we are satisfied that the system of nursing in other than our large general hospitals has been made as perfect as possible.
We will first take a brief survey of this class of institutions and then consider their work and influence upon the nursing profession and their relation to the large hospitals.

In making up our list of hospitals we find that we have, indeed, a varied selection. There is the small general hospital, hospitals for children, for the general diseases of women, for women and children, for obstetrical cases, for gynaecological cases, and private hospitals for the insane. Again we have hydrotherapeutic establishments, special hospitals for the carrying out of the rest cure and for the treatment of nervous disorders, private hospitals and sanitariums, hospitals in connection with large industrial enterprises, factories, railroads and mines, emergency hospitals, hospitals for infectious and contagious diseases and those devoted to diseases of the eye, ear and throat. But, besides these hospitals, we have another large class of institutions which provides homes for the poor and feeble and which necessarily have wards connected with them. These are called by various names, such as homes and infirmaries, but inasmuch as part at least of their work is connected with the nursing of the sick, they are to be considered in this respect as hospitals.

Hospitals of one kind or another would then appear to be almost numerous enough. They form a network which reaches from ocean to ocean and from the north to the extreme south of the land. But it may be said that while the number of large hospitals hardly exceeds one hundred, the smaller are many times as numerous.

The existence of these small and special hospitals are the outcome of various factors. Some have been founded from pure philanthropy or as memorials of departed friends; others are the monuments of wealthy people, who wish to perpetuate their names, and in a country where fortunes are made as rapidly as in America this form of bequest is not unusual. Others, again, are integral parts of medical schools or universities, and their existence is demanded by the medical professors as necessary adjuncts to medical instruction. But, perhaps, a larger class still is the result of specialization among physicians, who open private hospitals, or so-called sanitariums, in which their own particular class of patients is cared for.

A study of the past and present history of hospitals, and more especially those of the last class, goes to show that the possibility of establishing and carrying on so many various hospitals and the continuous increase in their numbers is in a large measure due to the present system of nursing. Previous to the organization of Training Schools for Nurses, and for some years after, we find comparatively few hospitals in existence; but with the advent and success of the trained nurse the question of providing for the
proper care of the sick in hospitals was solved, and forthwith we find both physicians and laymen rushing into hospital construction, with the result that we have numbers of hospitals in operation to-day, with much to be grateful for in connection with them and not a few things to deplore.

Of those with which we are dealing at present, the small general hospital probably ranks first in point of usefulness, as it opens its doors at one time or another to all of the diseases for which the special hospitals are designed. Certainly, last in rank comes the private hospital or sanitarium, opened by the specialist for his own particular patients and for his own personal profit.

That any kind of a hospital which does its duty by its patients has a perfect right to exist would seem to be beyond question. Nevertheless it must be insisted that each owes a duty to the public as well and must be open to commendation or censure, according to the system employed in providing proper nursing for its sick. Upon investigation we find several methods employed. Some have organized training schools or offer a post-graduate course to nurses from the smaller schools. Others, again, employ graduate trained nurses. In a few co-operative nursing is established, one school undertaking the care of two or more hospitals. Still others are under the care of religious orders, and a few employ a corps of paid attendants who have never attended any regular school.

These various hospitals we may divide into three groups: (1) The small general hospital or cottage hospital, containing from fifty to seventy-five or one hundred beds. Hospitals for children, for women and children, lying-in hospitals, hospitals for gynecological diseases, for nervous disorders and for rest cure cases.

(2) The very small general hospital, providing from six to forty beds. Sanitariums, hydrotherapeutic establishments, hospitals for infectious and contagious diseases, emergency hospitals, institutions for the insane, railroad and similar hospitals, and eye, ear and throat infirmaries.

(3) Infirmaries and homes. Hospitals for incurables.

With but few exceptions it will be found that the nursing in the first and second groups is done by training schools established in connection with each hospital. With many of the institutions in the third group we also find training schools; others, again, are cared for by paid attendants by the post-graduate system and by paid trained nurses.

