that we should consider what is involved in changing from the one method of
occupational preparation to the other.

1. This change means more comprehensive and thorough training and
higher standards of instruction. It is obvious that these can be developed
and maintained much more easily in an institution whose business is educa-
tion, with a faculty whose business is teaching and research, and with a
student body whose business for the time being is learning than in an insti-
tution where the educational function is only incidental. In this connection
it is noteworthy that professional schools have steadily improved their
standards of work year by year and the process still goes on.

2. The change means a more highly selected body of students. Many
will enter upon a course of preparation which will cost them little if anything
beyond their earnings who would not or could not consider spending the
money necessary for a two, a three or four year course of training with no
earnings while pursuing the course. On this account, as well as for other
reasons, professional education draws its students from a higher level of
society economically than does apprenticeship. And it is generally recog-
nized that there is a high correlation between economic levels of society and
ability levels. This does not mean that individuals of high ability have not
obtained and are not now obtaining occupational preparation by appren-
ticeship methods, nor that other individuals of high ability are debarred
from obtaining preparation for a given occupation when the method of
preparation for that occupation changes to the professional education plan.
It means merely that the general level of those preparing is raised. The
students are drawn to a greater extent from families that can afford a longer
period of training for their children or are willing to make heavier sacrifices
in order to prolong this period. They include, also, more individuals who
themselves are willing to make such sacrifices. The fact that more extensive
general education is required for entering upon professional education con-
tributes also to making its students a more highly selected group.

3. What has just been said suggests another thing that should be involved
in changing occupational preparation from apprenticeship to professional
education, namely, provision of numerous scholarships and a student loan
fund to aid the capable, ambitious and worthy student who could not other-
wise meet the added cost of preparation. This would save to the occupa-
tion the best of those who would like to enter it but think they cannot afford
to do so.

4. This change involves a real danger that the learner will be deprived of
contact with actual conditions in the occupation, which is so immensely
valuable in apprenticeship. The tendency of professional education in the
past has been to stress theory at the expense of its applications, to become bookish, to assume that if the student were properly loaded with knowledge he would be able to use it effectively when the proper time came in the course of his practice later in life. Fortunately this is not inherent in the professional education method of preparing for an occupation. It can be avoided. Fortunately, also, this tendency has changed in recent years. At the present time professional schools generally are stressing observation and practice along with theory. Our medical schools have their clinics and internships, our dental schools have their clinics, our law schools their moot courts, our schools of education their observation and practice teaching. But these, valuable as they are, often lack the atmosphere and the setting of the real work of the profession. The leaders in any occupation that is developing from the apprenticeship to the professional education method of training need to guard carefully against the loss of this important element, contact with the actual work of the occupation.

5. There is the further danger, closely related to the one just discussed, that the theoretical instruction will gradually lose its professional character and become academic. For example, it is entirely possible for a professor of anatomy in a medical school to become so absorbed in anatomy as a science that he does not properly emphasize the particular aspects of anatomy that his students will need most. The remedy seems to be a careful analysis from time to time of the actual work performed by those engaged in the practice of the profession with a view to determine just what things should receive attention and what should be eliminated, or given less emphasis.

6. Again, some provision must be made for doing the work which has been done by the apprentices. For example, when the education of nurses becomes truly professional education much of the work they now perform while in training must be cared for in some other way. Part of it no doubt will have to be done by graduate nurses and part by hospital helpers. But how it is done does not concern us here. The point is that when the professional education aim dominates the training of nurses they cannot be expected to perform hospital work which does not contribute to their preparation for nursing.

7. Again, there is, temporarily at least, heavy additional cost involved in changing from apprenticeship to professional education methods of preparation for an occupation. Buildings, laboratories, scientific equipment, a trained and full-time teaching staff, administration, providing paid labor in place of much apprentice labor all requires a direct outlay of money. This has long been an important factor in delaying development of profes-
sional education along various lines. It is now a distressingly disturbing factor in connection with nursing education. Not only is professional education expensive, but it is becoming more so as professional knowledge increases and scientific equipment becomes more elaborate. The cost of medical education in this country today is enormous in comparison with what it was when our grandfathers obtained most of their preparation in the offices of older physicians. Any occupation that aspires to the professional level must face the problem of heavy additional cost of preparation.

8. More important than the increased cost is the shift of the financial burden of occupational preparation. We have seen how the first cost of apprenticeship is borne by the apprentice and his employer. The apprentice receives small wages during his learning period. The employer spends part of his valuable time, or that of his expert workers, in teaching the apprentice and pays in other ways which we have not time to consider here. To be sure, the employer passes on to the public his share of the cost in the selling price of his product, but he bears it temporarily. When apprenticeship gives way to vocational education, be it trade or professional, the burden of cost of occupational preparation, or most of it, rolls off the shoulders of the employer. It must be provided for in some other way. There are three other ways in which it may be provided. The learner may be required to pay all or part in the form of tuition fees and in the cost of living while in training. Wealthy philanthropists may provide part of the cost by endowing educational institutions. Society may assume a share of the burden by providing publicly supported vocational schools. In recent years public responsibility for this burden has become increasingly clear and large appropriations of public funds are made each year for vocational education, including professional education. The learner may be expected to maintain himself and pay a small part of instruction costs. Private philanthropy may be expected to provide here and there generous endowments for professional education, as it has done in the past. But the real burden of financial support for adequate professional education will rest more and more upon the public. Since the public pays in the long run, however this type of education may be provided, it is desirable that public educational institutions should assume the major part of the first cost and at the same time assume responsibility for seeing that the job is well done. And there is just as much reason why nursing education should be properly financed with public funds in State Universities as there is why our State Universities should maintain schools of medicine, law, dentistry, engineering, education and business.

9. Finally, development from apprenticeship to professional education in
preparation for any occupation should involve recognition of the fact that there is a great deal of work of semi-professional grade to be done and a great many people interested in preparing for the profession who cannot hope to rise to the professional level. The work of oral hygienist in relation to dentistry is an illustration. Definite provision should be made to meet the need for semi-professional workers. It is unwise to ignore this need and equally unwise to assume that the weaker members of the profession will meet the need by finding their level in semi-professional work.

I have compared two methods of preparing for an occupation—apprenticeship and professional education—and have tried to show that in the case of all professions the latter method has grown out of the former. Then I have listed and discussed briefly nine things that are involved in changing from the former method to the latter, touching occasionally upon the relations of the points made to nursing education. I have not attempted to solve problems but to raise them, and to call attention to their significance. Nor are these problems new to leaders in nursing education; they are only presented from a different angle. Their solution rests with you. That they will be solved successfully I have no doubt after reading that truly remarkable document the Report of the Committee for the Study of Nursing Education.

PREPARATION FOR TEACHING NURSING

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In order to teach the art and science of nursing, the instructor should have that fundamental preparation required of the teacher of high school subjects plus the additional knowledge and skill peculiar to and indispensable in nursing.

What is the nature of this fundamental preparation? It has three distinct components: first, the personal equipment of the teacher; second, her professional equipment; and third, her experience in teaching.

PERSONAL EQUIPMENT

The great Sanderson, Headmaster of Oundle, said, "Science teaching must be alive, changing, moving forward. It should not have about it the atmosphere of certainty and finality." This sounds the keynote of the teacher's personality. She must be dynamic to the extent that she can charge her students with enthusiasm and stimulate in them the creative
spirit. Not only must she have energy but she must have the power to give up energy. She must be alive, keen to grasp her pupil's needs, and bubbling over with the joy and pride of her profession.

But this passion for imparting knowledge is useless if we do not reinvigorate it with sympathetic imagination. The artistic teacher submerges her personality in order to gain an understanding of her students' mental reactions. "Vicariousness," George H. Palmer named this attribute.

A third quality desirable in a teacher is the ability to disregard praise and recognition for her work. Knowledge is the attraction sphere, not the bringer of knowledge. Again, then, the ability to forget self is all essential.

Add to these desirable qualities accuracy, industry, habits of keen observation, order, firmness, cheerfulness, dignity, and tact, and we have a reasonably clear picture of the ideal teacher's personal equipment.

FUNDAMENTAL PREPARATION

Personality, however, is not a substitute for scholarship in the fundamental preparation of the teacher. In the report "The Professional Preparation of Teachers for American Public Schools," Bulletin Number Fourteen of The Carnegie Foundation for the Advancement of Teaching, is this statement which phrases our problem. "The mere possession of knowledge does not guarantee the ability to communicate it." The teacher must understand the principles underlying the learning process, the methods of presenting subject matter, and finally the art or application of principles and methods in teaching. How long a period must an instructor spend in gaining this information? It is generally recognized that four years of well-directed learning subsequent to a high school education is sufficient with selected material to lay the foundation of a good teacher. Among the strictly professional courses of college grade, five are considered essential: (1) psychology, preferably educational psychology; (2) history of education; (3) methods or principles of teaching; (4) school management; (5) observation, participation and practice teaching.

Psychology especially concerned with the laws of training and the appreciation and recognition of individual differences, is fundamental. Next in importance is practice teaching under the supervision of expert teachers. This experience should be preceded by carefully defined periods of observation and participation in classroom instruction. The ideal duration of the practice teaching period is difficult to estimate because the ability of the student teacher is such a variable factor. Again, let Mr. Sanderson's thought provide the illustration. He said, "To raise the average, to raise the lowest, is the aim of the new education and the new industrial life."
The weak student teacher should have more opportunity to put into practice the principles and methods she has learned in the classroom than the well poised, expert, finished teacher who is often referred to as "the born teacher." An arbitrary fixation of this period for practice teaching seems untenable. Better let the need of the student teacher determine the length and variety of this experience.

The remaining content in the four years' program of professional education should be characteristic of a liberal education rather than vocational concept. Ordinarily we think that this program should include history, appreciation of literature, and art, skill in writing and speaking the English language, familiarity with one foreign language, biological science with emphasis on the development of the evolutionary point of view and an acquaintance with the principles of sociology and economics. The statement that "the education of the teacher measures the quality of the school which in turn is an index of the community" applies to the preparation of the nurse instructor. In other words, she must know not only nursing but the relation of nursing to life.

The final phase in the professional preparation of any teacher, the duration and character of the preliminary teaching experience, is more difficult to analyze and describe. The truth of the old aphorism that the experienced teacher is not always the best is constantly demonstrated. The young inexperienced teacher should be supervised constructively if the preliminary period of teaching experience is to be productive of future power.

**PREPARATION FOR TEACHING NURSING**

In addition to the fundamental preparation required of the teacher of high school subjects, what qualifications should the expert teacher possess in order to teach nursing? By a process of experimentation, the faculties of several schools of nursing are attempting to prove the feasibility of the recommendation submitted by the Committee on Nursing Education, namely, the reduction of the present three year course to twenty-eight months. If a preliminary or pre-clinic period of four months and two months for vacation are subtracted from this time, twenty-two months remain for the actual nursing care of medical and surgical patients, obstetrical patients, including the complete cycle of this valuable experience, sick children and the intelligent understanding of the normal child, patients suffering with communicable diseases, and, finally, the mentally ill patient. During this period the student nurse must be introduced to the community's health situation and be given opportunity for visiting nursing and follow-up work in the homes.
Whether or not the twenty-two months' period of carefully selected experience will furnish the prospective instructor in nursing with an adequate professional foundation remains to be demonstrated. In five years this association will have reliable information to aid in arriving at an opinion on this subject. The point to be emphasized is this. The future instructor should have experience either as an undergraduate or a postgraduate student in all the branches of nursing into which her students may be projected. She must possess a first-hand knowledge of all the varied ramifications nursing offers. Only with this thorough acquaintance with the entire field will she be able to discriminate between the essential and the unessential subject matter to be presented to her students. No instructor can teach satisfactorily the theory and practice of nursing, the "center of the nurse's training, the basis of her future professional usefulness" who has not had experience in the various fields of nursing previously enumerated. To summarize, in addition to the fundamental preparation required for any high school teacher, the nurse instructor must have had that complete cycle of nursing experience which provides the content of nursing education.

What especial habits of thinking should be developed in the teacher of nursing? Because she is a teacher of scientific principles, emphasis should be placed on acquiring a scientific attitude of mind. Professor Slosson indicates the method of this attainment. He said, "No one can appreciate the aims and achievements of science unless he has some little practice in the experimental processes by which scientific principles are discovered and established." We should expect then that the nurse instructor will build the foundation for this type of teaching in her study of biology and possibly sociology and economics, subjects included in the fundamental preparation. The scientifically minded teacher is prepared to train her students in this new way of thinking. They will become familiar with the facts and laws science has spread before us, and will be led to apply and correlate those findings toward the solution of our immediate problem, which is in the last analysis the health of every single member of the community. The course in the principles and practice of nursing is the pivot around which the cycle of nursing education revolves. All other courses in the curriculum are considered essential, because only through this mastery or complete understanding may the student learn the principles upon which the art of nursing has been developed.

It logically follows that the teacher of nursing must have signal ability to aid the student in reconstructing the complete original, having as material the mass of facts and laws contributed by the various related subjects,
as anatomy, physiology, bacteriology, chemistry, nutrition, etc. This ability reaches its fullest expression in the scientifically trained individual. The defects in nursing education as in any other type of scientific instruction may be traced to deficiency in generalization rather than in over-specialization.

A second desirable quality of mind we should hope to develop in the nurse instructor is the conception of each individual as a member of the community. In discussing with her students the principles of nursing as applied in the relief of the certain symptoms a particular patient presents, she should be alert to emphasize the relation of this sickness situation to the community. Who was responsible for the man's disability? Was it the community's responsibility? Was it due to lack of health teaching? What is his economic and social background? In other words, the teacher of nursing who is with her students in the wards, in the dispensary, and in the patients' homes is charged with the definition of the social and economic aspects of disease and the methods of prevention.

A third desirable quality is a sympathetic understanding of the other person's point of view, be that person patient or student. The point to be urged in this connection is putting into practice one of the fundamental laws of psychology, the recognition of individual variation.

With regard to skill, the nurse instructor through careful repeated practice will gain dexterity and deftness in demonstration. She will train herself to do what we describe as "finished work." Neatness and emphasis on the importance of detail contribute toward the attainment of this ideal.

EXPERIENCE IN TEACHING NURSING

The first year of a nurse instructor's teaching experience should be supervised. By whom? Yes, that is the question. Eventually we may hope to have as principals of our schools of nursing trained teachers with sufficiently rich background of teaching experience to enable them to take over this additional supervision. It is during the first year that the habits of teaching are established and even though the instructor may have had adequate academic and professional preparation she may fail in the correct method of applying the principles she has learned, and our students suffer. Have we wasted student's time because the nature of the instructor's task was more or less of a riddle? This analysis of the preparation necessary to teach nursing has but scratched the surface of the subject. Infinitely more could be written if one person had the acumen to relate all the principles of educational philosophy and psychology to the subject under discussion. I do wish to make one suggestion. May we not again urge the
Instructors' Section to recommend that the Committee on Education consider the possibilities of defining standards for the certification of teachers in schools of nursing and that these standards include graduation from high school, from a recognized school of nursing plus two years of collegiate study, especially in subjects related to the preparation of teachers.

That our British sisters share this same problem is evidenced by this quotation from Miss Macdonald's article in the *British Journal of Nursing*—“It is a curious thing that nursing appears to be the only subject educational authorities allow to be taught without the possession of proper qualifications on the part of the teacher, and this, if one considers the matter, is a serious reflection on the educational standards of general nursing education.”

In the report presented by Miss Nellie Brown to this association last year, your attention was directed to the preparation of instructors in schools of nursing. Miss Brown found that in a group of 61 instructors:

- 26.1 per cent had only high school education
- 40.0 per cent had four years of college or normal school
- 18.6 per cent had one year of college
- 16.3 per cent had two years of college

If we compare these figures with a recent report submitted by the American Educational Digest we shall have reason to feel that the need for more adequately prepared instructors in our schools of nursing has been recognized and some provision at least has been made to meet this need. The report discusses the following facts:

- 600,000 school teachers in America
- 30,000 have had less than grammar school education
- 100,000 have had eight years of grammar school
- 200,000 have had two years of high school
- 150,000 have had four years of high school
- 120,000 have had high school and two years of normal training school education

To express these terms in percentage:

- 25 per cent of all the American school teachers have had high school education
- 33\(\frac{1}{3}\) per cent have had two years of high school
- 22 per cent have had only grammar school or less than eight grades
- 20 per cent have had more than high school education

It is obviously inaccurate to compare a selected group of 61 instructors with a group numbering 600,000, but until we have a record of every instructor in schools of nursing and her preparation we can not expect to form any logical deduction. The above comparison seems to be illuminating.
The Department of Education in the State of Connecticut requires for certification of secondary school teachers (1) a college degree; (2) one year of professional training or one year of practical experience. Shall we not begin to think in terms of similar requirements for instructors in schools of nursing?

In conclusion, may I present as a definition of an ideal school of nursing a quotation credited to Mr. Sanderson. In his last lecture, the address to the members of the National Union of Scientific Workers, he said, “A modern school is a school in which the spirit which we call the spirit of science permeates and changes all its methods, aims and relative values. Such a school will endeavour to make the fullest use of all branches of knowledge and of all the faculties of its members. It will have constantly in mind as its highest duty the welfare and development of all its workers; and its aim will be to do service for the community.”

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CHANGING DEMANDS IN THE PREPARATION OF TEACHERS AND HOW WE CAN MEET THEM

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It is just fifteen years ago since we began to employ full-time instructors in schools of nursing and began to train nurses as instructors. There were many nurse teachers before this time, but teaching was not their main job. Some of those were “born” teachers and a good many had received train-
ing as teachers before entering nursing, but few of them could be considered as experts in the teaching of nursing subjects. In this respect nursing was in much the same situation as other professions, except that the graduates of medical, engineering, and other professional schools had a more solid foundation of scientific knowledge to build on as a rule and more of them had previous college training. It is a tribute to the foresight of our own educational leaders that they recognized before most professional schools the need for special training in teaching for our superintendents, assistants, and instructors, and made heroic efforts to secure it.

Although we cannot yet claim a large number of trained instructors in the nursing field, and although there is as yet no general requirement for such training, we have gone this far at least; the need is generally recognized and the demand for trained instructors in nursing schools far outruns the present supply. It may be assumed, therefore, that the tentative experimental stage of this venture is past and we are now ready to consider how we can extend the opportunities for training and how we can improve as well as increase our product.

I have been interested in studying the recent Carnegie Report on the Professional Preparation of Teachers for American Public Schools. In spite of the fact that our work in training teachers is so new and the work of the normal schools is so well established, it is surprising what a similarity there is in our problems and in the general conclusions reached. I shall refer from time to time in this paper to the recommendations of Dr. Bagley and other educators who have contributed to this report, but I would suggest that all of you who are interested in this subject secure the report for yourselves.

In the first place, I think we have to recognize, as they do, that nothing less than full high school education should be accepted as a basis for the professional training of a teacher in any field. In the past there has been some excuse for compromising where high school education has been difficult to secure and teachers of any kind have been so scarce, but the inevitable result of accepting low educational standards for normal, as for nursing schools, is not only to turn out poor workers but to lower the whole professional status of the group and to keep well qualified applicants out.

Teachers in secondary schools have recently been required to have a background of four years' college training including their teaching subjects. Professional schools such as ours would be expected to require at least an equal preparation, but I do not think that we can demand this standard at once. It is not unreasonable, however, to expect that within a few years nurse instructors in all good schools will present the qualification of
at least a bachelor’s degree; and I believe that we should work definitely toward that end.

The professional background of nurse teachers is just as important as their general education. A teacher can scarcely hope to carry her students farther than she has gone herself and if her own professional foundations are weak, her students must inevitably suffer. Sometimes a poor foundation can be strengthened by post-graduate experience and training, but unless that can be done, it is useless to expect any amount of special training in teaching to make up for deficiencies in nursing knowledge and skill.

Given these two fundamental qualifications, there is still the question of whether one has the personality and aptitude for teaching. Unfortunately there is no reliable test for personality, but one can be pretty safe in assuming that a person who gives no impression of vigor or intelligence and who had not stood out in any way in previous professional work will scarcely win success as a teacher. It would prevent much disappointment and poor teaching if we could discourage those who are manifestly unsuited for this work from taking it up. On the other hand, there are many who have never shown any particular interest in teaching who, if given an opportunity to try themselves out in a small way, will develop quite a marked ability along these lines. This is one reason why I should want all head nurses to have some teaching duties assigned to them, no matter how small.

As to the amount and quality of the preparation, it was thought at first that one academic year should be ample for the training of an instructor. Now we realize that only a beginning can be made in one year unless the student comes with an unusually good foundation of normal school or college work.

First, every teacher must have a good command of the subjects she expects to teach. That means that she must go a good deal farther than she expects her students to go and reach a higher standard of scholarship in those subjects.

Second, she is expected to master the science and art of teaching, which includes the principles of educational psychology, and the observation and practice of good teaching methods. Besides, she must have some knowledge of the general problems of education and especially the problems in her own professional field. Most courses for teachers also include the study of the history of education and some discussion of educational philosophy. It would take about one year to get any real command of this side of her work.

