Thirty-first Annual Report
of the
National League
of
Nursing Education
1925
HEADQUARTERS

NATIONAL LEAGUE OF NURSING EDUCATION,
370 SEVENTH AVE., NEW YORK CITY.
PROCEEDINGS
OF THE
THIRTY-FIRST ANNUAL
CONVENTION
OF THE
NATIONAL LEAGUE OF
NURSING EDUCATION

HELD AT
Nicollet Hotel
Minneapolis, Minnesota
May 25 to May 30, 1925

NATIONAL HEADQUARTERS
370 Seventh Avenue
New York, N. Y.
# Table of Contents

Officers .................................................................................................................. 7  
Advisory Council .................................................................................................... 8  
Committees ............................................................................................................. 9  
American Society of Superintendents of Training Schools for Nurses .................. 16  
Address of Welcome. Richard Olding Beard, M. D. .................................................. 19  
Response and Address. Laura R. Logan, R.N. ......................................................... 24  
Report of the Secretary .......................................................................................... 31  
Report of the Treasurer .......................................................................................... 32  
Report of the Executive Secretary .......................................................................... 35  
Report of the Committee on Convention Arrangements ............................................. 38  
Report of the Program Committee ......................................................................... 39  
Report of the Committee on Education ..................................................................... 39  
Report of the Eligibility Committee ........................................................................ 40  
Report of the Finance Committee .......................................................................... 41  
Report of the Committee on Nominations ................................................................. 42  
Report of the Committee on Publications ................................................................. 43  
Report of the Committee on University Relations ....................................................... 44  
Report of the Isabel Hampton Robb Memorial Fund Committee ............................... 49  
Report of the Revision Committee ........................................................................... 49  
Suggested Form of Constitution and By-Laws for State Leagues of Nursing Education ......................................................................................................................... 51  
Report of the Committee on Grading of Nursing Schools ........................................... 57  
Report of the Convention Publicity Committee ........................................................... 60  
Report of the Committee on Nomenclature ................................................................. 60  
Report of the Committee on Functions ...................................................................... 62  
Report of the Committee on Ways and Means ............................................................. 62  
Announcements Concerning the Committee on Budgets for Schools of Nursing; Committee on Problems of Education in the Small Hospital School of Nursing, and Committee on Training Schools for Negro Nurses ........................................................................................................... 62  
Report of the Committee on International Nursing Affairs ........................................ 63  
Report of Advisory Committee, American Nurses' Memorial (Florence Nightingale School), Bordeaux, France ........................................................................................................................................... 63  
Communications from the President ......................................................................... 65  
Appointment of Committee to Draft Resolutions Concerning the Preparation and Recognition of the Nurse for the Care of the Tuberculosis Patient ........................................................................................................ 66  
Appointment of Committee on Resolutions ................................................................ 66  
Appointment of Inspectors of Election ..................................................................... 66  

3
## CONTENTS

Appointment of Tellers ........................................................................................................... 66

Reports of State League of Nursing Education

<table>
<thead>
<tr>
<th>State</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>66</td>
</tr>
<tr>
<td>Connecticut</td>
<td>67</td>
</tr>
<tr>
<td>Illinois</td>
<td>67</td>
</tr>
<tr>
<td>Kansas</td>
<td>68</td>
</tr>
<tr>
<td>Louisiana</td>
<td>68</td>
</tr>
<tr>
<td>Maryland</td>
<td>69</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>69</td>
</tr>
<tr>
<td>Michigan</td>
<td>69</td>
</tr>
<tr>
<td>Minnesota</td>
<td>70</td>
</tr>
<tr>
<td>Missouri</td>
<td>70</td>
</tr>
<tr>
<td>Nebraska</td>
<td>70</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>71</td>
</tr>
<tr>
<td>New Jersey</td>
<td>71</td>
</tr>
<tr>
<td>New York</td>
<td>71</td>
</tr>
<tr>
<td>North Carolina</td>
<td>72</td>
</tr>
<tr>
<td>North Dakota</td>
<td>73</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>73</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>73</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>74</td>
</tr>
<tr>
<td>Texas</td>
<td>74</td>
</tr>
</tbody>
</table>

Wisconsin .......................................................................................................................... 74

Summary of Discussion on Reorganization ......................................................................... 75

Routine Inspection of Schools of Nursing. Alma H. Scott, R.N........................................... 78

New York State Inspection of Schools Outside the State. Mary E. Gladwin, R.N............ 92

Discussion. Elias P. Lyon, Ph.D., M.D. ............................................................................ 104
Discussion. Corinne D. French, R.N. .................................................................................. 110
Discussion. Harriet Frost, R.N. ......................................................................................... 112
Discussion. Florence Dakin, R.N. ..................................................................................... 113
Discussion. Adda Eldredge, R.N. ...................................................................................... 113
Discussion. Elizabeth C. Burgess, R.N. ........................................................................... 114
Discussion. Anne L. Hansen, R.N. .................................................................................... 117

The Need for Play. Allan Hoben, Ph.D. ............................................................................ 118

The Present Concept of Method. Georgina Lommen ............................................................ 119


The Principles of Public Health Nursing in the Undergraduate Course. Amelia H. Grant, R.N. .................................................................................................................... 133

Discussion. Marion L. Vannier, R.N. .................................................................................. 133

Preliminary Report on the Study of the Nurse and Nursing Service in the Out-Patient Department. Emilie G. Robson, R.N. ........................................................................... 139
CONTENTS

The Importance of Psychology in Schools of Nursing, Maude B. Muse, R.N. 140
Teaching Sociology in Schools of Nursing, William L. Bailey 150
How the Library Serves the Hospital and the School of Nursing, Perri Jones 156
Summaries of Round Tables 160

The Care of the Isolated Patient 160
Institutes and Summer Schools 161
Teaching Diet Therapy 162
Report of Instructors' Section 162

Report of the Committee to Draft Resolution Concerning the Preparation and
Recognition of the Nurse for the Care of the Tuberculosis Patient 163
Suggestions to Help in Reorganization of State Leagues of Nursing Education 164
Discussion on Length of Time Essential for Adequate Basic Training in Com-
municable Diseases Including Tuberculosis 166
Discussion on Public Health Nursing in the Basic Curriculum 167
Discussion on Status of Private Duty Nurse 167
Discussion on the Need of the Study of Midwifery by Nurses in Postgraduate
Courses 168

Report of the Committee on Resolutions 168
Report of the Tellers 169
Amendments to the By-Laws 171
List of Members 172
Deceased Members 204
Officers of State Leagues of Nursing Education 206
Index 209
OFFICERS
(1925-1926)

President*
CARRIE M. HALL
Peter Bent Brigham Hospital, Boston, Mass.

First Vice President
MARY M. PICKERING
School of Nursing, University of California, San Francisco, Calif.

Second Vice President
MARION L. VANNIER
School of Nursing, University of Minnesota, Minneapolis, Minn.

Secretary
ADA BELLE McCLEERY
Evanston Hospital, Evanston, Ill.

Treasurer
MARION ROTTMAN
440 East 26th Street, New York, N. Y.

Executive Secretary**
BLANCHE PFEIFFERKORN
370 Seventh Avenue, New York, N. Y.

Directors 1924-1926
ANNIE W. GOODRICH, School of Nursing, Yale University, New Haven, Conn.
BENA M. HENDERSON, Milwaukee Children's Hospital, Milwaukee, Wis.
MARY M. ROBERTS, 370 Seventh Avenue, New York, N. Y.
S. LILLIAN CLAYTON, Philadelphia General Hospital, Philadelphia Pa.

Directors 1925-1927
M. HELENA MCMILLAN, Presbyterian Hospital, Chicago, Ill.
ISABEL M. STEWART, Teachers College, New York, N. Y.
HELEN WOOD, Strong Memorial Hospital, Rochester, N. Y.

Directors ex officio
ADDA ELDREDGE, President, American Nurses' Association, State Board of Health,
Madison, Wis.
ELIZABETH G. FOX, President, National Organization for Public Health Nursing,
The American Red Cross, Washington, D. C.

*By-Laws.—Article IV, 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.
**By-Laws.—Article VI, Sec. 3: The Executive Secretary shall be a member of
the Board of Directors and of all Committees.
ADVISORY COUNCIL

Agnes V. Humphreys, Tuscaloosa, Ala.
Anna C. Jammé, San Francisco, Calif.
Laura Elder, Denver, Colo.
Harriet Leck, Hartford, Conn.
Julia C. Stimson, Washington, D. C.
Evelyn Wood, Chicago, Ill.
Mrs. Ethel P. Clarke, Indianapolis, Ind.
Esther Jackson, Des Moines, Iowa.
Ethel Hastings, Kansas City, Kan.
Flora E. Keen, Somerset, Ky.
Sister Kostka, New Orleans, La.
Annie Creighton, Baltimore, Md.
Sally Johnson, Boston, Mass.
Alice Lake, Ann Arbor, Mich.
Bessie Baker, St. Paul, Minn.
Gene Harrison, St. Louis, Mo.
Charlotte Burgess, Omaha, Neb.
Grace P. Haskell, Dover, N. H.
Jessie M. Murdock, Jersey City, N. J.
Elizabeth C. Burgess, New York, N. Y.
Gilbert Muse, High Point, N. C.
Sister M. Kathila, Grand Forks, N. D.
Antoinette Light, Oklahoma City, Okla.
Alvilde Aarnes, Portland, Ore.
Elizabeth F. Miller, Harrisburg, Pa.
Sarah C. Barry, Providence, R. I.
Ella Read, Houston, Tex.
Evelyn H. Hall, Seattle, Wash.
Grace TeBrake, Milwaukee, Wis.
COMMITTEES
STANDING COMMITTEES
Committee on Convention Arrangements
BLANCHE PFEFFERKORN, Chairman
370 Seventh Avenue, New York, N. Y.

Committee on Education

M. ADELAIDE NUTTING, Honorary Chairman
501 West 120 Street, New York, N. Y.

ISABEL M. STEWART, Chairman
Teachers College, Columbia University, New York, N. Y.

LAURA R. LOGAN
Illinois Training School for Nurses, 509 S. Honore St., Chicago, Ill.

LOUISE M. POWELL
School of Nursing, Western Reserve University, Cleveland, Ohio

EFFIE J. TAYLOR
Yale University School of Nursing, New Haven, Conn.

CAROLYN E. GRAY
Butler Hall, Morningside Drive, New York, N. Y.

HELEN WOOD
Strong Memorial Hospital, Rochester, N. Y.

KATHERINE KIMMICK
Henry Ford Hospital, Detroit, Mich.

SISTER DOMITILLA
St. Mary's Hospital, Rochester, Minn.

SUSIE A. WATSON
University Hospital, Ann Arbor, Mich.

NELLIE HAWKINSON
School of Nursing, Western Reserve University, Cleveland, Ohio

M. HELENA MCMILLAN
Presbyterian Hospital, Chicago, Ill.

AMELIA GRANT
Yale University School of Nursing, New Haven, Conn.

S. LILIAN CLAYTON
Philadelphia General Hospital, Philadelphia, Penn.

MARY M. ROBERTS
370 Seventh Avenue, New York, N. Y.

MARY M. PICKERING
School of Nursing, University of California, San Francisco, Cal.

GERTRUDE E. HODGMAN
Representative from National Organization for Public Health Nursing, Yale University School of Nursing, New Haven, Conn.

KATHARINE TUCKER

Committee on Eligibility

SALLY JOHNSON, Chairman
Massachusetts General Hospital, Boston, Mass.

CLARIBEL A. WHEELER
Washington University School of Nursing
600 Kingshighway, St. Louis, Mo.

Committee on Finance

MARY C. WHEELER, Chairman
4708 Brush Street, Detroit, Mich.

ELIZABETH A. GREENER
Mt. Sinai Hospital, New York, N. Y.
THIRTY-FIRST ANNUAL CONVENTION

MARION ROTTMAN
440 East 26 St., New York, N. Y.

Committee on Nominations

BESSIE BAKER, Chairman
Miller Hospital, St. Paul, Minn.

M. ANNA GILLIS
Mt. Sinai Hospital, Cleveland, Ohio

MARY H. CUTLER
Presbyterian Hospital, Chicago, Ill.

HELEN I. DENNE
Wisconsin General Hospital, Madison, Wis.

SALLY JOHNSON
Massachusetts General Hospital, Boston, Mass.

Committee on Program

JESSEE M. MURDOCK, Chairman
Jersey City Hospital, Jersey City, N. J.

FLORENCE DAKIN
468 Ellison Street, Paterson, N. J.

ELIZABETH F. MILLER
State Department of Welfare, Harrisburg, Pa.

Committee on Publications

BLANCHE PEFFERKORN, Chairman
370 Seventh Avenue, New York, N. Y.

ISABEL M. STEWART
Teachers College, Columbia University, New York, N. Y.

MARY M. ROBERTS
370 Seventh Avenue, New York, N. Y.

AGNES G. DEANS
370 Seventh Avenue, New York, N. Y.

ADA M. CARR
370 Seventh Avenue, New York, N. Y.

FLORENCE M. JOHNSON
598 Madison Avenue, New York, N. Y.

Committee on University Relations

LAURA R. LOGAN, Chairman
Illinois Training School for Nurses, 509 S. Honore St., Chicago, Ill.

CLARIHEL A. WHEELER
School of Nursing, Washington University, 600 Kingshighway, St. Louis, Mo.

MAUDE LANDIS
School of Nursing, Stanford University, San Francisco, Cal.

ANNIE W. GOODRICH
School of Nursing, Yale University, New Haven, Conn.

LOUISE M. POWELL
School of Nursing, Western Reserve University, Cleveland, Ohio

BLEANCHE PEFFERKORN
370 Seventh Avenue, New York, N. Y.

ADA BELLE McCLEERY
Evanston Hospital, Evanston, Ill.

CHARLOTTE BURGESS
School of Nursing, University of Nebraska, Omaha, Neb.

SPECIAL COMMITTEES

Committee on Revision of Constitution and By-Laws

MARY C. WHEELER, Chairman
4708 Brush Street, Detroit, Mich.

(MRS.) ETHEL P. CLARKE
School of Nursing, Indiana University, Indianapolis, Ind.

BENA M. HENDERSON
Milwaukee Children's Hospital, Milwaukee, Wis.
COMMITTEES

Committee on Problems of Education in Nursing Schools Connected with Small Hospitals

MARY A. WELSH, Chairman
Blodgett Memorial Hospital, Grand Rapids, Mich.

HELEN MARKER
Deaconess Hospital, Detroit, Mich.
(MRS.) ADELAIDE NORTHAM

L. WINIFRED SECKINGER
Foote Memorial Hospital, Jackson, Mich.

MAEDE E. HAGGMAN
Hurley Hospital, Flint, Mich.

Committee on Grading Schools of Nursing

ELIZABETH C. BURGESS, Chairman
Teachers College, Columbia University, New York, N. Y.

LAURA R. LOGAN
Illinois Training School for Nurses, 509 S. Honore St., Chicago, Ill.

ALTERNATES

CARRIE M. HALL
Peter Bent Brigham Hospital, Boston, Mass.

M. HELENA McMILLAN
Presbyterian Hospital, Chicago, Ill.

Committee on Budgets for Schools of Nursing

ELIZABETH GREENER, Chairman
M. Sinai Hospital, New York, N. Y.

IRVNE R. ENGLISH
The Kahler Hospitals School of Nursing, Rochester, Minn.

SALLY JOHNSON
Massachusetts General Hospital, Boston, Mass.

ETHEL ODEGARD
54 Prospect Avenue, Milwaukee, Wis.

CASSIE KOST
Illinois Training School for Nurses, Chicago, Ill.

M. M. PICKERING
School of Nursing, University of California, San Francisco, Cal.

Committee to Study and Recommend the Length of Time Essential for Adequate Basic Training in Communicable Diseases, Including Tuberculosis

CHARLOTTE JOHNSON, Chairman
Durand Hospital, Chicago, Ill.

SARAH C. BARRY
Providence City Hospital, Providence, R. I.

LOUISE M. POWELL
Western Reserve University, School of Nursing, Cleveland, Ohio.

KATHERINE J. DENSFORD
Illinois Training School for Nurses, Chicago, Ill.

Committee for the Study of Public Health Nursing in the Basic Curriculum

MARY C. GLADWIN, Chairman
Old State Capitol, St. Paul, Minn.

M. HELENA McMILLAN
Presbyterian Hospital, Chicago, Ill.

CLARIBEL A. WHEELER
Washington University School of Nursing, 600 Kingshighway, St. Louis, Mo.

Committee on Status of the Private Duty Nurse

CAROLINE M. RANKIELOUR, Chairman
3809 Portland Avenue, Minneapolis, Minn.

ELIZABETH C. BURGESS
Teachers College, Columbia University, New York, N. Y.

NELLIE M. CRISSEY
2814 Ellis Avenue, Chicago, Ill.
THIRTY-FIRST ANNUAL CONVENTION

Committee to Study the Question of the Need of the Study of Midwifery by Nurses in Postgraduate Courses

ELIZABETH F. MILLER, Chairman
State Department of Welfare, Harrisburg, Pa.

LILA J. NAPIER
Lying-In Hospital, New York, N. Y.

CAROLYN VAN BLARCOM
149 East 40 Street, New York, N. Y.

Representatives from the National Organization for Public Health Nursing:

LOUISE ZABRISKIE
Maternity Center Association, New York, N. Y.

(MRS.) EMILY W. BENNETT

PHYLLIS HIGINBOTHAM
Pi Beta Phi Fraternity, Settlement School, Gattinburg, Tenn.

COMMITTEES COMPOSED OF REPRESENTATIVES OF THE AMERICAN NURSES' ASSOCIATION, THE NATIONAL LEAGUE OF NURSING EDUCATION, AND THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Isabel Hampton Robb Memorial Fund Committee

Executive Committee

ELSIE M. LAWLER, Chairman
Johns Hopkins Hospital, Baltimore, Md.

KATHARINE DEWITT, Secretary
American Journal of Nursing, 19 West Main St., Rochester, N. Y.

MARY M. RIDDLE, Treasurer
17 N. Washington Street, Muncy, Penn.

ANNA C. MAXWELL
510 Park Avenue, New York, N. Y.

CLARA D. NOYES
The American Red Cross, Washington, D. C.

General Committee

LAVINIA L. DOCK
Fayetteville, Penn.

ANNA C. JAMMÉ
State Building, San Francisco, Calif.

cecilia a. evans
State Board of Health, Madison, Wis.

M. ADELAIDE NUTTING
Teachers College, Columbia University, New York, N. Y.

ALTA E. DINES
105 East 22 Street, New York, N. Y.

MARGARET DUNLOP
Pennsylvania Hospital, Philadelphia, Penn.

ARBRIE ROBERTS
George Peabody College, Nashville, Tenn.

ELNORA E. THOMSON
221 Sharon Building, 55 New Montgomery Street, San Francisco, Calif.

M. HELENA MCMILLAN
Presbyterian Hospital, Chicago, Ill.
COMMITTEES

Representing the American Nurses' Association:

SUSAN C. FRANCIS, Secretary
Children's Hospital, Philadelphia, Penn.