But, unfortunately, in all of the groups, dozens or even hundreds of hospitals are met with containing only from six to ten or twenty beds, and yet maintaining training schools for nurses. The well-known circular of information is sent out offering apparently the same advantages as the larger schools. The
course of instruction covers two years; the pupils must be of a certain age, though frequently they are taken as young as eighteen; they have certain hours on duty, time for rest and recreation. It would appear also they have the same classes and lectures, for, according to the prospectus, they are instructed "in the general care of the sick, making beds, changing bed and body linen, giving baths, dressing bed sores, making bandages, in the application of fomentations and of poultices, in cupping, leeching" and other accomplishments. We meet again and again the same old list, but whether it means much or little, or less than nothing, it is often impossible to say. Certainly for the uninitiated and ignorant woman who knows nothing of hospitals it is a fine bait. But as an addition we have the statement that after the probation month the pupil will receive each month for the first year a certain number of dollars and an increased number of dollars monthly for the second year, and this ostensibly to cover the cost of uniform and text books. Finally examinations are held and certificates of qualification are presented. But when one reads in the "Trained Nurse" such statements as this, "Two nurses graduated from the — hospital with all honors," one certainly is justified in inferring that honors were easy in such cases.

Now why is it that all these small and special hospitals adopt this method of nursing, and offer such inducements, and why is it that the demand is supplied by so many women? In the first place competition is so great in these days that the public demands, and rightly so, to be well taken care of. Again, physicians know that with trained nursing their results will be better and will not lend their names or allow themselves to be connected with any institution that is apparently lacking in this respect. A third and most potent reason is the fact that training schools are cheaper and the pupils are easier to manage than graduate nurses. In fact, in many instances the pupils are a source of distinct profit, for in some of these schools they are required not only to do the hospital nursing, but are also sent out to private duty, sometimes for weeks at a time, during their two years' service, while the $10 or $15 per week which they earn goes towards the support of the hospital and school, and in some instances forms quite a large item. This is perfectly well known, despite the fact that one never reads of the nurses as financial benefactors, all the glory and honor of that kind going to the managing body of the institution.

Perhaps the best excuse which could be urged in defense of the system is that more and better work and a stricter discipline are possible in a training school than can be obtained where graduate trained nurses or attendants are employed.

Again, the apparently liberal offer of an education and compensa-
tion at the same time attracts women, good, bad and indifferent, in sufficiently large numbers to keep the vacancies filled, if one is not over particular as to requirements. And perhaps it is too much to expect that a woman who has never seen the inside of a hospital should be competent to differentiate between the different grades of schools and their advantages. The compensation is also an added inducement, and she may not realize that for a present small gain she is sacrificing future higher professional standing and better opportunities. I must add also that people have not yet quite got over the habit of thinking that if a woman is a failure at everything else she is at least fit to go into a hospital and become a nurse, and unfortunately it happens that, although such an incompetent has no possible chance for entrance into the general hospital school, she is still received with open arms into the private and special hospitals.

The small general hospital, with fifty beds or more, is generally justified in having attached to it an organized training school. The so-called cottage hospitals found in the smaller cities or in thickly populated country districts have a comparatively wide scope. They meet a need which can be supplied in no other way, and their usefulness is at once apparent. One occasionally reads, in the nursing magazines, short articles in favor of the training afforded by these cottage hospitals as compared with that obtainable in a large general hospital in the city. It is argued that the nurse is better equipped for her work in that she comes into more direct contact with her superintendent and the physicians, and also because from the very smallness of the field she is able to study and become well acquainted with any case that is of peculiar importance. But certainly it would appear that if a large general training school is properly systematized and managed, it must naturally follow that the pupil gets all and a great deal more than she can in a small hospital. Where this is not the case there is something wrong with the management of the larger school. As a proof that pupils from the smaller hospitals do not always find their training sufficient, superintendents of the larger general schools could tell how often application is made to them by graduates from these, as well as from schools belonging to special hospitals, stating that they wish for a larger and more varied experience. We know, however, that many of our small general training schools do excellent work and turn out competent graduates. Where they are officered by graduates from large general training schools, who are good managers and disciplinarians, and are enthusiastic in their work, every opportunity is seized and utilized for the advantage of the pupils, who can thus secure a thorough and fairly wide training. Again, when the nurse has graduated she
often finds her field of work right in the town or surrounding coun-
try where she is among friends.

The amount of good accomplished by these cottage hospitals,
both within and without their walls, is inestimable. They fill a
long filled want and rob illness in town and country of half its ter-
ors, and are of unspeakable comfort to the physicians, who are
usually their promoters and warm supporters.