Third, there is the question of general cultural training. In the earlier days it did not make much difference whether the nurse instructor had a
degree or not. No one expected her to bring much beyond a good nursing background and possibly some training in teaching. With the opening up of university connections and the advancing educational status of our better schools, we are getting more and more requests for instructors capable of teaching students who are themselves college graduates. Instructors are also feeling the need of a broader cultural background both for their teaching and for their own intellectual life. They are eager to round out their professional preparation with such subjects as English, history and language. Sometimes this enriching of the personal life of the teacher means more for her happiness and success than the accumulation of purely professional information.

It is difficult to keep a proper balance between these three groups of subjects and criticism will always be made that we are overstressing the academic, or pedagogic, or purely nursing subjects. We must remember that nurses have already spent two to three years in laying the foundations of their professional subject matter. It would seem reasonable that the other two sides should have at least equal emphasis in the post-graduate course.

There is a marked tendency, however, toward a blending of all these three elements in the teachers' curriculum. The old idea that we must first master the subject-matter and then learn how to teach it, is giving way to the idea of what is called "professionalized subject-matter," where every subject is shot through with the teaching point-of-view and where teaching principles are incorporated with the material to be taught. It is also claimed that we do not need to go outside of our ordinary subject-matter to find cultural values. We can make any subject a cultural subject by the way we teach it. Certainly we have infinite cultural possibilities in the training of teachers of nursing subjects. We have the sciences, history of nursing, sociology and ethics, psychology; and even such practical subjects as dietetics and nursing have their own cultural possibilities.

The time required for such a course will depend somewhat on what the student brings beyond her high school and nursing courses. As a rule, it takes from two and one-half to three years for the degree or two years for the professional teaching certificate. This is quite in line with the new developments in normal schools. The recommendations are that the minimum length of training shall be two years and that three-year and four-year courses should be available for those who can go further and qualify for the bachelor's degree. Already a number of two-year normal schools in New York State and Massachusetts have been extended to three years, and about 90 normal schools in the whole country have recently been
reorganized as four-year Teachers Colleges. It is further recommended that all courses for the training of teachers should be put on a collegiate footing at once, removing altogether the anomalous teacher-training courses found in some secondary schools, and strengthening the quality of the teaching so that it compares in all respects with that found in good colleges.

The report on the training of teachers makes a very definite distinction between teaching work of college grade and of high school grade. A high school teacher may teach 25 hours a week and may yet do fairly good routine work, though 20 is considered a maximum program for good teaching. But in colleges and professional schools the teacher is expected to do more creative teaching, to not only keep up with his subject but to add to its fund of knowledge. To do this he must be steeped in it to the saturation point. He is supposed to do more individual work with his students, more free work as opposed to ordinary routine teaching.

We may as well admit that we have had little teaching of this type in our nursing schools, and probably most of our teachers would be incapable at this time of doing it. But if we are to get beyond this pioneer stage in teaching and have our work stand on an equal basis with other professional schools, we shall have to cut down our present impossible teaching schedules.

I give one or two quotations from the report on normal schools. "It is impossible to expect a collegiate grade of work from an individual who must teach 5 classes per day in two or more distinct fields, and teachers who are properly trained will refuse to do it." "No normal school instructors professing to do collegiate work should be allowed to teach 25 class periods a week at any time; the fact itself brands the quality of the work as necessarily inferior. There can be but one result, the work degenerates into a genial and superficial formalism of little value." "Assuming a faculty trained to a high grade of work the question of schedule becomes a question of the quality of work desired. A school demanding that a teacher give 25 periods of collegiate instruction per week simply gets that teacher's energy and effort spread out thinly over 25 periods instead of concentrated into 15." Eighteen hours a week is cited as the maximum for real creative teaching.

When instructors were first introduced into nursing schools, they were expected to teach almost anything that needed to be taught. Their work was mainly confined to the preliminary course, however, and they were therefore often called "Probationers' Instructors." Very soon we began to see that one instructor could not do justice to so many subjects and we began to employ one teacher for practical nursing and one mainly for the scientific subjects in the preliminary course. How we came to use the
unfortunate terms "practical" instructor and "theoretical" instructor. I do not know; but the idea that seems to be implied is that one person lays down the principles only and the other concerns herself with practice only. I am afraid there is more truth than there should be in this assumption.

Recently we have begun to realize that we need nurses specialized along the line of clinical teaching, teachers of pediatric nursing and obstetrical nursing, etc., who combine the functions of ward administration, supervision and teaching in the various departments of the hospital. Soon we shall have almost as wide a variety of teaching specialists as can be found in medical schools and other professional schools.

There seems to be a rather strange idea in some nursing schools that only the "theoretical" instructor needs special training in teaching and that almost anyone who is familiar with the hospital technic and who has a "knack with her hands," is able to teach "practical nursing." Whatever the reason may be, the requests which come for teachers of the sciences outnumber those for teachers of practical nursing about ten to one, and there seems to be a feeling in many schools that the higher salaries should go to the teachers of sciences.

This distinction between teachers in nursing schools is something like the distinction which has grown up between teachers in elementary and secondary schools. The groups which taught "easy" subjects to little children were not supposed to need as much teaching ability or special training as those who taught "harder" subjects to older boys and girls, and the salaries were graded accordingly. This artificial way of ranking teachers is now believed to be entirely wrong. Good teaching ability is needed for all subjects, at all stages of education, and the training and remuneration should be equal for equal ability and experience. Selection should be made entirely on the basis of the teacher's fitness and her own preference for the subject and student group. In view of the different needs of different groups of teachers, it is now recommended that there should be special training programs offered for all the larger divisions of the teaching service in public schools, such as primary, intermediate, and upper grades, and for rural schools. This would seem to be a logical step in our field as well.

It is interesting to note that the idea of job analysis as a basis for teaching objectives is being strongly advocated by educators in all fields. It is no less important in this work of training teachers of nurses than in the training of nurses themselves, and I believe we shall save time and many false steps if we start to analyze our various teaching jobs from the ground
up. This is a very difficult thing to do, however, at our present stage of development. An instructor may be asked to teach "the Standard Curriculum," or she may have a perfectly reasonable schedule of three or four related subjects. The tendency in the larger schools seems to be toward a further division of the science subjects and the assignment of more definitely clinical subjects to the nursing supervisors and medical chiefs in charge of those divisions.

In university schools or other schools which have access to college facilities, the drift toward specialization in teaching has gone much further. The sciences may be handled entirely by special departments without calling on the nurse instructor at all, or the nurse instructor may carry the quiz and laboratory work while the lecture work is done by a physician or professor. In some universities nurses have qualified themselves by special training for positions as science teachers on the same basis as other university instructors.

It has been suggested that perhaps the time has come for us to turn over most of our science teaching to university departments and give up training nurses for this work. This assumes a much more rapid centralization of teaching than we are likely to see in the next few years. But apart from that, while most of us will agree that the teaching of nursing is more distinctly the nurse's job than the teaching of science, it has been a pretty general experience that students do better in their science work when they have a nurse as teacher or even assistant teacher, provided that the nurse is qualified for her work. The reason is obvious: the nurse-teacher understands the student's needs better and is likely to be more interested in seeing that the connections are made between the classroom and the practical work.

If we accept the idea which has been referred to, that science courses, and indeed courses in professional schools, must be penetrated throughout with the professional point of view, we shall need not fewer but more nurse-teachers for science subjects. But they must be as well prepared as other teachers of science, and they cannot be well prepared if they attempt to teach so many subjects. Many nurses are interested in teaching chemistry, or bacteriology, or anatomy; and some are willing to put in the time and effort for preparation if they can see some compensation ahead, not only a good salary but a position of some dignity and security and a chance for advancement. There is no reason why nurse instructors should not look forward to many positions of this kind, especially when our junior college and university positions are extended, or why we should not see expert teachers of physiology and chemistry and other sciences develop
from our ranks. Visiting teaching and central preparatory courses also make possible a greater degree of specialization in teaching.

I am inclined to think that instructors themselves might help to advance this movement toward specialization if in applying for positions they would state quite frankly that they do not pretend to be able to teach every subject in the curriculum. They should name two or three subjects which they do feel fairly well prepared to teach. If there is no other way of providing for some of the other subjects, the teacher should make every reasonable effort to help out, but it should be clear that such a makeshift is not conducive to the best results. The teacher would not then be working under false assumptions or assuming impossible responsibilities. The matter should not be put on a basis of what is just or unjust to the teacher, but on the basis of what is fair to the students and to the reputation of the school. I believe superintendents of nurses would welcome such frankness and that few positions would be lost on account of it.

This idea might well be extended to the training of instructors, indeed it is already working out that way. There is a common core of subjects which all teachers should have. I believe that the "practical" instructor no less than the "theoretical" needs a stronger foundation in general science. If her subject is to be the coordinating center, as it should be, for all the other subjects in the program and if that great gulf between theory and practice is to be bridged, she must know something more than the A. B. C. of science: and the science teacher must know what practical use her students are making of the principles she teaches. The same might be said of the clinical teacher. The first part of the training might be quite similar for the different types of teachers, and it might also be a testing time revealing to the prospective teacher the general direction of her aptitude and interest. After the first year, and possibly even before that, selection and concentration should begin on two or at most three major subjects.

Many of our students in Teachers College leave after the first year to recoup their finances for a further period of training. We have found that it is rather a good thing for them to take a general teaching position and try themselves out along several lines. When they come back, they know, as a rule, what subjects they can do their best work in, and they give special attention to these, often returning summer after summer to supplement their preparation and keep themselves up-to-date in their special field.

Other nurses attend courses in medical schools and universities throughout the country. There seems no reason why there should not be the
freest access in the first two or three years of the medical school program to well qualified nursing students preparing as teachers.

A word might be said here, however, about the desirability of a unified and consecutive program of study instead of the choppy and fragmentary preparation which teachers of all types have suffered under in the past. The report to which I have referred before gives a melancholy picture of the broken attendance at normal schools; students often entering for one term, dropping out to earn money, coming back for an occasional summer session, like student tramps picking up a course or two here and there, and many of them falling out before the diploma was reached.

The report strongly urges that at least one coherent year should be required in the beginning and that transients should be discouraged. Hard as this may seem for the ambitious student working her way through, there is no doubt that this policy helps to protect the institution which gives the training, as well as the institution which receives the teacher. In the end it is also better for the student herself.

We have been working along these lines in Teachers College, admitting to our regular courses only those who have the necessary educational requirements and who expect to continue study for at least one full consecutive year. Summer students are also expected to undertake a definite program of work which will eventually lead to a certificate or degree, but it is more difficult to hold them to it.

It should be possible for a teacher who loves teaching to make that her life work without sacrificing advancement in salary or position. One of the recommendations of the Carnegie Report on Teaching is that the “factory system” of school organization be broken up because it puts the grade teacher at the bottom of the ladder and allows advancement in salary and status only to those who forsake teaching to occupy supervisory and executive positions. Our own situation is somewhat similar, although with us the supervisor and teacher are usually on much the same plane. Our teachers are often asked why they do not “go on” into administration. There is no reason why a teacher should not go into administrative work if she has the qualifications and the taste for it, but it does not mean always that she is “going on.” Her best future may be in teaching and writing, not in administration. The whole question is likely to be one of salary and status, and until we can assure the teacher the same progressive advancement in teaching that she would secure by going into administration, we shall continue to have this very large turnover in the teaching field and poorly prepared teachers.

Everything that tends to make a teaching force stable and relatively
permanent makes for better work, better preparation, and better morale. Even marriage is now considered to be no handicap in a teaching career and efforts are being made to conserve the married teacher for the profession and use her to the fullest possible extent. In spite of all this, I think we should take it for granted that it is just as logical for teachers to become superintendents of nurses, as for supervisors or assistants, and I should not want to see any obstacle placed in their way if they feel "the call" and show the necessary qualifications.

There is a further possibility for the instructor which lies more directly in the line of her major interest, and that is the training of other teachers. We have been very slow in developing centers for such training, but we ought to realize at once that we cannot expect to supply the whole country from one or two centers. There should be no more difficulty in establishing special courses for the training of teachers than in developing courses in public health nursing. Nearly every university has its school of education, and more or less complete facilities for science teaching. But it would be useless to start without well trained people to direct and develop the work and these directors must have teaching experience and some executive experience, and they must be specialists in education. I am inclined to believe that if we had a few instructors prepared for such work, the opportunity would soon be found.

It is sometimes assumed that instructors do not need to have executive experience since they spend their time largely in the classroom. But the instructor certainly has to plan and manage many things within her own job, and she needs to know a good deal about the general administrative problems of the school or hospital, or she will find it difficult to cooperate as she should with the other members of the staff. In central school or university positions, the educational director or instructor will have a good deal of planning and organizing to do. I think we may as well assume that the instructor needs to develop all the ability she has along these lines; and while one cannot carry a load of executive work along with a full program of teaching without danger of failure in both, it is usually possible to keep in touch with administrative problems by relieving a supervisor or assistant during the summer months, or exchanging duties occasionally with some member of the executive staff. In the training of teachers, we feel that a course in supervision should be required of all, so that they may recognize the administrative problems of the school and cooperate as fully as possible with the various departments of school and hospital.

There are many other phases of nursing work which the instructor needs
to cultivate if she is to play her part in full in the advancement of nursing education. We talk a great deal about the new social emphasis in nursing, the preventive view-point, the function of the nurse as teacher, the salvaging of the mind as well as the body. How are students in nursing schools to acquire these new view-points unless their teachers have them? And how are teachers to keep in line with all this new thought without making time for visits to public health and social centers, as well as reading and study and post-graduate courses from time to time?

One of the encouraging signs of a live professional spirit in public school teachers is the extent to which they patronize extension and summer school courses and other means for professional growth. It has been estimated that 200,000 out of the 700,000 teachers of the country “went to school” in the Summer of 1921—about one in every four. This idea that the teacher must always be a learner, that continuous growth is a fundamental standard of a profession, is cited by Dr. Bagley as one of the axioms of the modern teacher’s creed. We might well adopt it, not only for nurse teachers but for all nurses.

Another evidence of a growing professional spirit is to be found in the increased membership of professional organizations and the development of high grade professional journals. The membership in the National Education Association increased tenfold between 1918 and 1922, and several new magazines for special groups have developed. The surest indication that our teaching group is alive and active is the fact that Instructors’ Sections are growing up in the State and Local Leagues, and Instructors’ Institutes are being held all over the country. Instructors are contributing more and more to our nursing literature and this is a most desirable thing, but we do need an educational journal of our own for all groups interested in nursing education and some day soon we must have it.

There is promise in this group of instructors. It is a small body and it has not quite realized its possibilities, but it has a wonderful contribution to make if it will only hold on and make the most of its opportunities. We must study our field, and I do not think we could do better than to start on a careful job analysis, and follow that up with a statement of our objectives for the training of teachers and supervisors (because I do not think we can separate these two groups). Then we might outline a minimum course of study which could be used in the newer centers for the training of teachers. We need to mobilize our whole group of teachers and bring them into membership in this association. We need to develop the scientific side of our teaching craft as well as its technic. We need to
stimulate the latent teaching spirit which is so closely akin to the nursing spirit in many ways and which is to be found in many nurses. We need, above all, to realize how vital our work is in the whole big program of the future, how much depends on our doing our part well.

In closing let me quote once more from that report. "If the supreme service of one generation to the next is to place it most advantageously upon the stage, that service can be concentrated and insured nowhere so effectively as in the selection and preparation of the teachers to whom chiefly the task is delegated."

SUMMARY OF DISCUSSION

The point was made that the way in which to determine what shall constitute any type of curriculum is to find out what the persons who are studying that curriculum are going to do, and the only way to do that is to make a careful and thorough analysis of the job, or different jobs, making up their future occupations.

Another phase discussed was the teacher: the need of women in teaching with culture, vision, and a sound general education in addition to special preparation; in addition, the importance of giving the teacher a rational teaching program and opportunity for further development.

The meeting closed with a plea by Miss Mary Gladwin that effort be made to supply the small hospital schools with teachers; that in this type of institution there is a tremendous need for teaching personnel; and that constituting as they do so large a proportion of our schools, the future progress in nursing is closely related to measures which will provide for these schools adequate educational resources.

AMERICAN NURSES' ASSOCIATION, NATIONAL LEAGUE OF NURSING EDUCATION, NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

General Session

Friday, June 20, 9:00 a.m.

Elizabeth G. Fox, President, National Organization for Public Health Nursing, presided.
MEETING THE DEMANDS FOR COMMUNITY HEALTH WORK

By Haven Emerson, M.D.

Professor of Public Health Administration, Columbia University, New York, N.Y.

Printed in The Public Health Nurse, September, 1924.

By Ella Phillips Crandall, R.N.

Associate General Executive, American Child Health Association

Printed in The Public Health Nurse, October, 1924.

By William J. Norton

Secretary of Detroit, Michigan, Community Fund

Printed in The Public Health Nurse, September, 1924.

Open Session Conducted by the Education Committee

Friday, June 20, 11:15 to 12:45 p.m.

Carolyn E. Gray presided.

CHANGING EMPHASIS IN THE CURRICULUM

By Isabel M. Stewart, R.N.

Chairman, Committee on Education

It is just about ten years ago since we started to prepare a standard curriculum and seven years since it was published. At that time we considered it something of an experiment. The question was whether a standard which was merely recommended and not required would have enough authority back of it to secure its acceptance.

Some thought we had placed the standard too high to be practical, others thought it was too low to be quite respectable. It was proposed, however, not as a model curriculum, nor yet as a minimum, but as a reasonable working standard for schools of the upper level—what might be called grade A schools. It was never expected or intended that schools should copy the curriculum entire. It was hoped that they might measure themselves by it, pull themselves up to its best recommendations, and improve on it wherever possible.

The results have been much better than we anticipated. The first edition of one thousand copies was quickly sold and several editions have followed. The Curriculum is still our best steady seller at League Head-
quarters. Announcements of Nursing Schools soon began to show its influence, and a little later State Syllabi began to fall into line with many of its recommendations. The states had to scale-down its standards, however, as their curricula are on a different basis, outlining *minimum requirements* rather than *recommended subjects and hours*.

It has become quite a common thing in the past few years to have schools write that they were “following the standard curriculum.” Indeed, there has been a tendency in some schools to follow it a little too rigidly, even to the extent of insisting that perfectly good lecturers and instructors discard their own teaching outlines in favor of the ready-made ones in the nursing “Bible.” Such excessive loyalty is somewhat unfortunate, but perhaps it is offset by the fact that our schools are keeping a little closer to *essentials* because of the detailed outlines.

The book has gone into a number of foreign countries and has been put into the hands of many foreign visitors who have been glad to get a concrete picture of our ideas on nursing education in this country. The introduction written by Miss Nutting has been published separately and distributed to training school boards and hospital trustees in some states. Undoubtedly something has been done in these ways to enlighten public opinion outside as well as inside our own groups.

Criticisms have always been invited, and we have received many useful criticisms and suggestions. The usual number of protests have come from specialists who are amazed to find so little space given to their pet subjects and who callously suggest the cutting down of somebody else’s pet subject to make way for theirs. But the gratifying thing is that the old curriculum has evidently met a real need and that our good friends in nursing schools have not only welcomed it but are using it constantly. This makes it imperative that it should be kept up to date and in line with the best practice in nursing schools today.

The question of revision has been up for some time, but the Education Committee was unwilling to undertake anything extensive till the results of the recent survey were in hand and digested. Several of our members were on the Survey Committee and their ideas are incorporated in the report. Last year, as you will remember, the Education Committee made a preliminary study to determine how far we should adopt these recommendations in the new revision of the curriculum. There was some difference of opinion on the twenty-eight month basic course, and the matter was left open for further experimentation and discussion.

The Education Committee which met last January decided that, since the general content of the basic course would be approximately the same
whether given in twenty-eight or thirty-six months, there was nothing to prevent the committee from proceeding with the revision of the subject outlines. A tentative program of subjects and hours was agreed on, and sub-committees were appointed for each separate subject or group of subjects. For chairmen and members of committees we have in several cases gone outside the Education Committee itself, selecting experts from all nursing groups and some non-nurses who are especially qualified to help. All parts of the country are represented in these committees, and it is hoped that the members will canvas opinion thoroughly before we finish the work. These sub-committees have already brought in preliminary reports, but the work will not be completed probably until 1925 at the earliest.

The newer point of view in curriculum making is that the curriculum should grow out of the practical fundamental needs of the students, so far as it is possible to ascertain them. In vocational education it is now considered almost essential that a job analysis should precede the adoption of a curriculum and that the practical objectives decided on should be the starting point for the building up of subject matter, practical experience, and method of teaching and supervision.

We have attempted to put into rather rough general form the functions and duties common to all groups of nurses, and we want to have this outline criticized from every angle before we use it. We shall then check up on our curriculum to see whether we have provided for everything that should go into the basic training, or whether we are carrying about useless lumber which does not function directly in the professional life of the average nurse. We want every nurse, and especially every nurse educator, to feel that she has a right to register her point of view and that it is a part of her responsibility to see that this outline is complete and correct, at least for this year, 1924. Changes will have to be made undoubtedly as we develop new functions and ideas.