KATHARINE DEWITT
19 West Main Street, Rochester, N. Y.

JANE VAN DE VREDE
688 Highland Avenue, Atlanta, Ga.

AGNES G. DEANS, ex officio
370 Seventh Avenue, New York, N. Y.

Representing the National League of Nursing Education:

ELIZABETH C. BURGESS, Chairman
Teachers College, Columbia University, New York, N. Y.

EFFIE J. TAYLOR
Yale University School of Nursing, New Haven, Conn.

S. LILLIAN CLAYTON
Philadelphia General Hospital, Philadelphia, Penn.

BLANCHE PFEFFERKORN, ex officio
370 Seventh Avenue, New York, N. Y.

Representing the National Organization for Public Health Nursing:

ELIZABETH STRINGER
80 Schermerhorn Street, Brooklyn, N. Y.

GRACE ANDERSON
354 East 116 Street, New York, N. Y.

COMMITTEES OF THE AMERICAN NURSES' ASSOCIATION WITH REPRESENTATIVES OF THE NATIONAL LEAGUE OF NURSING EDUCATION AND THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Committee on Ethical Standards

Representing the American Nurses' Association:

SHIRLEY TITUS
University Hospital, Ann Arbor, Mich.

SISTER DOMITILLA
St. Mary's Hospital, Rochester, Minn.

SALLY JOHNSON
Massachusetts General Hospital, Boston, Mass.

MARY BEARD
The Rockefeller Foundation, 61 Broadway, New York, N. Y.

(MRS.) LYSTRA E. GRETTER
4708 Brush Street, Detroit, Mich.

Representing the National League of Nursing Education:

S. LILLIAN CLAYTON, Chairman
Philadelphia General Hospital, Philadelphia, Penn.

LOUISE M. POWELL
School of Nursing, Western Reserve University, Cleveland, Ohio

CORINNE D. FRENCH
Philadelphia General Hospital, Philadelphia, Penn.

Representing the National Organization for Public Health Nursing:

JESSIE L. MARRINER
Bureau of Child Hygiene, State Department of Health, Montgomery, Ala.

MARY S. GARDNER
Providence District Nursing Association, Providence, R. I.
THIRTY-FIRST ANNUAL CONVENTION

Committee on Self-Analysis

Representing the American Nurses' Association:

ADDA ELDRIDGE, Chairman
State Board of Health, Madison, Wis.

CLARA D. NOYES
The American Red Cross, Washington, D. C.

SUSAN C. FRANCIS
Children's Hospital, Philadelphia, Penn.

CARRIE M. HALL
Peter Bent Brigham Hospital, Boston, Mass.

AGNES G. DEANS
370 Seventh Avenue, New York, N. Y.

Representing the National League of Nursing Education:

LAURA R. LOGAN
Illinois Training School for Nurses, 509 S. Honore Street, Chicago, Ill.

CAROLYN E. GRAY
Butler Hall, Morningside Drive, New York, N. Y.

BLANCHE PFETTENKORN
370 Seventh Avenue, New York, N. Y.

M. HELENA McMillAN
Presbyterian Hospital, Chicago, Ill.

Representing the National Organization
for Public Health Nursing:

ANNE E. STEVENS, Secretary
370 Seventh Avenue, New York, N. Y.

ELIZABETH G. FOX
The American Red Cross, Washington, D. C.

MARY S. GARDNER
Providence District Nursing Association, Providence, R. I.

GERTRUDE PEABODY
13 Kirkland Street, Cambridge, Mass.

Committee on International Nursing Affairs

Representing the American Nurses' Association:

CLARA D. NOYES, Chairman
The American Red Cross, Washington, D. C.

JULIA C. STIMSON
War Department, Washington, D. C.

ELSIE BETH VAUGHAN
Central Division, The American Red Cross, Chicago, Ill.

CARRIE M. HALL
Peter Bent Brigham Hospital, Boston, Mass.

Representing the National League of Nursing Education:

HELEN SCOTT HAY
Savanna, Ill.

SOPHIE C. NELSON

FLORENCE M. JOHNSON
598 Madison Avenue, New York, N. Y.

Representing the National Organization
for Public Health Nursing:

MARY S. GARDNER
Providence District Nursing Association, Providence, R. I.

ELIZABETH G. FOX
The American Red Cross, Washington, D. C.
Advisory Committee on American Nurses' Memorial (Florence Nightingale School), Bordeaux, France

Representing the American Nurses' Association:

CLARA D. NOYES, Chairman
The American Red Cross, Washington, D. C.

(Mrs.) JEAN CELHAY
Bordeaux, France.

Representing the National League of Nursing Education:

ANNA C. JAMMÉ
State Building, San Francisco, Calif.

HELEN BRIDGE
Warsaw, Poland.

Representing the National Organization for Public Health Nursing:

KATHARINE TUCKER
1340 Lombard Street, Philadelphia, Pa.

KATHERINE M. OLMSTED
The League of Red Cross Societies, Paris, France.

NATIONAL COMMITTEE, THE AMERICAN RED CROSS NURSING SERVICE

This Committee, with Clara D. Noyes, Chairman, includes ten representatives from each National Nursing Association, the Presidents of which are ex officio members.

Following are the representatives of the National League of Nursing Education:

CARRIE M. HALL (ex officio as President)
Peter Bent Brigham Hospital, Boston, Mass.

M. HELENA McMILLAN
Presbyterian Hospital, Chicago, Ill.

M. ADELAIDE NUTTING
501 West 120 Street, New York, N. Y.

ANNE W. GOODRICH
School of Nursing, Yale University, New Haven, Conn.

ADA BELLE McCLEERY
Evanston Hospital, Evanston, Ill.

BENA M. HENDERSON
Milwaukee Children's Hospital, Milwaukee, Wis.

ANNA C. JAMMÉ
State Building, San Francisco, Calif.

S. LILLIAN CLAYTON
Philadelphia General Hospital, Philadelphia, Penn.

LAURA R. LOGAN
Illinois Training School for Nurses, 509 South Honore Street, Chicago, Ill.

GRACE E. ALLISON
Samaritan Hospital, Troy, N. Y.

LOUISE M. POWELL
University, Cleveland, Ohio
School of Nursing, Western Reserve
AMERICAN SOCIETY OF SUPERINTENDENTS
OF TRAINING SCHOOLS FOR NURSES

The American Society of Superintendents of Training Schools for Nurses was organized in Chicago, June, 1893. The officers of the preliminary organization were:

Anna L. Alston, President,

Louise Darche, Secretary,

Lucy L. Drown, Treasurer

Officers for years following have been:

1894 New York, January 10-11.
   President, Anna L. Alston; Secretary, Louise Darche; Treasurer, Lucy L. Drown.
1895 Boston, February 13-14.
   President, Linda Richards; Secretary, Louise Darche; Treasurer, Lucy L. Drown.
1896 Philadelphia, February 11, 12, 13, 14.
   President M. E. P. Davis; Secretary, Mary S. Littlefield; Treasurer, Lucy L.
   Drown.
1897 Baltimore, February 10, 11, 12.
   President, M. Adelaide Nutting; Secretary, Lavinia L. Dock; Treasurer, Lucy
   L. Drown.
1898 Toronto, February 10, 11, 12.
   President, Mary Agnes Snively; Secretary, Lavinia L. Dock; Treasurer, Lucy
   L. Drown.
1899 New York, May 5-6.
   President, Isabel McIsaac; Secretary, Lavinia L. Dock; Treasurer, Lucy L.
   Drown.
1900 New York, April 30, May 1-2.
   President, Isabel Merritt; Secretary, Lavinia L. Dock; Treasurer, Anna L.
   Alline.
1901 Buffalo, September 16-17.
   President, Emma J. Keating; Secretary, Lavinia L. Dock; Treasurer, Anna L.
   Alline.
1902 Detroit, September 9, 10, 11.
   President, Lystra E. Grettet; Secretary, Lavinia L. Dock; Treasurer, Anna L.
   Alline.
1903 Pittsburgh, October 7, 8, 9.
   President, Ida F. Giles; Secretary, M. Adelaide Nutting; Treasurer, Anna L.
   Alline.
1905 Washington, May 1, 2, 3.
   President, Georgia M. Nevins; Secretary, M. Adelaide Nutting; Treasurer,
   Anna L. Alline.
1906 New York, April 25, 26, 27.
   President, Annie W. Goodrich; Secretary, M. Adelaide Nutting; Treasurer,
Anna L. Alline.
1907 Philadelphia, May, 8, 9, 10.
   President, Maude Banfield; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.
1908 Cincinnati, April 22, 23, 24.
   President, Mary Hamer Greenwood; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.
   President, Isabel Hampton Robb; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.
1910 New York, May 16-17.
   President, M. Adelaide Nutting; Secretary, M. Helena McMillan; Treasurer, Anna L. Alline.
1911 Boston, May 29, 30, 31.
   President, Mary M. Riddle; Secretary, M. Helena McMillan; Treasurer, Mary W. McKechnie.
1912 Chicago, June 3-5.
   President, Mary C. Wheeler; Secretary, Jessie E. Catton; Treasurer, Mary W. McKechnie.

In June, 1912, the name of the society was changed to the National League of Nursing Education.

1913 Atlantic City, N. J., June 23, 24, 25.
   President, Mary C. Wheeler; Secretary, Jessie E. Catton; Treasurer, Mary W. McKechnie.
1914 St. Louis, Mo., April 23 to April 29.
   President, Clara D. Noyes; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.
1915 San Francisco, Calif., June 20 to 26.
   President, Clara D. Noyes; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.
1916 New Orleans, La., April 27 to May 3.
   President, Clara D. Noyes; Secretary, Isabel M. Stewart; Treasurer, Mary W. McKechnie.
1917 Philadelphia, Pa., April 26 to May 2.
   President, Sara E. Parsons; Secretary, Effie J. Taylor; Treasurer, Mary W. McKechnie.
1918 Cleveland, Ohio, May 7 to May 11.
   President, S. Lillian Clayton; Secretary, Effie J. Taylor; Treasurer, M. Helena McMillan.
1919 Chicago, Illinois, June 24 to June 28.
   President, S. Lillian Clayton; Secretary, Laura R. Logan; Treasurer, M. Helena McMillan.
1920 Atlanta, Ga., April 12 to April 17.
   President, S. Lillian Clayton; Secretary, Laura R. Logan; Treasurer, M. Helena McMillan.
1921 Kansas City, Missouri, April 11 to April 14.
President, Anna C. Jammé; Secretary, (Mrs.) Alice H. Flash; Treasurer, Bena M. Henderson.

President, Anna C. Jammé; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson.

1923 Swampscott, Massachusetts, June 18 to June 25.
President, Laura R. Logan; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson; Executive Secretary, Effie J. Taylor.

1924 Detroit, Michigan, June 16 to June 21.
President, Laura R. Logan; Secretary, Ada Belle McCleery; Treasurer, Bena M. Henderson; Executive Secretary, Blanche Pfefferkorn.

President, Laura R. Logan; Secretary, Ada Belle McCleery; Treasurer, Marion Rottman; Executive Secretary, Blanche Pfefferkorn.

The Society has affiliations with:
American Nurses' Association, 370 Seventh Avenue, New York, N. Y.
The American Child Health Association, 370 Seventh Avenue, New York, N. Y.
American Social Hygiene Association, 370 Seventh Avenue, New York, N. Y.
National Association for Study and Prevention of Tuberculosis, 370 Seventh Avenue, New York, N. Y.
National Education Association of the United States, Washington, D. C.
National Organization for Public Health Nursing, 370 Seventh Avenue, New York, N. Y.
American Conference on Hospital Service, 22 E. Ontario Street, Chicago, Ill.
PROCEEDINGS
OF THE
THIRTY-FIRST ANNUAL MEETING
OF THE
NATIONAL LEAGUE OF NURSING EDUCATION
Minneapolis, Minnesota, May 25 to May 30, 1925

Formal Opening Session

Monday, May 25, 8:00 p.m.

The meeting was called to order by Laura R. Logan, President.
The invocation was made by the Reverend Philips Endecott Osgood,
D.D., Rector, St. Mark's Church, Minneapolis, Minnesota.

ADDRESS OF WELCOME
By Richard Olding Beard, M.D.

University of Minnesota, Minneapolis, Minn.

To have the honor of welcoming the National League of Nursing Edu-
cation is a distinction which any one of our citizens might envy. To extend
a welcome to you in a purely unofficial capacity is something of an innova-
tion, but so far as I am concerned, it only adds to the pleasure and privilege
of the occasion. I welcome you, not as the Mayor or as any other func-
tionary of the City or State might do, but as one who has a personal regard
for you as nurses and a profound respect for you as an organized educational
body.

Indeed, I welcome you as one of you, for after all my highest title to this
honor lies in your own act,—for which I have not had previous opportunity
to thank you,—by which you conferred upon me an honorary membership
in the League, the first honorary membership bestowed, I believe, upon a
mere man.

To welcome any body of visitors to the City of Minneapolis is always a
safe thing to do, for it is perfectly possible to say that Minneapolis is a
city of open and welcoming hearts; that you need no keys of the city to
give you its freedom.

19
And it is a perfectly safe thing to do, for it is equally possible to say, without risk of suspicion as a promoter, that Minneapolis is a city of singular beauty, of sterling enterprise, of wonderful good health. We shall hope to have the opportunity of proving these things to you while you are among us.

I am told that your officers have held the local committee closely to a program of business and I regret their otherwise admirable ardor; for I am quite sure that all work and no play makes Jill a dull girl. However, these are summer days and long ones in Minnesota, and I hope that you will, nevertheless, make something of a vacation out of your visit; that for a little time, at least, you will steal awhile away and spy out the land for yourselves; that you will glimpse the wonderful chain of lakes and parkways by which the Twin Cities are surrounded. And when you have, you will agree that Nature and Art have not anywhere cooperated to more beautiful results than they have worked out for us here.

I have the privilege, too, of welcoming you in behalf of the University of Minnesota, an institution of which City and State are justly proud, ranking fourth among the universities of the country in point of size, registering in the current year 10,609 collegiate students, 8,441 extension and other non-collegiate pupils, a total of 19,050, and with a faculty numbering over 1000.

We are anxious that you shall visit the University and witness, at least to its physical development. We regret but one thing, with respect to your gathering here,—and that is that with all its 87 or more buildings, the University has not, as yet, achieved an auditorium sufficiently large for your general sessions.

When, at some near time, we hope, the biennial conference of the three great nursing organizations of the country shall be held in Minneapolis, the grand auditorium, already partly subscribed for by student, faculty and popular gift, will have been reared to the memory of the late Cyrus Northrop, the second President of the University, and will be ready for the gathering of the hosts of nursing.

To one subject of educational survey at the University of Minnesota we particularly invite you. I hardly need to say that this is the University Central School of Nursing. I hardly need to remind you that Minnesota is the home of the first University Undergraduate School in Nursing. All honor we pay to Columbia University that she stands as the great pioneer of graduate teaching in this field.

I hardly need to recall to your minds that here in 1909 the great nursing associations of that day met and hailed the birth of the university education of the nurse. I can never forget the spontaneous gladness of the response
that great meeting gave to the announcement of this new birth. The nurses of America should never forget it,—not because of the honor to Minnesota,—I am devoutly glad that the honor is now shared with so many institutions,—but because that wonderful response was signal of the fact that the profession of nursing was ready for the dawning of a new day in nursing education.

Nor do I need to remind you, perhaps, that four years ago we organized here the first Central School of Nursing, with which four major hospitals were associated; their nursing services coming under the University's direction and control. The most significant things about this movement are, (1) that nursing procedures are thereby standardized in a number of large hospitals; (2) that a better rounded, more complete system of practical teaching becomes possible; (3) that the opportunity of a University education in nursing is thereby extended to a larger number of women; (4) that expert teachers of University appointment both in the basic sciences and the clinical subjects, become the instructors of student nurses.

It may interest you to know that four years ago registration in the University School of Nursing ranged from 65 to 75 pupils; and that today it includes 212 three year students; 47 five year students; and 74 affiliated students taking their senior year in the School; a total of 333.

We very earnestly invite your inspection of the School and your free criticism of its system. We wish that you may find time to visit the University Hospital, the Minneapolis General Hospital, the Charles T. Miller Hospital and the Northern Pacific Hospital, all associated with us; and to include the eight-mile ride to the beautiful Glen Lake Sanatorium, with its 600 beds, also affiliated, for teaching purposes, with the University School.

And now, Women of the National League of Nursing Education, I cannot forego the opportunity to give you, as no official welcomer, as no stranger to your history could give it,—the greatest welcome of all—a welcome that may come, I hope, as a resounding battle cry, in these days of peace, to your waiting ears,—a welcome to the work which the times in which you live and the status of the profession to which you belong have given you to do,—a work which is inspired by the greatest promise, the broadest vision, which ever opened up before a profession of service, and is, at the same time, dictated by the heaviest handicap which ever hung upon the future of a profession of privilege—the work upon which you have entered under so great difficulties, but with so bright a prospect of success,—the classification or grading of the Schools of Nursing in America.

It has been my valued privilege, through the courtesy of your leaders in this movement, to watch its progress and to review the report of the recent
meeting of the joint committee, made up of members of the League, of the other nursing organizations, and of the associated medical bodies. It was a meeting big with hope, august in its assemblage, remarkably educative in its counsels upon the great program you plan.

I have read and re-read, have studied and been inspired by the report. I do not see how anyone, gathering up its clear implications, can fail to be moved by the significance of the undertaking, can fail of eager reaction to the issues it suggests. My own reaction I find very definite at a number of points.

I do not see how anyone, in this day of the world, can entertain any doubt, or raise any question of the functions of the profession of nursing, of their already perfectly clear definition; of the intimate, the vital relation that obtains between nursing education and nursing practice.

No one familiar with the history of education, in any of its organized forms—and particularly in its professional forms—can fail to see that the present critical problem of nursing education can be solved in no other way than by effectual grading of the schools,—that the future of nursing education will turn upon the success of this movement.

This being true, it follows that the process of grading must be effectually applied to all schools, whether they solicit it or not. Their possibilities of educational betterment will be stimulated and discovered by grading. Perhaps their irrevocable unfitness may be announced by classification; some of them may hear the knell of their future in the grade they get.

The history of the classification of the medical schools, of fifteen years ago, is enlightening of your present enterprise. The critical point in that Medical Survey that “there is a limit below which no school should be called a school of medicine,” quoted by Dr. Colwell, applies with equal force to a school of nursing.

On the other hand, I want to applaud the declaration of the report that the University School is not the sole criterion of high grade. It is even conceivable that a so-called University School may be a poor school. Institutional schools are capable of giving as good an education as any others, providing their teaching is of expert type. The university relationship, as it commonly exists, is simply a powerful means to a common end, so powerful that it may well be employed wherever it is within reach.

That the hospital needs the school of nursing, good or poor, is an utterly fallacious argument. The poor hospital carrying the load of a necessarily poor school grows worse thereby. Bereft of it, it may become a better hospital. Far better have graduate duty nursing than poor pupil nursing in small institutions. A poor school, anywhere, prejudices public opinion— to the mischief of the profession of nursing.
The classification of the undergraduate schools is as vital to public health nursing as it is to nursing of any other type. The forms of nursing are many, the ends of nursing are one.