In some instances, particularly in hospitals connected with
churches, we find the nursing done by members of religious orders,
sisters or deaconesses. For some reasons it seems to me to be
regretted that in some church hospitals the sisters are giving up
this branch of their work in favor of nurses and are establishing
training schools in connection with these institutions. Might it
not possibly be better that a certain per cent. of the sisters should
be regularly instructed in nursing, so that from their number a
permanent staff of skilled workers would always be obtainable?

Turning to the remainder of the first group, which are all estab-
lished for the care of some particular class of patients, we find,
 alas, that training schools again abound, and the same attractive
circulars are being issued for the enlightenment of applicants.
With few exceptions, these hospitals are established in cities and
therefore cannot plead isolation. No doubt women who enter these
schools become well grounded in the care of one particular class
of patients and their diseases, but it is absurd to claim that she
graduates from there with a thorough, all-round training in both
the practice and theory of her work, which would justify her in
assuming the title of trained nurse. It is true that she may make
the care of that particular disease her specialty and attempt noth-
ing else, but even then, everything else being equal, she cannot
long be as efficient even in this limited sphere as the graduate
from the general hospital, who, aided by an intelligent and varied
knowledge, supplemented by wide experience and practice, can
speedily adapt herself to any particular class of cases. If we think
of the future of the women who enter these hospitals, it would
seem that but little can be said in justification of the managers of
such hospitals in their position as organizers of training schools.
We are compelled to think that the welfare of their pupil nurses
with them is a matter of no importance. To have the patients well
cared for with as little expense and friction and with as much ease
as possible is their first consideration. Experience may have shown
that this end can be most easily attained by establishing a training
school, but we may well ask whether the means are justifiable. It
is puerile to argue that the pupil nurse is a free agent and need not
enter such a school or stay after she is there. But can we reason-
ably expect that a woman who is ignorant of hospitals and their
methods can be in a position to differentiate between what is ad-
visable or inadvisable, more especially when the institution has the support of many good names?

I do not mean that these special hospitals do not turn out some excellent nurses. I believe quite to the contrary, for there are always some women bright and clever enough to profit by their work no matter where they are placed; the greater the pity that their privileges are not broader and more complete. Many of these special hospitals undoubtedly fill distinct needs and it may be to the interest of both patients and science to have them in our midst. Children's hospitals, private hospitals for the carrying out of the rest cure and the treatment of nervous patients and separate hospitals for the insane are necessities. It does not, however, follow that they should each organize a training school, and that hospitals and sanitariums opened by individuals for their own private gain should have in connection with them training schools for nurses, is a condition worthy of the severest condemnation.

One especially glaring instance has just come under my notice. I have recently been told of a private special hospital owned by one man which accommodates thirty patients; his training school for nurses numbers twenty pupils. The promoter's sole plea is that he tried graduate nurses but they did so badly that he was obliged to open a school. These same graduates were no doubt products of institutions equally as bad as his own.

Such examples are repeated over and over again and yet graduates from such schools receive the same title and claim from the public and their fellows the same recognition awarded to trained nurses, who have given of their best time and strength to qualify themselves in well equipped schools to do their work thoroughly and be an honor to their profession. Every year these hospitals and graduates are on the increase until they threaten to take entire possession of the land. Right-minded, deep-thinking men and women among the laity who interest themselves in hospital work are averse to this system of multiplying small half-equipped training schools, and the question has been put to me, and I am sure to other superintendents many times, What other way is there? What else can be suggested which would seem to promote better results than those obtained by the methods now generally in vogue?

Exclusive of training schools we have five courses left open to us. The nursing could be undertaken (1) by the graduates of smaller schools willing to give their services in return for a post-graduate course under competent instructors, (2) By paid competent graduate nurses, (3) By attendants under the supervision of trained nurses, (4) By adopting the system of co-operative nursing, (5) By members of religious orders, previously trained for these duties.

