

The officers of the National Association are such as are usually found in like bodies. A very important feature of the Association is the Judicial Council, entrusted with the duty of deciding all questions of an ethical or judicial character coming before the Association.

The State Societies are made up of delegates from town and county societies. In minor details the State Associations vary, while in essentials they are alike. They all subscribe to the code of ethics, and make it obligatory for the local society to do the same. I have not been able to study the different State medical constitutions, nor do I suppose it necessary for our purpose to do so, though it would be interesting. If we organise in any like manner, instructive and pertinent points from them all can be looked up by Nurses in the different states.

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

Now to come down to the practical consideration of an organisation among Nurses, the first question asked is, naturally, "Who shall be included and who excluded?" In a letter from one of the most prominent among you, the following words, in effect, have been written to me: "I will be glad of anything that elevates nursing, but if your organisation is only going to be a grand *levelling* process, I do not feel any sympathy with it." Nor would any of us, certainly, if we felt that the "levelling" was to be *downward*. My correspondent's dread of levelling shows that she fears the Nurses who stand high must be degraded to the level of those who stand low, for I know she would feel only pleasure if she thought that those who stand low would be elevated. What needs to be answered, then, is not her indefinite thought that organisation involves levelling, but her definite fear that levelling must be of a downward rather than an upward tendency. Is this the case, and must a national organisation among Nurses result in general deterioration? I cannot think so, nor

believe that you can. This idea of levelling is something of a bugaboo at any rate. Before the law, all Nurses, wherever and however trained, are on a level now; and if we will ever look to the law to break that level, we can invoke it much more successfully as an organised body than as an unorganised mass. Outside of the law human nature forbids levelling. Could all Nurses or all schools be levelled to-day, tomorrow some would be up and some down. This of course is by no means an original observation. There are no dead levels, but there are planes, and organised forces the world over stand on higher planes than the unorganised. Compare organised and unorganised labour, military systems, educational systems, and in our own small province compare the working efficiency and moral force of one of our Training School *alumnæ* societies, with the chaotic and forceless condition of unassociated graduates of similar schools.

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

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

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

(To be continued.)

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