There will be some impatience, I have no doubt, with the changes proposed; and in spite of all our efforts we shall not be able to incorporate all points of view in the final result. Some of these points of view are so opposite that it would be impossible to harmonize them. It is not only in politics and religion that we find conservatives and liberals (or radicals) fundamentalist and modernists, traditionalists and scientists, pitted against each other. We have them all in our own ranks, though fortunately most of us are to be found nearer the center than either extreme. The so-called "practical" person is always suspicious of the encroachments of "theory" and always much more concerned with the training of hands
than of minds. On the other hand there is the academically-minded person who seems to be much more concerned in putting in new courses than in seeing that knowledge is really absorbed and effectively applied in practice.

One group thinks of the school always as a means of getting the hospital work done, and the curriculum must not interfere with this primary purpose. The other thinks of the school as a means of educating nurses to take the best possible care of all patients now and in the future, and the curriculum must serve this purpose. One feels that the nurses’ responsibility is always and everywhere for the care of the sick. Preventive work is a kind of a fad or frill that a few people are making a quite unnecessary fuss about, but the nursing school has no obligation to teach it. It can be tacked on somewhere if there is time, but otherwise leave it out. There is another group that is just as certain that prevention, or rather health preservation, is the fundamental and permanent thing in our work; and that sick nursing will soon be almost a thing of the past. To them the nurse is not a nurse first and a teacher incidentally, she is essentially a teacher as much as she is a nurse, and must be trained as such. Some people think that the good nurse is the one who devotes herself absolutely to her patient and has no time for anything else. Others insist that it is a poor nurse who does not see beyond her patient to the family and community, and who does not take practical measures to conserve their health as well.

We have many nurses who can take excellent care of their patients’ bodies down to the last delicate attention of manicuring finger nails and shampooing hair, but their patients might as well be Chase dolls for all the attention given to their distracted minds. We are beginning to pay a little more attention to nursing people’s minds, but few schools are yet willing to give much place to psychology and mental hygiene in their curriculum. On the other hand, some people would have us believe that the manipulation of the mind is everything and physical care an almost negligible thing. It should be possible to strike a balance between these extremes and yet incorporate in our curriculum enough new material to keep us abreast of the times and our own changing duties.

Seven years ago we thought that the last four months of the three year training should be devoted to elective subjects following out the line of the students’ probable future choice of work. It was not expected that this four-months’ course would make her a specialist as a public health nurse, or a head nurse, or anything else; but it was believed that an introductory course would be helpful in focusing vocational interest and getting the student started right in her special field.
The results have not been encouraging. In the first place, few schools are able to provide electives of this kind for all their students, and it is scarcely fair to give the choice to some and not to others. Even where practical experience is available, it is not always possible to give the parallel course which would interpret the experience and make it worth while. Students may think they are getting special training but they find that it does not really count for much when they get into the field. Perhaps it is even more unfortunate when they are satisfied, as some of them seem to be, that their two or four months' course covers everything they need, say for public health nursing or social service work.

It seems impossible to avoid such misconceptions and we run the risk of being seriously criticized for setting up inadequate and superficial standards of special training, and so undermining the standards of genuine post-graduate work.

Whether we believe in the twenty-eight month or thirty-six month course, most of us have now come to feel that the ordinary nursing school should not attempt to offer anything but the basic nursing course. This basic course should include a good survey of all fields of nursing and as much as we can give all students of the social and public health point of view. But this does not mean that these students, or graduates, are fully qualified for public health nursing any more than they are for positions as expert operating-room nurses or instructors. They might be able to serve better as staff nurses in a Visiting Nurse Association, but they need more experience and training before they can really call themselves qualified public health nurses.

If any nursing school is fortunate enough to be able to arrange for a good basic course and at least eight months of special preparation, including sound theory and carefully supervised practice, there seems to be no reason why it should not do so; but for most schools it would seem to be more honest and more efficient to stick to a good, sound, general training, and let the student get the rest in a well organized post-graduate course.

The Committee has therefore decided to cut out the elective courses recommended for the final year and put more time on the fundamentals. It is probable that there will be some new subjects recommended, with the idea that these may be put in by schools which are able to do a little more than the bare essentials, and so enrich their programs. There is no reason why some of these subjects may not be made elective. We all know that a program of study that keeps one student very busy will leave other students with free time on their hands, and such students would often profit by additional elective work.
Since a number of schools are now affiliated in some way with colleges and universities and are using the credit system, it seemed desirable to put the new curriculum on the college credit basis as far as possible. The usual division of the four month, or fifteen week, semester has been used; one hour of lecture or class per week, or fifteen hours, being rated as one point. In laboratory or practice work a period of thirty hours in some institutions and forty-five hours in others, is rated as one point. Ward practice has such a large element of repetition in it that it cannot be credited on this basis. Probably the general rating of one point per month can be accepted. This would give the three year course a credit of thirty-four points for practical work and probably about forty-two to forty-six for theory, the total seventy-six to eighty points being equivalent to about two and one-half academic years of college work. On the twenty-eight months’ basis the credit would be less, round about seventy points, or a little over two years of academic work.

It seems to be pretty generally agreed that the old Curriculum needs strengthening in several places, and that after seven years’ trial we are ready for some advances along the whole line. The sciences in particular have been weak. Those 20-hour courses in chemistry and bacteriology have taken a lot of explaining, especially since the subject matter recommended could not possibly be covered in the time allotted. At the same time teachers of practical nursing have been clamoring for more time, and experience shows that medical nursing cannot be crowded into twenty hours.

We have gone ahead a good deal since 1917 in our point of view regarding sanitation and public health, and we shall all agree that every nurse needs a solider foundation there. The people who are working in the field of tuberculosis and communicable diseases insist that we are shockingly weak on that side, and they are probably right. Nutrition is advancing so steadily and has such a direct relation to nursing that it certainly ought to be strengthened even if we steal time from materia medica to give to it. Then come the newer subjects such as psychology and mental hygiene, which we used to consider as luxuries but which we now regard as staples probably as important as anatomy and physiology in the educational diet of the modern nurse.

The war has brought some changes which must be incorporated, and Miss Goldmark’s careful study has brought out a number of our weak spots. The tentative draft which we have made of the new curriculum adopts many of the suggestions of the Report, but varies from the proposed curriculum in some details.

One great difficulty we have to face is the congested condition of the
preparatory course. If we strengthen our preliminary sciences and try to retain our four hours' daily ward practice, we get a program that no student can carry with any kind of justice to herself or her work. Most of our members believe that students do better with some real practical work going alongside the theory throughout most of the preliminary term. Even when we graduate this from nothing in the first few weeks to say four hours a day at the end of the preliminary course, the program is still too heavy. It is no use to unload the preliminary subjects on the Junior year as some suggest because it only leads to congestion later on. The only thing we can see is to lengthen the preliminary course a little, that is to spread it over at least five months. If probationers could be brought in a few weeks earlier in the fall, and the spring group carried a little farther into the summer, this could be done without dislocating the program for the rest of the school.

These are only a few of the suggestions we are working on. We shall be grateful for all the good ideas you can give us, and shall hope to make the new curriculum even more helpful than the old one.

The following three papers discussed the outline "Practical Objectives in Nursing Education," which appeared in The American Journal of Nursing, May, 1924.

PRACTICAL OBJECTIVES IN NURSING EDUCATION FROM THE STANDPOINT OF THE HOSPITAL AND THE SCHOOL OF NURSING

By SALLY JOHNSON, R. N.

Principal of the Massachusetts General Hospital Training School for Nurses

All of the demands indicated in the outline under discussion are made on some members of the nursing profession, and some of the demands are made on all members, but not all of these demands are made on all members of the nursing profession. The results outlined could be accomplished by the hospital school provided the students possessed sufficient social and educational background, the school possessed an adequate nursing staff, and the hospital possessed sufficient workers to relieve the student body for the necessary study. All of these requisites are seldom found.

In studying the outline let us ask where are we strong; where are we weak. We are strong in the following:

"A. What the Nurse Does for the Patient." Allowing for the pressure of work, the student performs fairly well all the actual nursing technique.
"B. What the Nurse Does for the Physician." Generally speaking, the pupil and graduate nurse give satisfaction here.

"C. What She Does for the Hospital and School of Nursing." In the majority of instances the student and graduate assume responsibility in their own hospital and in their own school. Much is sometimes left to be desired when either is located in other than the home school.

"F. What She Does for the Nursing Profession." She is strong in

1. Protects its standards and food name.

2. Advances its usefulness, particularly through her own branch of nursing.

5. Assists members ill or unfortunate.

Now let us ask ourselves where we are weak. In "A 4—Keeps up constant guard against infection from all sources and uses every precaution in handling patient's linen, utensils, excretions, etc. This includes the preparation and use of many varieties of disinfectants, methods of sterilization by heat, steam, etc., and the mastery of aseptic technic." This should be our stronghold. I question if it is, not because of inadequate teaching, but because of inadequate supervision, and because so few general hospitals have a contagious department.

We are weak in "A 11—Affords therapeutic suggestion, companionship, sympathy, encouragement, moral support, mental stimulus, etc., and if necessary discipline and control." In many young people the background for this has not yet developed. Some of these qualities would be developed by teaching the care of those who are ill mentally or nervously. There is little hospital experience in the care of the convalescent, where some of these qualities might develop.

"13 j—Prepares and administers normal diet, infant formulae, special diets for all types of diseases . . . evaluation of nutritive elements in food, preparation of balanced menus, calculation of caloric feedings, etc." Many students lack the necessary foundation in biology, chemistry, and pathology to do good nutritive work. Many hospitals have too few medical patients to furnish adequate teaching material. In many schools "nutrition" work is only cooking.

"18—Teaches and helps patients who do not know how to care for themselves and their families, to protect themselves from disease and to improve their physical and mental health. (Special attention paid to child hygiene, pre-natal care, prevention of tuberculosis, etc.)" We are doing better about pre-natal care. We have begun on child hygiene, but how much do any of us (other than the public health group) know about the prevention of tuberculosis.
“D. What She Does for the Household and Friends of the Patient.” The student often has too limited a background of hygiene and sanitation to remedy those needs, and she too seldom sees beyond her own patient. 

“F. What She Does for the Nursing Profession.” She is weak in 3 and 4.

3. “Coöperates in professional activities, organizations, conferences, magazines, registration movements, etc., and leads in such activities for which she has special aptitude.”

4. “Contributes to its fund of knowledge through new ideas, new methods, new devices, etc., and results of personal experience, study and experimentation.” Probably the majority of the members of any profession are weak in these two items. It is the exceptional woman in any profession who assumes the responsibilities outlined in 3 and 4.

“G. What she Does for Herself.” The graduate nurse thinks too little about keeping herself in proper physical condition. The proportion of nurses taking post-graduate work is probably as large as any other proportion of women workers, with the exception of school teachers. I am sure very few of them plan for “economic security, for wider cultivation and enrichment of their own personal life and character work, social life, recreation and religious life.”

The road to these “practical objectives” is the same old road which we have been struggling for years to lay, the paving stones of which are—full high school preparation, the proper relation between work, rest, and recreation, more and better prepared instruction and supervision, greater use of clinical material in our hospitals and out-patient departments, supplemented by affiliation when necessary, and better understanding of the functions of the social and health agencies in the community.

I would exhort the principals of the schools of nursing who are studying this outline not to be discouraged by the overpowering whole, but to remember that the most magnificent structure is built part by part. I would urge you, therefore, to attack the weakest part in your own school, strengthen that, rejoice in that accomplishment, then take the next weakest and so continue. Be not too concerned about that perfect goal which none attains.

It is quite within the realm of possibility that an outline as comprehensive and inclusive as the one which we are considering could so discourage a struggling superintendent that she would give up the struggle. Therefore, in contemplating our desires for the future, we should review the successes of the past, remembering that many of those successes once seemed impossible of attainment. I believe our path ahead is smoother than the path behind. Again I say, be encouraged by the past and have faith in the accomplishments of the future.
PRACTICAL OBJECTIVES IN NURSING EDUCATION FROM THE STANDPOINT OF THE PUBLIC HEALTH NURSING FIELD

BY KATHARINE TUCKER, R.N.
Superintendent, Visiting Nurse Society of Philadelphia

From the standpoint of the public health nursing field, the real significance of the Practical Objectives in Nursing Education as outlined in the American Journal of Nursing is the evidence throughout that the line of demarcation between the public health nurse and all nurses is rapidly being obliterated. In general, it might be stated that at last it is recognized that in the fundamental education of the nurse, what is wanted for public health nursing is what is essential for all nurses.

The main objective of nursing as stated, "to help bring a fuller, happier and more useful life to all through the active promotion of health and through the prevention of disease and suffering" really includes the whole story and expresses the content of both the aim and the scope of the work of the public health nurse. In other words, all of us are now realizing that every nurse to be a good nurse must be a public health nurse in every phase of her task in her approach to her patient and his family; and a public health nurse cannot possibly fulfil her specific function unless she is first, last and all the time a good nurse.

Turning definitely to the outline as printed, as public health nurses, we find there what we ourselves have felt lacking in our own fundamental preparation and also that for which we constantly feel the need for our own staffs. Specifically and primarily, this is more knowledge of the normal so that we may with greater intelligence understand the goal which it is our aim to make possible of realization for all ages and all types of cases.

A second essential for public health nursing, which few of us acquired as pupil nurses, is especially emphasized in the outline. This is both an appreciation of the nurse's opportunities and responsibility for health teaching and also real instruction as to methods of teaching. It is not enough to be told the theory that every nurse should not only be able to give good nursing care but also should teach both her patient and his family how to protect the patient's health and that of others with whom he lives. The real question is how can such teaching of health be done most effectively. Practice in such teaching as well as some understanding of educational psychology is an essential.

In this very connection the nurse needs to be stimulated to think of her patient not as just one individual and certainly not as a mere assemblage of diseased organs, but as a member of a family and that family as part of a
community, both family and community being affected by, as well as often being the causative factor in, the patient’s condition. In fact, we now realize that the most important focus for preventive work, because here also is the focus of infection, is the infected individual and the contacts within his own environment.

The need for nurses to have a large degree of initiative and a well developed and resourceful imagination to meet every kind of situation has been particularly felt in the public health work and is certainly given a place in the outline under discussion, in the description of the varying types of situations that the nurse must be prepared to meet. We are far beyond the day of desiring an automaton whose reflexes are in excellent condition for obeying orders, but that is not able to use its own mind to meet the incalculable number of different situations requiring skill, adjustment and understanding.

From the public health nursing field has come with increasing emphasis in recent years the request for a particularly complete preparation for and experience in certain types of diseases heretofore looked upon rather as specialties and not necessarily as an essential part of the fundamental equipment of the nurse. These too have received their due attention in the descriptions of the “Practical Objectives.” And it is with especial appreciation that we see notice taken of the fact that nurses be concerned with these conditions both in their incipiency and when the patient is convalescing. If as nurses we are to fulfil the main purpose as stated—cure, prevention and the promotion of health—surely we must be intelligent and interested in handling these conditions in their early stages and as the patient is recovering. Modern medicine is now recognizing the fact that too often serious and permanent disabilities have resulted through inadequate convalescence or through lack of recognition and inadequate care of early symptoms. I refer to the need of the nurse to be equipped in the following fields: Communicable diseases, including tuberculosis and venereal diseases; pediatrics, including orthopaedics; obstetrics with particular emphasis on the prenatal period; mental and nervous diseases with an understanding of the close relationship between mental and physical conditions and the necessity for the nurse to have what might be called a mental hygiene approach to every phase of her nursing task.

The chief suggestion I would have to make as to a practical objective that might be added and enlarged upon, need for which has been found in public health work, would be as follows: That the nurse assist the physician by observing the social factors which may have a causative relation to the illness or may be a conditioning factor in the patient’s recovery. She suggests
possible social adjustments and the resources to be used in making such adjustments. It is further her responsibility to see to it that an adequate plan is made and carried out for the necessary social treatment.

In closing may I say that all public health nurses appreciate the fact that the students now coming from the schools of nursing are for the most part increasingly well equipped and have a tremendous contribution to make just because of such inclusion of the public health point of view in the basic training, as is outlined in the "Practical Objectives." Certainly no post-graduate course in public health nursing can take the place of an inclusion throughout all the teaching in the training school of this idea, based on scientific knowledge, of the nurse's opportunity in and responsibility for the prevention of disease and the promotion of health. That the day is now at hand when such an emphasis is recognized by all and already included in the curricula of many training schools seems like a dream come true.

PRACTICAL OBJECTIVES IN NURSING EDUCATION FROM THE STANDPOINT OF THE PRIVATE NURSING FIELD

By MRS. JANETTE F. PETERSEN, R.N.

President of California State Nurses' Association

I cannot tell you how very deeply I appreciate the opportunity of speaking to you upon the practical education of the nurse in the private duty field. I have had some little experience in executive work as superintendent of a small hospital and training school for three years, and, consequently, I appreciate the difficulties of women who are tackling this problem of the education of the nurse. But, by many years of practical experience in bedside or special nursing, it has been borne in upon me very strongly that the very broadest nursing education is none too much for the woman who goes into the so-called private duty field. She has need of the capability of teaching just as truly as in any other branch of nursing. As one of the speakers previously said, the most apparent need for the nurse is that she be able to outline a health program for the families in which she finds herself. And, of course, the need of fine care of the sick is one of her first duties.

I hope to be able to make some little contribution to this curriculum, and I should like to outline a few ideas for a special course which might be given after the basic course has been completed. I feel very strongly that no nurse is fitted to go out into the special nursing field with only a basic course. Therefore, I should like to suggest that there be a special course, and it might well be made a post-graduate course for women who are out in the
field at the present time. I should like to see the special course give to the
nurse knowledge on special bedside nursing, in psychology, in sociology, in
psychiatry. I think a nurse never goes into the homes of the people that
she does not come up against many mental problems. I have very keenly
felt the need of more knowledge on this subject, and I believe that many
others have felt the same need; also more knowledge of communicable
diseases, prevention of disease, diet in special diseases, occupational therapy,
and travel information. So many nurses know so little of travel. They
need more information on this subject, including steamship, railroad and
hotel; and how to dress under certain conditions. They also need to know
more about amusements for helping along a convalescent patient, and they
need a knowledge of parliamentary law, as well as public speaking and
voice culture. Very many nurses fall down in the special field of nursing
because of unpleasant voices. I believe every nurse could cultivate a
pleasant voice if it were brought to her attention.

I feel also that I should like to stress the fact that very special bedside
nursing ought to be given. There is a very widespread feeling among the
physicians that their patients do not get the careful nursing that they used
to get, and the older nurses in the field of special nursing feel very keenly
about that. I believe the reason is, perhaps, because the women who take
up nursing in these days are so much younger than they used to be. They
do not know what it is to be sick themselves. They cannot realize the needs
of a sick person, consequently they need very careful teaching in the bed-
side care of a patient.

SUGGESTIONS FOR THE BETTER UTILIZATION OF THE DIS-
PENSARY IN THE EDUCATION OF THE NURSE

By HELEN WOOD, R.N.

(The paper submitted under this heading is the report of the Education Committee
sub-committee on Dispensary Service, of which Miss Helen Wood was chairman.)

For some time the Education Committee has felt that opportunities pre-
sented in our dispensaries for the education of the nurse have not been
fully appreciated and therefore not utilized. Where student nurses have
had duty in a dispensary, they have been assigned to that duty primarily
for the service they could give. The clinics have for years been used for
the teaching of medical students, but it is only recently that we have at-
ttempted to make any study at all of the dispensary in relation to the edu-
cation of the nurse.
When the sub-committee was organized to make a report at this Convention, we divided the subject into four general topics, assigning each particular subdivision to a different individual. Because there is not time to read these four reports in full, I shall make only a general summary in order to state the conclusions reached by the committee as a whole. The topics under consideration were:

1. What educational material is there for the student nurse in a well organized dispensary?

2. What would be the essential elements in a well organized dispensary service from the standpoint of the student nurse? Is this a reasonable standard from the standpoint of the interests involved?

3. How much dispensary experience should be fitted into the training of the student nurse and how should this be arranged?

4. How can this experience be made of greatest possible educational value?

We have also secured through Miss Jaennette Thornton of the Committee on Dispensary Development, who was asked to serve with the Committee, a fairly comprehensive bibliography on dispensary service which we shall have for future study.

In studying the article on "Practical Objectives," it would seem that all these objectives would be enriched and made more complete by the adding of dispensary service, if such service be properly supervised from the standpoint of the education of the nurse, for here she can observe treatments and phases of disease that she will never see on the wards. Here she begins to see something of the home environment and other social factors contributing to the patient's condition. In a short time she has an opportunity to study many more cases than she could possibly see in the same amount of time on the hospital wards. But chief of all, is the opportunity to become acquainted with the social aspects of disease, a phase of the nurse's education that until recently has been quite generally neglected. To accomplish the best results and the greatest amount of cooperation, the nursing service of the dispensary should be under the direction of the School of Nursing.