Of these various methods I would here, as in my paper on "Educational Standards for Nurses," make my special plea for co-operative
nursing whenever such a scheme is feasible. This method I am
happy to say has already been put into practice in some few schools.
For nine years the Illinois Training School, of Chicago, has suc-
cessfully provided for the nursing of two large institutions with its
pupils, thereby adding largely to the experience and competency of
the pupils and at the same time helping to elevate the standard of
nursing work. It has also been for some years in operation in
Milwaukee, and in 1894 we read that "a new system has been in-
troduced into the Utica, N. Y., Hospital, whereby pupils from the
Faxton Hospital Training School do the nursing." The writer adds,
"The cost to the city is less than formerly even should twice the
number of nurses be on duty there." The Emergency Hospital, of
San Francisco, is provided for by pupils of the Children's Hospital;
of the Sloan Maternity, New York, by pupils from the New York
Training School. In Washington the Columbia and Children's Hos-
pital arranged to interchange pupils, and at one time there was a
suggestion that the Garfield should unite with them. Certainly
if such special hospitals, as those for children, women and children,
lying-in hospitals, and hospitals for gynaecological and for nervous
cases are so situated in the cities that they could operate with a gen-
eral hospital or other institutions, they owe it to the women they take
into their schools to do so. The first move must naturally come from
the trustees or boards of management, but the actual success de-
dpends wholly upon the superintendents of the various schools, and
now that we are getting on a more common plane as to teaching
and requirements for entrance and graduation, the plan seems
more feasible than before. But its accomplishment will require
much patience and self-sacrifice on the part of some of our number
and the only certain reward which I can offer to them is the feeling
that they will have rendered possible the attainment of the greater
good to the greater number.

Some special hospitals offer a post-graduate course to graduates
from other schools who wish for further training. The weak point
in this system lies in the fact that they cannot offer an all-round
experience, and if a graduate from one special hospital enters an-
other of a similar kind offering her a post-graduate course, she only
adds to her experience the knowledge of one other special disease.
Only when a woman has already a general training and then enters
a post-graduate school for the sake of perfecting herself in the cure
of one particular class of cases is the post-graduate course made use
of in the right way; unless, as already suggested by Miss Davis in
her paper on "A Post-Graduate Course," we can find some general
hospital whose managers will be willing to organize its school on
the post-graduate basis and thus offer opportunities for further
development to all kinds of graduates.

Training schools in connection with hospitals for the insane are
as yet few in number, but the tendency to increase them is growing and undoubtedly in the care of this class of patients there is room for much improvement. But can these hospitals any more than any special hospitals offer sufficient variety in nursing to produce all-round trained nurses? Experience shows that their graduates also try for admittance into general training schools and are willing to give two more years of their time without pay in order to gain more experience in their work. It would seem that the plan adopted by the superintendent of one hospital for the insane might be a good one, that is to appoint a certain number of trained nurses as supervisors and let their staff of assistants be paid permanent attendants. Such also might be the system in emergency hospitals, infirmaries and homes and hydrotherapeutic establishments. Hospitals for infectious diseases, the eye, ear and throat infirmaries should certainly be under the care of graduate trained nurses or else under the co-operative system.

Such plans as I have outlined are given to you in the way of suggestions. Some of them have been tried successfully. No doubt there remain others, still better, to be discovered. In any case it is a duty incumbent upon each trained nurse to use her efforts against the establishment of any more small half equipped schools and to use her efforts towards improving, where it is possible, those already in existence, and the strong distinction between thoroughly equipped schools and the half-equipped ones should be to put the best schools on a purely educational basis, withdraw the monthly allowance, increase the time of training, and in return offer a broad and liberal education to women who would become trained nurses.

The writer would beg in conclusion that any one who may read this paper will remember that it has been written entirely without prejudice or without any feeling of “looking down” upon the small or special schools. It is simply a plea for the broader and more liberal education of all who call themselves trained nurses. It is only meant as an effort to draw us as a profession nearer together, to place nursing the continent over on a distinct and sure basis beyond all questioning. It has been said that “the country is swarming with ill-paid stenographers who cannot spell or punctuate, with starving sewing-women who sew badly, with cooks who do not know how to cook, and in many cases with so-called trained nurses who are lacking in tact, good manners, and education.” Some women are given the popular term “born nurses” when they are especially remarkable for good sense and adaptability; but we know that nurses are made not born, and the rule has but few exceptions, that it is the woman whose general education is the best who is able to do one particular thing best. If this be true in the simplest things, how much more is training required for work as complicated as nursing. Dr. Weir Mitchell says that a woman to be
a nurse requires education, tact, good sense, good manners, and
good health. Given all these requirements, and nothing less should
be the standard, we owe it to such a woman in preparing her to be
a trained nurse to give her the best that the work of nursing affords.
By making this our standard, by lengthening the term of service and
lessening the daily practical work, so that her brain may be in a good
condition to understand the theory of nursing, and she may do her
practical work with more understanding, and by bringing these
small and special hospitals into line and touch with our large general
schools we shall all be the gainers.