We may as well squarely face the existing situation in nursing education. The poor schools and many of them are an incubus upon the good schools. They are a millstone around the neck of the profession. They are a reproach to nursing education. Their existence is, in many instances, an economic calamity. They educate the public to a disbelief alike in medical and nursing practice. Incompetence is a misfortune to any people. It is most dangerous when it enlists a majority of either the credulous or the self-interested in its support.

While the progress in nursing education, in recent years, has been great, the general principles of school surveying have not materially changed since the day when Abraham Flexner completed his notable survey of the medical schools of America under the Carnegie Foundation. His report was accepted north and south, east and west; it has worked out its beneficent results from 1910 until now: First, because he was familiar with the structure of education in general; second, because he had made himself a profound student of medical education; third, because the technique of his survey was well worked out in advance; fourth, because he took the institutions with which he had to deal just as he found them and made himself personally familiar with their conditions; fifth, because he practically conducted the work alone; sixth, because he was not a physician.

Should your joint committee, in its wisdom, follow much the same method: select a sufficiently well-informed director of the survey who is not a nurse; predetermine the standards by which schools are to be measured; instruct its director to classify schools as they are, rather than as they may promise to become; and to find helpers in the already constituted state organizations,—equal acceptance will be given to the final report of the classification of the schools of nursing and equally beneficent educational results will follow.

The fit schools throughout the country, the schools which possess a capacity for growth, the State Boards of Nurse Examiners in many states, the educationists in nursing everywhere are crying out to you for a relief than can come in no other way than by the classification you have undertaken.

You have done a great work in the past. You have a far greater still to do. Your major enterprise of today will test out the strength and the wisdom that are in you. It is an enterprise you owe to yourselves, for as educators your self-respect is compromised by existing educational conditions. It is an enterprise you owe to the profession of nursing which is
prejudiced by the influence of the poorly educated and the unfit. You owe it to the nursing students of today and tomorrow, for the evidence of the high standing of any calling rests upon the care and protection it throws around its professional offspring.

But, more than all else, you owe this enterprise to the public, whose you are and whom you serve, whose health interests are entrusted to your care, for whose assurance of the fitness of graduates in your profession you are responsible.

I congratulate you that you have girded yourselves for this service. I pray for your guidance in its accomplishment. I am sure that you will be prepared to do battle, if need be, in so good a cause; that you will carry it, with the aid of the cordial hearts and the sustaining hands of all lovers of nursing, to its righteous conclusion.

Again, I welcome you, to all that we can do for your comfort and pleasure, to all that you may enjoy in our community and its environment, to all that may inspire you in our educational atmosphere, to this important duty of today that falls to your hand.

To the hope of the future for the profession of nursing, the fulfillment of which lies in the human betterment to which it is yours in major measure to minister, I challenge you.

RESPONSE AND ADDRESS
By Laura R. Logan, R. N.

President, The National League of Nursing Education

Members and friends of the National League of Nursing Education, I count it, indeed, a privilege to speak for the National League of Nursing Education on this occasion. We appreciate deeply this gracious welcome given by one who has always been an advocate of nursing and who speaks not only for the City of Minneapolis, but for the State University of Minnesota, the university which was first in the country to give a place within its portals to the undergraduate preparation of the nurse.

It is good to be in this atmosphere where nursing education is carried on with state support as one of the functions of a great state university, a university which recognizes that to create enthusiasm among its students for nursing and nursing education, direct contact with the living problems of the medical and nursing care of the patients, in all types of society, is certainly as vital and important as a true academic regard for the underlying principles of social welfare. The University of Minnesota has, therefore, thrown wide its doors to four major hospital schools of nursing, merging these with its own school.
It would, under ordinary circumstances, be a pleasure and a privilege for the National League of Nursing Education to meet in Minneapolis, but when one reviews the occasion of the League's last meeting in this city, sixteen years ago, and contemplates the things of importance for nursing education which were discussed or originated here and which have since become realized, the pleasure in being here takes on unusual significance. It seems proper and eminently practical to allow our minds and hearts to review the things which transpired at that meeting.

Isabel Hampton Robb was president of this society, then known as "The American Society of Superintendents of Training Schools for Nurses." In the clear and beautiful sentences of her opening address, she vividly brought before the meeting the problems and hopes of "Nursing Education." She spoke of the one hospital—the City Hospital—as the only hospital in Minneapolis on her first visit there some years previous. Today we find in Minneapolis many hospitals and of the finest type, and a rapidly developing system of university nursing education.

If Mrs. Robb were only living and with us today what joy would be hers to see the fulfillment of her vision that has come about within these last short sixteen years.

One of the important things which the program committee arranged at that meeting was a paper by Dr. Richard Olding Beard on "The University Education of the Nurse." Today the university education of the nurse has become a reality in some twenty universities in this country. This meeting, as well, is fortunate in having Dr. Beard address us, and can we not hope that events as important and far reaching may be the outcome of this convention.

The movement to affiliate the American Federation of Nurses closely with the American Red Cross was reported at that meeting of the Federation sixteen years ago in Minneapolis. I need not remind you that this wise forethought was in no small part responsible for the never-to-be-forgotten service which that great army of American Red Cross Nurses rendered during the World War. In connection with this work of the American Federation of Nurses with the Red Cross, it is significant to note the names of Isabel Hampton Robb, M. Adelaide Nutting, and Anna C. Maxwell as members of the committee. The peace program of the Red Cross, the development of the Red Cross Public Health Nursing Service and even the work for nursing education which the American Red Cross Nursing Service has done abroad since the war, rest upon this earlier far-seeing, thoughtful planning, and here we pause to pay tribute in our hearts.

The American Federation of Nurses, an organization now extinct, was composed of the two national associations of nurses then in existence—the Superintendents' Society and the Associated Alumnae.
to the name of Jane A. Delano. And more, the developing of our national nursing headquarters is closely connected with the developing history of our Red Cross and its nursing service, and with the name of Clara D. Noyes. The growth and strength of our government nursing services today may, in a large measure, be traced back to the well laid plans of nursing leaders who were prominent at the time of that meeting sixteen years ago. This year the Veterans' Bureau nursing chief has found it possible to buttress her nursing service by an appeal for the appointment of representative women from the national nursing organizations upon an advisory committee of nurses to the medical council of the Veterans' Bureau. Thus important history is repeated.

Miss Nutting was president of the American Federation of Nurses which met here at that time. She called attention in her presidential address to the rapid growth of state registration for nurses. Four years previous to that meeting, registration for nurses had been secured in five states only. At the meeting in 1909, twenty-three states had enacted such laws. Today, in 1925, we have registration in forty-eight states, including the District of Columbia, and state registration occupies an important place in the development of nursing education.

The grading program for schools of nursing will undoubtedly be another important phase in the development of nursing education. The value of its contribution toward professional nursing education will depend upon the wisdom with which criteria are set up for the judging of schools of nursing and whether these criteria are decided in terms of the service which the nurse is to give all through her professional life, not merely in terms of the immediate service of the student nurse to the hospital. It will depend upon the determination of criteria sufficiently exact to keep all schools up to their best efforts in both practice and theory, and yet elastic enough not to crush the small struggling school whose spirit is right and where growth will come in time, with encouragement and leadership.

It must be that the criteria set up are not themselves too static but that these criteria shall constantly raise their standards and requirements, for what is good today may be poor tomorrow. It must be that our criteria do not level down, but constructively raise the standards of nursing education in our better schools and university centers and attract and prepare sufficient numbers of instructors and administrators to provide leadership for the schools we grade. For difficult as it may be to create a standard for grading and apply it with fairness, it will be much more difficult to answer all the calls for help in the administration and teaching of nursing which this grading will create. Along with the scheme for universal grading, there must be an equally universal scheme for the university education of the nurse.
At that meeting in Minneapolis, sixteen years ago, Miss Nutting had completed a second year in the Department of Nursing and Health at Teachers College, Columbia University. This year we pay tribute to Miss Nutting's completion of eighteen years in that institution of outstanding leadership and service for nursing education. The growth and development of the department there under her leadership is well known to all the nurses of this country and especially to many of us who have benefited by study therein. Great leaders are few and we owe to her collectively and individually more than we can hope to express or repay. I am not certain but that the greatest compliment we can pay her is to develop such leadership of our own as we may and so carry on the cause of nursing education.

When we think of the gifts of alumnae, state associations and individuals for the work of the department at Teachers College, as reported at that meeting sixteen years ago, it is easy to visualize a like generosity in the next sixteen years for the fullest development of those centers of nursing education in the universities which have already signified their interest by the formation of undergraduate schools of nursing. Indeed, it is not too much to hope that through loyal support of alumnae, state associations and individuals, the university education of the nurse can become assured in practically every state in the Union in the next sixteen years.

At that meeting, also sixteen years ago, Lillian Wald told of her vision of a Federal Children's Bureau and of the work being done to secure the passage of the bill which at the time had just been favorably reported before both Houses of Congress.

At the meeting, also, the president spoke of the work which was just then beginning for the prevention of infant mortality and called attention to the very recent establishment of school nursing in New York City. The work, then, of the Children's Bureau before and during, and since the War, the countrywide focusing of the attention of all classes of society upon a great movement of child conservation, is the growth of some sixteen years or more.

One cannot help hoping that we at these meetings may show the same foresight as did these pioneers—that out of these meetings may come as far-reaching ideals and new departures in nursing and nursing education as were outlined and fostered then.

Such a review as this brings one rather forcibly to realize how much wider and more complex are the relations of nursing today to other fields and activities than they were even sixteen years ago. The rapid development of state registration alone which we have noted, has called for a knowledge of state government, of law and of politics for which the leaders in these movements have had to seek for themselves tutelage outside of our nursing
schools. Perhaps the nursing school of the future, at any rate in its university aspects, will include courses in civics and government, for some of us at least.

The development of university schools of nursing, themselves, has many ramifications and exacts of us new kinds of knowledge and service. It requires of us a surer knowledge of the administration and curricula of colleges and universities; information regarding entrance requirements; consideration of the costs; and the relative merits of our various universities and colleges throughout the country. These and a multitude of other problems we are in duty bound to consider ours, now too.

The establishment of each university nursing department, moreover, requires that its head not merely follow preformed schedules, but so select and adapt such courses as are offered in that particular university as to obtain a maximum of value and growth for her students there. The degree in itself will mean little if the content of the course is flimsy and too large a proportion of the work is in the Junior College. It should be of the stuff that will stimulate the better students to do graduate work. It will require courage and a high degree of knowledge and study to perfect and realize a system of nursing education which will not fall too far short of the ideal which the president of the Carnegie Foundation for Teaching indicated in his latest report, as the two fundamental requirements in education today.

A liberal education in the sense of training the powers of the mind, and a technical training for skill in the arts and crafts. These are the two great sources of human usefulness and happiness that organized education aims to open up to every member of the body politic—the ability to think clearly, and the ability to do some useful service with skill and precision.

This much we certainly ought to give to the woman whom we intrust with our nursing. I re-read this quotation, that we may note the dual inclusion of capacity to think and skill to serve as the educational ideal.

Even if we assume that the two types of preparation for the nurse which are frequently discussed were introduced, one for the more routine bedside care and the other for the original and wider ranging work of administration, public health and teaching, then the tendency would be, after graduation, for the first group to take up private duty nursing, whereas the second group would seek positions of an administrative or research type. This, in my opinion, would be bad for the work and bad for the workers.

It would be bad for the work of nursing because, even in the rather routine type of work to which workers at the bedside are assigned, there is need, not only of the routine, but also of a continual inflow of intelligent and broadly educated minds in order that routine may not deaden, and in order that the new conditions which a changing society is continually introducing may be met with new courage and new methods.
In order to induce such intelligent and well educated persons to undertake the important work of nursing human beings there must be no hard and fast separation into groups in their preparation. The pathway for promotion and advancement to positions of high responsibility in our democratic society must always be kept open from the beginning for all alike.

It is equally important for the more responsible teaching, executive and public health positions in nursing that those who occupy them shall have had not mere academic contact with, but an actual first hand and responsible part throughout, in the bedside care in the hospital and in the work of the visiting nurse in the family, which is the mainspring of nursing and health teaching.

Universal education, including medical education, is undergoing continuous reconstruction, and it may be that the development of nursing education, if we have courage and knowledge and foresight, may establish university policies which other educational groups may find helpful and wish to adopt. Certainly we cannot feel safe in merely adopting or imitating university curricula as they now stand, because it is certain that they themselves will be greatly modified in another sixteen years.

I look forward to the time when the requirements for preparation for teaching the various subjects in the hospitals and in our schools of nursing will call for as many courses and such sequences in each subject, over and above mere courses in methods, as will be at least equal and necessarily superior to those required for the preparation of the teacher in our high schools today. At present even our best trained instructors for the most part fall far short of these requirements. This we must remedy early if we hope to benefit by our grading system of schools. We can only best utilize what universities offer when women with degrees teach not only the theory, but the practice of nursing; when it is the rule and not the exception that the teachers in our schools of nursing have planned their studies from high school on, step by step definitely preparing with the least possible waste of time and the fullest sequence of courses fundamental to their work in nursing education.

Finally the development we have found taking place in these sixteen years in the whole public health movement is perhaps the most exacting of all, as we contemplate the goal of nursing education, for it carries a large proportion of our graduates out of the hospital into the home, away from the care of the sick to the prevention of ill health, into the school and into working relations with many civic and private and charitable organizations. On the other hand, the clinics and social service departments among others bring the home and the community into the hospital. The value of the response which the graduate nurse makes depends very largely upon the
understanding which is given her as a student of the part she plays in the social welfare of her time.

In a day and age when life has become well organized and so complex, the whole attitude toward nursing and nursing education is necessarily very different from that of sixteen years ago. The times, therefore, require a rebuilding of the ethics of nursing to include our ethical relation to the many new phases of our work, to the public health, to city, county and state health organizations, the application of whose art extends into politics, education, schools—indeed, into almost every phase of life. All of which is in direct bearing on the fact that the education of the nurse must have incorporated into it all that will fit her to live as a good citizen and to do her part in promoting a high quality of human life.

Florence Nightingale made her great contributions because she had learned to think clearly and was a student of wide culture, used to thinking and digesting conditions in her own and other lands, and because she practiced the art of nursing in as exacting and instructive a school as her day provided.

It goes without saying that the fundamental beginnings for a student nurse should be sound health habits, a knowledge of how to eat, how to maintain nutrition, how to insure normal nervous reactions, how to maintain normal body functions, the knowledge of correct posture and sleep and a good start in the knowledge of mental health ideals.

I believe that whatever steps are taken we must see to it that a high degree of skill is maintained, and at the same time the research spirit must be born in nursing. It will be altogether fitting that some of the newer and better steps in nursing education be taken here in Minnesota where so important a step was taken sixteen years ago.

I believe that we have but begun to tap the possibilities of the art of nursing. Society is rapidly changing its attitude toward the work of the nurse. This is measured by the rapidity with which universities are making a place for her preparation and by her place in public health. The nurse has within the past fifty years become a very important instrument or agent of science in the application of its benefits to the race. It is, therefore, highly important that this agent, the nurse, have a sound preparation in the skill and sciences fundamental to nursing, in the sciences underlying governments of cities, states and nations, in the understanding of educational policies, and of the social sciences, of charitable, health and other organizations.

The goal of nursing education, our ethical ideal, is to insure the best service which with knowledge and skill in our field we may render throughout the whole cross-section of social need.
One of the delightful features of this Convention was a Special Concert by the Minneapolis Symphony Orchestra, with Henri Verbruggen, Conductor. This concert followed the President’s address and closed the program of the opening session.

Opening Business Session

Tuesday, May 26, 9:00 A. M.

The meeting was called to order by the President, Laura R. Logan. The following reports were read.

Report of the Secretary

Since our meeting last June in Detroit, the Board of Directors has carried forward the work of the organization. There have been held four meetings during the year: one in Detroit, one in Chicago, one in New York, and one, yesterday, in Minneapolis.

The members of the Board of Directors are most happy to report that there has been a decided increase in membership. In 1923, the active membership was 735; following the membership campaign which was launched last spring, the membership increased to 1389. As nine members have resigned, the total is 1380. In addition to the increase in individual membership 279 active members have been added through the reorganization plan. The membership at present is as follows: Honorary members, 11, life members, 4, active members 1380, associate members, 3, total 1398.

The reorganization of the State Leagues has made satisfactory progress. The following states are in process of reorganization: Illinois, Indiana, Rhode Island, California, Wisconsin, Michigan, Maryland, Colorado, Oklahoma, Connecticut, Massachusetts. New State Leagues have been organized in Kansas, Louisiana, and North Dakota. It is hoped that each state will complete reorganization during the coming year.

As the state of the treasury is, in a large measure, an indication of the well-being of any organization, the Board has been encouraged by the more stable financial condition of the League. This is due, first, to the increase in membership, and second, to the larger distribution of the calendar, made possible by the ready cooperation of the states with the Executive Secretary.

One of the noteworthy advances of the year has been in the impetus given to the Grading Project. The reaction of the nurses at large, by immediately pledging financial support, has been a stimulation. The interest of the laity has been concretely expressed by the unsolicited offer of Mrs. Chester K. Bolton to underwrite the first year’s work to the extent of $15,000 and to stand by during the second and third years. This project
is another attempt to produce schools of such quality that their graduates may take their places in the community prepared to serve the public.

Ada Belle McCleery,
Secretary.

FINANCIAL REPORT OF THE TREASURER
(January 1, 1924, to August 1, 1924)

Balance in bank January 1, 1924 $3,254.56

Receipts:

Membership Dues $5,692.75
State Dues 292.00
Contributions 1,463.00
Calendar 4,458.83
Publications 2,113.48
Review 3,000.00
Exhibit 348.57
Interest on Bank Deposits 11.38 17,375.01

$20,629.57

Disbursements:

Educational Committee $23.00
Other Committee Expense 90.05
Stationery and Printing 110.03
Publications 3,663.09
Postage 71.00
Convention Expenses 507.71
Headquarters 6,767.00
Review 3,002.00
Expenses to Meetings 945.41
Dues to Organizations 30.00
Calendar 1,976.73
Exchange 16.22
Cancelled Checks and Refunds 60.00
Auditing 10.00
Miscellaneous 54.40 17,328.64

Balance, August 1, 1924 $3,300.93

$20,629.57

This is to certify that I have very carefully examined the records of the National League of Nursing Education kept by Miss Bena M. Henderson, the Treasurer, covering the period between January 1, 1924, and August 1,
1924, and that I have found them to be accurately and faithfully kept. The attached report is a summarized exhibit of the records, as I found them.