Of one thing the committee has a firm belief:—that in order to use the dispensary for educational purposes, we must make sure of certain essential elements in its organization; and we discussed such questions as (1) what clinical service should be represented, (2) what nursing, medical and social service standard should be required, (3) what provision for follow-up and preventive work, and (4) what cooperation is assured between the teaching and administrative divisions of the organization.
In planning the course in dispensary service for the student nurse we discussed the length of the course, whether it should be offered to all students, where in the course it should be offered, what services it should include, how the assignments should be related to the rest of the education of the students.

Feeling it would be helpful to secure the reaction from a number of senior students who have had good dispensary service, we sent letters to selected students in 8 of our schools, asking such questions as:

1. What has been the value of your dispensary service? (or, what will be the value to you later?)
2. What further experience would you have liked to have? Why?
3. Where was this experience related to the rest of your course?

Of the 20 replies, there was noticeable uniformity in that student nurses realized thru their dispensary experience that hospital service and teaching alone did not give the full picture of the patient; and until she had seen the patient in the clinic or in the home, the nurse was not equipped to care for that patient intelligently, or sympathetically in the hospital. That dispensary service, in the mind of the student, stimulated the nurse with a desire for social service or public health experience is more than of casual significance; for it gave added force to the conclusion that the committee had already reached—i.e., that dispensary experience for the student nurse should be given as an introduction to public health training and should be associated with the public health field even more than with hospital service, although from the point of view of organization, we more naturally think of it in connection with the hospital.

However, before making a very definite recommendation, and certainly before outlining a course in dispensary service for the student nurse, the committee feels it very important that in one or two places we should experiment, studying the possibilities from an educational point of view, and arranging for the instruction and supervision of groups of students. To carry out such an experiment, it would seem essential to secure a nurse to direct the study who has had public health training as well as experience in dispensary administration, and during the experiments such a person should be free from any other duties in the dispensary. This would mean adding to the staff a person who is not primarily contributing to the service, and it is therefore quite certain that during the experiment, we shall have to look to some outside source for her salary.

Having talked this matter over with Mr. Michael Davis, and desiring the advice of the Committee on Dispensary Development before going further in our plans, the Chairman of the Educational Committee last month
met with the above committee and presented our problem to them. Although at the time they could assure us of nothing but their keen interest, it is hoped that if the League should make the request, they will find it possible to finance for at least a year some one or two experiments along this line.

The immediate program of your Committee, therefore, is to stimulate discussion as to what should constitute the dispensary training of the student nurse; and, if it seems wise to you, to make a plan to submit to the Committee on Dispensary Development, with the request that they finance our experiment.

Following the reading of this report, it was moved by Miss Hodgman seconded, and carried to recommend that the League go on record as favoring the experiment as outlined by the Sub-Committee on Dispensary Service.

The remarks which followed these papers were mainly concerned with the various discussions during the convention on the nursing care of the patient today as compared with that of former times and the criticism that the nursing of the present is not so good as that of the past.

The question was raised as to whether this criticism referred to nursing procedures, such as bathing and rubbing, or to the more scientific care now included in the program of nursing.

It was pointed out that new and changing methods and additional responsibilities had doubled and trebled the work of the nurse. One opinion voiced was that the current criticism was not due to want of technical ability but rather to indifference and lack of spirit of service. Others disagreed with this statement and declared that the spirit of the nurse is as fine today as it was twenty-five years ago; that in all discussion it must be remembered that the present student body is much younger than the student body of former years, and that the scope of nursing is constantly widening and the demands increasing.

A motion was presented and carried that a recommendation be made for the appointment of a committee, to include in its personnel, lay people and doctors as well as nurses, to study the question of the present nursing care of the patient.

*Note:* The above recommendation was not reported at the Business Session. Consequently the appointment of such a committee is still pending.
THIRTIETH ANNUAL CONVENTION

AMERICAN NURSES' ASSOCIATION, NATIONAL LEAGUE OF
NURSING EDUCATION, NATIONAL ORGANIZATION
FOR PUBLIC HEALTH NURSING.

General Session

Friday, June 20, 2:30 p.m.

Laura R. Logan, President, The National League of Nursing Education, presided.

In opening the meeting, the Chairman announced that in reply to the message sent to Miss Nutting on Wednesday the following telegram had just been received.

Give my affectionate thanks to the members of the League for their generous message. Very sorry to be away from you at this meeting, but look forward hopefully to next year. (Signed) M. Adelaide Nutting.

Miss Kylikki Pohjala of Helsingfors, Finland, was then introduced and made the following address:

GREETINGS FROM THE NURSES IN FINLAND TO THE NURSES IN AMERICA

BY KYLLIKKI POHJALA

Helsingfors, Finland

Several weeks ago I received a letter from the Secretary of our Association of Trained Nurses in which she writes that she should by all means try to go to Detroit to tell you something about our Finnish people, and our country, so that American nurses will not hesitate to come to the Congress of the International Council of Nurses which is to be held in Finland next summer. It is our earnest hope that a large group will represent this splendid friendly nation. I feel unable to convey to you the greetings from my beloved country and its people. Of course, I hesitate, speaking to you in your language, because I know so little about it.

I do not know if I should dwell upon the subject of Eskimos, for it is sometimes told by Americans that Finland means about the same as Eskiland. This is wrong. I can tell you that we wear about the same kind of clothes as you do here, not like Eskimos. We are not Mongolians either, as the older histories wrongfully allege. I prove that, for I am a full-blooded Finn. I do not know how much you know about my country, but I believe that you know more than someone I met down South some time
ago. She was a charming young lady. She came to me and said, "I have been told that you are from Finland. Please tell me something about the old country, because I have been always very interested in everything that is going on at the north pole."

In 1917 Finland declared herself a Republic. This was a brave act, and had to be paid for with blood by a little Finland matched against great Russia. But a day dawned, a great and beautiful day, bringing the freedom of the people. There was joy with victory, though the earth was still warm with blood and church bells were tolling hymns for the dead; but the nation was set free, and no sacrifice is too great for freedom. In those six free years, Finland has developed a good deal. Finland was the first country where prohibition was enacted into law; the first country where suffrage was granted women.

Finland is called the land of the Midnight Sun, and the land of ten thousand lakes. At this moment I can see my country, where the sun completely forgets to go to sleep; the snow shadows only endless brightness reflected by the blue, blue sky, and the countless lakes. Would you not love to come to see us next summer? Next summer when our country has the honor to be the meeting place for the International Congress for Nurses, we want you to come to see us. You will see that there we are trying to solve the same problems, striving for the same goal as you are doing here. In the nursing world, we do not know or recognize any nationalities. Let us go hand in hand to the same goal, a strong link in a long chain. We are all working for a happier day for all humanity.

I said I am bringing you greetings from my country. Let me greet you with the words of our national epic:

Dearest friend and much loved sister,
Best beloved of all companions,
Come and let us sing together.
Let us now begin our converse,
Since at length we meet together,
From two widely sundered regions.
Rarely can we meet together,
Rarely we can meet the other,
In these dismal northern regions.
In the dreary land of Polya;
Let us clasp our hands together,
Let us interlock our fingers,
Let us sing a cheerful measure,
Let us use our best endeavors,
While the young are standing round us,
Of the rising generation.
THIRTIETH ANNUAL CONVENTION

UNIVERSITY SCHOOLS OF NURSING

SCHOOL OF NURSING, WESTERN RESERVE UNIVERSITY

BY CAROLYN E. GRAY, R.N.

Dean, School of Nursing, Western Reserve University, Cleveland, Ohio

Printed in the Modern Hospital Magazine, September, 1924.

THE UNIVERSITY SCHOOL OF NURSING

BY ANNIE W. GOODMAN, R.N.

Dean, School of Nursing, Yale University, New Haven, Conn.

It is with a measure of regret that I find myself pledged to address you on this subject. Not only is the Yale School of Nursing frankly an experiment, but the whole problem of the assimilation by the university of a school of nursing is in such a pioneer stage, despite some years of more or less close association with these institutions of learning, that it seems to me too early to attempt to discuss present methods—to say nothing of accomplishments—with any assurance that they should yet be pronounced as satisfactory. It is, however, possible that our democratic method of public dissection of our projects before they are really launched, has distinct educational values, not the least of which may be speedier and sounder construction on the part of those engaged in similar undertakings. I shall, therefore, discuss this morning what I conceive to be some of the distinctive values of the university to the School of Nursing and the adjustments which are called for if it is to take its place—which I am more than ever convinced it will—in the periphery of universal light.

Several conditions have combined to afford an unusual opportunity during my nine months in New Haven to scrutinize and analyze nursing education with a certain amount of detachment or aloofness, while nevertheless in closer proximity than I have been for years with the daily and hourly working of the most—I shall venture to say—exacting and perplexing of all business enterprises with which to connect a school, an institution for the care of the sick.

The form of organization which provided that, with the exception of the dean, all the members of the faculty should hold office both in the school of nursing and in the hospital, has insured a close relationship with the practical problems while freeing me of responsibilities bound to obstruct the vision and thereby retard, if not avert altogether, adjustments through which alone the goal which we had set for ourselves can be attained.
What is this goal? I see it thus: To develop a plan of nursing education which will insure:

1. Instruction through the best and latest methods evolved in education.
2. A direct and constant relation to scientific developments and discoveries in relation to man and his environment.
3. The opportunity for first-hand observation and experience in every and all situations through which a knowledge of health and deviations from health can be obtained.
4. The establishment of an inter-relationship between all health and social workers.

The result desired being a nurse habituated to thinking while learning by doing whose nursing function is both means and end—means remedial and preventive; end creative. In short, we are trying to put into the effect what Mr. Sauderan designates the gift of Science and Industry—the cooperative spirit and method, the vision, the experimental method of searching for the truth. We are trying to attain as an end the school health program of the American Public Health Association: "The goals of health instruction are to establish health habits, to give the child the practical knowledge in the principles of healthful living, to develop health ideals, to arouse a sense of individual responsibility for the health of the community, and community responsibility for the health of the individual."

Fortunate, indeed, was it that this little ship of education was christened "experiment," for the channels through which it must reach its destination present such a maze of twists and turns and cul de sac that "experiment" has come to be the captain's password in explaining ventures and excusing errors.

In the position of observer, but charged with the responsibility of attaining the rather ambitious ends which I have already indicated, I am continually struck with the fact that our approach to nursing education has been distinctly different from the approach to education in almost any other field. I am daily impressed with the iron bonds of tradition by which in some measure every one of us is held, best evidenced perhaps by what might be expressed as traditional reactions. When determining the content of the course in which laboratory or field work enters, Education is concerned first, and I might say, last, with its relation to the student. Nursing Education, on the contrary, asks "can the student be of enough assistance in a given situation to justify asking for the opportunity of the experience?" Or, in other words, the projecting of the student into any new field of experience is considered on the basis of the value of the student service to the hospital or to medicine, and lastly if at all, to the student herself. I repeat,
therefore, that I think it may be justly questioned whether the content of any given branch or course—not excepting the principles or practice of nursing—have been built up for nursing per se.

It has been both interesting and exceedingly encouraging to have such authorities in science and medicine as Dr. Lafayette Mendel, Dr. Park and Dean Winternitz urge as rapidly as possible the preparation of the teaching of these sciences by instructors who are qualified to determine the content demanded for the nurse. By this I beg not to be understood as oblivious of the excellent teaching of these subjects by nurses pedagogically equipped. It is, however, obviously impossible for one person to extract, keep in touch with the changes, and adapt to the needs of a given field, two or more such subjects as anatomy, physiology, chemistry, bacteriology, and the like, yet this is exactly what the aloofness of the schools of nursing from science and education has forced upon us.

At Yale some steps in the direction of preparing teachers of these subjects, not necessarily nurses, have already been taken. For instance, we have as Assistant in Instruction a graduate of Mount Holyoke who majored in physiology, and also a graduate in nursing who plans to prepare herself through a course in the Department of Physiology as a teacher of that subject in nursing. One of Dr. Mendel’s best students in physiological chemistry, working for her doctorate, is teaching chemistry and nutrition and cookery. Another step in this direction is the appointment of a pediatrician who will be responsible for the medical content of that subject. By that I mean one who in conference with our nurse instructors and the specialists in children’s diseases will outline and arrange for the course as expressed in lectures, clinics or conferences by the pediatricians and child hygienists.

In presenting the steps that have been taken, I wish to make clear that I believe these are only temporary adjustments called for by an immediate need. What is really imperative is that there shall be some research on our part, as well as the use of the research of others, to ascertain so far as possible what in this fluid age is the type and required amount of any subject for the practice of nursing. Let me not lead you to think that I desire to train even more highly specialized specialists than heretofore. On the contrary, I believe that these studies will demonstrate that there is a basic content of science common to all health workers; that it will point out more clearly the divergences; and lastly, appreciably diminish waste. That such study is called for is particularly the case if the end of the nurse is creative—by that I mean if she takes a part in the creation of healthy human beings. I have ventured to present for my own considera-
tion certain axioms which I hold before myself as important to be kept constantly in mind. With hesitation I am including them in our discussion:

The function of education is to increase the intrinsic value of each individual. The result of education has been to open up increasingly and unceasingly a bewildering and amazing body of knowledge.

In the university are gathered the experts in all subjects, some concerned with pursuing knowledge through the maze of scientific developments to the nth degree, running it down, as it were—research; some concerned with the dissemination of knowledge—education; some concerned with the direct application of knowledge to life—practice.

The great mass of the people are still outside—some desire knowledge and are refused—the great majority are not at all concerned to have more knowledge than is absolutely required for existence.

Educators are increasingly aware that the most important factors in producing socially and economically valuable individuals are health and education. As a result there is an increasing tendency to turn the light of science upon man himself, the evidence of which is found in the universal health movement.

The inter-relation of the physical and mental is increasingly appreciated, also the inter-relation of the various sciences such as hygiene, physiology, psychology, psychiatry, nutrition and chemistry. For instance, mental hygiene has an important relation to tuberculosis.

Dr. Emerson has well said that "The laws of health are easily taught, easily learned and easily put into effect." The effective functioning of these laws, however, demands their habitual use.

The most important period for habit forming is that of childhood. Important factors in the process of habit formation are: the imitative faculty (strong in childhood), the sense of need, repetition. The most important educational means are the mother, the nurse and the teacher, their relative values being in the order mentioned.

Under existing conditions, the professional nurse provides an agent who should be preeminently qualified to undertake the present most important task, namely, the education of the mother and the child—the former in health habits for herself and as the constant associate of the child. Science is increasingly revealing the relation of hygiene and nutrition to the physical and mental phases of human life, as expressed in the diet of the mother; in its relation to the physical standards of the normal baby, the early direction of the child in health; the early direction of the child as to matters of diet, sleep, etc., through habit formation.

If habit formation is one of the important factors in mental and physical health, the conscious and unconscious educational function of the mother is a matter to reckon with.

Again we repeat the nurse is the health agent at the present time who makes the most frequent contacts and of the longest duration, in the home. The nurse’s value lies not, however, in these facts alone, but in her knowledge of the relation of the fundamental sciences to these simple problems of home life. She should, therefore, be informed as to the sources of knowledge relating both to cause and effect as expressed in disease, its cure and prevention. These conclusions call for a system of education that will ensure:

1. Close association with scientific minds, methods and terminology.
2. Habit of observation, habit of relating cause and effect, case analysis.
3. Concise and accurate reporting.
4. Knowledge of sources of relief, the inter-relation of all branches of health and welfare.
5. Ability to evaluate discerningly relative values.

If you analyze these conclusions, or reduce them to the simplest terms, you will find that beginning with the home, there is not one person in the community that is not included. The problem is an involved and difficult one, for all along the line we are working to re-shape individuals who are as bound by traditions as I have stated we nurse educators are. I might well give as an illustration the community tradition which binds the hospital in relation to paying for its nursing service. If it was not so tragic the traditional reaction to the statement that you cannot obtain students would be amusing, the almost invariable reply being “If we cannot get students we will have to close the hospital, for we can never pay for the required nursing service.” How ridiculous! We must expect to pay for everything including one of the principal factors in the existence of this institution called the hospital, its nursing service. Incidentally, the remuneration called for is not any greater, or as great, as that which it is customary to pay for types of work which do not command, or demand, the education and experience or even an equal physical output.

The curriculum of the university school and its interpretation is of outstanding importance, but another not less important factor in the creation of the university school in a very real sense was forcibly called to our attention some years ago by Miss Nutting in her paper entitled “A Sounder Economic Basis for Schools of Nursing.”

I am convinced that not until the hospital faces squarely the fact that the care of the sick is a business and the community’s business, and that a budget must be provided which will fairly and squarely meet all the costs, shall we really solve the problem of nursing education.

I personally believe the problem is a comparatively simple one, especially in a period when business and education are increasingly linked and a fairly definite basis established for the payment of labor skilled or unskilled, by the hour or the month, manual or mental.

To me it seems that a quite simple and equitable method would be to staff any given hospital throughout on a payment basis and reduce the item of nursing service to the hourly cost per patient per day. It would not then be difficult to determine fairly accurately the increase in the staff required by a school—that is to say the overhead cost of education, or the value of the student labor that at one period would be rated as unskilled, later skilled, or under some conditions, of no value at all.

To summarize, an effective program of nursing education demands:
1. Immediate and constant research in relation to content, recording, and accounting,
2. Teachers equipped to put these findings into effect,
3. A teaching field that will produce the student mind.

In the university school of nursing lies our best hope, today, of attaining these ends.

NURSING IN OTHER LANDS

A GLIMPSE OF NURSING IN SCANDINAVIA

BY CHRISTIANE REIMANN, R.N., B.S.
Honorary Secretary, International Council of Nurses

I shall try here to give you a glimpse of nursing in Scandinavia seen through American glasses, as far as I am able.

The Scandinavian countries, situated in the northern part of Europe, consist of Norway, Sweden, and Denmark. Since the late war, Finland is frequently included with the Scandinavian countries, although geographically speaking it does not belong there. The three countries first mentioned have a homogeneous population, while Finland has Finnish as well as Swedish inhabitants. In religion these countries are also unusually homogeneous, each of them having the Evangelical Lutheran as their national or state church.

Modern skilled nursing began with institutions of deaconesses, which were planned after the pattern of the mother house at Kaiserswerth in Germany. The first of these was founded in Sweden in 1851, in Denmark in 1863, in Finland in 1867, and in Norway in 1868. Later on, Florence Nightingale's ideas and methods were introduced and grew in influence, in part through the efforts of well-educated Scandinavian women who had obtained their nursing education at St. Thomas's Hospital, London, and in part through trained nurses who studied for a while in the same Hospital. Among other factors which have influenced nursing, the Red Cross ought also to be mentioned, particularly in Norway and Sweden, where Red Cross schools are still educating nurses. These schools, although their professional standing has been at times rather low, have had in many cases exceptional success in attracting the best-educated women of the highest social standing.

Nursing organizations have here, as in all countries, had an enormous influence in raising educational standards and living conditions for the nursing profession. The first of the national organizations was founded in Finland in 1898. It has been particularly active in developing nursing
education. One of the primary things accomplished was the opening of a “Probationers Home” in Helsingfors, which gave housing accommodations for probationers to a group of several hospitals belonging to the University Clinics. In 1906 it started a preliminary course for the probationers belonging to the above named institution. This course, which is of four months’ duration, is still in existence; and it is hoped that in time it will be the “Central School” giving the preliminary course to all student nurses in Finland. This idea is practical because the population of Finland is only 3,300,000.

In 1899 the Danish Nurses’ Association was founded. This organization has had influence on the education of nurses by providing arrangements for rotation and affiliations for student nurses. Its greatest contribution to the nursing profession has, however, been: first, to unite to a unique degree practically all nurses in the country into one strong body of, at present, more than 5000 members, a considerable number for a country of about 3,300,000 inhabitants; second, to form an association which is probably the best organized of all those for nurses in the world. Following the democratic cooperative system of the country, it has developed to an unusually high degree different benevolent institutions, as, for instance, its Sick Club, Old Age Pension Funds, Nurses Help Fund, Burial Club, and many others. It is obligatory for all nurses wishing to join the association to belong to the two first mentioned institutions. The Association also has two recreation homes and seven registries, of which one is in Paris.

The Swedish Nurses’ Association was founded in 1910 and has, at present, a membership of about 1000. It is the only one of the associations which has succeeded in obtaining a satisfactory nursing legislation. This has given a great impetus to nursing in general. There are 21 registered schools in Sweden, of which only 5 give less than a three-year course, although only a two-year course is required by the legislation act. One of the noteworthy features of nursing education is the splendid training given the students in mental nursing.

Norway has experienced the greatest difficulty of all these countries in establishing its organization, which was not founded until 1912. Although state registration has not yet been obtained, the National Organization approves of 18 schools, all of which give a three-year course. The Association, whose membership is, at present, about 1400, is gradually trying to improve the conditions of nursing educationally as well as economically.

Nurses in Scandinavia, as in the United States of America, work as private duty or public health nurses, and in hospitals. Conditions in regard
to the private duty nurse are almost identical with those in this country. Visiting nursing and public health work have as yet been little developed in general. Child welfare work is done to some degree in all four countries. As examples of other kinds of public health work the following are mentioned: Denmark excels with its preventive tuberculosis work; Sweden has social service in connection with hospitals; Norway has nurses as tenement inspectors, and in Finland nurses do preventive work in prisons.