1343 Euclid avenue, Cleveland, Ohio.
DISCUSSION ON MRS. ROBB'S PAPER.

Miss Snively. There is an institution in Toronto called the Nursing Home Mission which is sending out circulars as a training school. It undertakes to give training for nursing among the sick poor. It publishes a yearly report and has graduating exercises and confers certificates and badges and enumerates with great fervor the positions which its graduates hold.

Miss McKechnie. The great difficulty seems to be that we cannot prevent similar schools being formed. There is no way of getting at boards of management and making them understand why they should not. Every school grants its graduates diplomas. It seems to me that the only way we are going to get at the matter is to make a diploma mean more. If the diplomas from all the larger schools could be recognized by a central council and if the diplomas of the smaller schools could be enlarged to meet that, there would be some way of getting at the point. It may take a long time, but a diploma from a small school should not equal that from a larger school.

Miss Dock. That can be effected by a national association working through state societies to secure state laws.

Miss Nevins. Out of my own experience I will say that the co-operative plan which I think might succeed will be one in which two things would be absolutely necessary, concord among the superintendents and the same scale of work, theory, etc., in the different institutions. We tried at the Garfield Hospital, sending our nurses for six months to the Home for Incurables, and to the Foundling Hospital. For many reasons the latter was given up after a year. Under ordinary circumstances it might have gone on to the great advantage of the nurses, as it was, the training received in the care of babies was excellent, and I am altogether in favor of the system under favorable conditions.

Miss Dock. Miss Bannister took charge of eight institutions in Wisconsin, I think.
Mrs. Abbott* was asked to describe the work of the Wisconsin General Training School.

Mrs. Abbott. I take such a deep interest in this subject that I will gladly answer any question. Miss Bannister was associated with me in Milwaukee, where I have been president nearly the entire length of the school's life, until within a few months, and at that time we were connected with nine different institutions; at present with seven. We feel as if we had accomplished a great deal of work, and I am much in favor of that kind of co-operation. It impresses me as giving women greater self-reliance, much more tact, meeting so many boards of directors and being in harmony with the matrons and superintendents of other institutions. Some of those with which our school is connected are in charge of graduate nurses from our school. We were forced to take up that line of work, because Milwaukee has no large hospital for general diseases. The county hospital is under political influence, the worst kind to be found. We were first there, but we remained only one year. The physician had no idea of training-school work, or the rights of the nurses. Previous to our being there he had taken in ordinary domestics to help him, and when our nurses were placed there he claimed that he had a right to do with them as he pleased, and send them to the laundry or the stables if he wanted to (not that they were so sent.) But our superintendent found it impossible to be at once faithful to the directors of the training school and in harmony with the physician in charge. Then our nurses were sent to the National Soldiers' Home, the first corps of nurses ever in a national home. It was looked on with interest all over the country, to see whether it would be a success. Previously men had had charge of the veterans who had no idea of nursing. When pension day came drinking men were reeling about trying to care for these old soldiers and really abusing them. The poor old men now call the nurses angels of mercy. They feel that they are again at home, cared for by mother or sister. Then

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*Mrs. Abbott, the president of the Wisconsin General Training School Board, was present as an invited guest.
we made a contract with the Emergency Hospital and with the Children’s Hospital, with two private hospitals, the Infants Home, the Home for the Aged and the Presbyterian Hospital connected with the Wisconsin College for Physicians and Surgeons. They have now a training school of their own. At last our own little Wisconsin General Hospital was organized as the headquarters of the training school. The medical society has also its registry there.

Miss Darche. Is the training school in Milwaukee a separate body now?

Mrs. Abbott. The Wisconsin General Hospital was organized by the Medical Society and by friends of the training school to have a training for nurses in general diseases. We are two distinct bodies, yet working together. The Board of Managers is composed of physicians and women. We have women and men on the medical board. We have our rules and regulations so that they shall all feel that there is no favoritism. All are treated alike.

Mrs. Abbott was cordially thanked by the Chair for her interesting account.