Very respectfully submitted,

Flora Alfaretta Voorhees,
Accountant
16 N. Wabash Avenue, Chicago

FINANCIAL REPORT OF THE TREASURER
(August 1, 1924, to January 1, 1925)

Balance in bank August 1, 1924 ........................................ $3,300.93

Receipts:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Dues</td>
<td>$545.00</td>
</tr>
<tr>
<td>Contributions</td>
<td>820.00</td>
</tr>
<tr>
<td>Calendars</td>
<td>1,804.85</td>
</tr>
<tr>
<td>Publications</td>
<td>865.34</td>
</tr>
<tr>
<td>Portraits</td>
<td>215.00</td>
</tr>
<tr>
<td>Slides</td>
<td>245.02</td>
</tr>
<tr>
<td><strong>Total Receipts</strong></td>
<td><strong>4,301.71</strong></td>
</tr>
</tbody>
</table>

Disbursements:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td>$5.00</td>
</tr>
<tr>
<td>Headquarters Salaries</td>
<td>700.00</td>
</tr>
<tr>
<td>Convention Expenses</td>
<td>240.21</td>
</tr>
<tr>
<td>Headquarters Telegrams</td>
<td>8.92</td>
</tr>
<tr>
<td>Auditor</td>
<td>10.00</td>
</tr>
<tr>
<td>Refunds</td>
<td>45.00</td>
</tr>
<tr>
<td>Headquarters</td>
<td>750.00</td>
</tr>
<tr>
<td>Stationery and Printing</td>
<td>164.30</td>
</tr>
<tr>
<td>Publications</td>
<td>251.45</td>
</tr>
<tr>
<td>Calendars</td>
<td>2,778.90</td>
</tr>
<tr>
<td>Committee Expenses</td>
<td>8.50</td>
</tr>
<tr>
<td>Cancelled Check</td>
<td>5.00</td>
</tr>
<tr>
<td>Headquarters Budget</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Portraits</td>
<td>43.10</td>
</tr>
<tr>
<td>Postage</td>
<td>56.00</td>
</tr>
<tr>
<td>Slides</td>
<td>185.00</td>
</tr>
<tr>
<td>Officers' Expense</td>
<td>97.05</td>
</tr>
<tr>
<td><strong>Total Disbursements</strong></td>
<td><strong>6,848.43</strong></td>
</tr>
</tbody>
</table>

Balance, December 31, 1924 ........................................ 754.21

$7,602.64

This is to certify that I have examined the records kept by the Treasurer, Marion E. Rottman for the last five months of the year 1924, August
to December inclusive, and that I believe them to be properly and accurately kept, and found that the balance at the end of the year agreed with the bank statement.

M. L. Wickes, Auditor
818 Madison Avenue, New York, N. Y.

**FINANCIAL REPORT OF THE TREASURER**
(January 1, 1925, to May 1, 1925)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance in bank January 1, 1925</td>
<td>$754.21</td>
</tr>
<tr>
<td><strong>Receipts:</strong></td>
<td></td>
</tr>
<tr>
<td>Calendar</td>
<td>$6,912.10</td>
</tr>
<tr>
<td>Contributions to Headquarters</td>
<td>92.24</td>
</tr>
<tr>
<td>Contributions to Grading Program</td>
<td>915.00</td>
</tr>
<tr>
<td>Dues</td>
<td>3,195.25</td>
</tr>
<tr>
<td>Dues (State)</td>
<td>95.50</td>
</tr>
<tr>
<td>Publications</td>
<td>710.28</td>
</tr>
<tr>
<td>Portraits</td>
<td>53.75</td>
</tr>
<tr>
<td>Refund from Headquarters Revolving Fund</td>
<td>715.78</td>
</tr>
<tr>
<td>Slides</td>
<td>558.60</td>
</tr>
<tr>
<td><strong>Total Receipts</strong></td>
<td>$13,048.50</td>
</tr>
<tr>
<td><strong>Disbursements:</strong></td>
<td>$13,802.71</td>
</tr>
<tr>
<td>Calendar</td>
<td>$287.88</td>
</tr>
<tr>
<td>Committees:</td>
<td></td>
</tr>
<tr>
<td>Common Activities</td>
<td>10.00</td>
</tr>
<tr>
<td>Education</td>
<td>9.26</td>
</tr>
<tr>
<td>Grading Program</td>
<td>74.43</td>
</tr>
<tr>
<td>Nominating</td>
<td>17.24</td>
</tr>
<tr>
<td>Revision</td>
<td>11.89</td>
</tr>
<tr>
<td>Directors' Meeting</td>
<td>289.73</td>
</tr>
<tr>
<td>Dues to American Conference on Hospital Service</td>
<td>25.00</td>
</tr>
<tr>
<td>Gift to American Conference on Hospital Service</td>
<td>100.00</td>
</tr>
<tr>
<td>Headquarters Budget</td>
<td>3,203.65</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>72.41</td>
</tr>
<tr>
<td>Officers' Expense</td>
<td>25.59</td>
</tr>
<tr>
<td>Publications</td>
<td>36.50</td>
</tr>
<tr>
<td>Portraits</td>
<td>101.39</td>
</tr>
<tr>
<td>Postage</td>
<td>10.00</td>
</tr>
<tr>
<td>Report 1924 Proceedings</td>
<td>1,277.66</td>
</tr>
<tr>
<td>Refunds</td>
<td>419.00</td>
</tr>
<tr>
<td>Slides</td>
<td>261.72</td>
</tr>
<tr>
<td>Supplies</td>
<td>205.46</td>
</tr>
<tr>
<td>Treasurer's Bond</td>
<td>12.50</td>
</tr>
<tr>
<td><strong>Total Disbursements</strong></td>
<td>6,451.31</td>
</tr>
<tr>
<td><strong>Balance, May 1, 1925</strong></td>
<td>7,351.40</td>
</tr>
</tbody>
</table>

Marion Rottman, Treasurer
Proceedings

Review Fund

Balance in bank, August 1, 1924 ........................................... $1,280.94

Receipts:
Advertising ........................................................................... $4,323.00
Contributions ......................................................................... 453.00
........................................................................................... 4,776.00

Disbursements:
Commissions ........................................................................... $3,128.19
Cancelled check ....................................................................... 27.00
........................................................................................... 3,155.19

Balance, January 1, 1925 ..................................................... 2,901.75

........................................................................................... $6,056.94

Marion Rottman,
Treasurer

Report of the Executive Secretary

The report which I have the honor to submit covers the period since the
convention in Detroit last June. Listed are certain definite events which,
in a general fashion render account of Headquarters administration during
this time.

The budget for the year 1925, presented to the Board of Directors in
January and approved, totaled $9,197.65. Its distribution is as follows:

Salaries .................................................................................. $8280.00
Rent ......................................................................................... 878.16
Telephone and Information .................................................. 110.00
Stationery ............................................................................... 40.00
Supplies ................................................................................ 100.00
Letter Service (mimeographing forms for Placement Bureau) .... 25.00
Shipping Service ................................................................... 200.00
Postage .................................................................................. 780.00
Telegrams .............................................................................. 70.00
Miscellaneous (amount expended in 1924, includes
exchange on checks—auditing books—bonding
Headquarters disbursing officer—Repairing—multigraphing and several other in-
cidental expenses which do not come under
above headings) .................................................................. 234.45
Contingent Fund ................................................................... 200.00
Total Budget ........................................................................ $10,917.61
From American Nurses' Association towards
the support of the Vocation and place-
ment Bureau ........................................... 1719.96
Remaining budget from National League of
Nursing Education ...................................... $9197.65

As part of routine activities the publications service maintained an average steady level during the year until the early part of April, when there was a sudden and unusual increase in the orders for slides and portraits. The revised publications list was published in the March number of the American Journal of Nursing; in April reprints of this list were circularized to every accredited Nursing School in the country, which was probably responsible, at least in part, for this increase in sales of slides and portraits. The publications now available at Headquarters include a number of pamphlets on subjects of fundamental importance to nurse educators and others who may be interested in nursing education. Statistics covering this department are given in the report of the Publications Committee.

In accordance with the directions of the Board, the Publications Committee began the preparation of the 1925 Calendar early in July. By August 1 the following work was completed: the Calendar leaflet to advertise the Calendar was delivered to the printer; the preparation of the cover design completed; the selection made of the twelve Calendar schools, the selection being upon the basis of the twelve which best represented nursing education in this country before 1883; and the plan of publicity drafted and submitted to the President for approval. Practically all manuscript and illustrations were forwarded to Headquarters by the first of October, and were edited and ready for the printer by October 14. The first Calendar was sent by air mail to the state meeting in Minnesota on November 7.

Eleven thousand sixty-six Calendars were sold this year; four thousand more than last year, and over six thousand more than the year before. In a number of states the Calendar sale was directed by the State Leagues, and in states where there were no State Leagues, by the State Associations, generally through Calendar Committees appointed by these organizations. In California the sale was carried on entirely through the Pacific Coast Journal of Nursing. The splendid cooperation and energy of these state units was undoubtedly largely responsible for the increase in the Calendar distribution this year.

The 1924 Annual Proceedings was printed by Williams & Wilkins, Baltimore, Maryland. The manuscript complete was delivered to the printer December 23. The report was off the press the last week in February and immediately circulated. Fourteen hundred forty-five copies were printed, of which 1355 were distributed to members, 29 to State Leagues.
and 22 to related organizations and libraries. Of the 1355 sent to members, 56 copies were returned because of incorrect address. Notices were put in the March, April and May Journal listing the names of such members and asking for correct addresses; to date, 20 replies have been received and the reports accordingly forwarded.

The Vocational and Placement Bureau—a revision of some of the forms used in this service has been indicated for some time, but the opportunity to do this work did not present itself until March. All of the credential forms have been revised: the nursing school credential, the credential sent to institutions where candidate was formerly employed, and the statement concerning work taken following graduation, as well as the professional history sheet. The application blank for nurse candidates calls for amplification of certain data, but, because there is still a supply of over 700 of this form, its revision is being deferred.

From January 1, 1924, to January 1, 1925, 689 nurses and 1107 institutional vacancies were listed with this service; from January 1 to May 9, 1925, 136 new applications were received from nurses; and 196 requests from institutions to fill vacancies. The significance of this report is not so much in the numbers as in their analysis. On the side of the institutions, the requests for instructors exceed all others; next come those for supervisors and head nurses. In all, 20 types of vacancies have been listed during the year.

On the side of the nurse applicants, especially since January, there has been an increase in the number of candidates with special preparation and experience, including sixteen nurses with a bachelor’s degree and one nurse with a master’s. As a result, a number of promising contacts and actual placements have been made. The nurse teacher group, although increasing, nevertheless does not begin to equal the demand. Insufficient supply is not the complete explanation of this situation. Many institutions continue to ask for an “instructor” without any indication of the subjects she is to teach, and not infrequently an attempt to obtain this information elicits the reply, “The Standard Curriculum.” Some exceedingly able instructors have been listed, but with added preparation and experience, and knowledge of the responsibilities involved in an effective schedule of teaching, they are unwilling to undertake the program indicated.

No changes have occurred in the general conduct of Headquarters. Because of increased volume of work, additional stenographic service has been indicated from time to time. In March the files were thoroughly renovated and some changes introduced to make the system of filing as simple as possible. In particular is this true of the Vocational and Placement Bureau files, which are now so arranged that should the membership applications
be forwarded to Headquarters, they can readily be fitted into the present scheme.

Contradictory as it may seem, after twenty months of service, I find it more difficult to present a faithful record of Headquarters than in the first months of my incumbency. It may be that in those early days I saw the trees, now I see the forest. For the present I am convinced that the recital of events in their sequence does not by any means furnish the substance of Headquarters. As for statistics, valuable as they are, their measure is limited, particularly in an organization where volume of work is fast outstripping resources. The picture which I would present, and without which no historical statement is complete, is one built not so much on daily happenings as on their interpretation.

To illustrate, during the past year the correspondence carried on at Headquarters with the State Leagues has doubled and probably more. This is partly due to reorganization, with directions being issued from Headquarters and the consequent inquiries and replies. This explanation, however, would not entirely satisfy a study of the files. Particularly is this true of some of the western and southern states. There are indications of activity, and consciousness of needs and possibilities, and furthermore of responsibility in meeting these needs and stimulating conditions for the realization of these possibilities.

To this illustration might be added a list of others. In groups and individuals a growing desire is evident to meet situations and obligations, not empirically nor by the rule of thumb, but on the basis of methods of educational value and at the same time tried, tempered and practicable. It is the increasing mass of this quality of demand and the urgency of meeting it which constitutes so large a part of the activities at Headquarters, and which makes of what otherwise might tend toward mechanical routine, constructive and creative effort.

The extent to which this effort finds root in a program of sound nursing education and a system of adequate nursing practice, must in the end provide the true measure of Headquarters as an organization of essential social worth.

Blanche Pfefferkorn, Executive Secretary.

REPORT OF COMMITTEE ON CONVENTION ARRANGEMENTS

The local Committee on Arrangements held several meetings between the months of December and May. The subjects discussed were: Plans for the Place of Meeting of the National Convention; Schedule of the Meetings; Entertainment of the Guests (all questions, of course, being referred to National Headquarters before any decisions were made).

Bessie Baker, Chairman.
REPORT OF THE PROGRAM COMMITTEE

The Program Committee presents the printed program, now in the hands of the members, as its report. No changes are anticipated.

Irene English, Chairman.

REPORT OF THE COMMITTEE ON EDUCATION

There has been one meeting of the Committee, January 12, in New York City (six members present).

The Committee has concentrated its efforts this year on two main pieces of work: the Revision of the Standard Curriculum and the Study on Nursing Service and Nursing Education in Dispensaries.

A draft of the proposed changes in the Standard Curriculum was published in the American Journal of Nursing, March, 1925, and revised outlines in Chemistry, Anatomy and Physiology, Bacteriology and Elements of Pathology have been published in subsequent issues. The other subjects are being put in shape by sub-committees and these will be published from month to month. Reprints of all these will be available at Nursing Headquarters, and it is hoped that they will be studied carefully, and that criticisms and suggestions will be sent to the Committee so that corrections or additions can be made before the curriculum is published in book form.

The chairman would like to take this opportunity of thanking the many people who are sharing in the hard work of the sub-committees on curriculum subjects. It will be seen that we have gone far outside the personnel of the Education Committee for these sub-committees.

Miss Edie Taylor was appointed by the Education Committee to consult with Dr. Ruggles, Chairman of the Committee on Nursing Curriculum of the American Psychiatric Association, in regard to the possibility of some adaptation of the Standard Curriculum for mental hospitals. Miss Taylor reported that most of the mental hospitals were not ready at the present time for such an arrangement, but it was agreed that the two groups should work together as closely as possible.

A question has come up in the Education Committee as to the best way of working out closer cooperation with the different states so that there may not be too wide discrepancy between the curricula advised by the states and the standard accepted by the National League of Nursing Education. The states can, of course, adopt the Standard Curriculum as they must work on a minimum basis, but it would seem desirable to reach some agreement on the general essentials, in order that the material which is being worked out for the Standard Curriculum may be more easily adapted for
use in state curricula. The Education Committee would be glad to have this matter discussed at the meeting of the League.

The Sub-committee on Dispensaries has been very active all year. Miss Amelia Grant of the Yale School of Nursing was appointed Chairman to take the place of Miss Helen Wood, whose new position took her too far away for her to keep in close touch with the details of the study. Meetings have been held monthly or oftener and the members of this sub-committee, and especially the Chairman, Miss Grant, have put a great deal of time and effort into this piece of work.

The request which was made last fall to the Dispensary Development Committee of New York was granted, and an appropriation of $3000 was made to carry on a six months' study on "The Place of the Nurse and the Nursing Service in a Dispensary." The Education Committee of the National League of Nursing Education made itself responsible for the main part of the work, but it has kept in close touch with the Dispensary Development Committee and has had the cooperation of an Advisory Committee appointed by that body.

Miss Emilie Robson was appointed January 1 to give her whole time to the study and she will give at the meeting on Thursday afternoon a brief account of the nature of her investigations and some of the tentative conclusions reached by the Committee. It is hoped that these may be discussed by the League members and that the Committee may receive suggestions which will be helpful in preparing the final report. Miss Grant will also give on Thursday any further details that may be called for about the work of this important sub-committee.

It is a great satisfaction to report the steadily increasing cooperation between the Education Committee of the League and that of the National Organization for Public Health Nursing. These committees are finding that they have many problems in common, and that it is helpful for both groups to have representation on each other's committees and some opportunity for joint meetings.

Several Education Committee publications have been revised during the past year and turned back to the Publications Committee. They will be noted in the report of that Committee.

Isabel M. Stewart, 
Chairman.

REPORT OF THE ELIGIBILITY COMMITTEE

During the year 176 applications for membership have been received. The Committee endorsed 158 of these applications and referred, because of
irregularities, eighteen to the Board of Directors. One nurse applied for reinstatement and was recommended therefor by the Committee.

Anna C. Jammé,
Chairman.

REPORT OF THE FINANCE COMMITTEE

The Finance Committee submits the following recommendations, which were favorably acted upon by the Board of Directors in January:

1. That all headings for the expenditures of the National League of Nursing Education be the same for the Treasurer and Executive Secretary at Headquarters. This would act as a basis for the making out of the annual budget.

   That the Executive Secretary indicate the classification used by her, on each bill, before sending it to the President for approval.

2. In making the budget, that it be based on 18 months' previous experience, in six month periods.

3. That recommendations re Publications Committee be considered after the inventory is completed by the Executive Secretary.

4. That the Executive Secretary be sent a check for $1000 the first of February by the Treasurer of the League, to apply on Headquarters expense for February. That thereafter, a sum to meet the difference between the expenditures and $1000 be sent her the first of each month. That on February 1, the Executive Secretary send to the Treasurer all money in her account for the League, with an accounting of the same. That thereafter, the Executive Secretary send to the Treasurer, the first of each month, a statement covering the expenses of the previous month, together with a check for all money received by her office with an accounting of the same.

5. That no expenditures, other than those accepted in the budget, be made, without referring such to the Committee on Finance.

6. That the budget, as outlined, be in force for six months and then reconsidered, if more funds are available.

7. That ways and means be considered for meeting the League's share in the classification of Schools of Nursing.

8. That money from the Review, to the extent of $2000 at present, be invested. That whenever this Committee finds that it can invest $500, as money becomes available, it be authorized to do so.

9. That these recommendations take effect at once.

Mary C. Wheeler,
Chairman.
REPORT OF THE COMMITTEE ON NOMINATIONS

At the Detroit Convention Miss Riddle was named chairman of the Committee on Nominations.

The new by-laws require the chairman of the Nominations Committee to submit to each state league a ballot for nominations. This involved a great deal of work. As Miss Riddle was just leaving for Florida at the time this work had to be done, she was unable to do it; therefore, being the member of the Committee living near Miss Riddle, I was asked to serve as chairman.

The reason your treasurer showed such a large bill from the Nominating Committee was because the limited time necessitated some of the work being done by telegram.

When all ballots were in, they showed some offices with no candidate having more than one vote for that particular office. For such offices the committee submitted the names of those individuals whose names appeared the greatest number of times throughout the entire ballot. When this method was exhausted, there were still candidates having but one vote. Therefore, the Board of Directors decided to complete the nominations from the floor. The ballot, which is in your hands, is the Report of the Committee which needs to be supplemented by nominations from the floor for Second Vice President and for one Director and reads as follows:

President: Carrie M. Hall, Boston, Mass.
Mary C. Wheeler, Chicago, Ill.