Almost all hospitals in Scandinavia are under the control of the government; and they are, I believe, generally better equipped than those of this country. The wide range found here between the very excellent and the most unsatisfactory hospitals is not found there. There is a greater number of graduate nurses in the wards in Scandinavia than it is customary to have in this country. The ratio of graduate nurses to students is in most cases one graduate nurse to three students or one graduate nurse to four students. Head nurses remain in their positions for long periods of time, often up to 25 years, as there is very little opportunity for advancement in the graduate group. Frequently they stay on in the same hospital where they were trained, a condition which is very much like that found in England; and their outlook tends, therefore, towards conservatism and narrowness. The medical profession has almost unlimited autocracy in the wards. The superintendents of the hospitals are as a rule not medical men, and they, therefore, pay little attention to things connected directly with medicine or treatment of the doctors, who in some of the hospitals engage nurses, dismiss them, write recommendations, etc. The Nightingale principle that the superintendent of nurses is the person responsible for nursing in the hospital, is not yet found everywhere. As recently as eleven years ago, the first superintendent of nurses was appointed in a hospital in Denmark. In Sweden, the national nurses' organization is at present trying to prevent doctors who move from one hospital to another from taking favorite nurses with them. This custom is responsible for frequent loss of positions.

The United States excels in its many splendid nursing leaders, while the Scandinavian countries are somewhat lacking in that direction. The greatest asset of these countries lies in their student body, which is, as far as I can see, more highly idealistic and devoted to its work than corresponding groups in other countries I know of, although the students do not have the educational opportunities which they have here, and are obliged to work much harder.
SCHOOLS OF NURSING IN FOREIGN COUNTRIES ASSISTED BY THE AMERICAN RED CROSS

BY CLARA D. NOYES, R.N.

National Director, American Red Cross Nursing Service

In the short period allotted it will not be possible to do more than sketchily outline the status of certain schools in foreign countries that have received American Red Cross assistance. The Committee on International Nursing Affairs in presenting its report has touched in a general way on the development in the field of nurse education, and has included mention of these important ventures. Consequently, if there appears to be a repetition, I must ask your indulgence.

Since the National Convention in Seattle, important changes have taken place in several of these Schools. Before touching upon them, however, it might be well to mention in sequence the names and locality of each:

State Hospital School of Nursing, Prague, Czecho-Slovakia
Poznan School of Nursing, Poznan, Poland
Warsaw School of Nursing, Warsaw, Poland
Bulgarian School of Nursing, Sofia, Bulgaria
American Hospital and School of Nursing, Constantinople, Turkey
Haiti Hospital and School of Nursing, Port-au-Prince, Haiti

Miss Marion G. Parsons, after five years as Director of the Prague School, returned to this country last summer, leaving the direction to Czech nurses. Her nurse assistants, four in all, were gradually withdrawn before that period. In order to prepare for local direction of the School, three Czech nurses were brought to this country for additional training. Only one, however, is now engaged in the work, one breaking down nervously shortly after her arrival in this country, and the other dying immediately upon her return. So far the reports from the School authorities, which come with great regularity, indicate that it is being maintained in accordance with the plan so carefully developed by Miss Parsons and her associates. It would be exceedingly difficult, however, to make a definite statement as to the actual conditions existing after a year of local direction, without an opportunity to visit and study the School. In this case, as well as others, one feels considerable anxiety, even in a demonstration covering five years, whether a modern system of nurse education has been sufficiently understood by the school authorities and medical staff to insure its continuation. Countries which have been slow to recognize the value of a thorough and progressive course of instruction for nurses, as a basis for the improved care of the sick and the prevention of disease, cannot change overnight, so
to speak. Although a country like Czechoslovakia, with its progressive and socially minded President, aided by his able and energetic daughter, is more likely to embrace such a system than some others with a less fortunate administration.

It was my good fortune to visit last summer the two schools in Poland, which have received American Red Cross assistance. The School at Poznan, the first to be organized, had met with some discouraging difficulties. As the time came to withdraw the American nurses, the Committee had not yet found the properly qualified Polish nurses to replace those from America. Difficulties had also been met by the withdrawal of the practical hospital field, and it had become necessary to look for other opportunities in this direction. It was our good fortune to secure from an interested friend of the enterprise sufficient money to enable us to return a Polish-American nurse, Miss Emily Skorupa, prepared in America, for a few months longer, in order to assist the Committee to a better establishment of this important undertaking. A more devoted and enthusiastic local committee could not possibly be found than that which exists in Poznan, and I am glad to state that encouraging reports for the continuance of the School are being received.

The School at Warsaw, like that at Poznan, is a notable example of what can be done in nurse education in a foreign country under particularly difficult circumstances. You will recall that the financial support for the faculty of this School came from an American nurse, for a period of three years. This has since been continued for three years longer. Two American nurses are still there, the Director, Miss Helen Bridge, is now in this country and is attending this Convention. My visit last summer revealed a School with a teaching equipment, classrooms, courses of instruction, and a student body of which any country including this might be proud. This School, like others developed with American Red Cross participation, has a local committee upon which we usually find representatives of the Red Cross, the Ministries of Health and Education, the local municipal authorities, and members from the medical profession and laity. In addition to the organization of a School where none existed, the busy Director is expected to organize this Committee and is usually obliged to educate them to a sympathetic understanding of what she is trying to do. She may also be obliged to act as fiscal officer, develop the budget and perhaps collect the group commitments. Add to this the difficulties of language, the unusual surroundings, the loneliness and the differences in point of view, resulting from different social, industrial, and economic conditions, and you have a situation requiring a really unusual woman. We have always
felt that a really successful Director of a Hospital or School of Nursing, even in this country, should possess superhuman qualities, but we have been obliged to raise our standard in order to fill the extraordinary requirements for foreign posts. I will leave it to your imagination to specify the particular qualifications for eligibility, for posts of this sort, to which our Red Cross Nurse Directors have been called. The supervision of the Warsaw School is gradually being assumed by its own graduates.

Another School comparable to this may be found at Sofia, Bulgaria, with Miss Rachel Torrance as Director, assisted by one American Red Cross nurse. The course in this school covers two years, nine months. Requirements for admission, Sixth Gymnasium. An eight hour day and a curriculum following that recommended by the National League of Nursing Education, but adapted to local needs are in effect, and because of language complications, instruction in English is added. There are thirty-five students in this School. A house-mother and chaperone is necessary in this as well as in other foreign schools. Parents are more difficult to satisfy and keep a closer supervision over their daughters who enter Schools of Nursing than we are accustomed to in this country. A singing teacher is also employed. A society of both students and graduates, known as the Florence Nightingale Association, has been organized. Their motto is “Serve with self-denial for the greatest human blessing, health.” They are planning for a magazine called “Sestra,” or Nurse. A graduate of this School is now in this country on a Scholarship from private sources, receiving post-graduate instruction at Teachers College and in Schools of Nursing. She will return to the School at Sofia.

The School at Constantinople is connected with the American Hospital. This School differs from all the others as it has its own Hospital as a teaching field. The others rely for their practical teaching field upon such institutions as may be available, and may find themselves without one upon comparatively short notice. Five American Red Cross nurses direct both the Hospital and School, which has recently moved from the old Harem in Stamboul to a modern institution in Pera, built by the Germans. The location in Turkey of this institution is calculated to insure a somewhat uncertain career, if not a spectacular exit.

The traditional attitude toward work with one’s hands as menial and degrading held by the better type of women, especially of middle and southern Europe, adds serious difficulties when educated candidates are so greatly needed, nursing in particular being regarded as work fit only for servants. This point of view increases the problem of school organization and administration. The better class of women are interested, especially in the theory, in which they are particularly apt; but even though women in most of these
countries are gradually becoming emancipated, they shrink from the practical work and the arduous, and sometime unpleasant, tasks inevitable to nursing. It is difficult for American nurses in particular to understand this and adjust themselves to this condition. Living as they do in a democratic country where caste is not a fetish and where the principles of altruism prevail, they, having been taught consideration and devotion to the welfare of others, especially the sick from infancy, are sometimes impatient with this custom. There is a certain irresponsibility toward these projects noticeable in both Committees and students. This increases the difficulties and tries the very soul of the American Nurse Directors. An extract from a recent letter from one Director explains this characteristic as follows:

This is a beautiful orthodox Easter Day. Our seniors are having a free day and nearly all have gone for a motor ride. The graduates will have their holiday tomorrow. I envy to no small degree the complete surrender these people can give to holiday joys: old and young alike forget for a day apparently all the pain of the past, the dreariness of the present, and their fears for the future, in one grand revel of feast and song, from which they require a day to recover, and which also puts them into proper shape to prepare for the next; as you know, orthodox holidays occur with alarming frequency. Our hospital is full and our demands on the nursing staff heavy. Their old spirit of indifference, however, is slowly being replaced by a spirit of service.

There are many bright spots in the history of the development of these schools. It is not all discouraging. There are many examples where individual students and graduates show a devotion to ideals and standards that is most inspiring; while the organization of Alumnae Associations, such as that of the Prague School graduates, the Sofia and Constantinople Schools, show that these young women are thinking for themselves. The following extract from a letter from the Warsaw School Committee which is typical of all, expresses their attitude toward this particular venture:

The reorganization of the School will be based on the principle of close collaboration of the State Institute of Hygiene, the General Direction of the Public Health Service, the University and the Magistrate of the City of Warsaw, the Health Insurance, and the Polish Red Cross. These institutions being responsible for the School, there can be no doubt, whatever, that the necessary sum of money will be provided, and the American Red Cross will have every guarantee as to the development of the School.

The high standards already obtained must be preserved in the interest of hygiene as well as of the public education and public health service.

It is hoped that the Warsaw School will develop as a model institution. For this reason, it is considered as highly advisable to retain for the present an American as Director in charge of the School.

Inasmuch as requests are constantly being received, not only by the
American Red Cross, but the National Nursing Associations, for assistance and advice in connection with the organization of Schools in foreign countries, as well as requests for nurse Directors, may I venture to incorporate a few general suggestions which may be found helpful, and are based upon our Red Cross experiences. First of all, in selecting a Director of a School in a foreign country, one must find not only a nurse of fine professional training and experience but a women with a real missionary spirit, super-imposed upon a background of culture. Infinite patience and courage are also prerequisites, not to mention a sound body. A women not too young and not too old, but one with a strong, self-reliant personality, possessing the qualities of flexibility and leadership. If she speaks good French so much the better. The majority of nurses who have been sent to foreign countries by the American Red Cross have lost no time in acquiring a fairly good speaking knowledge of the language of the country to which they have been sent. Having found the nurse who meets these qualifications and is free, as far as one can plan, for an uninterrupted service of two or more years, the next point is to prepare the way for her by presenting a clear picture to the Committee or the Society which has requested such an individual of certain local requirements, such as proper living conditions, salaries, provision for transportation, and the need of a suitable practical teaching field as well as a School building for residential and teaching purposes. The necessity for a strong local Committee, with its composition, should be indicated; and what is most important, the financial resources and requirements for the School should be plainly indicated. Having received written guarantees upon these points, then the Director may proceed to the locality. Some indication of the type of work she will have to perform has already been suggested.

One should also give careful consideration to the selection of candidates for scholarships. If a nurse is selected and awarded a scholarship, careful attention should be given to her physical condition, as well as some information regarding her family history. When one considers the changed conditions under which a nurse, for example from the Balkan States, must work when coming to this country, it can easily be seen that she must be strong both nervously and physically. The pressure under which we live and work, but to which we are accustomed and do not give a second thought, is a matter of great astonishment to the average foreign nurse who has been accustomed to more leisurely methods. The climate is also found most trying. The intense heat of our summers, and I might add what seems to them the intense heat of our buildings in the winter, taxes their physical strength to no small degree. The ability to speak and write English is a most necessary prerequisite. In bringing scholarship students to this country, the
itinerary must be worked out most carefully, in order to give the students the best experience, sometimes in the shortest period of time. Adequate funds must also be available for traveling and living. In order that foreign nurses may be prepared to relieve the American nurses connected with the Schools of Nursing at the termination of a given period, it seems very important to give the graduates from such schools an opportunity for further study and experience. The reasons for these are obvious, but not the least is that of the prestige which accrues to her thereby.

In connection therewith, and in closing this rather brief review of some foreign schools which have received Red Cross assistance, may I call attention to another consideration, that of long-armed supervision or advisory assistance, as the case may be, from a central office in America to a School several thousand miles away. However, this is not as difficult as it may at first seem, particularly if the ground is prepared and the proper Director and the Assistants are chosen.

One further consideration is the question of employment after the completion of the course. This has been a source of considerable anxiety to the Directors. This has been particularly true of the graduates of the Haiti School, with its colored, French-speaking graduates, and Constantinople, with a rather restricted field. In the case of Haiti, however, the graduates have quickly demonstrated their usefulness and have been in great demand, especially in the private duty field. The rule, rather than the exception, has been the rapid absorption of the graduates into the general nursing field, i.e., Hospitals, Clinics, Public Health Nursing; and the Directors have ceased to worry upon this score.

EDUCATIONAL PROBLEMS CONNECTED WITH EUROPEAN NURSING

By ISABEL M. STEWART, R.N.

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Europe is full of thrills for the nurse who has any historic sense or any responsiveness to romance. But if one is also keenly interested in modern educational problems, it does not take long to see that the ancient traditions which captivate us often constitute the greatest obstacles to educational advance.

We who are brought up on the Nightingale System take it so much for granted that we cannot quite appreciate the fact that it is not accepted everywhere. In Great Britain, of course, it is supreme, but on the Continent it is the exception rather than the rule. In most countries we shall
find several systems of nursing existing side by side, with little or no evidence of reciprocity or cooperation.

There are the religious orders of all possible varieties, Catholic and Protestant, backed by all the devotion, the religious sentiment, and the solid power of the Churches. Some of these orders go back 1000 years, and still retain the costumes (and many of the customs) of mediaeval times. There are the great armies of male and female attendants so strongly organized in their industrial unions that they are practically dictators in many of the larger city and state hospitals and can block almost any kind of educational reform. There is the Red Cross group, amateur and professional, with its strong social backing, solidly entrenched in the military and state organization of many countries. Besides these there are a few struggling groups trying to work out their own ideas of nursing service and education on a secular, or semi-religious, basis. Any effort at reform has to stand up against all these conservative forces and against almost every kind of vested interest.

One of the things which strikes the American or British nurse most forcibly is the very loose connection between the hospital and the nursing service in many European countries. I found hospitals employing nursing groups from various organizations, secular and religious. Sometimes one will find Deaconesses in one wing, Red Cross nurses in another, and possibly the hospital’s own employees in another, each under their own matron. Often student nurses live in their own organization headquarters and come to the hospital for so many hours a day. They get their teaching as a rule from their own school and their practice seems to have little connection with it. Indeed, in several cases, I found that the matron or superintendent of the nursing school was not allowed inside the doors of the hospital, and one can see how impossible it is under this system for her to control in any effective way the work of her nurses.

Another thing that strikes us as peculiar in many countries is the organization of the hospital service into practically water-tight compartments, each with its own medical head who is responsible not only for the medical but the nursing service. Where the head nurses are responsible only, or mainly, to their medical chiefs, and the hospital superintendent assumes responsibility for the general policies regarding nursing service, it is easy to see that there is little place left for the matron or superintendent of nurses except as a sort of upper housekeeper. One realizes fully then why Miss Nightingale made the position and authority of the matron the corner stone of her system, because without this the nursing department is split up among many heads and there can be no consistent or unified policy.
in education nursing standards or anything else. Where there is a strong woman as matron her personality may give her a dominant influence even under the Continental system, but such women have little chance to develop and the type which is favored as a rule is the person who is willing to subordinate herself pretty completely to the medical and hospital authorities. A nurse visitor in continental hospitals will almost invariably be referred to the superintendent of the hospital for her information about the nursing school, and unless she insists she may never even meet the matron.

Many people have asked about the type of students in European nursing schools. Of course there are all kinds as there are with us. The hospital which does its nursing on the "factory" system gets a factory "hand" as a rule, while the religious orders and Red Cross Hospitals are likely to draw their recruits from a rather better class. I met some very intelligent well-educated young women in the private nursing schools in Switzerland, France, Holland and Belgium; and of course more in Great Britain and the Scandinavian countries. I should say, however, that the dominant type is still the girl with common school education, or little more, and a rather limited social background. There seems to be no difficulty in securing plenty of applicants of this type.

The English schools complain of a smaller number of good applicants than before the war, and countries where the modern system of nursing is just being started do not have large numbers applying. But in the Northern Continental countries, there are long waiting lists in all the well-known schools. Many of the schools, except in England, seem to take their students at 17 or 18 years of age. The reason given is that girls marry early, especially in the Latin countries, and there is small chance of recruiting them if they are not taken young.

The training itself is organized in so many different ways that one cannot in a short time give any very clear idea of it. Most of the European leaders in nursing education believe strongly in the three-year course. The four-year course is found in several schools, the last year being devoted to specialization of one kind or another. One seems to find far less interest in what goes into the three year course than in the fact that students are to be "under training" for that time. There was a good deal of excitement about the Rockefeller report last summer and a wide spread feeling that anything less than three years' training would lead to disaster. It is not hard to understand this attitude where nurses have been struggling for years against six to eighteen months' courses and where the standard of the three-year course has just been won.

The practical training in most schools still includes a good deal of house-
work. I seemed to strike "spring house cleaning" in many hospitals, nurses moving furniture and scurrying back and forth with buckets of water and scrubbing brushes. I found that many of the matrons still have a profound belief in the discipline of drudgery and the splendid spirit which is developed in nurses by good, hard, muscular work.

The hours are longer than ours, as a rule; but the pace does not seem so rapid and the tension is probably less in these older countries. However, I found Sisters in some of the religious orders who still rise at 4:00 a.m., perform their religious exercises, and are on duty at 6:00 a.m., remaining on to 8:00 at night (except for meals and prayers between) and then often taking every third or fourth night in night duty from 11:00 on. They assured me they liked it and were perfectly well, but one wondered how their patients were nursed and how many young novices had fallen by the wayside before they reached this stage of endurance.

In regard to the division of time in practical training, I doubt if there is any better distribution among the different services than there is with us. Most of the European schools count obstetrical nursing as a specialty and leave it until after graduation, when the students may take the regular midwifery course if they choose. I am inclined to think that we have something to learn from those countries in the matter of midwifery training for nurses. Though I should not want to see obstetrical nursing eliminated from the basic course, I do think we should not be obliged to send our nurses overseas to secure the foundation in practical midwifery which many of them need, especially for Public Health work. The Danish hospitals omit obstetrics; but mental nursing goes into the general training, and these patients seem to be better nursed in the Scandinavian hospitals at least than in most of our large mental hospitals. Tuberculosis nursing also takes a larger place in the general training, and is better done. It is a very uncommon thing to find private wards in connection with public hospitals, and students have therefore practically no training in the care of private patients.

I believe that there is, on the whole, better teaching and supervision on the wards in the good hospitals abroad than in ours. In the first place, the paid graduate head nurse is practically universal, and her tenure of office is likely to be much longer than here. Positions as head nurses or Sisters carry with them considerable prestige, and with the insurance systems which are in vogue in many of the city and state hospitals, there is every inducement to remain for years in one post. Indeed, one hears more complaint about too great permanency of staff than too great a turnover.

Besides the head nurse, there is usually one graduate staff nurse, or more,
on each ward. In the four year schools, these may be senior students. This makes it possible for the head nurse or Sister-in-charge to do more teaching and Sisters are usually chosen as much for their ability as "trainers" as for their executive ability. The wards are usually well staffed with students and graduates so that it is possible to do more leisurely and thorough work. This applies only to hospitals of good standing.

The nursing in some of the old-type Continental hospitals is about as bad as it can be in spite of head Sisters. One only has to glance down a row of beds and bedside tables to get the measure of the nursing service. Patients all seem to have individual utensils and they are all in evidence, mixed up indiscriminately with medicine bottles, wine bottles, and odds and ends of food and clothing. "Self-service," even to medication, seems to be the rule and the "nurses" usually seem to be putting about in carpet slippers and overalls, sweeping or scrubbing up rather than caring for the patients. Screens are evidently unknown, and treatments of all types are performed in the open ward, while students and visitors wander up and down and do about as they like. These hospitals have not yet discovered fresh air or window-screens, and flies are everywhere. It is a joy to strike such a hospital as the one nursed by the Nightingale School of Bordeaux, after having visited a few of the other type. Such order and cleanliness everywhere, windows open, and all the evidences of good nursing and good housekeeping. Moreover you feel the different "morale" at once, and you know that there is a soul there as well as a good nursing system.

The preparatory course which began in Glasgow thirty years ago is not yet generally accepted in even the British schools. There are a few courses of seven or eight weeks in length, most of them emphasizing practical work. On the other hand one finds on the Continent a few schools like La Source, and the School of the Bon Secours in Switzerland, where they pay a good deal of attention to theory, but send their students out into patients' homes in the early part of the training, later sending them for a year or more to one of the big public hospitals for what they can pick up in the way of practical experience. This tendency on the part of a few schools to over-stress theory and to neglect good organized, supervised practical experience, tends to make many of the leaders in nursing education a little suspicious of theory.