A formal vote of thanks was offered to the trustees and officers of the Johns Hopkins Hospital for their generous hospitality; also to President Gilman for the use of the University buildings; to Mr. Harry Walters for the opportunity of visiting his art gallery; to the press of Baltimore for the reports of the meeting; to the Arundell Club; to Mrs. Osler and Mrs. Bonaparte for kindly courtesies extended to the members during the Convention, and to Miss Nutting as presiding officer.

Miss Nutting. I thank you very much, and now have great pleasure in resigning the chair in favor of our newly elected President, Miss Snively.

Miss Snively. I thank the members of the Association for the great honor they have conferred on me by electing me as President for the coming year. I shall try to serve the Association in every possible way, and I shall hope to see every member present to answer to her name in Toronto in February, 1898.

Adjourned at 4 p. m.
APPENDIX.

LIST OF MEMBERS.

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

Allerton, Miss Eva, . Rochester Homeopathic Hospital, Rochester, N. Y.
Alline, Miss A. L., . Brooklyn Homeopathic Hospital, Brooklyn, N. Y.
Alston, Miss A. L., . 143 West 47th street, New York City, N. Y.
Ayers, Miss Eugenia D., Paterson General Hospital, Paterson, N. J.
Banfield, Miss Maud, . Poly-clinic Hospital, Philadelphia, Pa.
Bannister, Miss Lucy A., Woman’s Medical College, New York City.
Barnhardt, Miss Grace, St. John’s Hospital, Brooklyn, N. Y.
Barry, Miss Mary J., . 460 ½ Hart street, Brooklyn, N. Y.
Betts, Miss Laura A., . Hahnemann Hospital, Brooklyn, N. Y.
Bourke, Miss R., . Cooper Hospital, Camden, N. J.
Brennan, Miss Agnes S., 426 E. 26th street, New York City.
Brent, Miss Louisa, . Grace-Hospital, Toronto, Canada.
Brown, Miss Maria B., Massachusetts General Hospital, Boston, Mass.
Cabannis, Miss G. H., . Old Dominion Hospital, Richmond, Va.
Clement, Miss Anna G., House of Mercy Hospital, Pittsfield, Mass.
Collier, Miss E. S., . National Soldiers’ Hospital, Hampton, Va.
Darche, Miss Louise, . New York City Training School, Blackwell’s Island, New York.
Darling, Miss E., . City Hospital, Pottsville, Pa.
Davis, Miss M. E. P., . University Hospital, Philadelphia, Pa.
Desmond, Miss K. G., . Carbondale Hospital, Carbondale, Pa.
Dock, Miss L. L., . 265 Henry street, New York City, N. Y.
Dolliver, Miss P. L., . Presbyterian Hospital, N. Y. City.
Doyle, Miss M., . St. Mary’s General Hospital, St. Mark’s avenue, Brooklyn, N. Y.
Draper, Miss Edith, . Care of Mrs. Sayer, Bayside, Long Island.
Drown, Miss Lucy L., . Boston City Hospital, Boston, Mass.
Ebersole, Miss Sarah, . Freedman’s Hospital, Washington, D. C.
Elliot, Miss Bertha, Victoria General Hospital, Halifax, N. S.
Elliott, Miss Emma T. (Associate), Boston City Hospital, Boston, Mass.
Greenwood, Miss Mary E., Jewish Hospital, Cincinnati, Ohio.
Gretter, Mrs. Lystra E., Farrand Training School, Harper Hospital, Detroit, Mich.
Griswold, Miss Alice A., Massachusetts Homeopathic Hospital, Boston, Mass.
Gross, Miss Lucetta J., 12 Union Park, Boston, Mass.
Hearle, Miss S. C., Jefferson College Hospital, Philadelphia, Pa.
Hibbard, Miss Eugenie, Grace Hospital, Detroit, Mich.
Hill, Miss H. G., St. Luke’s Hospital, St. Paul, Minn.
Hills, Miss M. G. (Associate), Rhode Island Hospital, Providence, R. I.
Hintze, Miss A. A., Memorial Hospital, Orange, N. J.
Hogle, Miss Alma C. (Associate), Boston City Hospital, Boston, Mass.
Holland, Miss B., Winnipeg General Hospital, Winnipeg, Manitoba.
Hollingsworth, Miss H., Care of Methodist Episcopal Hospital, Brooklyn, N. Y.