First Vice President: Mary M. Pickering, San Francisco, Calif.
Martha M. Russell, Denver, Colo.

Second Vice President: Marion Vannier, Minneapolis, Minn.
One to be nominated from the floor.

Secretary: Ada Belle McCleery, Evanston, Ill.
Carolyn E. Gray, Brooklyn, N. Y.

Treasurer: Marion Rottman, Milwaukee, Wis.


Alice Lake,
Evelyn Wood,
Mary M. Riddle,
May S. Loomis,
Sally Johnson, Chairman.
Upon motion duly seconded and carried the report of the Committee on Nominations was accepted, after which the chair called for nominations, first for second vice-president, then for treasurer. It was successively voted that nominations for these offices be closed. The following nominations were made from the floor for director: Nannie Miner from Virginia, Irene English from Minnesota, and Sally Johnson from Massachusetts.

It was then moved, seconded and carried that all nominations be closed.

REPORT OF THE PUBLICATIONS COMMITTEE

Since the June, 1924, meeting in Detroit, the Publications Committee has held one definitely called meeting and a number of impromptu meetings, all of which were concerned with the preparation of the 1925 Calendar. Much effort was put forth by the Committee on the make-up of the Calendar and considerable time was spent in the selection of the paper, the style of type and the designing of the four-color frontispiece. The sale of approximately 11,000 calendars is perhaps the best index that the effort was justified.

During the year six new publications have been added to the list and four articles reprinted. Forty different pamphlets; the Calendars of 1922, 1923, 1924 and 1925; odd copies of the old reports; the portraits of Florence Nightingale, Isabel Hampton Robb, Jane A. Delano, Sophia F. Palmer and Linda Richards, are included in the material obtainable from Headquarters.

While the slide collection is the work of a Committee other than that of the Publications, it seems in order to note here the stock at Headquarters for sale and rental. Three sets are available: The History of Nursing (from ancient to modern time, and 187 in number); The Life of Florence Nightingale (52 slides); and History of Nursing in America. The last set named is in preparation. At present it consists of 31 slides.

During the year 1924 the number of publications sold was 6968; complimentary copies, 200; portraits sold, 98; slides sold, 1322; slides rented of History of Nursing set, 14; Florence Nightingale set, 5. This statement does not include the 1925 Calendar, of which 10,690 were sold by January, 1925. These figures indicate the extent to which the work of ordering and handling the publications has grown. Together with the bookkeeping of Headquarters, it now occupies the full time of one worker, of which it constitutes a considerable part.

Because the direction of the publications department is so closely tied up with the general program, further details of it are given in the Headquarters Report of the Executive Secretary.

Blanche Pfefferkorn, Chairman.
REPORT OF THE COMMITTEE ON UNIVERSITY RELATIONS

The Committee has held one meeting during the year. Complying with the function of the Committee as stated in the By-Laws, that "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," the Committee sent out a questionnaire, under the general headings of Government, Financing, Allocation of Funds, Analysis of the Cost to the Student, Curriculum and Faculty, to fourteen schools which were definitely known to have some form of university connection. To date 13 questionnaires have been returned. A study of the replies indicates a varied interpretation of the questions asked. For that reason it has not been possible to compile a summary in exact conformity with the form of the questionnaire.

Of the 13 Schools Returning Questionnaires:
8 schools—Report university control.
3 schools—Report university control and hospital control.
2 schools—Report hospital control with university affiliation.

Of the 8 Schools Reporting University Control, and 3 Schools Reporting University Control and Hospital Control:
3 schools—Report as distinct administrative units of the university. (Of these 3 schools, 1 school replies to the question "Is your school a distinct administrative unit of the university?" “Yes, but it is under the control of the Executive Faculty of the Medical School.”)
1 school—Reports both as a distinct administrative unit and as a department of a college in the university. To the question of “What College?” answers “A separate unit on equality with the School of Medicine, Dentistry and Pharmacy.”
6 schools—Report as department or school in College of Medicine.
1 school—Reports as University School through University Hospital and College of Medicine.

Of the 3 Schools Reporting University Control and Hospital Control:
2 schools—State they are part of the University through the College of Medicine and also state they have a University affiliation.

Board of Control of the 3 Schools which are Distinct Administrative Units of the University:
1 school—Corporation of the University.
1 school—Under Corporation.
1 school—Type of Governing Board not indicated.

Board of Control of School which Reports both as a Distinct Administrative Unit and Department of a College of the University:
1 school—Trustees of the University.

Board of Control in University of the 6 Schools which are Departments or Schools in the College of Medicine (indicated by 3 only):
2 schools—Regents.
1 school—Trustees.
Individual or Group to which 3 Schools which are Distinct Administrative Group Report:

1 school—To the President of the University, also to the Provost.

1 school—To the President of the University and a Committee (personnel of Committee not given).

1 school—To both Chancellor and Board.*

Personnel of Administrative Board, School of Nursing.

Director of School.

Dean of Medical School.

Three Members of Medical Faculty.

Two Members of Liberal Arts Faculty.

Two Members of Nurses' Home Committee (lay women).

Individual or Group to which the School Reporting as both Distinct Administrative Unit and Department of a College of the University Reports:

1 school—To President and to a Committee.

Individual or Group to which 6 Schools that are a Department of the College of Medicine Report:

1 school—To the Dean through a Committee.

Personnel of Committee.

Chairman—Director School of Nursing.

Secretary—Representative of Medical Faculty.

Ex officio—Dean of the Medical College.

Ex officio—Dean of Women.

Superintendents of associated hospitals.

Superintendents of nurses of associated hospitals.

3 schools—To the Dean of the Medical College.

(Of these 3, one school further reports "the director of the School of Nursing is a member of the University senate and presents school problems to this body."

1 school—To the Dean of the Medical College through Physician-Superintendent, who is secretary of Clinical Committee of which the Dean is a member.

Personnel of Clinical Committee:

President of University.

Dean of Medical School.

Physician-Superintendent of Hospital (Secretary of Committee).

Professor of Obstetrics.

Professor of Medicine.

Professor of Surgery.

1 school—To the President of the University and Dean of the College of Medicine through Director of the Hospital.

Individual or Group to which the University School through the University Hospital and Medical College reports:

1 school—To the Dean of the Medical College and the President's Advisory Board of the Training School for Nurses.

Personnel of President's Committee:
Acting Dean of Medical School.
Director of the Training School for Nurses.
Chairman of the Department of Hygiene.
Dean of the College of Letters and Science.
Physician-in-Chief, Infirmary Service.
Instructor for Nurses in Communicable Diseases (a doctor).
Dean of Women.
Educational Director of Training School for Nurses.
Assistant Professor of Public Health Nursing.

Two Schools Reporting Hospital Control with University Affiliation. Account of Affiliation.

1 school—Affiliated with two colleges. Same agreement with both.
1. Graduates of Nursing School allowed 90 academic credits toward Bachelor of Science degree (B.S. in nursing in one college.)
2. Graduates holding B.S. degree from either college may complete the work in Nursing School in two years.
3. Five year combined course leading to R.N. and B.S. degree. Two years in college, two years in nursing school and last year divided between the two institutions.

1 school—Affiliated with Liberal Arts of the University for five year course leading to the B.S. degree and diploma.

Financing of Schools:
So varied is the reply to this question that it is not possible to make any kind of general grouping. The eight schools under university control report as follows:

1 school—State funds—tuition—Hospitals pay living expenses of preliminary students pro rata, also provide for uniforms and maintenance after preliminary term, for graduates in supervisory positions, for graduates for general duty. Total estimated income not stated.

1 school—Tuition fees (for entire course $600)—Rockefeller appropriation. Total estimated yearly income $32,000, including student fees.

1 school—Endowment—tuition—Hospital budget for three year students. Contributions. Total estimated income not given.

1 school—Expenses of school pro rated between two hospitals and one dispensary—Medical School provides instructors and equipment for all science courses and special medical subjects (according to contract between university and hospital). Total estimated income not given.

1 school—State educational tax levy. Total estimated income not given.

1 school—State funds. The school expenses are included in the budget of the College of Medicine.

1 school—State funds through the university hospital budget. Total estimated income $41,225.

1 school—Tuition fees—Hospital—Deficit met by University.

The 3 schools Reporting Under University Control and Hospital Control give their support as follows:

1 school—State funds through the hospital. Total estimated income not given.
1 school—Hospital. Total estimated income not given.
1 school—Endowment of School of Medicine and Dentistry provides for support of School of Nursing; hospital budget includes School of Nursing budget. Entrance fee of $25.00. Total income not yet estimated.
The 2 Hospital Schools with University Affiliation Report as follows:

1 school—$25.00 tuition fee on entrance—School supported by hospital. Total income not estimated.

1 school—School supported by hospital. Total estimated income not given.

Allocation of Funds:

Six schools reply to this question, all of which are under university control.

1 school—Reports total estimated income of $52,000. Approximately 25% of income applied to salaries and other costs of School of Nursing (exclusive of salaries shared with hospital). Approximately 14% to other colleges or departments of university. Approximately 52% to the hospital (salaries of nursing staff). Approximately 5% to other organizations (visiting nurse association.) Less than 1% for supplies. Miscellaneous expenses 10%.

1 school—Reports tuition paid for courses in College of Liberal Arts by students.

1 school—Total estimated income $41,225. 57% of total income applied to salaries of director, instructors, allowance to students, salaries of house mother and nurses' home maids and office secretary. 3% to supplies for nurses' home, and Nursing School supplies. 36% repayment on nurses' home. 4% miscellaneous expenses and equipment.

1 school—States school cost not kept separate from hospital.

1 school—Total estimated income not given.

   To School of Nursing for one year ........................................... $ 34,107.10
   To Hospital ................................................................. 161,968.43

1 school—Reports school does not have its own budget.

Analysis of Cost to Student as Given by the 8 Schools Reporting University Control:

1 school—Tuition fees $25.00; breakage and other incidentals $15.00; books $30.00. Total cost $70.00. Maintenance provided by hospital, also uniforms.

1 school—Tuition fees $600; breakage and other fees not decided upon; books $50.00; uniforms $150; $200 maintenance during pre-clinical term; maintenance provided by hospital during two clinical years. Total cost $1000.

1 school—For five year course. Tuition $600; matriculation and other fees $36.50. For three year course. Tuition $350; breakage and other fees $29.00. Books $35.00; uniforms $125. Maintenance provided during third and fourth year of five year course; during three years of three year course.

1 school—Matriculation and breakage $15.00; books, cost not given; maintenance provided by hospital. Not certain from reply whether uniforms are provided or not.

1 school—Breakage fee $5.00 for each year; books, cost not given; maintenance provided by hospital except for course elected in university or elsewhere; student then arranges for her own living.

1 school—Laboratory breakage, exact amount; maintenance provided and charged to school.

1 school—Tuition $25.00; matriculation $5.00; books approximately $25.00; uniforms approximately $100; maintenance provided by hospital to residents; meals and laundry to non-residents.

1 school—No expenses except providing of uniform by probationers.

Analysis of Cost to Student as Given by the 3 Schools Reporting both University Control and Hospital Control:

1 school—Books and uniforms, cost not given; no fees; maintenance provided by hospital,
1 school—Books during preliminary course $15.00; uniforms for preliminary course $18.00; tuition fee $25.00; breakage fee $10.00; maintenance provided by hospital.
1 school—Books and uniforms provided; no fees; maintenance provided by hospital.

Analysis of Cost to Student as Given by the 2 Hospital Schools with University Affiliation:
1 school—Tuition fees $25.00; breakage fee $10.00; books $40.00; entrance outfit cost not given; maintenance provided by hospital.
1 school—Registration and laboratory fees $10.00; books $25.00 to $30.00; maintenance provided by hospital; also uniforms.

Social Activities:
Of the 13 schools, 9 report some form of social activity, such as class organizations, societies, etc.; one that social activities “are not yet organized.” Four state that the school supplies the social privileges free; two that schools do not (in one of these there is a student activity fund of $7.50 for 1st, 2nd and 5th year; the other does not give the cost to the student); one school reports that social activities are partly financed by the school, partly by the students, estimating the cost at $50.00 (whether this $50.00 refers to the expense to the individual student or class organization is not clear).

Loan Funds and Scholarships:
Of the 13 schools, 5 report loan funds; 3 not stating the amount available, one $75.00 yearly, two $100 yearly, and one school states “varying amount as students’ needs and fund resources permit.” One school indicates intermediates and seniors as groups to whom loans are made. Four schools report scholarships, 2 of which are included in those having loan funds. These scholarships range from $250 to $500, and one school definitely specifies “for advanced work taken after graduation.” One school remits “the maintenance charge of $200 and tuition charge of $100 for the pre-clinical term to students who hold a degree from an accredited college or who present the equivalent educational qualifications,” and further states that “the maintenance provided by the hospital for the two clinical years is in effect a working scholarship for all students of the School of Nursing.” A Loan Fund of $2500 at present being raised is also reported by this school.

No working scholarships except the one just noted are reported.

The summarizing of the data relating to Curriculum and Faculty is deferred until all of the questionnaires have been returned. Any final analysis, conclusions and recommendations must pend the complete compiling of the report.

Ann W. Goodrich,
Louise M. Powell,
(Mrs.) Ethel P. Clarke,
Carolyn E. Gray,
Blanche Pfefferkorn,
Ada Belle McCleery,
Laura R. Logan, Chairman
REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

The Isabel Hampton Robb Memorial Fund Committee begs to report that the usual business has been transacted during the year.

At the January meeting the resignations of Miss Mary Beard and Miss Annie Goodrich were received. Miss Alta Dines has been appointed a member of the Committee by the National Organization for Public Health Nursing.

At the same meeting the Executive Committee was reappointed and the officers elected as follows:

Miss Elsie M. Lawler, Chairman
Miss Katharine DeWitt, Secretary
Miss Mary M. Riddle, Treasurer
Miss Anna C. Maxwell
Miss Clara D. Noyes

The Committee decided to give four scholarships of $250 each, and May was chosen as a permanent date for the closing of the scholarship lists.

This year nineteen applications were received and the scholarships awarded to:

Jean Balfour of London, Canada. Graduate of Johns Hopkins Hospital School of Nursing
Wilkie Hughes of Alexandria, Ind. Graduate of Indiana University School of Nursing
Henrietta Froehlke of Neenah, Wis. Graduate of St. Luke’s Hospital School of Nursing, Chicago
Minnie A. Schultz of Montevideo, Minn. Graduate of Minnesota University School of Nursing, Minneapolis, Minn.

E. M. Lawler, Chairman.

REPORT OF THE REVISION COMMITTEE

Because of further study, several questions have been up for consideration regarding the By-Laws of the National League of Nursing Education. The proposed changes have been forwarded to the members with the call of the meeting.

In regard to the changes in the Constitution and By-Laws for the State Leagues of Nursing Education, the report is as follows.

In the Fall of 1924, following the Detroit meeting, your Committee on Revision sent to each President and Secretary of the State Leagues of Nursing Education, a proposed form of Constitution and By-Laws for the
consideration of the State Leagues, to meet the re-arrangements in the
By-Laws of the National League of Nursing Education, accepted in 1924.
Considerable correspondence followed. On May 1, 1925, a questionnaire
was sent to each Secretary, asking the present standing of the Constitution
and By-Laws in her State.

Number of questionnaires sent, 30.

Number of replies, 21.

Replies received from: Alabama, Colorado, Connecticut, District of Columbia,
Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Minnesota,
Nebraska, New Hampshire, New Jersey, New York, North Dakota, Pennsylvania,
Rhode Island, Tennessee, Wisconsin, and at the last minute telegrams and special
letters from California and Washington, but not the questionnaires.

Proposed form submitted to Committee on Revision and accepted by: Illinois,
Michigan, Rhode Island.

Constitution and By-Laws accepted without further consideration by Committee
on Revision: Colorado, Indiana, Kansas, Maryland.

Corrected by Committee on Revision and to be considered at a later date: Connec-
ticut, Massachusetts.

Report that they are ready to consider reorganization at their next meeting in the
Fall: Alabama, California, District of Columbia, Louisiana, Minnesota, Nebraska,

Iowa reports that they organized in 1914.

New Hampshire reports that they vetoed the changes on account of the fee.

Tennessee reports that they are not organized.

Reports not returned from: Kentucky, Michigan, Missouri, North Carolina, Okla-
homa, Oregon, Texas.

The suggested form of Constitution and By-Laws for State Leagues of
Nursing Education, prepared by the Revision Committee and approved
by the Board of Directors, is appended to this report.

Bena M. Henderson,
Ethel Clarke,
Mary C. Wheeler, Chairman

The Chairman suggested that discussion and acceptance of the Amend-
ments to the By-Laws be postponed until the closing business session. As
no objection was raised this plan was followed.
SUGGESTED FORM OF CONSTITUTION AND BY-LAWS FOR STATE LEAGUES OF NURSING EDUCATION

Acted upon favorably by the Board of Directors of the National League of Nursing Education, Nov. 28, 1924.

CONSTITUTION AND BY-LAWS OF THE

LEAGUE OF NURSING EDUCATION

CONSTITUTION

ARTICLE I
NAME

This Organization shall be known as the League of Nursing Education.

ARTICLE II
OBJECTS

The objects of this organization shall be:
(1) To consider all questions pertaining to the education of the student nurse.
(2) To bring about greater interest in questions of public welfare.
(3) To encourage more cordial professional relations.
(4) To develop and maintain the highest ideals in the nursing service.

ARTICLE III
OFFICERS

The officers of this organization shall consist of a President, a Vice-President, a Secretary, a Treasurer and three (3) Directors. These seven (7) officers shall constitute an Executive Board of the League of Nursing Education.

ARTICLE IV
AMENDMENT AND ANNULMENT

This Constitution shall not be amended or annulled, except as hereinafter provided for. Such proposed amendments or annulments shall be presented, in writing, by the Executive Board, or on the request of at least ten (10) active members, to the Secretary, who shall present this request at the next annual meeting. A copy of the proposed amendment or annulment with a copy of the Constitution to be amended or annulled, shall be sent to the Secretary of the National League of Nursing Education and to each active member of the State League at least two (2) months previous to the annual meeting. A two-thirds vote of the active members present and voting shall be necessary for an amendment or annulment to this Constitution.

BY-LAWS

ARTICLE I
MEMBERSHIP

SECTION 1. Membership in the League of Nursing Education shall consist of active and associate members.

Sec. 2. Active members shall qualify by:

a. Being registered nurses, having graduated from a School of Nursing connected
with a general hospital having a daily average of thirty (30) patients or over, giving training in a School of not less than two (2) 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 nurses who are active members of their Alumnae Association, thus qualifying for membership in the American Nurses’ Association.

Sec. 3. Active membership may include:

a. Resident membership of the preliminary organization.

b. Resident membership as past superintendents who were members while holding that position.

c. All present superintendents and assistant superintendents of accredited Schools of Nursing.

d. Present instructors, supervisors and head nurses in accredited Schools of Nursing.

e. Present membership of State Boards of Nurse Examiners and head workers in various forms of social, educational and preventive nursing organizations.