On the whole, however, the theory is much weaker than the practice, two hours weekly being about the maximum for lecture work after the preliminary course. In England, the Sister Tutor is being employed for some of the theoretical work, but such special teachers are few. Most of the nursing instruction is given by the ward sisters. In Holland, Denmark, and Bel-
gium I found one or two nurse instructors, but as a rule it is assumed that
doctors will do most of the lecture work.

It seems to be a common thing for student nurses (or probationers as
they are usually called throughout training) to be paid. In England and
Scotland, two of the leading schools pay $100 the first year, $125 the second
year, and $150 the third year, while graduates on hospital duty get about
$250 a year. In Holland, the allowances for students are higher, about
$200 to $280 a year.

The professional nurses in Europe are probably more conservative than
we are, but they have many traditions to be proud of and some fine tradi-
tions which I hope they will keep. They give the impression of being a
solid and stable body of women, less restless than we are but probably less
enterprising. They certainly work under greater handicaps, and we should
be slow to criticize them for failing to solve all the problems which we as
visitors see more plainly perhaps than they do. We always find it much
easier to justify our own failures and weaknesses, than those of others,
we may be sure that they can find much to criticize in our ways and ideas
as we do in theirs.

The main thing which stands out is the strong bond of interest and real
friendship found everywhere between nurses in all countries, and I think
particularly between nurses who are trying to work out these difficult edu-
cational problems. We have everything to gain from a closer acquaintance
with them and from an exchange of ideas. It we can only realize that the
roots of all we have in nursing here are to be found in European soil, we
shall be more ready to acknowledge our debt to Europe and a little less
ready to assume that we on this side have won the foremost place in all
fields of nursing work. Europe would be perfectly justified in challenging
such a claim.

NURSING EDUCATION IN CHINA AND JAPAN

BY ANNA C. JAMMÉ, R.N.

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The training of Chinese nurses dates from 1884, when Dr. Reifsnyder
and Elizabeth McKecknie, graduates of the Philadelphia Women's Hospital.
one in medicine, the other in nursing, went to Shanghai as missionaries.
In 1909 the first meeting of foreign nurses took place at Kuling, and in
1912, immediately after the Chinese revolution, the Nurses Association of
China was formed and is now a most flourishing organization.
Matters of state and organization proceed slowly in China. When one considers the vast distances; the difficulties of transportation; the unsettled condition of the country; the obstacles presented by the language, which is different in northern and southern China: one can but marvel at the work which has been done by the Nurses Association of China in the education of Chinese student nurses.

The N. A. C., as the organization is familiarly called, consists of six branches comprising foreign nurses, Fukien, Kuling, Shanghai, Peking and West China, of five auxiliaries, Fuchow, Changsha, Peking, Shanghai, and Canton comprising Chinese nurses. The branches and auxiliaries hold monthly meetings and the entire organization meets biennially. The last conference was held in February of this year in Canton; in 1926 it will be held in Nanking. It was most inspiring to meet the groups of foreign and Chinese nurses in Peking, Shanghai and Canton and to see the eagerness of the Chinese nurses to know what our organizations are doing in America. Some could speak and understand English, but it was necessary to have an interpreter in order to communicate with them. The Chinese nurses are fast taking over their organization work, and while the Chinese woman is naturally retiring and it is difficult for her to take the lead, she is gradually developing a good bit of leadership.

In 1920 the Association launched its own journal, which is a most interesting quarterly, printed in English and Chinese. This quarterly is included in the Association dues, therefore reaches every member of the N. A. C.

The Association has its full time executive secretary who is resident in Shanghai, the headquarters of the Association. She is likewise the educational director for the Schools of Nursing and inspector of schools. In the absence of law, through agreement with the Medical Association of China and the General Board of Foreign Missions, the work, such as we recognize as coming under our State Boards of Examiners, was delegated and authority given to the N. A. C. to carry on; therefore the Association makes regulations for Schools of Nursing, registers schools, gives examinations and confers the State diploma. A student nurse does not graduate until she has received the State diploma. Examinations are conducted by sectional examination secretaries and in the hospitals. There is one secretary for each section, north, south, west, and central China. The Association has also charge of regulations and examination for midwives. A nurse may follow her N. A. C. examination, provided she has qualified by having taken a course in operative obstetrics, by an examination in midwifery.

The four centers of medical and nursing education in China are Peking,
Shanghai, Changsha and Canton. In these centers some very fine schools of nursing are established. In Peking, the Peking Union Medical College, or, as it is familiarly called, the P. U. M. C., has a school that is not excelled by any in the United States in point of organization, curriculum, and facilities. In Peking are other schools teaching Chinese nurses very much the same as we are teaching in the majority of our schools, having good classrooms, good teachers and excellent equipment. At Shanghai, the great cosmopolitan city of China, are schools conducted by various missionary organizations. Here is one of the oldest missionary hospitals, the Margaret Williamson, in which Chinese nurses have been trained for many years. In Shanghai there is considerable progress being made in Public Health Nursing, and it was at the Margaret Williamson Hospital that I saw some interesting pre-natal and post-natal work. The students in all Chinese Hospitals have the benefit of vast out-patient departments. I was especially impressed, wherever I touched nursing centers in China, by the fact that the education and training was usually paramount to the work which the student nurse is required to do in the hospital. The Nursing Service is largely supplemented by the amahs and "boys" in the wards of the hospital, which makes it possible for the student to devote her time to real nursing duties. At Canton, schools are connected with the Canton Medical College and the Hackett Woman’s Medical College, where women physicians are trained. On leaving my rickshaw at the gates of Canton College, and while making my way out to the hospital in the early morning, I was charmed to meet a bevy of happy, laughing students in blue gingham, white aprons and caps, just like our own students. No less was I impressed later in the day to see a large group in white trousers, short coats, Chinese style, run from the wards at the Hackett Hospital for a game of volley-ball, and I could not but admire their unrestricted freedom of action. These happy, interested students one sees in all of the hospitals. The Chinese girl is very much in earnest, she studies hard and loves nursing. She has not had an easy time to overcome the prejudice there has been to Chinese women doing nursing, and even now it is not considered proper to nurse men.

At Changsha is located the Hunan-Yale Foundation, or, as it is called, "Yale in China." Here is a large medical college and a School of Nursing working on the same lines as the P. U. M. C., with every facility for class instruction, beautiful modern equipment, and opportunity for Public Health Work. In the interior of China and up to the borders of Tibet, schools are situated at far distances from each other, all of which are inspected at regular intervals and kept up to the standard of the N. A. C.

As for the textbooks, this has been a difficult problem, as there have been
but very few original Chinese texts written. Some of our texts have been translated into Chinese, but as texts change rapidly we can easily imagine what this means to the nurse educators in China. In 1914 there were no Chinese characters for graduate or student nurse, and many medical terms can not be translated into Chinese. The educational committee of the N. A. C. has translations in hand as well as the arrangement of curricula. In the last report of this committee to the conference at Canton a recommendation was presented to the effect that registration of schools should not be done until after two or three years of probation and to be dependent on the quality of the examination papers handed in by the candidates of the school. China is a long stride ahead of us if this can be done.

The Association is now working for its central headquarters building at Shanghai, a cut of which appears in the last quarterly. It will no doubt succeed in this, as it has in all of its other undertakings, through the force of its driving energy and its cohesive organization.

In Japan nursing education, as we know it, centers in one place, St. Luke's Hospital, Tokio, under the Episcopal Mission Society. This is an old missionary hospital which was entirely destroyed at the time of the earthquake. A new hospital is now being built and in the meantime the patients and personnel are housed in army tents. There is here a flourishing school where the students were taught according to our standard curriculum, the teaching being conducted in English by American teachers and translated into Japanese by an educated Japanese lady. The classroom and equipment were very much the same as in our schools; there was a chemical and food laboratory, and a good demonstration room. I saw here some fine notebooks and the most beautiful anatomical drawings it has been my fortune to see produced by student nurses. The Japanese girls are good students; they are probably somewhat more assertive than the Chinese girls and in time should come into leadership more effectively. Before the earthquake plans were under way to have the students taught public health work; this plan has not been abandoned and will probably be carried on in the near future.

Aside from St. Luke's, nursing education in Japan is conducted entirely by Japanese. It is influenced and lead by the Japanese Red Cross Society, which has hospitals in various cities. In Tokio there was a large and very beautiful hospital conducted by the Red Cross. The nurses are trained under a program covering four years, the first year given entirely to class work, the two following to practice, and the last devoted to hospital service to pay for tuition. It is not possible to judge of the content of the instruction or of the efficiency of the practice work. Theoretical instruction is
given entirely by physicians. Except in the Red Cross Hospital, the general nursing was poor and the appearance of the hospital and beds untidy. I was very much struck by this on visiting a hospital at Nagasaki, where, I was told, a fine surgical service was maintained, but the hospital was extremely untidy and the patients looked poorly cared for. There are tremendous out-patient departments and apparently wonderful statistical work is being done, if one can judge from the amount of records and system. The nurses at the head of the schools, if they were the heads, were forceful in appearance and apparently exercised strong discipline. The students here were more repressed and less spontaneous than the Chinese nurses. There is no Association of Japanese nurses, aside from the Red Cross Organization, nor is there in Japan an organization of foreign nurses. In Korea there are small schools in several places in charge of foreign nurses, following American plans, and the Korean girls are becoming interested in nursing. There is a flourishing organization of foreign nurses, to which the Korean nurses are now admitted and which is called the Korean Nurses Association.

THE NURSING SERVICE OF THE LEAGUE OF RED CROSS SOCIETIES

BY ELIZABETH G. FOX, R.N.

*National Director, Red Cross Public Health Nursing Service*

The recently created Nursing Advisory Board of the League of Red Cross Societies held its first meeting in Paris, April 23 to 26, just preceding the biennial meeting of the General Council of the League.

Baroness Mannerheim, President of the International Council of Nurses, as Chairman of the Board, presided at all meetings. The other members included Miss Lloyd Still, Matron of the Nightingale School at St. Thomas' Hospital, London; Miss Charlotte Munck, Matron of the Nurses Training School of Bispebjerg Hospital, Copenhagen; Countess d'Ursel, Secretary of the National Nursing Association of Belgium, represented by a Belgian public health nurse, Mlle. Borginon; Mlle. Flourens, of the French Red Cross; Miss Elizabeth Fox, National Director of the Public Health Nursing Service of the American Red Cross; and Miss Katharine Olmsted, Director of Nursing of the League of Red Cross Societies, as Secretary.

In attendance at some of the meetings of the Board, and of much assistance to it, were Miss Coode and Mrs. Carter of England, Miss Gill of Scotland, Miss Dorsey and Miss Evelyn Walker of America, and Miss Eunice Dyke of Canada.
After reviewing the activities, policies, and problems of the nursing division of the League, the Board drew up a series of resolutions setting forth those nursing activities which it deemed might appropriately be undertaken by National Red Cross Societies, and the ideals and aims which it believed should actuate the League and the National Red Cross Societies in the development of these activities. These resolutions were presented to, and adopted by, the General Council and the Board of Governors.

As the time allotted to me is short, I shall simply read these resolutions without attempting to give any explanation of the reasons for each, or of their significance:

**Preamble**

Recognizing the educational and economic value of the trained nurse to the nation's welfare and the need for adequate nursing facilities in time of war, disaster and epidemic, the Nursing Advisory Committee, realizing that one of the purposes of the National Red Cross Societies is "the improvement of health, the prevention of disease and the mitigation of suffering," pleads that the National Red Cross Societies devote themselves to the development and advancement of nursing resources in their several countries, and recommends:

1. That the promotion and development of public health nursing should form a vital part of the program of National Red Cross Societies in countries in which National Red Cross Societies are engaged in health activities and in countries in which the Government, public and private organizations look to the Society for assistance in their health work.

2. That National Red Cross Societies should endeavor earnestly, in their respective countries, to promote in the minds of the public the national importance of the nurse; to work for the advancement of nursing education; to encourage educated women to enter schools of nursing and to improve the social and economic status of the nurse.

3. That National Red Cross Societies should endeavor to stimulate the development of schools of nursing of the highest order in their respective countries as much as possible in accordance with a plan and curriculum subsequently to be drawn up by the Nursing Board of the League, providing that institutions of this character do not already exist.

4. That National Red Cross Societies should recognize the value of nursing organizations and should work with them to promote their ideals for the best interest of the countries' welfare.

5. That National Red Cross Societies should enroll, in a nursing reserve, all qualified nurses in the country who would be in a position to respond to the call of their country in time of war, disaster or epidemic.

6. That while recommending to the National Red Cross Societies the standardization of nurses to be enrolled or trained by the Red Cross Society in the future, we also gratefully recognize the valuable services rendered to their countries, in the past, by those nurses who have received less training, and recommend that they still hold the privilege and title of "Red Cross Nurse," but that from now onwards all new groups trained by Red Cross Societies in short courses for emergency purposes should be designated "Voluntary Aid Detachments" or a similar term and should serve under the enrolled Red Cross nurses.
7. In order that the Government and the public of each country may be assured that the National Red Cross Society will provide adequate and efficient nursing service, when called upon, and in order to facilitate international cooperation during war or disaster, that National Red Cross Societies should, hereafter, designate as Red Cross nurses, only those who have graduated from schools of nursing (schools accepting women of higher education) and giving not less than two years of consecutive and full time training, the ideal being a 3 years' course, in connection with a hospital or hospitals providing medical, surgical and special services.

8. That National Red Cross Societies should appoint an Advisory Nursing Committee consisting of representative nurses and representatives of the medical profession, the Health, Educational and Hospital authorities and others with a knowledge of nursing, to study the need for nursing service, to determine the nursing activities to be undertaken by the National Red Cross Society and to guide its development.

9. That during the ensuing two years the League should continue the International Course in Public Health Nursing and should develop an international course for training of nurse administrators and teachers of schools of nursing.

10. That the Nursing Division of the League should be put in a position to advise and assist National Red Cross Societies in the development of their nursing activities.

In addition to formulating these general resolutions, the Board made several specific recommendations to Sir Claude Hill concerning some of the administrative problems of the Nursing Division and its educational work.

AMERICAN NURSES' ASSOCIATION, NATIONAL LEAGUE OF NURSING EDUCATION, NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

General Session

Friday, June 20, 8:00 p.m.

Elizabeth G. Fox, President, National Organization for Public Health Nursing, presided.

THE PUBLIC AND THE NURSE

BY GEORGE EDGAR VINCENT, Ph.D.
President, Rockefeller Foundation, New York, N. Y.

See The Public Health Nurse, September, 1924.

Closing Business Session

Saturday, June 21, 9:00 a.m.

The meeting was called to order by the President, Laura R. Logan.
REPORT OF THE PROGRAM COMMITTEE

The Program Committee during the year made every effort to coöperate with the Board of Directors and the Executive Secretary in arranging a program for the Biennial Convention.

A copy of the program was sent to the Executive Secretary on April 8 as requested.

The Chairman attended the Board Meeting in January in order to determine the wishes of the Board.

Two conferences were held with the Executive Secretary, one in New York in January and one in Flint in February.

One visit was made to Detroit relative to location of halls. All other arrangements were made by letter.

Alice L. Lake,
Chairman.

REPORT OF THE PUBLICATIONS COMMITTEE

Since last June, two meetings of the Publications Committee have been held, one in August and the other in September. Both meetings were concerned with the production of the 1924 Calendar, the preparation of which and the negotiation with the printer were completed by Miss Taylor before leaving Headquarters. Other business incidental to the work of this Committee has been carried on through correspondence.

During the year, eighteen new publications were added. At the present time, there are available at Headquarters forty different pamphlets; odd numbers of old reports; a set of four calendars; and portraits of Florence Nightingale, Jane A. Delano, Linda Richards, Sophia F. Palmer, and Isabel Hampton Robb. Requests for both the History of Nursing and Florence Nightingale slides continue. The stock for renting at present consists of two sets of the History of Nursing slides and one of the Florence Nightingale. Another set of the History of Nursing slides is indicated. Because of the third set of slides on History of Nursing in America now in preparation, it is thought advisable to defer adding to the stock at present.

The renting of slides at times offers difficulties, largely because the terms of rental are not fulfilled by the institution renting them. These difficulties are chiefly concerned with faulty packing for returning, so that there may be one or more slides cracked or broken, and the failure to return slides promptly.

An arrangement exists whereby through the courtesy of the Stanford School of Nursing certain publications have been deposited with that
Institution for distribution in the West. With the present facilities for promptly meeting requests, it is recommended that this school be relieved of this responsibility.

From January 1, 1924, to June 1, 1924, a total of four thousand nine hundred thirty-nine publications were sent out from Headquarters; forty-seven portraits; slides rented, eleven sets; and seven hundred six slides delivered through Mr. Huntington.

Blanche Pfefferkorn,
Chairman.

REPORT OF THE COMMITTEE ON UNIVERSITY RELATIONS

This Committee on University Relations was first considered in January, 1923, due to a suggestion of Miss M. Adelaide Nutting. The Chairman of the Committee on University Relations was appointed by the Board of Directors of the National League of Nursing Education at the meeting of that body in Swampscott, Massachusetts, June, 1923. The first meeting of the Committee was held January 17, 1924, at National Nursing Headquarters. Present at this meeting were Miss Gray, Miss Goodrich, Miss Mc Cleery, Miss Logan, Chairman, Miss Pfefferkorn, on invitation, Miss Mary C. Wheeler. At this meeting the members outlined the function of the Committee as follows:

To study existing University Schools of Nursing to the end that it may act as a source of information regarding the standards by which University Schools of Nursing may be judged. The Committee believes that the time has come for the definite effort toward the establishment of standards for the University School of Nursing forecasted in the preliminary discussion contained in the carefully prepared Report on University Schools of Nursing published by the Education Committee of the National League of Nursing Education in 1921.

It was decided by the Committee to make the study under the following headings:

1. Government—Form of relationship
   a. Under university control
      1. Separate school
      2. Department or division of another school
   b. Under hospital control with university affiliation

2. Financing
   a. Means of support
      1. Endowment
      2. Tuition
      3. Other sources (organization, institutions)
b. Allocation of funds
   1. To the school, per se
   2. To the colleges or departments of university
   3. To the hospital
   4. To the other organizations

3. Analysis of the cost to the student
   a. Tuition
   b. Maintenance
   c. Social activities
   d. Uniforms
   e. Books
   f. Scholarships (working scholarships)

4. Curriculum
   a. Professional
      1. Class work and laboratory: Underlying sciences
         Chemistry
         Physics
         Anatomy
         Physiology
         Psychology
         Nutrition
         Bacteriology
      2. Class work and laboratory: Social sciences
         Sociology,
         Ethics—History
      3. Class and laboratory, or practice in the application of the principles
         of nursing in
         Medicine
         Surgery (branches—General, Gynecology, Orthopedics)
         Obstetrics
         Pediatrics
         Mental and Nervous Diseases
         Communicable Diseases
         Preventive Medicine

b. Academic
   1. Pre-nursing program
   2. Post-nursing program

Ada Belle McCleery,
Annie W. Goodrich,
Carolyn E. Gray,
Louise M. Powell,
Ethel P. Clarke,
Blanche Pfefferkorn,
Laura R. Logan, Chairman.
REPORT OF THE COMMITTEE ON TRAINING SCHOOLS FOR NEGRO NURSES

Since the last convention, a brief survey of schools of nursing for negroes was made and reports received relative to thirty-seven schools, out of a list of one hundred and eighteen which was furnished to the Chairman by Professor Work of the Tuskegee Institute from information secured for the negro year book. Twenty-four of the thirty-seven were accredited by the Boards of Examiners in their respective states. The requirements, curricula, and regulations varied so greatly that no satisfactory tabulation could be made.

A Roster of the Members of the National Colored Nurses' Association was requested from the Secretary, including the schools represented by the membership, in order to determine how many of the members might meet the standards set for our local Alumnae Associations. To date it has not been possible to secure this information; a further attempt will be made at the time of their National meeting. Because of this, no definite recommendation can be made until a more uniform standard of the schools of nursing can be secured and more definite information as to the standard represented by the membership of the National Colored Nurses' Association.

The Hospital Library Service Bureau has recently compiled data regarding facilities for training colored nurses. The Chairman has had correspondence with Miss Donelda Hamlin and has given such information as was available. This compilation will greatly assist the National Association of Colored Nurses in classifying its membership and in determining what standards of training are represented by its present membership or which may form a basis for future qualifications.

JANE VAN DE VREDE,
Chairman.

REPORT OF THE COMMITTEE ON CONVENTION PUBLICITY

The Publicity Committee of the American Nurses' Association was ratified by the three Boards at their January meetings as a Joint Convention Publicity Committee.

In order that business might be expedited at Headquarters, Mary Roberts was appointed Vice Chairman and Anna K. Behr Secretary. The other members of the Committee were Frances Brink, Ada Carr, Agnes Deans, Blanche Pfefferkorn, Alice Walker of the Local Convention Committee, and the Chairman.
The plan presented at the January meeting was adopted and has been carried out except in one or two minor details.