Horrigan, Miss C., Newark City Hospital, Newark, N. J.
Hutcheson, Miss Florence, St. Luke’s Hospital, Chicago, Ill.
Kennedy, Miss Kate L., Buffalo General Hospital, Buffalo, N. Y.
Kimber, Miss Diana C. (Associate), New York City Training School, Blackwell’s Island, New York, N. Y.
Littlefield, Miss Mary S., Episcopal Hospital, Philadelphia, Pa.
Livingston, Miss N. G., Montreal General Hospital, Montreal, Can.
Loomis, Miss V., Williamsport Hospital, Williamsport, Pa.
Lund, Miss Olga, 126 State street, Brooklyn, N. Y.
Macdonell, Miss Bossie, St. Joseph’s Hospital, Paterson, N. J.
MacDonnell, Miss Emily, Albany Hospital, Albany, N. Y.
Maxwell, Miss Anna C., Presbyterian Hospital, New York City, N. Y.
McDowell, Miss Annie, Newton Hospital, Newton, Mass.
McIsaac, Miss I., Illinois Training School, 301 Honore street, Chicago, Ill.
McKechnie, Miss M. W., City Hospital, Wilkes-Barre, Pa.
Merritt, Miss Isabel, Brooklyn City Hospital, Brooklyn, N. Y.
Milne, Miss C. L., Presbyterian Hospital, Philadelphia, Pa.
Moore, Miss Gertrude W., Lady Stanley Nursing Institute, Ottawa, Canada.
Nourse, Miss A. E., Michael Reese Hospital, Chicago, Ill.
Nevins, Miss G. M., Garfield Memorial Hospital, Washington, D. C.
Nutting, Miss M. Adelaide, Johns Hopkins Hospital, Baltimore, Md.
Orr, Miss Margaret,  113 W. 131st St, New York City.
\-Palmer, Miss Sophia F., Rochester City Hospital, Rochester, N. Y.
Parker, Miss Martha P., Salem Hospital, Salem, Mass.
Patterson, Miss C. G., Methodist Episcopal Hospital, Brooklyn, N. Y.
\-Plumer, Miss Persis M., Wentworth, N. H.
Quintard, Mrs.,  St. Luke's Hospital, New York City, N. Y.
Richards, Miss Linda,  Hartford Hospital, Hartford, Conn.
Riddle, Miss Mary M. (Associate), Boston City Hospital, Boston, Mass.
Robb, Mrs. Hunter,  1842 Euclid avenue, Cleveland, Ohio.
Roberts, Miss J.,  Home of the Good Shepherd, Syracuse, N. Y.
Sanborn, Miss R. A.,  St. Vincent's Hospital, New York City, N. Y.
Shaw, Miss Ada B.,  Meadville City Hospital, Meadville, Pa.
Sheppard, Miss Lilla,  Guelph General Hospital, Guelph, Ont., Can.
Smith, Miss Amelia L.,  Maine General Hospital, Portland, Me.
Smith, Miss Marion E.,  Philadelphia Hospital, Philadelphia, Pa.
Snively, Miss Mary A.,  Toronto General Hospital, Toronto, Can.
Standing, Mrs. C. P.,  St. Luke's Hospital, Jacksonville, Fla.
Stowe, Miss Emma L.,  Rhode Island Hospital, Providence, R. I.
Sutcliffe, Miss Ida,  Long Island College Hospital, Brooklyn, N. Y.
Sutcliffe, Miss Irene H.,  New York Hospital, New York City, N. Y.
Sweeney, Miss Anna,  Louisville City Hospital, Louisville, Ky.
Tompkins, Miss W. M.,  37 W. 36th street, New York City, N. Y.
Twitchell, Miss Alice L.,  Staten Island Hospital, Staten Island, N. Y.
Vance, Miss Ella G.,  Metropolitan Hospital, Blackwell's Island, N. Y.
Walker, Miss Lucy,  Pennsylvania Hospital, Philadelphia, Pa.
Wallace, Miss Elsie,  Care of New York Hospital, New York City, N. Y.
White, Miss V.,  St. Luke's Hospital, South Bethlehem, Pa.

DECEASED MEMBERS.

Lett, Miss K. Lilla.

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 that a two years' course of instruction. The Honorary members shall include those 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 person 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.

Training 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.**

**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 make such other provisions as shall be requisite, at its discretion.
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of the

AMERICAN SOCIETY OF SUPERINTENDENTS OF

TRAINING SCHOOLS FOR NURSES

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