Sec. 4. Associate membership of the League may include resident graduate nurses who qualify for membership as defined in Article 1, Sec. 2, a and b; who are enrolled students in University or College Nursing Courses; who are head nurses in the Army, Navy and Public Health Nursing Corps or who are resident instructors in foreign countries.

Sec. 5. Candidates for admission to the League of Nursing Education, shall make application upon a blank form, which will be furnished by the Secretary or Treasurer. The form, after being properly filled in, shall be sent, with the required dues, to the Treasurer for consideration by the Executive Board of the League.

Sec. 6. Every member in good standing in the League of the National League of Nursing Education is a member of the National League of Nursing Education.

Sec. 7. Any person who at the date of the adoption of these By-Laws is either a charter or an individual member, in good standing, shall become an active member of the League until the annual meeting.

Sec. 8. A Local League of Nursing Education desiring to join the League of Nursing Education shall make application on a blank form furnished by the Treasurer of the League, accompanied by the required dues and a copy of their Constitution and By-Laws. A member, in good standing in her Local League, automatically becomes a member of the League and the National League of Nursing Education.

Sec. 9. An active or associate member in good standing in her Local or State League who changes her residence to another State or City where there is a Local League or State League, may be admitted by transfer, sent by the Secretary of the League she is leaving, to the Secretary of the League to which she is going, entitling her to membership for the remainder of the fiscal year without further payment of dues.

Sec. 10. Any active or associate individual member of the National League of Nursing Education who changes her residence to a State having a State League
may continue her individual membership to the expiration of that year, at which time she may continue her membership, only through the State League.

SEC. 11. Any active or associate member having withdrawn from the League of Nursing Education, or whose membership has lapsed on account of non-payment of dues, may be re-instated by making application in the regular form and by paying the regular annual dues.

ARTICLE II
ELECTIONS

SECTION 1. The President, the Treasurer and two (2) Directors shall be elected in the even numbered years; the Vice President, the Secretary and one (1) Director shall be elected in the odd numbered years.

SEC. 2. All elections shall be by ballot. A majority vote of the 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 Local 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 Executive Board.

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

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

ARTICLE III
DUTIES OF THE EXECUTIVE BOARD

SECTION 1. The Executive Board shall:

a. Hold a business meeting immediately preceding and immediately following each annual meeting 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 the annual meetings and report this business to the League at the annual meeting.

c. Provide for the proper care of all books and papers of the League.

d. Select a place of deposit for funds and provide for their investment.

e. Provide for the auditing of accounts.

f. Appoint all standing committees not otherwise provided for.

g. Act upon applications for membership.

h. Decide upon the place and date of the annual meeting.

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

j. 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 Executive Board, of the general meetings, and shall be a member, ex officio, of all committees. She shall automatically be a member of the Advisory Council of the National League of
Nursing Education, and shall report the activity of the——— and Local Leagues at their annual Convention.

Sec. 3. The Vice President, in the absence of the President, shall carry on the duties of the President.

Sec. 4. The Secretary shall:

a. Keep the minutes of the meetings of the Executive Board and of the general meetings.

b. She shall preserve all papers, letters and records of all transactions.

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

d. She shall report to the Executive Board upon request and make a report of the——— League’s activities at each annual meeting.

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 her last report through the annual meeting.

f. She shall send the names and addresses of all officers immediately after their election or appointment to the President and Secretary of the National League of Nursing Education.

g. She shall send to the Chairman of the Committee on Revision of By-Laws of the National League of Nursing Education any proposed changes in the Constitution and By-Laws of the——— League. Upon the adoption of any changes in the Constitution and By-Laws of the——— League, she shall send a copy of the same to the Secretary of the National League of Nursing Education.

Sec. 5. The Treasurer shall:

a. Forward to the Chairman of the Committee on Eligibility all applications for membership.

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

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

d. Her accounts shall be audited annually by a certified public accountant, approved by the Executive Board.

e. She shall report to the Executive Board the financial standing of the——— League at each annual meeting 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 her last report at the annual meeting.

Sec. 6. Non-attendance upon three (3) consecutive meetings of any member of the Executive Board without sufficient reason, will be considered as resignation.

Notification for such non-attendance will be sent by the Secretary.

ARTICLE IV
STANDING COMMITTEES

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

a. Arrangements.

b. Education.
c. Eligibility.
d. Finance.
e. Nominations.
f. Program.

SEC. 2. The Committee on Arrangements shall be responsible for the plans for all meetings of the ________ League.

SEC. 3. The Committee on Education shall know the existing conditions of nursing education throughout the State; shall present definite standards of nursing education to the ________ League at its meetings; shall act as a source of advice and counsel to those who wish such information.

SEC. 4. The Committee on Eligibility shall check the qualifications of the applicants according to the requirements of the By-Laws, and if sufficient data is not furnished upon the application form, secure and record such data upon the application form, and with their recommendations forward it to the Secretary for presentation to the Executive Board, at the earliest meeting possible.

SEC. 5. The Committee on Finance shall carefully budget the finance of the ________ League, advise concerning investments and approve other than routine expenditures.

SEC. 6. The Committee on Nominations shall consist of three (3) members. It shall prepare a ticket for each annual meeting, consisting of at least two (2) names for each office to be filled of those who have 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 ________.

SEC. 7. The Committee on Program shall be held responsible for suitable programs for each meeting of the year.

SEC. 8. Each Committee shall present a written report of its activities at the annual meeting.

ARTICLE V

DUES

SECTION 1. The annual dues for active and associate members shall be ________, payable to the Treasurer January 1 of each year. Dues of applicants favorably acted upon after July 1 will be charged in proportion to the number of months prior to the next January.

SEC. 2. The annual dues of three dollars ($3.00) per capita shall be paid to the Treasurer of the National League of Nursing Education on or before April 1 on the basis of membership January 1 of each year, except that of the first year, when dues shall be paid at the time of application.

SEC. 3. Members failing to pay their dues by March 1 will receive a notice from the Treasurer. If dues are not paid within two months they shall have forfeited all privileges of membership.

SEC. 4. Members having forfeited their membership may be re-instated by a vote of the members of the ________ League and the payment of a re-instatement fee of ________ in addition to the annual dues.

ARTICLE VI

MEETINGS

SECTION 1. The annual meeting of the ________ League shall be held in ________.

SEC. 2. General meetings shall be planned for by the Committee on Program, the same to be approved by the Executive Board.
Sec. 3. Special meetings may be called by the President or by five (5) members of the Executive Board or by seven (7) members of the __________ League.

Sec. 4. Notice of all meetings shall be sent to the President and Secretary of each Local League and to all members of the __________ League. Notice of the annual meeting shall be mailed at least one month before the first day of the meeting and notice of general and special meetings at least five days before the first day of meeting.

Sec. 5. The order of the business at each annual meeting shall be in accordance with the program adopted at the beginning of the meeting and shall include:
   a. Reading the minutes.
   b. Annual reports of all officers.
   c. Annual reports of all standing committees.
   d. Address of the President.
   e. Miscellaneous business.
   f. Election of officers.

Article VII
Representation

Section 1. The voting body shall consist of each active member in good standing. Before voting the member must furnish a credential card signed by the Treasurer of the __________ League showing that the annual dues have been paid.

Sec. 2. The voting body at the Annual Convention of the National League of Nursing Education shall consist of each active member of the __________ League, in good standing. Before voting, the member must furnish her credential card signed by the Treasurer of the __________ League and countersigned by the Treasurer of the National League of Nursing Education that the __________ League dues have been paid.

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

Article VIII
Quorum

Section 1. Five members of the Executive Board shall constitute a quorum at any meeting of the Executive Board.

Sec. 2. Three officers and ten members shall constitute a quorum at any annual or regular meeting.

Sec. 3. Three officers and fifteen members shall constitute a quorum at any special meeting.

Article IX
Fiscal Year

Section 1. The fiscal year of the __________ League shall be the calendar year.

Article X
Parliamentary Authority

Section 1. Deliberations of all meetings of the __________ League shall be governed by "Parliamentary Usage for Women's Clubs," by Mrs. Emma A. Fox.
BY-LAWS

ARTICLE XI
THE OFFICIAL ORGAN

SECTION 1. The American Journal of Nursing shall be the official organ of the League of Nursing Education.

ARTICLE XII
AMENDMENTS

SECTION 1. These By-Laws may be amended at any annual meeting 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 meeting and be appended to the call of the meeting.

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

Sec. 3. No amendments of these By-Laws shall be made without the approval of the Committee on Revision of the National League of Nursing Education.

REPORT OF THE COMMITTEE ON GRADING OF NURSING SCHOOLS

It will not be necessary to give more than a brief summary of the work of the Grading Committee since the American Journal of Nursing has recently carried several full reports dealing with this subject.

Last year and up to the time of the executive meetings of the National Nursing Organizations in January, 1925, our efforts had been mainly directed toward securing funds for the grading project from some of the Foundations interested in educational and health work. A good deal of time was lost in waiting for decisions and prospects were not very favorable for immediate help, so it seemed wise to present the whole matter to the joint board of the nursing associations, and see what could be done to raise part of the funds from our own group.

The response was exceedingly good—the National League of Nursing Education pledged $2500, the American Nurses’ Association $5000, and the National Organization for Public Health Nursing promised substantial assistance. The matter had been brought before one or two of the State Associations before the January meeting, and several contributions have come in without any appeal for funds having been sent out. They are as follows:

Illinois State Nurses' Association..........................................................$ 500.00
Presbyterian Hospital School of Nursing Alumnae Assn. (Chicago)...................................................... 150.00
Mercy Hospital School of Nursing Alumnae Assn. (Chicago)........ 100.00
Mt. Sinai School of Nursing Alumnae Assn. (Milwaukee, Wis.).. 100.00
Wesley Memorial Hospital School of Nursing Alumnae Assn. (Chicago) .......................................................... 50.00
Washington Boulevard School of Nursing Alumnae Assn. (Chicago) .......................................................... 15.00
St. Luke’s Hospital School of Nursing (Chicago) .................................................................................. 500.00

Mrs. Bolton of Cleveland, who was at the meeting in New York, generously offered to underwrite the first year’s expenses up to $15,000. It was not only the assurance of financial support that we all appreciated but Mrs. Bolton’s belief in the need of the work itself.

With this assurance of immediate support, it was decided that representatives of the various cooperating associations should be called together to discuss plans for getting the scheme into operation. This meeting was held March 4 in New York City.

The full report of the meeting is published in the April Journal. It was decided to proceed at once with the appointment of the permanent joint committee with two members each from the nursing associations, one member each (and one alternate) from the four others, and additional members chosen by this body to represent the public and educational experts.

The personnel of the committee as finally appointed, is as follows:

National League of Nursing Education:
Elizabeth C. Burgess, Assistant Professor of Nursing Education, Teachers College, Columbia University.

American Nurses’ Association:
Helen Wood, Director, University of Rochester School of Nursing, Rochester, New York.
Susan Francis, Superintendent, Children’s Hospital, Philadelphia, Pa.

National Organization for Public Health Nursing:
Gertrude Hodgman, Secretary, Education Committee, N.O.P.H.N., Yale School of Nursing, New Haven, Conn.

American Medical Association:
Dr. William Darrach, Dean, College of Physicians and Surgeons, Columbia University, New York City.
(Alternate) Dr. Winford Smith, Superintendent, Johns Hopkins Hospital, Baltimore, Maryland.
American College of Surgeons:
Dr. Malcolm MacEachern, Associate Director, American College of Surgeons, 40 East Erie Street, Chicago, Illinois.
(Alternate) Dr. Allen Craig, Associate Director, American College of Surgeons, 40 East Erie Street, Chicago, Illinois.

American Hospital Association:
Dr. S. S. Goldwater, Superintendent, Mt. Sinai Hospital, New York City.
(Alternate) Dr. William H. Walsh, Executive Secretary, American Hospital Association, 22 East Ontario Street, Chicago, Illinois.

American Public Health Association:
Dr. C. E. A. Winslow, Professor, Public Health, Yale University, New Haven, Conn.
(Alternate) Dr. Lee Frankel, Vice President, Metropolitan Life Insurance Company, New York City.

Members added later to represent the Public and Educational Institutions:
Mrs. Chester Bolton, Franchester Road, South Euclid, Cleveland, Ohio.
Dr. Henry Suzzallo, President, Washington University, Seattle, Washington.
Dr. E. A. Fitzpatrick, Dean of Graduate School of Marquette University, Milwaukee, Wisconsin.
Dr. Samuel Capen, Chancellor, Buffalo University, Buffalo, New York.

Plans for an early meeting of the Committee are now being made, and it is hoped that work may be begun by next Fall at the latest.

One of the difficulties brought out clearly in the first meeting is that we all have rather different ideas about what the nurse does and what she is for. Several speakers brought up the point that we can not hope to get far in grading nursing schools till we come to some agreement on the fundamental duties and functions of the people who are to be prepared in these schools.

In order to get a number of expert opinions on this matter, letters have been sent out to representative educators, physicians and nurses, asking whether such an analysis of the nurse's work is essential or desirable as a part of the grading project. The replies were on the whole decidedly in favor of such an analysis. The matter is one which will have to be decided by the joint committee, but if it is decided that such a functional analysis of nursing should be made, it is hoped that the committee will have the full cooperation of our members.
It has been decided that no further efforts should be made to collect funds for the grading project until the permanent committee meets. A subcommittee on finance will probably be appointed to handle this side of the work, and it is believed that local and state nursing organizations everywhere will be ready to help when the appeal comes for funds.

It would seem that the work for which the Grading Committee of the National League of Nursing Education was originally created, is now ended, since the joint committee will very soon be taking over the whole responsibility for the project. Two members of the present League committee have been appointed to serve on this joint committee, and they will doubtless report back to the National League of Nursing Education from time to time. The present chairman regrets very much that she is obliged to withdraw because of other duties, but she does so with every confidence that the plan is now safely launched and that it will be ably carried on by your present representatives.

M. Helena McMillan,
Elizabeth C. Burgess,
Isabel M. Stewart, Chairman.

REPORT OF THE CONVENTION PUBLICITY COMMITTEE

The Publicity Committee prepared the Convention Announcements which appeared in the American Journal of Nursing. Copies were sent to the Public Health Nurse, to the Canadian Nurse, the Trained Nurse and Hospital Review, the Modern Hospital, Hospital Management and Hospital Progress, resulting in good publicity in April and May. A number of the papers on the program were received and given to the Associated Press to be released at the proper time. A letter of invitation to attend the Convention was sent to the members of the Minnesota State Nurses' Association, with the request that they all be present. The Publicity Committee has done what it could to insure an attendance at this Convention.

Dora Cornelisen,
Chairman.

REPORT OF THE COMMITTEE ON NOMENCLATURE

In the last report submitted, the Committee discussed and made recommendations chiefly for those terms concerned very directly with some phase of School of Nursing organization and conduct.

Inquiries to Headquarters office, comments in Alumnae magazines, and requests for copies of the report, have indicated an encouraging interest, and that in a good many quarters nurses welcomed the study as a sign of a healthy self-examination.
The following recommendations are made at this time—

Disuse of such slang expressions as:

The patient has no temperature.
Doing up patients.
Disuse of the term "dope."
Disuse of the habit of calling patients by bed number or last name only.

Disuse of abbreviations, such as "Con" for contagious; "Hypo" for hypodermic; "T. B." for tuberculosis; "K. I.," etc.

This list might be added to indefinitely. The above will suffice to indicate points of attack.

As a study of vocabulary, the use of the terms "Announcements," "Bulletins" and "Catalogues" as applied to information circulated by Schools of Nursing, invites attention. As descriptive words the terms are correct. They adequately meet the circumstance, but the circumstance does not always meet them. It is upon the basis of the right word for the right occasion that the Committee has included in this report a brief discussion of "Announcement," "Bulletin" and "Catalogue," as terms properly applicable to Nursing School bulletins.

Not infrequently these bulletins are largely composed of hospital matter to the inclusion of the minutest detail of hospital construction. Important as is the relation of the hospital to the Nursing School program, in the school announcement its first claim is the setting forth of the special factors which make of it a suitable field educationally for the preparation of nurses.

The purpose of an "Announcement" is, as the term indicates, to announce,—to acquaint the reader with the educational program, the traditions and the atmosphere of the school. All factors affecting and determining that program are logically part of the subject matter of the announcement. As such might be listed: calendar; government; administrative and teaching faculty (some announcements include a brief sketch of the educational and professional preparation, positions and organization offices held, books and papers written, etc., of the teaching faculty); school facilities (includes descriptive statement of the hospital, classrooms, laboratories, library, etc.); entrance requirement (education and age); requirements for graduation; scholarships and loans available; tuition fees and other expenses; allowances when made, and other cooperative provision; schedule of program, both class and nursing practice; description of courses
with number of hours and credit value; list of students in school according to year; the school alumnæ.

Marion Vannier,
Helen Wood,
Blanche Pfefferkorn, Chairman.

In the discussion which followed the report of the Committee on Nomenclature, it was pointed out that there was need of a campaign toward the correcting of terms and descriptions used in connection with the nurse in current non-professional literature. The suggestion was made that copies of the Committee's report be made available, which suggestion was included in the motion for accepting the report of the Committee.

REPORT OF THE COMMITTEE ON FUNCTIONS

No new committees have been appointed since the Committee on Functions completed its analysis of standing and special committees last year. Consequently there is no report to make at this time.

Ada Belle McCleery, 
Chairman.

REPORT OF THE COMMITTEE ON WAYS AND MEANS

The Committee on Ways and Means has been working only on the Review which was begun in 1924. It was undertaken in Ohio, Michigan, and Wisconsin, and the Ohio Review has been issued and mailed to libraries, high schools and colleges in Ohio. The Michigan book is in press at the present time and will be out in about two weeks. The Wisconsin book will shortly follow; the material is already in the hands of the publishers. After the publication of the Wisconsin book, the contract will be terminated with the publishers.

Adelaide Northam, 
Chairman.

On motions duly seconded and carried all reports given above were accepted.

The Chairman made the following announcements concerning the Committee on Budgets for Schools of Nursing, Committee on Problems of Education in the Small Hospital School of Nursing, and Committee on Training Schools for Negro Nurses: No report from the Committee on Budgets for Schools of Nursing. However, the Committee would continue the splendid study, made in 1924, and presented at the Detroit Convention, in the coming year; no report from the Committee on Problems of Education in the Small Hospital School of Nursing. Miss Eleanor Hamilton, who had been serving as Chairman of the Committee and who had sub-
mitted a report, indicating considerable study, at the 1924 meeting, was unable to continue the work because of ill health, and that so far no one had been found willing to undertake the chairmanship; no report from the Committee on Training Schools for Negro Nurses. The chair called the attention of the body to the American Conference of Hospital Service, of which the National League of Nursing Education is a member. The American Conference of Hospital Service is made up of nineteen organizations concerned with hospital problems. It includes in its activities a Hospital Library and Service Bureau with Donelda R. Hamlin as director. During the past year the Hospital Library and Service Bureau made a study of, and issued a very splendid and comprehensive report on, Negro Training Schools for Nurses in the United States.