The budget of eleven hundred dollars, five hundred from the American Nurses' Association, five hundred from the National Organization for Public Health Nursing, and one-hundred from the National League of Nursing Education, proved to be satisfactory. To May 31, $1002.37 of this amount had been definitely budgeted or spent. Certain trucking and other minor expenses will use the entire sum.

The National Organization for Public Health Nursing offered to carry on the details of the bookkeeping of this special fund. This offer was accepted.

Convention material was sent to one hundred and forty sources including state chairmen of publicity, health journals, state health officers, etc.

Five feature articles were prepared by Miss Maud White and released to two hundred of the best dailies of the country. The dates of release were March 1, April 1, April 25, May 15, June 1. The May 15 article carried a mat of the three presidents.

Abstracts, photographs, and data on speakers and officers were taken care of through the Program Committee and Headquarters.

The Committee has evidenced the great advantage of the joint action of the three Associations. The work has gone on as though absolutely under one organization.

To all of the members of the Committee, especially the local representatives, are due our appreciation and thanks.

JANE VAN DE VREDE,
Chairman.

REPORT OF THE COMMITTEE ON FUNCTIONS

The report of this Committee is embodied in the By-Laws.

On motions duly seconded the above reports were accepted.

The Chairman called for a final report from the Membership Committee. The following report was made: Total number of applications accepted by the Board of Directors, 272; applications referred back to the Membership Committee for further information, 55.

It was moved and carried that this report be accepted.

The Report of the Committee on Revision of the Constitution and By-Laws was then continued and completed; and the revised Constitution and By-Laws, as appended to this report adopted.
SUMMARIES OF ROUND TABLES

MANAGEMENT OF LIBRARIES IN SCHOOLS OF NURSING

HELEN WOOD, R.N., Chairman

Miss Helen Wood, in presenting the subject, outlined types, function, organization and management of Nursing School libraries.

The following expressions came out of the discussion:

1. That libraries should be classified as secular and professional, the secular libraries contributing to cultural education and the professional providing reference reading.

2. Proper physical conditions insuring quiet and comfort.

3. Delegation of responsibility of library to some individual.

4. That secular and professional magazines be provided, and that professional ones be bound in volumes.

5. The necessity of funds for the upkeep of the library, suggested means for securing funds, budget allowance, alumnae responsibility, sales of various kinds.

6. Importance of accessibility to books by students and care in the selection of books.

7. That coöperation and assistance of librarians from public libraries should be sought.

8. The adoption of a satisfactory system for checking books.

9. Supplementing the school library by books loaned from public libraries, by travelling libraries, and by the use of hospital libraries and medical schools.

10. Assistance from state libraries and the Library Bureau Service in compiling bibliographies.

SCHOLARSHIPS AND LOAN FUNDS IN SCHOOLS OF NURSING

LOUISE GLIEM, R.N., Chairman

The results of a survey on scholarships and loan funds in Schools of Nursing, with recommendations, were reported at this Round Table. Included in the report was interesting data on types of scholarships and loan funds, amounts of money available, qualifications of candidates, methods of payments and sources of scholarships and loan funds.
PEDIATRIC NURSING

GLADYS SELLEW, R.N., Chairman

The following phases relating to the care of the child were presented and discussed: (1) The importance of the nurse knowing the normal child; (2) the danger of hospitalization point of view for the pediatric nurse; (3) the obligation on the part of the nursing profession to instruct other groups of women in the physical care of the child and in connection therewith that such groups be admitted with discretion and under proper supervision to the hospital wards; (4) hospital occupational work in connection with children.

ADJUNCTS TO TEACHING

SUSIE WATSON, R.N., Chairman

An interesting Round Table. The subject was presented for discussion under the following captions:

1. Resourcefulness and adaptability of the teacher
2. A well planned schedule
3. Pupil assistants
4. Supervised study
5. Conferences with supervisors
6. Reference books
7. Excursions
8. Notebooks
9. Proper use of wards
10. The use of moving pictures

THE PROPER BALANCE OF NURSING PRACTICE IN THE CURRICULUM

JUNE A. RAMSEY, R.N., Chairman

The aim of a well balanced nursing practice program was given as: (1) to correlate theory and practice; (2) definite preparation for some phase of nursing work immediately following graduation; (3) to meet minimum requirements of State Boards of Examiners.

The following aspects of the subject were discussed: "The value of conferences with the director of theory"; "The value of conferences with indi-
vidual students”; “Difficulties to be encountered”; and, “Method of pro-
cedure,” which outlined the distribution of services in time and period of
program for both a three year and a twenty-eight month course.

PUBLICITY FOR SCHOOLS OF NURSING

ELNORA THOMSON, R.N., Chairman

In a paper on “Organized Publicity for Schools of Nursing,” Miss Evelyn
Wood centered her remarks around Conclusion 2 of the report of the Com-
mittee for the Study of Nursing Education, “The career open to young
women of high capacity in public health nursing, in hospital supervision and
nursing education, is one of the most attractive fields in its promise of pro-
fessional success and of rewarding public service.” She urged a nation-
wide publicity campaign, so that this challenge might be brought before
every high school girl and college woman in the country; and, in addition,
the educating of the public so that there would be a better understanding of
what a good nursing service might mean to the people of the United States
in the prevention of disease and the building up of community health. Miss
Wood then outlined the work of the Central Council for Nursing Educaion
and the publicity methods engaged. She closed by pointing out that there
are nearly four hundred other vocations open to young women today, and
that, in order to attract the best women, schools of nursing must become
primarily educational institutions.

A report was made of the tentative plan for a Publicity Bureau for
Nursing Education for the State of New York.

TRANSFERENCE OF STUDENTS FROM ONE NURSING SCHOOL
TO ANOTHER

CLARIBEL A. WHEELER, R.N., Chairman

In calling the meeting to order, the Chairman presented for consideration
the following aspects of the subject: Allowance of time credit, credit for
class instruction, the evaluation of credits, securing of credits from the first
school, and, finally, the adjustments necessary to fit the student into the
second school.

Discussion centered around the following points: The importance of
discriminating between the student who is dismissed and the one who
voluntarily seeks transference; to what extent the Department of Registra-
tion should enter into the transfer problem; the too frequent inability to secure transcripts because of inadequate records; whether or not credit should be allowed for work taken in a non-accredited school. Conclusions reached were: (1) It is the privilege of the student to transfer from one school to another if she so desires; (2) that a transcript of her record, including grades and reasons for leaving the school, should be handed the student and a copy likewise sent to the State Department; (3) that no credit should be allowed for work taken in a non-accredited school; (4) that the credit finally granted should be based upon the work already covered in relation to that required in the program of the second school.

PROBLEMS OF THE NURSE INSPECTOR AND WHAT MAY BE ACCOMPLISHED THROUGH INSPECTION

GRACE E. ALLISON, R.N., Chairman

The inspector was described as a woman who should have a good fundamental education and who has had experience herself as administrator and teacher in a Nursing School and markedly possessed the qualities of sympathy, desire for justice and understanding.

It was suggested that nurse inspectors might seek the advice of supervisors in our public schools and profit by the use of their methods. The main function of an examination is to give as much assistance as possible and to see that the minimum requirements are met. A notice should be sent announcing the inspector’s visit, and, later, a report to the principal including good points as well as defects. For the best results, an inspection should be spread over several visits, taking the hospital and the various departments of the school in turn. And, finally, it was agreed that there could be no cut and dried system of inspection, but that different states would call for different methods, and, even within the same state, the same plan of inspection would not always apply to all schools.

REPORT OF THE INSTRUCTORS’ SECTION

At the meeting of the Instructors’ Section, held June 19, Nellie Hawkinsen was elected Chairman and Jessie Grant Secretary.

During the year, an effort was made by the Section to communicate with all instructors, to encourage their membership in the National League of Nursing Education, and to ascertain the number of instructors already members.
Following is a summary of this study.

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<th>STATE</th>
<th>NUMBER OF INSTRUCTORS</th>
<th>MEMBERS</th>
<th>APPLIED</th>
<th>DESIRED</th>
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<td>4</td>
<td>9</td>
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<td>Connecticut</td>
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<td>6</td>
<td>4</td>
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<td>Georgia</td>
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<td>13 states</td>
<td>330</td>
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<td>45</td>
<td>66</td>
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The recommendation of the Board of Directors that the National League of Nursing Education meet in Minnesota in 1925 was presented and accepted. The Chair further announced that the place of the next biennial meeting would be discussed at the afternoon Closing Business Session of the American Nurses' Association.

In compliance with the revised By-Laws, the Chair called for the nomination of three members of the Nominating Committee from the floor. Sally Johnson, Boston, Massachusetts; Alice Lake, Ann Arbor, Michigan; and May S. Loomis, Seattle, Washington, were nominated.

It was moved by Miss Wood, seconded by Miss Hamilton, and carried that the Association send a telegram of sympathy to Miss McCleery.

REPORT OF THE COMMITTEE ON RESOLUTIONS

WHEREAS, the National League of Nursing Education today concludes its thirtieth annual convention after six days of profitable and enthusiastic sessions,

Be it resolved that the Association extend to those who have so freely given of their energy, time, and hospitality its sincere thanks and hearty appreciation:

To the Michigan State Nurses' Association for its untiring preparation and cordial welcome;
To the members of the Arrangement Committee for the efficient Convention machinery so amply providing for the comfort of officers and members;
To the Program Committee for a series of instructive and purposeful meetings;
To the Student Chorus, the director, and accompanist for a program of delightful music;
To the hospitals and nursing schools for their gracious entertainment, and to all individuals and organizations contributing in any way to the success of the Convention; and
Whereas, the Revisions of the Constitution and By-Laws have been completed and adopted at this Convention,

Be it resolved that the Organization express to the Revisions Committee its earnest appreciation of their labor and patience in carrying to completion this important piece of work.

Mary M. Pickering,
Effie J. Taylor,
Elsa Maurer,
Claribel Wheeler,
Marion Rottman, Chairman.

On motion duly seconded the Report of the Resolutions Committee was accepted.

The Chair then instructed the Secretary to cast the ballot, according to the action taken at the opening Business Session on Monday, for the election of the single ticket adopted.

The following officers were declared elected:
President: Laura R. Logan, Cincinnati, Ohio.
First Vice-President: Carrie M. Hall, Boston, Mass.
Second Vice-President: Mary M. Pickering, San Francisco, Calif.
Secretary: Ada Belle McCleery, Evanston, Ill.
Treasurer: Marion Rottman, Milwaukee, Wis.

The new officers were introduced, after which Miss Jammé presented the following motion:

Before we adjourn I move a rising expression of appreciation for the work of our President. During the past year we passed through a very critical period in our affairs
and our President has handled them most satisfactorily. I would like to move that we show our appreciation by rising, and that this action be spread upon the minutes.

(The members arose amidst applause.)

The Chair then declared the Thirtieth Annual Meeting of the National League of Nursing Education adjourned to convene in Minnesota in 1925.

THE NATIONAL LEAGUE OF NURSING EDUCATION

CERTIFICATE OF INCORPORATION RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS FOR THE DISTRICT OF COLUMBIA, APRIL 18, 1918. ACCEPTED AS THE CHARTER OF THE NATIONAL LEAGUE OF NURSING EDUCATION APRIL 20, 1918. BY-LAWS AMENDED JUNE 21, 1924

CERTIFICATE OF INCORPORATION

Know all men by these presents, that we, the undersigned, citizens of the United States, Jane Delano, Clara D. Noyes, and Georgia Nevins, citizens of the District of Columbia, and Lillian Clayton, a resident of Philadelphia, Pa., and Elizabeth A. Greener, a resident of the City of New York, desiring to avail ourselves of the provisions of Sec. 599 et sequitur, of the code of law of the District of Columbia, do hereby certify as follows:

1st. This organization shall be known as the National League of Nursing Education.

2nd. The term for which it is organized shall be perpetual.

3rd. The object of this association shall be to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by cooperating with other bodies, educational, philanthropic and social; to promote by meetings, papers and discussions, cordial professional relations and fellowship and in all ways to develop and maintain the highest ideals in the nursing profession.

4th. The number of its trustees for the first year of its existence shall be thirteen.

In witness whereof we have hereunto set our hands and seals on this 13th day of March, 1917.

JAMES PICKER
E. J. MORTON as to .................

ELIZABETH GREENER, R.N. (Seal)
LILLIAN CLAYTON, R.N. (Seal)

JANE A. DELANO (Seal)

ROBERT E. P. KREITER as to ....

GEORGIA NEVINS (Seal)
CLARA D. NOYES (Seal)

BY-LAWS

ARTICLE I

MEMBERSHIP

Section 1. Active members of the National League of Nursing Education may include:
a. Members of the preliminary organization.
b. All past superintendents who were members while holding that position.
c. All present superintendents and assistant superintendents of accredited schools of nursing.
d. Instructors, supervisors and head nurses in accredited schools of nursing.
e. Members of state boards of nurse examiners and head workers in various forms of social, educational and preventive nursing.

Sec. 2. Membership in the National League of Nursing Education shall consist of resident members in good standing in the State Leagues of Nursing Education belonging to it; and resident individual members from such States as have no State League and who qualify by:
a. Having graduated from schools of nursing connected with a general hospital having a daily average of 30 patients or over, giving training in a school of not less than two years; this training to include practical experience in caring for men, women and children, together with theoretical and practical instruction in medical, surgical, obstetrical and children’s nursing.
b. Being active members of their Alumnae Associations.
c. Being active members of the District or State Association belonging to the American Nurses’ Association.
d. Being active members of the educational section or committee of the District or State Association belonging to the American Nurses’ Association.
e. They shall also qualify under Article I, Section 1, of these By-Laws.

Sec. 3. Associate members of the National League of Nursing Education may include resident graduate nurses who qualify for membership as defined in Article I, Section 2, a, b; enrolled students in University or College nursing courses; head nurses in the Army, Navy, and Public Health Nursing Corps and resident instructors in foreign countries.

Sec. 4. A State League of Nursing Education or an individual member desiring to join the National League of Nursing Education shall make application on a blank form furnished by the National League. The form, after being properly filled in, shall be sent to the Executive Secretary at National Headquarters. State Leagues shall send, with their application, a copy of their Constitution and By-Laws. Individual members shall send, with their application, the required dues.

Sec. 5. An active or associate member in good standing in any State League who changes her residence to another state may be admitted by transfer, sent by the Secretary of the State League she is leaving, to the Secretary of the State League to which she is going, entitling her to membership for the remainder of the fiscal year without further payment of dues.

Sec. 6. Any active or associate member having withdrawn from the National League of Nursing Education, or whose membership has lapsed on account of non-payment of dues, may be re-instated by making application in regular form, by paying the regular annual dues and a reinstatement fee.

Sec. 7. Any active or associate individual member who changes her residence to a state having a State League shall continue her individual membership to the expiration of that year, at which time she may continue her membership only through the State League.

Sec. 8. Honorary membership may be conferred by an unanimous vote of the voting body at the annual convention on persons who have rendered distinguished service or
valuable assistance to the nursing profession, the names having been recommended by
the Board of Directors. Honorary membership shall not be conferred on more than
two persons at any convention.

ARTICLE II
OFFICERS

SECTION 1. The officers of the National League of Nursing Education shall consist
of a President, a First Vice-President, a Second Vice-President, a Secretary, a Treasurer,
the Executive Secretary and eight (8) Directors. These fourteen officers, with the
President of the American Nurses' Association and the President of the National Or-
ganization for Public Health Nursing, shall constitute a Board of Directors.

ARTICLE III
ELECTIONS

SECTION 1. The President, the First Vice-President, the Second Vice-President,
the Secretary, and the Treasurer shall be elected annually. At each annual convention
four (4) Directors shall be elected to serve for two years.

SEC. 2. All elections shall be by ballot. A majority vote of active members present
and voting shall constitute an election.

SEC. 3. The Secretary shall furnish to the chairman of the tellers a list of officers,
presidents of the State Leagues and active members. The teller in charge of the register
shall check the name of the member voting.

SEC. 4. The teller in charge of the ballot box shall place her initials upon the back of
the ballot and the voter shall then deposit the ballot.

SEC. 5. Polls shall be open for such a period of time as shall be specified by the Board
of Directors.

SEC. 6. Each officer shall hold office until the adjournment of the annual meeting
at which her successor has been elected.

SEC. 7. In the event of a vacancy in any office, the Board of Directors shall fill the
vacancy until her successor is elected.

ARTICLE IV
DUTIES OF THE BOARD OF DIRECTORS

SECTION 1. The Board of Directors shall:
a. Hold a business meeting immediately preceding and immediately following each
convention and shall meet at other times at the call of the President or at the request
of five (5) or more members of the Board.
b. Transact the general business of the League in the interim between annual con-
ventions.
c. Report to the League at each annual convention the business transacted by it
during the preceding year.
d. Provide for the proper care of all books and papers of the League.
e. Select a place of deposit for funds and provide for their investment.
f. Provide for the auditing of accounts.
g. Provide for the maintenance of National Headquarters and for the making of this
office the center of all activity of the League in connection with the American Nurses'
Association and the National Organization for Public Health Nursing.
h. Appoint an Executive Secretary, define her duties and fix her compensation.

i. Appoint all standing committees not otherwise provided for.

j. Act upon applications for membership.

k. Decide upon the place and date of annual convention.

l. Determine the hours during which polls shall be open for election.

m. Supervise the affairs of the League, devise and mature measures for its growth and prosperity.

Sec. 2. The President shall preside at all meetings of the Board of Directors and Advisory Council and be a member, ex officio, of all committees.

Sec. 3. The Secretary shall:

a. Keep the minutes of the meetings of the Board of Directors and of the Advisory Council.

b. She shall preserve all papers, letters, and records of all transactions, and have custody of the corporate seal.

c. She shall present to the Board of Directors all applications for membership together with the recommendation of the Committee on Eligibility.

d. She shall report to the Board of Directors at each annual convention or upon request.

e. She shall, within one month after retiring, deliver to the new Secretary all books, papers and reports of the League in her custody with a supplemental report covering all transactions from January 1st to the close of the annual convention.

f. She shall send a notice of the annual meeting to each member at least one month in advance.

Sec. 4. The Treasurer shall:

a. Collect, receive and have charge of all funds of the League, and shall deposit such funds in a bank designated by the Board of Directors.

b. She shall pay only such bills as have been ordered by the President.

c. She shall give a bond subject to the approval of the Board of Directors for the faithful performance of her duties.

d. Her account shall be audited annually by a certified public accountant approved by the Board of Directors.

e. She shall report to the Board of Directors the financial standing of the League at each annual convention and upon request.

f. She shall, within one month after retiring, deliver to the new Treasurer all papers, books, records, money of the League in her custody with a supplemental report covering all transactions from January 1st to the close of the annual convention.

Sec. 5. Necessary expenses incurred by officers or committees in the service of the League and such portion of the necessary traveling expenses of the Directors in attending meetings of the League shall be refunded from the general treasury by the order of the Board of Directors, if previously approved by them.

Sec. 6. Non-attendance upon three consecutive meetings without sufficient reason will be considered a resignation. Notification for such non-attendance will be sent by the Secretary.

ARTICLE V

ADVISORY COUNCIL

Section 1. The Officers of the National League and the Presidents of the State Leagues belonging to the National League shall constitute an Advisory Council.
ARTICLE VI
EXECUTIVE SECRETARY

SECTION 1. The duties of the Executive Secretary shall be outlined by the Board of Directors.

Sec. 2. She shall be responsible for the disbursements of all headquarters funds as assigned by the Board of Directors, and in this capacity shall be bonded.

Sec. 3. She shall be a member of the Board of Directors and of all committees.

Sec. 4. She shall be kept informed of the work of the standing committees and receive a report from the chairman of the same, at least once in every three (3) months.

ARTICLE VII
STANDING COMMITTEES

SECTION 1. Standing Committees shall consist of at least three members and shall be appointed by the Board of Directors unless otherwise provided for and shall be as follows:

a. Convention Arrangements.
b. Education.
c. Eligibility.
d. Finance.
e. Nominations.
f. Program.
g. Publications.
h. University relations.

Sec. 2. The Committee on Convention Arrangements. This committee shall be responsible for the plans to be followed in carrying on the Annual Convention, by making arrangements for suitable places for general and committee meetings, hotel accommodations, exhibits and general information.

Sec. 3. The Committee on Education. The work of this committee shall include the study and presentation of the Standard Curriculum and any study or other activity contributing to the function of the committee and approved by the Board of Directors.

Sec. 4. The Committee on Eligibility. This committee shall check the qualifications of the applicants according to the requirements of the By-Laws and if sufficient data is not furnished on the application form shall secure such data by correspondence.

Sec. 5. The Committee on Finance. This committee shall carefully budget the finances of the League, advise concerning investments and approve other than routine expenditures.

Sec. 6. The Committee on Nominations. This committee shall consist of five mem-
bers, two of whom shall be appointed by the chair and three by the house. On or before each September 1st preceding the annual convention, this committee shall issue a blank to each State League belonging to the National League on which blank may be written the name of one nominee for each office to be filled. Blanks from State Leagues shall be signed by the President or Secretary of the Nominating Organization and the name of the organization shall be appended.