The Committee on International Nursing Affairs and the Advisory Committee on American Nurses' Memorial (Florence Nightingale School) Bordeaux, France, are Committees of the American Nurses' Association with representatives from the National League of Nursing Education and National Organization for Public Health Nursing.

**REPORT OF THE COMMITTEE ON INTERNATIONAL NURSING AFFAIRS**

The Chairman of the Committee on International Nursing Affairs begs to state that no meetings of the Committee have been held since the last report read at the Biennial Convention, and that aside from the work done by the Chairman in connection with the Revision of the Constitution and By-Laws of the International Council of Nursing, which is to be presented at the Helsingfors meeting, little else has been undertaken.

Furthermore, that as the nurses of this country are so well informed on International Nursing Affairs at the present time, through the Bulletin of the International Council of Nurses, there seems little reason for presenting a report on recent developments in nursing in foreign countries.

Clara D. Noyes,
Chairman.

**REPORT OF ADVISORY COMMITTEE, AMERICAN NURSES’ MEMORIAL (FLORENCE NIGHTINGALE SCHOOL) BORDEAUX, FRANCE**

In accordance with the vote of the Joint Boards of Directors of the National Nursing Associations, a Sub-committee formed of European mem-
bers of the General Committee has been appointed. This Committee consists of the following:

Evelyn Walker, Chairman
Katherine M. Olmsted
Helen L. Bridge
(Mrs.) Jean Celhay

In a recent letter from Miss Walker she accepts the Chairmanship, and further states: "You know I am only too happy to do anything I can for Dr. Hamilton and the School and you can count on me to do my best and to send you reports whenever I can." She has been asked by the Administrative Council to preside at the Annual Meeting of the School, which apparently comes within a very short time. The Council in their letter of invitation state: "The friends of the Maison de Sante will be so happy to have you at Bordeaux for the occasion of their Annual Meeting, and we are sure that our American friends will understand that in asking you to preside on this occasion it is one way of expressing to them our gratitude for all that they have done for us and our School." Miss Walker further informs us that after this visit she will send us an account and tell us how the new hospital is progressing.

The recommendation made by the European members of our Committee—that American nurses assume the responsibility for raising three hundred thousand (300,000) francs—was not approved. While all American nurses are most anxious to see the School completed, for you will recall that one wing is still unfinished, the Boards of Directors of the National Nursing Associations did not feel that we should now undertake this.

The European members also presented the question of additional teaching and supervising staff of the School. Negotiations have been opened with several American nurses with this end in view. Many of you will recall that an effort has been made by the Committee to interest various foundations in this country to assist with the erection of the hospital buildings, so greatly needed in connection with the School. Dr. Hamilton writes that a representative of the Commonwealth Fund has visited the School and that she was so enthusiastic about all she saw that she is very hopeful of the final outcome.

The Committee very much hopes that American nurses who may be traveling in Europe during the coming summer will make a special point of visiting this School. We believe that this will not only be helpful to Dr. Hamilton, but will give the nurses of this country a better understanding of what the American Memorial means to nursing in France.

Clara D. Noyes, Chairman.
COMMUNICATIONS FROM THE PRESIDENT

During July, 1924, your President had the privilege of addressing the Northern branch of the California State League of Nursing Education while conducting the summer course for nurses at the Stanford University.

In October, 1924, your President was invited to address the Alabama State League of Nursing Education and the Alabama State Nurses' Association, who had as their guests the Jefferson County Alabama Medical Society. In October also she addressed the Illinois League of Nursing Education.

During January she was the guest of the Nebraska State Association of Graduate Nurses at Omaha, District No. 1, and the Michigan State League of Nursing Education.

In February your President was appointed a member of the Advisory Committee of Nurses to the Medical Council of the Veterans' Bureau and attended the two days' session of that Committee which was held in Washington in conjunction with the meeting of the Medical Council of the Veterans' Bureau.

During March the President attended the Grading Conference in New York as alternate for Miss McMillan, the member of the Grading Committee who was unable to attend.

In April at the special request of the American Association of University Women, it was a pleasure and privilege for your President to speak before their biennial convention in Indianapolis.

During May at the special request of the Program Committee of the Illinois Hospital Association an address was made at the annual meeting upon standards in nursing education.

The Illinois League of Nursing Education has been able to arrange for the first time a summer course for nurses at the University of Chicago. Through their recommendation it will be the privilege of your President to be the adviser for this course and to conduct the nursing courses.

Numerous requests have come from other states for assistance at their State League and State Association meetings which it has been impossible to accept because of the press of work in a new and difficult position.

Your President was appointed a delegate to Helsingfors by the American Nurses' Association, but could not accept the honor because of the summer course at the University of Chicago.

Laura R. Logan,
President.
At this session the following appointments were made by the Chair:

Committee to meet with representatives appointed by the National Organization for Public Health Nursing to draft resolutions concerning the preparation and recognition of the nurse for the care of the tuberculosis patient:

Mary E. Gladwin, Chairman.
Katherine J. Densford.
Blanche Pfefferkorn.

The chair announced in connection with this committee that a group of resolutions concerning the preparation and recognition of the nurse caring for the tuberculosis patient had been adopted by the Board of Directors of the National Tuberculosis Association and received by the National League of Nursing Education and National Organization for Public Health Nursing, and that the above named committee in conjunction with the National Organization for Public Health Nursing representatives would study these resolutions and later present recommendations for the approval of this body.

Committee on Resolutions
Sally Johnson, Chairman.
Charlotte Burgess.
Marion Vannier.
Caroline V. McKee.
Alice Bowen.
Sister Domitilla.

Inspectors of Elections
Claribel A. Wheeler.
Anne L. Hansen.
Louise Gliem.
Una Gage.
(Mrs.) Mary A. Hickey.

Tellers
Rose Newman.
Evelyn Wood.
Sister Gilbert.
Ethel M. Smith.

Meeting adjourned.

Open Session Conducted by the Advisory Council
Tuesday, May 26, 1:30 p.m.

Laura R. Logan presided.

California: By geographical necessity the League is divided into a Northern and Southern branch holding monthly meetings (except during the summer) in San Francisco and Los Angeles respectively.
The Instructors' Section of the Southern branch met in the hospitals with programs and demonstrations by nursing students. In the regular meetings the following subjects were among those discussed: Junior College Affiliation; The Psychology of the High School Girl; The Hospital as an Educational Institution; The Place of the Nurse in Community Life; The Head Nurse as a Teaching Supervisor; Hospital Life in Character Development.

A course of lectures on Public Health, and a two-day Institute for nursing students on Public Health Education, both under the auspices of the Southern branch, were well attended.

In the Northern branch some topics discussed were: Immigration Problems; Work with the Far East Relief Commission; Health Education; Mental Hygiene; Nutrition; Textbooks on Nursing.

In the Fall a series of eight conferences for senior students was held at central meeting place, both in Oakland and San Francisco. Talks on various types of nursing work were given. Attendance at and interest in the conferences were excellent. A three day institute on nursing was also successful.

The State Constitution and By-Laws have been revised to permit the League to be a part of the National League of Nursing Education, the revision to be voted on at the annual meeting in June. The year has seen a growth in members, at present 103, and interest as well.

Connecticut: The Connecticut League reported four regular meetings, five executive committee meetings and the annual meeting; membership January, 1925, 68; resignations during the year, 11; new members, 7; average attendance at meetings including visitors, 32. Reports of all meetings, with one exception, were sent to the American Journal of Nursing.

The History of Nursing slides have been exhibited by three schools and at present they are scheduled for twelve other schools.

The work of the Publicity Committee included the sending of a letter to the state high schools, asking the privilege of addressing the students to advise them concerning accredited schools; and the preparation of a booklet, giving the requirements for entrance to an approved school, facilities in the various schools for class instruction, clinical experience, etc. This booklet was sent to all high schools, women's clubs, and libraries in the state.

The program included a number of interesting and instructive addresses, such as "Nursing Education in Relation to Medicine," and "Mental and Nervous Diseases."

Illinois: The Illinois League has a membership of 180, which includes 163 paid-up members. An active campaign by the Membership Committee
has resulted in many new members. The cooperation and support of every nurse engaged in administration or teaching in Illinois nursing schools has been urged in order to promote nursing education in the State and to contribute to the National program.

At the annual meeting, which was unusually well attended, the League had the pleasure of welcoming Miss Laura R. Logan, President of the National League of Nursing Education. Miss Logan brought an inspiring message from the National League to Illinois. Dr. Horace Bridges of the Chicago Ethical Society in his address on "Standards and Ideals of the Nursing Profession," evinced a splendid appreciation of the aims of nursing.

Arrangements have been made to hold an Institute for graduate nurses in August. The two Institutes held during the past two years have been well attended and made a definite contribution to nursing.

At the request of the League, the University of Chicago will offer a special summer course in nursing for administrators and instructors in schools of nursing and others engaged in nursing education. The Illinois State Association of Graduate Nurses cooperated with the League by contributing most generously in financing the project. The Boards of Directors and the Alumnae Associations of several Illinois schools of nursing have offered scholarships for the work. It is hoped that this course will mark the beginning of a regular program in nursing education at the University of Chicago.

One of the most important pieces of work conducted during the year has been the reorganization of the State League on the lines adopted by the National League. The plan was accepted at the meeting held December 5, 1924. The opportunity to assist in strengthening and enlarging the program of the National League is greatly welcomed.

The splendid contributions made by several Alumnae Associations, through the State League, to the fund for grading schools of nursing, has already demonstrated that this closer relationship has stimulated greater interest in the National problems.

Kansas: At the annual session of the Kansas State Nurses' Association held in Wichita, October, 1924, the Kansas State League of Nursing Education was organized, its officers elected and committees appointed. The League convened again in Newton, February 28, 1925, with an attendance of twenty-one who signed as charter members. At this meeting a Constitution and By-Laws were adopted. The membership of the Kansas League is twenty-five.

Louisiana: On February 25, 1925, a well attended meeting was held to consider the advisability of organizing a State League. With Miss
Agnes L. Daspit as Chairman, the history of the National League of Nursing Education was read and membership and dues were generally discussed. Officers were elected and later the President appointed a committee to frame a Constitution and By-Laws that would conform with the National League and at the same time meet local conditions. The new association expects to complete its organization at the annual meeting in October, after which it will immediately make final application to the National League. The Louisiana League is pleased with the interest manifested by the officers of the National League in their communications, and hopes to become a part of the great National body in January.

*Maryland*: Reported reorganization in process.

*Massachusetts*: The League of this State has 139 members. Three general meetings are held during the year in conjunction with the State Association.

At the annual meeting in June the three main subjects discussed were “Teaching Practical Nursing,” with a demonstration of procedures by preliminary students; “What Opportunities Does Head Nursing Offer for Teaching,” and “Discussion of an Experiment in the Teaching of Medical Diseases.” The principal paper at the Fall meeting was “The Preparation and Responsibilities of the Nurse in Nutritional Work.”

The Spring meeting took the form of an Institute with about two hundred nurses in attendance. The program included discussion on Affiliations; Laboratory Methods and Technique in Adapting the Standard Curriculum to the Schools of Nursing in Massachusetts; Records in Schools of Nursing; Methods of Adjusting the Class Schedule to Meet the Ward Situation, and a demonstration on the theory and practice of teaching a lesson in practical nursing was given. Dr. Bancroft Beatley, Assistant Professor of Education, Harvard University, spoke on “Motivation As An Aid in Teaching” and “Improvement of Group Instruction.”

The members of the League who live in or near Boston hold monthly meetings. Among the subjects of these meetings are the following: “Why Teachers College?”; “The Equivalent in Schools of Nursing”; “Ward Teaching and Supervision” and “Job Analysis.”

*Michigan*: The Michigan League of Nursing Education at the annual meeting in January, revised its Constitution and By-Laws to conform with that adopted by the National League. The annual Institute for instructors was held in Kalamazoo in May with the usual success. A partial report submitted by the Educational Committee on the study of textbooks, was received with much enthusiasm. In connection with the State Board of Registration the Educational Committee is making an effort to stand-
ardize the records in schools of nursing. The League offers this year one $100 scholarship for any Michigan instructor who wishes to pursue advanced work in education.

**Minnesota:** The Minnesota State League of Nursing Education held three regular meetings in addition to the annual meeting. This year it was decided to have demonstrations at the National Convention in place of the Institute. The League has one hundred and fifty-one members. The revision of the By-Laws is under consideration.

**Missouri:** The Revision Committee of the Missouri League has completed the work on Constitution and By-Laws so as to conform with the model sent out by the National organization. The official vote will be taken at the October meeting.

A successful, well-represented Institute was held the first three days in April by the Local League in Kansas City.

The St. Louis and Kansas Leagues carry on Community Education in high schools concerning nursing preparation. It is hoped that in the near future this work may be extended throughout the State, reaching the young women in the villages and rural districts. The State Department of Public Welfare has promised to cooperate in the undertaking.

The biggest piece of work done by the League this year was legislative in nature. To oppose an attack made upon the law a Legislative Committee was organized which included the Secretary of the State Board of Nurse Examiners, the President of the State Nurses’ Association, and representatives from the seven district associations and the State League branches. An active interest was manifested by friends in the medical profession, university heads, lawyers and ministers, influential lay friends, individually and in groups such as Women’s Clubs, League of Women Voters, Commercial Clubs, Rotarians, etc. The result of these combined forces was the defeat of the attack.

At present the League’s biggest problem is finances. In order to properly carry on the League work more funds are needed. A Ways and Means Committee is at work to meet this immediate need. The organization hopes to effect a worth while program during the coming year.

**Nebraska:** During the year regular meetings were held both by the State League and the three Local Leagues. Following the last State Board examination, a meeting of the Directors and Instructors in nursing schools was called to discuss some of the problems presented by the examination papers. So helpful was this conference that the schools are asking for another such meeting after the next examination. Recently an Instructors’ Section was organized. An Institute will be held in September. For
several years Nebraska has had a part time State Inspector. The schools are feeling the need of more such help and are unanimously requesting that a full time additional Director be provided. The State and Local Leagues are at present studying the forms suggested by the National League for reorganization and will have the revised Constitution and By-Laws ready to vote on at the annual meeting in October.

**New Hampshire:** Through a committee, appointed by the State League, in conference with the State Board of Nurse Examiners, the list of textbooks for use in the New Hampshire schools of nursing has been revised. A further endeavor has been made to formulate a practical curriculum for small schools.

The quarterly meetings of the League are held at the same time and place as those of the Graduate Nurses’ Association. There is usually a good attendance and much interest evident.

**New Jersey:** The New Jersey State League held four well attended meetings during the year, at one of which Dr. Strecke of Philadelphia spoke on “Mental Diseases,” and at another Miss Pfefferkorn gave an illuminating account of the work carried on at the National League Headquarters.

The League hopes to outline for next year a program plan that may have a direct bearing on the educational problems of New Jersey, also to adopt and to more clearly interpret the object of the organization as outlined and approved by the National League of Nursing Education in its revised Constitution and By-Laws.

At the present time there are ninety-nine paid up members.

**New York:** The New York League consists of three active sections and in addition many individual members from vicinities not covered by local sections.

Because the State League meets but once a year and that meeting occurs in October, it has not as yet been possible to act on the proposed Revision of Constitution and By-Laws. The revision will be in the hands of the members prior to the October Convention for action at that time.

The Sections have monthly meetings with the exception of the summer months. Both Section 1 (the New York City League) and Section 2 (the Hudson Valley League) held Institutes.

In addition to its regular meetings, a special one was held by Section 3 (Western New York) to confer with a member of the State Medical Society’s Committee on Nursing.

The problem confronting New York State at the present time is one of which we hear echoes from all over the country; namely, the high cost of nursing service and the insufficient number of private duty nurses.
In both the Western and Eastern parts of the State, the local medical societies and also the State Medical Society itself have committees for the purpose of considering this question. A certain medical group ascribes the need, as they always have, to too high entrance requirements, with too long a preparation, and too much theory.

A peculiarly antagonistic set of resolutions was adopted by the Erie County Medical Society and sent to every hospital superintendent and apparently every physician in the State, and was brought before the meeting of the State Medical Society this month (May 11). The statements made in this resolution were so inaccurate and misleading, that it seems as if the persons drawing them up were wholly unacquainted with the facts.

The League felt it impossible to let these statements go unchallenged and therefore sent an "open letter" to the meeting of the Society.

The difficulties center about the question of the number of private duty nurses, and the cost of nursing care for those of moderate means. The hospital's problem of nursing its private patients is involved.

One physician who has given considerable study and thought to the matter writes that "this serious economic problem cannot be solved by manipulating nursing education."

Since the matter is of so important a nature, and since it is by no means a local one; since, if our private duty nurses cannot be assured of a reasonably satisfactory life in that field, and since we are sending out the largest percentage of our students into the field of private duty, the New York League wishes to request that the National League of Nursing Education not only use its efforts in causing a study of the status of private duty nursing with all it involves by the American Nurses' Association, but also that the League itself undertake certain phases of such a study.

Unless some satisfactory conclusion can be reached the matter will soon seriously affect the numbers and the type of women entering the schools of nursing.

North Carolina: The League of Nursing Education, in conjunction with the State Nurses' Association, and supported by the North Carolina Hospital Association, succeeded in getting through the Legislature a new bill covering nursing education and nursing in the State. This bill did away with former undesirable legislation. Provision is made for a committee for the standardizing of schools of nursing. This committee is composed of six members, three elected by the State Nurses' Association, three by the State Hospital Association. An Educational Director is to be elected by the State Nurses' Association, and jointly supported by the Hospital Association and the State Nurses' Association. The State League of Nursing Education and the State Nurses' Association have established a State Relief
Fund for nurses of more than ten thousand dollars, which will be used for
the relief of nurses in the State. To stimulate an interest in nursing educa-
tion an Institute, conducted by Miss Mary C. Wheeler, will be held imme-
diately following the Spring meeting. Forty million dollars has recently
been given to the State for educational purposes. The hospitals and training
schools are to receive a certain proportion, and it is hoped from this gift to
establish a university school of nursing. Revision of By-Laws will be con-
sidered at the June meeting.

North Dakota: This League reported a membership of twenty-four, and
plans for an Institute in October.

Oklahoma: At the mid-year meeting in Tulsa the State League pledged
itself to two projects for the coming year—working toward a placement
bureau, and an Institute next Summer.
The Revised Constitution and By-Laws conforming with the National
League were accepted in Tulsa. In another year it is hoped reorganization
will be complete. The State passed several amendments to their present
law, providing for improved educational standards and an educational
director.