Blanks shall be returned to the Committee on Nominations before December 1st preceding the annual convention.

From these returns the committee shall prepare a ticket consisting of two names of the nominees receiving the highest number of votes for the office of President, First Vice-President, Second Vice-President, Secretary, Treasurer and eight names for the office of Director. No names shall be presented to the Board of Directors or to a convention, either by the Nominating Committee or from the floor, unless the nominee has consented to serve if elected. The report shall be signed by each member of the committee and shall be in the hands of the Secretary by January 1st.

The list of nominations shall be published in the March issue of the American Journal of Nursing, shall be mailed to each State League at least two months previous to the annual convention, and shall be posted on the Daily Bulletin Board on the first day of the annual convention.

Sec. 7. Committee on Program. The chairman of this committee shall request from the members of the Program Committee, the officers of the National League of Nursing Education, the State Leagues, chairman of all committees, suggestions for the program. This committee shall submit a draft of this program to the President by December 1st of each year, who shall present it to the Board of Directors at the January meeting.

The committee shall be responsible for all correspondence unless otherwise instructed.

Sec. 8. The Committee on Publications. The committee shall keep informed concerning the contents of professional nursing magazines and pamphlets and other journals publishing material of interest to nursing and nursing education, recommend and decide upon reprints of articles contained in such periodicals, cooperate with the Committee on Education in matters pertaining to its publications and prepare such other publicity material as may be indicated and approved by the Board of Directors and as allowed by the budget from Headquarters.

Sec. 9. The Committee on University Relations. This committee shall study existing university schools of nursing to the end that it may act as a source of information regarding the standards by which university schools of nursing may be judged.

Sec. 10. Each committee shall present a written report of its activities at the annual convention and at the January meeting.

ARTICLE VIII

DUES

Section 1. The annual dues from each State League of Nursing Education shall be $3.00 per capita on the basis of membership January first of each year, except that for the first year, when dues shall be paid at the time of application.

Sec. 2. The annual dues for active members coming directly into the National League of Nursing Education shall be $5.00, the same to accompany the application.

Sec. 3. The annual dues for associate members shall be $3.00, the same to accompany the application.
THIRTIETH ANNUAL CONVENTION

SEC. 4. Any State League or individual member failing to pay the annual dues by the first day of April shall receive a notice from the Treasurer and if the dues are not paid within three months they shall have forfeited all privileges of membership. Active individual members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year and a reinstatement fee of $5.00. Associate members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year and a reinstatement fee of $5.00.

ARTICLE IX
MEETINGS

SECTION 1. A convention of the National League of Nursing Education shall be held annually. In the even-numbered years it shall be held conjointly with the convention of the American Nurses' Association, in the odd-numbered years it shall be held at such time and place as shall be determined by the Board of Directors and recommended to the League for its action at the convention next preceding.

SEC. 2. The order of business at each convention shall be in accordance with the program adopted at the beginning of the convention and shall include:
   a. Annual reports of all officers.
   b. Annual reports of all Presidents of all State Leagues of Nursing Education.
   c. Annual reports of all Standing Committees.
   d. Report of Instructors Section.
   e. Address of President.
   f. Miscellaneous business.
   g. Election of officers.
   h. Reading of the minutes.

Sec. 3. The Board of Directors shall hold a meeting each January and at the call of the President.

ARTICLE X
REPRESENTATION

SECTION 1. The voting body at the annual convention shall consist of:
   a. Regularly accredited delegates from the State Leagues.
   b. Individual members in good standing.1

Sec. 2. Before registering, the member must furnish a credential card signed by the Treasurer of the State League showing that the annual dues have been paid.

Sec. 3. The associate members may have no vote at State or National meetings.

ARTICLE XI
QUORUM

SECTION 1. A quorum of the Board of Directors shall be seven (7) members.

SEC. 2. A quorum of the Advisory Council shall be ten (10) members other than the officers.

SEC. 3. Members from fifteen (15) states shall constitute a quorum for the transaction of business at any annual convention.

1Refers to membership through State Leagues as well as individual membership from such states as have no State Leagues.
BY-LAWS

ARTICLE XII

FISCAL YEAR

The fiscal year of this association shall be the calendar year.

ARTICLE XIII

APPLICATION OF THE TERM "STATE LEAGUE"

The term "State League" in these By-Laws shall be understood to apply equally to any state of the United States of America, to the District of Columbia, or to any territory, possession or dependency of the United States of America, and the rights and privileges, responsibilities and obligations of all members in the states, the District of Columbia, the territories, possessions or dependencies shall be the same. (See Article XIV, By-Laws, American Nurses' Association.)

ARTICLE XIV

DUTIES OF STATE LEAGUES

It shall be the duty of each State League:

SECTION 1. To send to the President and Secretary of the National League of Nursing Education the names and addresses of all officers immediately after their election or appointment.

Sec. 2. To confer with the Committee on Revision before adopting any proposed amendment to their Constitution and By-Laws and to send a copy of the Constitution or By-Laws, so adopted, to the Secretary.

Sec. 3. To report the activities of the State and Local Leagues at the annual convention, and at such other times as may be required.

Sec. 4. To help organize Local Leagues when desired.

Sec. 5. To provide official representation as a member of the Advisory Council at each annual convention.

Sec. 6. To know that all requirements for membership in the State and Local Leagues meet the requirements for membership in the National League of Nursing Education.

Sec. 7. To know that the dues are paid by the first day of April of each year on the basis of membership the first day of January of each year.

ARTICLE XV

PARLIAMENTARY AUTHORITY

Deliberations of all meetings of the National League shall be governed by "Parliamentary Usage for Women's Clubs" by Mrs. Emma A. Fox.

ARTICLE XVI

THE OFFICIAL ORGAN

The American Journal of Nursing shall be the official organ of the National League of Nursing Education.
THIRTIETH ANNUAL CONVENTION

ARTICLE XVII

AMENDMENTS

SECTION 1. These By-Laws may be amended at any annual convention by a two-thirds vote of the active members present and voting. All proposed amendments shall be in the possession of the Secretary at least two months before the date of the annual convention and be appended to the call of the meeting.

Sec. 2. These By-Laws may be amended at any annual convention, by the unanimous vote of the active members present and voting, without previous notice.
LIST OF MEMBERS

HONORARY MEMBERS

BEARD, RICHARD O., M.D. University of Minnesota, Minneapolis, Minn.
BOARDMAN, MABEL T. American Red Cross, Washington, D. C.
BOLTON, CHESTER (MRS.) Franchester Farm, South Euclid, Ohio
CLEMENT, ANNA C. Pittsfield, Mass.
FENWICK, BEDFORD (MRS.) 20 Upper Wimpole St., London, W., England
JENKINS, HELEN HARTLEY (MRS.) 232 Madison Ave., New York, N. Y.
JONES, M. CADWALADER (MRS.) 21 East 11th St., New York, N. Y.
KIMBER, DIANA C. High Street, Swindon Wills, England
OSBORNE, WM. CHURCH (MRS.) 40 E. 36th St., New York, N. Y.
RICHARDS, LINDA. Box 21, Foxboro, Mass.
WINSLOW, C. E. A. School of Public Health, Yale University, New Haven, Conn.

LIFE MEMBERS

MAXWELL, ANNA C. Cosmopolitan Club, New York, N. Y.
SNIVELLEY, MARY A. 50 Maitland St., Toronto, Ont., Canada
DOCK, L. L. Fayetteville, Pa.
ALLINE, ANNA L. Memorial Hospital, Albany, N. Y.

ACTIVE MEMBERS

AARNES, ALVILDA. Good Samaritan Hospital, Portland, Ore.
ABBOTT, LULU FLORENCE. 847 N. 26th Street, Lincoln, Neb.
ABBOTT, MARY E. Worcester, Vt.
ABRAHAMSON, FLORINDA O. Bethesda Hospital, St. Paul, Minn.
ACKLEY, STELLA. Milwaukee County Hospital, Wauwatosa, Wisc.
ADAMS, HENRIETTA MARGUERITE. Union Hill, R. F. D. 1, Redmond, Wash.
ADAMS, SARA E. Hospital Santon Tomas, Ancon, Canal Zone.

ADAMS, SOPHIA E. Montefiore Hospital, East 210th Street, New York, N. Y.
ADKINSON, M. BLANCHE. St. Mary's Hospital, Minneapolis, Minn.
ADSMITH, EVA. Memorial Hospital, Worcester, Mass.
AGNEW, ALICE D. 262 Grant Street, Sewickley, Pa.
AHLENS, CAROLINE C. Springfield Hospital, Springfield, Mass.
AHRENS, MINNIE H. 534 Aldine Avenue, Chicago, Ill.
ALBRIGHT, INDE R. Pleasant Valley, Conn.
ALEXANDER, ANNA LOUISE. Walter Reed Hospital, Washington, D. C.
ALLEN, BERTHA W. Newton Hospital, Newton Lower Falls, Mass.
ALLEN, JANE C. 53 S. Hamilton Street, Poughkeepsie, N. Y.
ALLEN, VERA A. Lynn Hospital, Lynn, Mass.
THIRTIETH ANNUAL CONVENTION

ALLISON, AMY....................... Rhode Island Hospital, Providence, Rhode Island
ALLISON, CATHERINE H.................. Winona General Hospital, Winona, Minn.
ALLISON, GRACE E..................... 358 Monterey Avenue, Detroit, Mich.
ALTENEDER, MARY C..................... 5 Null Road, Melrose Park, Pa.
AMES, MIRIAM A....................... 561 Massachusetts Avenue, Boston, Mass.
ANDERSON, HELEN C..................... Swedish Hospital, Minneapolis, Minn.
ANDERSON, LYDIA E..................... 41 Oxford Street, Brooklyn, N. Y.
ANDERSON, OLGA......................... Wesley Hospital, Chicago, Ill.
ANDERSON, RUTH M....................... U. S. Naval Station, Guantanamo Bay, Cuba
ANDERSON, THERESA R (MRS.)............ 100 Ohio Street, Bangor, Me.
ANDERSON, VICTORIA..................... State Hospital, Camp Meade, Md.
ANDREWS, FANNIE VAUGHN.............. Asheville Mission Hospital, Asheville, N. C.
ANKENY, FAITH......................... Iowa Methodist Hospital, Des Moines, Iowa
APTEK, SUSAN FISHER (MRS.)........... 50 College Avenue, N. E., Grand Rapids, Mich.
ARBUCKLE, MARY B...................... Hospital of the Good Samaritan, Los Angeles, Calif.
ARCHER, MIRIELLE M.................... Baptist Memorial Hospital, Memphis, Tenn.
ARMS, L. MYRIE....................... Hospital (Uniontown), Uniontown, Pa.
ARNOLD, LOUISE F...................... Ellis Hospital, Schenectady, N. Y.
ASHLEY, MARION H (MRS.).............. General Hospital, Syracuse, N. Y.
ASSELTON, ELIZABETH A................. Victory Memorial Hospital, Waukegan, Ill.
ATKIN, EDITH........................ Amsterdam City Hospital, Amsterdam, N. Y.
ATKINSON, AUGUSTINA JAMES........... 106 East State Street, Doylestown, Pa.
ATKINSON, WINIFRED WINTON........... Memphis General Hospital, Memphis, Tenn.
AUBERTIN, IDA FLORENCE.............. 47 Prospect Street, East Orange, N. J.
AVARD, MARTHA J.................... Addison Gilbert Hospital, Gloucester, Mass.
AXELSON, ALMA MARY .................. 1557-29 Avenue, Moline, Ill.
AYERS, ADA GERTRUDE................. Rhode Island Hospital, Providence, R. I.
AYRES, EUGENIA D..................... Moses Ludington Hospital, Ticonderoga, N. Y.
AYRES, LUCY C......................... Woonsocket Hospital, 115 Case Avenue, Woonsocket, R. I.

BAGLEY, ALICE C....................... 600 Stockton Street, San Francisco, Calif.
BAILEY, HARRIET....................... 440 E. 26th Street, Bellevue Hospital, New York, N. Y.
BAIRSTOW, W. J........................ The Westmoreland Hospital Association, Greensburg, Pa.

BAKER, BESSIE......................... Miller Hospital, St. Paul, Minn.
BAKER, ISABELLE WILBUR (MRS.)...... 1910 Kalorama Road, Washington, D. C.
BAKER, MARY K......................... Henry W. Putnam Hospital, Bennington, Vt.
BALLARD, MIRIAM FRYE.................. Apt. 47-1701 Oregon Avenue, Washington, D. C.
BARKER, EDITH A...................... General Hospital, Minneapolis, Minn.
BARCLAY, ANNIE S.................... Franklin County Public Hospital, Greenfield, Mass.
BARDELL, AMY E....................... Hahmemann Hospital, Philadelphia, Pa.
BAREHAM, MILDRED LOUISA........... 18 Cuyler Street, Palmyra, N. Y.
BARNABY, MARIETTA D.................. Henry Heywood Memorial Hospital, Gardiner, Mass.
BARNES, DORA M....................... 1111 Forest Avenue, Ann Arbor, Mich.
BARNES, S. BESSIE..................... Westsuburban Hospital, Oak Park, Ill.
BARNES, CHARLOTTE ANNE............ Broad Street Hospital, 129 Broad Street, New York, N. Y.
LIST OF MEMBERS

BARR, ANNA M. ............................................. 311 Maison Blanch Building, New Orleans, La.
BARRY, SARAH C. ........................................ Providence City Hospital, Providence, R. I.
BARTLETT, BARBARA H. (MRS.) ......................... University of Michigan, Ann Arbor, Mich.
BARTLETT, HELEN CONKLING ......................... 604 Reservoir Street, Baltimore, Md.
BARTLETT, VASI H ........................................ Gaithersburg, Md.
BATES, ETHEL H .......................................... Olean General Hospital, Olean, N. Y.
BATES, INEZ ................................................ The Christ Hospital, Cincinnati, Ohio
BATH, CARRIE E. (MRS.) .............................. St. Lukes Hospital, New York, N. Y.
BAUMGARTNER, BERTHA I ......................... Halstead, Kan.
BAUMGARTNER, MARGARET A ..................... Central Maine General Hospital, Lewiston, Me.
BAYLOR, MARTHA V ..................................... St. Luke’s Hospital, Richmond, Va.
BEAL, LUCY H .............................................. Peter Bent Brigham Hospital, Boston, Mass.
BEARD, MARY .............................................. 67 Mt. Vernon Street, Boston, Mass.
BEARDSLEY, DELLA M ................................. East Coast Hospital, St. Augustine, Fla.
BEARS, ELMIRA W ........................................ 370 7th Avenue, New York, N. Y.
BEATTIE, GRACE B ...................................... Johnson Memorial Hospital, Stafford Springs, Conn.
BEATTY, M. LOUISE ............................. Pekin Union Medical College, Pekin, China
BEATY, F. M. (MRS.) ................................. Wisconsin Deaconess Hospital, Greenbay, Wisc.
BECHEL, EMMA H ......................................... 1323 N. Jefferson Street, Springfield, Mo.
BECK, BERTHA M ......................................... St. Joseph’s Hospital, Philadelphia, Pa.
BECKMANN, MARGARET ...................... 1086 Lexington Avenue, New York, N. Y.
BEDELL, ALICE E ........................................ State Hospital, Northampton, Mass.
BEECROFT, LAURA A ................................. West Alexander, Pa.
BEERS, AMY .............................................. Jefferson County Hospital, Fairfield, Iowa
BELL, BESSIE S .......................................... Station Hospital, Fort Sheridan, Ill.
BELYEA, MARGARET S .............................. U. S. Veterans Hospital $ 95, Northampton, Mass.
BENHAM, CARRIE A ..................................... Barnes Hospital, St. Louis, Mo.
BENHAM, LOUISE B ................................. Hawthorne, Fla.
BENJAMIN, FLORENCE VICTORIA .... Mt. Sinai Hospital, 1800 E. 105th Street, Cleveland, Ohio
BENTLEY, ANNA ......................................... The Brooklyn Hospital, Brooklyn, N. Y.
BENTWIP, BERTHA M ..................................... Lutheran Hospital, Hampton, Iowa
BEST, ELLA G ............................................... Michael Reese Hospital, Chicago, Ill.
BEST, VIRGINIA P ....................................... Staten Island Hospital, Tompkinsville, Staten Island, N. Y.
BEYERER, EDNA M ................................. U. S. Disciplinary Barracks, Fort Leavenworth, Kan.
BIDMEAD, R. ELIZABETH .................... Frederick Ferris Thompson Hospital, Canandaigua, N. Y.
BIGLER, ROSE ............................................. 106 Morningside Drive, New York, N. Y.
BILLINGS, LYDIA HOFFMAN .............. 417 West 118th Street, New York, N. Y.
BINNER, MABEL W ..................................... 1641 W. 105 Street, Chicago, Ill.
BISHOP, FLORENCE A .................................. Kings Daughters Hospital, Portsmouth, Va.
BLACK, CHARLOTTE .................. Prince Rupert General Hospital, Prince Rupert, British Columbia, Canada
BLACKMAN, BLANCHE ............................... Training School for Nurses, Springfield, Mass.
BLAISDELL, HELEN MILDRED .......... Peter Bent Brigham Hospital, Boston, 17 Mass.
BLEEKER, FRIEDA ................................. 909 Waldheim Bldg., 11th and Main Streets, Kansas City, Mo.
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<td>Erickson, Edith</td>
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<tr>
<td>Erpestad, Asta</td>
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<td>Erskine, Cordelia D.</td>
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<tr>
<td>Evans, Kate</td>
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<tr>
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<td>Name</td>
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<td>Pa.</td>
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<td>Robinson, Mary E.</td>
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<tr>
<td>Roche, Mary D.</td>
<td>Germantown Hospital, Philadelphia, Pa.</td>
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<tr>
<td>Rockhold, Elizabeth E.</td>
<td>Brooklyn Hospital, Brooklyn, N. Y.</td>
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<tr>
<td>Rogers, Margaret A.</td>
<td>Children's Free Hospital, Detroit, Mich.</td>
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<tr>
<td>Rolier, Susan Elizabeth</td>
<td>U. S. Naval Hospital, Pearl Harbor, Territory of Hawaii</td>
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<td>Rood, Dorothy</td>
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<td>Rood, Ida May</td>
<td>Methodist Hospital of Southern California, Los Angeles, Calif.</td>
</tr>
<tr>
<td>Rose, Daisy</td>
<td>Touro Infirmary, New Orleans, La.</td>
</tr>
<tr>
<td>Ross, Elizabeth</td>
<td>Victoria Hospital, London, Ontario, Canada</td>
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<tr>
<td>Rostance, Mary A.</td>
<td>McKeeport Hospital, McKeeport, Pa.</td>
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<td>Rottman, Marian</td>
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<td>Fitzsimons General Hospital, Denver, Col.</td>
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<td>Shupp, Anna E.</td>
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<td>Sieck, Helen D.</td>
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<td>Samaritan Hospital, Troy, N. Y.</td>
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<td>Sinclair, Helen C.</td>
<td>McLean Hospital, Waverley, Mass.</td>
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<td>St. Mary's and Elizabeth Hospital, Louisville, Ky.</td>
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<td>Sister Adelaide</td>
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<td>Sister Carolyn Braun</td>
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<td>Sister M. Christiana</td>
<td>Sacred Heart Hospital, Spokane, Wash.</td>
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<td>Sister Edwarda M.</td>
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<tr>
<td>Sister Erna Schweer</td>
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<tr>
<td>Sister Flavia</td>
<td>Providence Hospital, Washington, D. C.</td>
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<tr>
<td>Sister M. Digna</td>
<td>St. Agnes Hospital, Fond du Lac, Wis.</td>
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<td>Sister M. Hildegard Holbin</td>
<td>Mercy Hospital, Baltimore, Md.</td>
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<td>Sister Ignatius Stein</td>
<td>St. Mary's Hospital, Duluth, Minn.</td>
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<tr>
<td>Sister Isabelle</td>
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<tr>
<td>Sister Leo</td>
<td>Trinity Hospital, Jamestown, N. Dak.</td>
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<tr>
<td>Sister Mathilda Gravdahl</td>
<td>Norwegian Hospital, Brooklyn, N. Y.</td>
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<tr>
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<td>St. Francis Hospital, Colorado Springs, Col.</td>
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<tr>
<td>Sister Mary Berndetta</td>
<td>St. Francis Hospital, Kewanee, Ill.</td>
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<tr>
<td>Sister Mary Clare</td>
<td>St. Agnes Hospital, Baltimore, Md.</td>
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<tr>
<td>Sister Mary Cyril</td>
<td>Good Samaritan Hospital, Cincinnati, Ohio</td>
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<td>Sister Mary Dolores</td>
<td>St. Mary's of Nazareth Hospital, Chicago, Ill.</td>
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<td>Sister M. Domitilla</td>
<td>St. Mary's Hospital, Rochester, Minn.</td>
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<tr>
<td>Sister M. Eleanor</td>
<td>Mercy Hospital, Canton, Ohio</td>
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<td>Sister Mary Euphrosia</td>
<td>St. Vincent's Charity Hospital, Cleveland, Ohio</td>
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<td>Sister M. Gonzaga Betzen</td>
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</table>
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