Pennsylvania: The Pennsylvania League of Nursing Education has 212
paid up members. Eighty-eight members have been added since June, 1924.
The League held one meeting in conjunction with the Pennsylvania
Graduate Nurses' Association following which a three days' Institute took
place. Plans are well under way for a similar Institute next year.
At the last convention a special committee to revise Constitution and
By-Laws to conform with those of the National League of Nursing Educa-
tion, was appointed. There is every indication that the Pennsylvania League
will be prepared to come into the National organization by January first.
The Educational Committee has three concrete objectives: first, prepara-
tion of case studies based upon the paper presented last year by Miss Tay-
lor; second, preparation of a standard class book, at the request of the
Pennsylvania State Board of Nurse Examiners; third, the introduction
of the Public Health Nurse magazine into every school of nursing in the
State.
The Publicity Committee endeavors to reach high schools of all local
communities. It distributes publicity material and seeks to interest the
student nurses in placing the publicity poster in every school and church.
The committee is also meeting junior high and grammar school groups
to urge the importance of completing high school before entering a nursing
school.
The Pennsylvania League has two local Leagues, the Pittsburgh League
and Philadelphia League, both of which have held regular meetings and shown a decided increase in membership this past year.

Rhode Island: The membership of this League is fifty-six.

In July, upon the invitation of the State League of Nursing Education, a joint all-day session of the three State nursing organizations was held. The object of this meeting was to give the nurses not able to attend the National Convention in Detroit an opportunity to hear reports on the various sections and sessions of the three National organizations.

At the October meeting, Miss Mary S. Gardner spoke of the organization and development of the National League of Nursing Education and also described Headquarters in New York. At the annual meeting in January the League accepted the new Constitution and By-Laws according to the requirements of the National organization.

The Program Committee is preparing a schedule for the Fall meetings. The Committee hopes to arrange a course of lectures that will be given by college faculty.

Texas: This League reports that the outstanding accomplishment for the year was probably the Institute held October 6 to 11 in Austin. The group attending included representatives from all branches of the profession, as well as several teachers and nutrition workers. Eighty nurses registered. The lectures on Principles of Teaching, Public Speaking, and Psychology were of special interest to every nurse. It is planned to hold a similar Institute this coming October.

Another project undertaken by the Texas League was the sale of the Calendar published by the National League of Nursing Education. One hundred and ten were distributed to the schools of nursing throughout the State.

As a result of reports concerning lack of applicants, a recruiting campaign was planned for the last three weeks in May. An outline and recruiting material were furnished to all who wished to inaugurate such a campaign in their communities.

The Texas League of Nursing Education has a membership of seventy-five.

Wisconsin: At the present time the Wisconsin League has 60 active members. A successful Institute was held under the auspices of the League at the Central School of Nursing in Milwaukee during the month of August, 1924.

On October 30, the annual meeting of the State League was held at Milwaukee in conjunction with the State Nurses' Association. The president spoke particularly of the Central School of Nursing Education, and
also noted the organization of a second centralized group made up of the Catholic Schools of Nursing. At this meeting the Constitution and By-Laws revised to meet the requirements of the National League of Nursing Education, were adopted.

Effort has been made during the year to organize more Local Leagues throughout the State and stimulate those in existence to greater activity. Of the twelve districts in the State, six have Local Leagues. These Leagues vary in size and activity, some conducting meetings four times a year, others holding monthly conferences with interesting programs.

**SUMMARY OF DISCUSSION ON REORGANIZATION**

Following the reports from State Leagues of Nursing Education, reorganization and its effect upon State and National League membership was discussed, and the Chair urged that the opportunity be taken to stimulate membership in both the State and National Leagues, also the National League members living in states where no State Leagues existed set in motion machinery to create State Leagues. The meeting was reminded that the annual printed report is sent to each member as part of membership privileges, and without cost, and it was suggested that this fact might be used to advantage in a membership campaign. Wisconsin reported that its membership had been trebled, Illinois reported a membership of 163 and that its National membership had been quadrupled. Michigan announced an increase. The question was asked if there had been a loss in membership by any State because of reorganization. One State replied that, while there had been a loss of ten or twelve members in the State League, four or five who were greatly interested had been gained, and that with reorganization there was a marked increase from that State in National League membership.

Miss Mary C. Wheeler, chairman of the Revision Committee, pointed out the following facts in connection with the suggested form of Constitution and By-Laws for State Leagues and which had been mailed to all State Leagues; that the word “State” should be omitted in naming the State Leagues of Nursing Education; for example, Massachusetts League of Nursing Education, not Massachusetts State League of Nursing Education; that the word “Section” should be written out in full in Section 1 of each article, but that successive sections should be abbreviated to “Sec.”; that when the By-Laws are printed, “as amended” with the date of amendment should appear on cover and the first page; that in Article IV, Sec. 4, and Article VI, Sec. 2, “Executive Committee” should be changed to “Executive Board” and in Article VIII, Section 1, “Board of Executives” to “Executive Board”; that the machinery governing the Local Leagues be a
simplification and modification of the State League Constitution and By-Laws; that a question had been raised as to the function of the secretary as outlined in Article III, Sec. 4, because it listed a set of duties which did not include reference to the usual secretarial work. This latter is taken for granted, but there is no objection to any State, so desiring, to include under duties of secretary the phrase “that she shall carry on all duties implied by the office.”

Some discussion took place as to the naming of the Local Leagues, whether they should be called Sections of the State Leagues, Divisions, District Leagues, or by the name of the city or territory in which the League is located. The suggestion was made that the same geographical division be made for State Leagues as now exists in State associations; that such a method would, in case of future amalgamation, simplify reorganization. No conclusions were reached and it was thought desirable for the present and until the State Leagues were reorganized, to hold this matter in abeyance for recommendations.

The chairman of the Revision Committee reported that the District of Columbia made the following recommendations in connection with the suggested Constitution and By-Laws for State Leagues: (1) that the phrase “head nurse” be changed to read “charge nurse” throughout the form; (2) that in the Constitution, Article II, Objects (1), strike out “the education of the student nurse” and insert “nursing education;” (3) that in By-Laws, Article I, Membership, Sec. 3 of proposed amendments, change words “head nurse” to read “superintendent, assistant superintendent, directors,* chief nurses, supervisors and charge nurses”; (4) that there should be no associate members as outlined in By-Laws, Article I, Membership, Sec. 4. Sec. 4, after striking out word “Associate,” to be included in Sec. 3 as (f); (5) that Sec. 7 is not clear. In event of associate membership, what will become of these members? (6) that if (Article V, Dues, Section 1) associate memberships are retained in spite of our suggestions, we recommend a difference in the amount of dues for active and associate members and would suggest that the ratio be based on the resident and non-resident alumnae membership. Miss Wheeler interpreted Article I, Sec. 7, which reads: “Any person who at the date of the adoption of these By-Laws is either a charter or an individual member, in good standing, shall become an active member of the ———— League until the annual meeting,” as follows: If a State League holds its annual meeting in June and if the revised Constitution and By-Laws are accepted in January, any person a member at the time of the acceptance of the By-Laws in January remains a member until the annual meeting in June.

* Note: The law for army nurses includes this title in the time of war.
Other points presented by Miss Wheeler were concerning the annual meeting and whether it must be held at a certain time, and the routing of the application form. The annual meeting may be held at any time, but dues are paid on the basis of membership January 1. According to Article I, Sec. 5, the application may be secured from either the secretary or treasurer of the State League. After it is properly filled in it is sent with the dues to the treasurer. The treasurer then sends the application to the chairman of the Committee on Eligibility. In Article IV, Sec. 4, it is provided that the "Committee on Eligibility shall check the qualifications of the applicants according to the requirements of the By-Laws." If the application lacks any required information the Committee on Eligibility proceeds to secure such information, and after this routine is completed, the application is sent to the secretary. Under Article III, Sec. 4, c, the secretary "shall present to the Executive Board all applications for membership together with the recommendations of the Committee on Eligibility," and pursuant to the action of the Board the secretary would then notify the candidate that she was either accepted or not accepted. Another question raised is concerning the adoption of and putting into operation the new By-Laws. The steps are as follows: The State League Committee on Revision prepares the revised Constitution and By-Laws and then reports to the Executive Board. If the report is accepted by the Executive Board it is then sent to the chairman of the Revision Committee of the National League of Nursing Education for approval. Upon its return copies are made and sent to each member of the State League, in accordance with the length of time required by the By-Laws under which the organization is still acting. At the meeting when the report of the Committee on Revision is asked for, the chairman, stating that because of so many necessary changes it will not be possible to compare the revised By-Laws with the former ones, should read the entire report which should be accepted as a whole, as a report of the Committee. The presiding officer then asks the chairman of the Revision Committee to read each article, section by section; discussion is asked for and the section voted upon, either as presented or amended. After this procedure is completed the Constitution and By-Laws are adopted as amended and as a whole. From the time of its adoption the old By-Laws have ceased to be effective and the organization operates upon the basis of the newly adopted By-Laws.

In connection with Article I, Sec. 3, b, Massachusetts has put in the words, "holding a position either as hospital superintendent or in training school administration," for further clarification. The question has also been raised concerning the individual who joins the League while holding the position of a supervisor and if she ceases to be a supervisor, does her mem-
bership still exist? Once she is accepted into the organization her membership is permanent, except for good cause, resignation or default in payment of dues.

The point has come up in regard to members of the original State organization who do not meet membership qualifications of the new By-Laws. By-Laws are not retroactive so that members in the original organization continue to be members in good standing so long as they pay their dues or are not excluded for some other good cause.

Considerable discussion followed on the matter of membership, particularly with reference to membership status in the National League of Nursing Education, of nurses who were already members of the Local and State Leagues and who do not meet the new membership qualifications. The consensus of opinion expressed was that a non-retroactive policy should apply to all League members whether members of the Local, State or National body.

The Chair asked if the States would like a definite ruling from the National League of Nursing Education upon this issue. The following motion was presented by Miss Burgess, seconded by Miss McClaskie, and carried:

That some expression be given for guidance by the National League to our State Leagues to help in solving this question relative to membership.

The Chair then announced that the chairman of the Revision Committee, Miss Mary C. Wheeler, stood ready to help any State with its By-Laws at any time, and that the amendments to the National Constitution and By-Laws already distributed, and any others the members might care to introduce, would be acted upon at the closing business session on Friday afternoon. Before calling for a motion to adjourn the Chair asked if there were any other discussion on problems on nursing education or problems in grading. No further questions were raised and upon motion duly seconded and carried the meeting adjourned.

General Session

Wednesday, May 27, 9:30 a.m.

Sally Johnson presided.

Routine Inspection of Schools of Nursing

By Alma H. Scott, R.N.

Educational Director, Indianapolis, Indiana

In attempting to give a picture of routine inspection of schools of nursing or any other special piece of work, it is well to outline briefly the ou-
standing needs for the conception of the piece of work; its purpose; the personnel and machinery necessary for its execution; the method of procedure, and the results attained.

Attention to results attained is imperative as these indicate how nearly the piece of work meets the need, how perfectly it fulfills the purpose for which performed. The results form the basis for readjustment, reconstruction and for future growth; they constitute a measure of the efficiency of personnel, machinery and method of procedure, and if the results are found to be desirable, they are in themselves the only justification for the continuance of the piece of work in question, by adhering to the same program that has heretofore been followed.

**Need**

The need for routine inspection of schools of nursing is readily found when schools of nursing are inspected. Every social institution needs inspection, routine inspection; inspection from within and from without. It needs to stop frequently and take stock of its assets and liabilities in order to plan for future growth. The need for routine inspection, then, is the need for repeated analysis, evaluation, reorganization and reconstruction.

Outside inspection furnishes a stimulus for inspection from within and it is this stimulus that the schools of nursing need. Again, the schools of nursing need some means of personal contact with, and interpretation to, the board of examiners. The educational director makes this needed contact and interpretation.

Further, the need for routine inspection of schools of nursing has been demonstrated by the inadequate professional preparedness of many of the graduate nurses of the past, by exploitation of student nurses due to ignorance of the fundamental requirements for nursing education or to insufficient funds available for maintenance of the schools.

The need has been emphasized by the lack of uniformity and desirability in accepted standards for school and hospital organization and for nursing education in the several, widely separated and different types of schools of nursing in any given State.

The need has been magnified by the enactment of laws:

1. Laws providing for the accrediting of schools of nursing and establishing minimum requirements for these same schools after being accredited.
2. Laws providing for registration of nurses and outlining minimum requirements for registration.
3. Laws providing for the establishment of State boards of examination and registration of nurses, irrespective of the State departments under which these same boards may function.
The need for routine inspection will increase as the field of service for the graduate nurse increases; as the complexity of the concept school of nursing becomes greater; as sciences advances, and as the newer aims of nursing education crystallize into accepted aims and form the basis of future aims.

**Purpose**

The purpose of routine inspection is, first, to insure that the schools are meeting the minimum requirements defined by law and recommended by the board of examiners, but it is infinitely more than this or the work would not be worth the time it takes to do it. It is to help the schools to meet their needs, and further, it is to provide for their growth. This can be accomplished only by analyzing and evaluating the schools and by offering suggestions and recommending changes thought to be helpful to the schools. In order to do this, frequent studies of the school, the hospital and the community must be made.

Edna L. Foley has said that there are three reasons why a nurse goes into district homes: (1) to help the patient and the family; (2) to secure such information as will enable her organization wisely to help this and future patients; (3) to demonstrate by the careful records of work done that the results attained are worth the time, labor and money expended. This outline suggests the reasons for routine inspection of schools of nursing.

The educational director goes to the school *for the purpose of helping the school*, to secure information that will enable the board of examiners and the educational director to help this and other schools and to demonstrate by observations made and careful records of the work done, that this piece of work was needed and that the results attained are worth the time, energy and expense entailed.

**Personnel and Machinery**

Routine inspection of schools of nursing implies some one to do the piece of work and some authority for, and help in, doing it. The educational director may make the inspection, the actual contact, but without a background of law and without the help and advice, the confidence, and cooperation of a competent and conscientious board of examiners, the piece of work is of little value. Team work of all concerned is a necessity if a friendly spirit of helpfulness between the board and the schools is to be established and maintained and an effective piece of work accomplished.

**Educational Director**

What are the requirements so far as the personal qualifications of an educational director are concerned?

First of all, good health. Traveling and intimate contact with all types
of people under trying conditions, at any hour of the day, make the demand for good physical condition imperative.

The educational director should be a graduate registered nurse with additional education such as college or university work. Experience as an administrator or instructor in schools of nursing or as a private duty nurse is most valuable. Knowledge of the principles of psychology and sociology is essential, and an understanding of and appreciation for public health and public health nursing are most necessary.

Technical knowledge and skill are, however, of little avail unless combined with a keen desire to be of service, an infinite amount of patience, tact, the gift of sympathetic understanding and an appreciation for the value of detail.

You ask, "Where may such a person be found?" and I answer frankly, "I do not know." But during any one inspection of any given school of nursing the educational director will feel the need of every one of these qualifications, and others, in a greater or less degree—many, many times over.

Bode, in his book Fundamentals of Education, tells us that "the usual procedure in most of our human affairs is to do the thing that needs to be done and afterward to construct a theory in order to explain just what was done and why it was done." Routine inspection of schools of nursing offers no exception to this sequence of events so far in the State of Indiana, as in this instance the piece of work preceded any attempt to justify its existence by explanation either of its entity or of its need.

Sketched briefly, the history of the routine inspection of schools of nursing in Indiana reads as follows:

From 1905, the date of the creation of the Indiana State Board of Examination and Registration of Nurses, to 1922, the inspection of schools of nursing was made by the Secretary of the Board of Examiners. This was found to be helpful, but not satisfactory. The State budget did not provide for a clerk for the Board and not enough time could be given to the schools by the above named Secretary to do a finished or effective piece of work.

Following this, an Educational Director, Mary E. Gladwin, was appointed by the Board of Examiners to serve during the year 1922. Miss Gladwin made a valuable survey of each school of nursing in the State, offered suggestions, and made recommendations for changes in these schools where deemed advisable. This survey has resulted in a marked improvement in conditions in the schools and has been a valuable source of information for the present Educational Director.

In January, 1924, an Educational Director for the Board of Examination and Registration of Nurses was appointed. This Educational Director was employed jointly by the Indiana State Nurses' Association to act as Executive Secretary for this last named organization. This plan is in effect to date.

Just a word in reference to the desirability of having one person inspect all the schools of nursing in any given State, provided the distance and
number of schools in that State do not make this arrangement impracticable. Inspection of all the schools by one person makes for uniformity in methods and standards; it gives a fairer basis for the comparative evaluation of the different schools; it is conducive to a unity of spirit and endeavor among the schools, and results in a broader vision of the possibilities for nursing education for all the schools within the State.

How frequently are schools of nursing to be inspected? How much time is to be devoted to each inspection? No definite answer can be given to either of these questions. The frequency of inspection depends upon the number of persons making the inspections and the number of schools to be inspected. It also depends on distance to be covered in reaching the schools and conditions obtaining in each school faculty; requests for inspection on the part of the school may require additional visits of inspection. The minimum number of visits, however, should be one visit during each school year.

The minimum amount of time to be devoted to the initial inspection of any school may safely be estimated as three days. Subsequent visits, as a rule, require less time, but this will be governed also by factors such as the method employed by the person making the inspection, conditions found in the school when the inspection is made, and the request from the school for additional time.

In discussing the method of procedure for the inspection of schools of nursing, no distinction is being made between university schools and schools not thus qualified. University schools, by virtue of their relation to a purely educational institution, constitute the laboratories in which specialists in nursing education are solving many problems for schools less fortunately provided for, so far as physical, clinical and educational facilities are concerned. Careful inspection of university schools may therefore furnish the educational director with valuable suggestions for other schools.

**Method of Procedure**

A knowledge on the part of the educational director of the State laws governing accredited schools of nursing and the minimum requirements of schools of nursing is necessary before the schools are visited.

The files in the office of the Board of Examiners are inspected for the purpose of learning the content of all the correspondence that has been held in the past relative to the school of nursing to be visited. A careful study and brief outline of any previous survey of the school is made and particular attention is given to previous criticisms and recommendations.

The superintendent of the school is then notified by letter of the intended visit of the educational director. This notification precedes the visit by at least two weeks. This gives the superintendent an opportunity to arrange
for time to be spent with the educational director during the visit of inspection. A telephone call is made before a school is entered, to advise the superintendent of nurses of the arrival of the educational director. In nearly every instance the educational director is requested to remain in the hospital or nurses' home while making the inspection. This is a desirable arrangement, as time and energy are thus conserved. Before the school is entered, no definite plan for continuation of the inspection can be stated.

Each school of nursing differs from every other, just as each individual differs from every other, so the educational director inspects each school by first getting in touch with the personality of the school, and with this as a guide, plans a tentative outline of procedure.

At the time the inspection is made, all departments of the school and hospital are inspected. The department not visited is usually the one that needs inspection, and conclusions derived from the unfinished inspection may be erroneous when viewed in the light of knowledge to be gained in the one that has been neglected.

A careful study is made of the outline of procedure and nursing technic for each department of the hospital, and changes deemed helpful or necessary are advised. The equipment and supplies provided in each department are then considered in reference to the original outline. They are also considered in reference to the size of the department, including number and types of patients cared for and kind of nursing service given, and in reference to the amount of graduate supervision and number of student nurses on duty in the department. One thing, however, must be borne in mind, that inspection of equipment as hospital furniture is almost useless; it is the observation of amount and kind of equipment, of the arrangement of equipment, of the care taken of equipment, and of the actual use made of equipment, followed by close attention to the place that equipment occupies as a factor in teaching and demonstrating nursing procedure, and as a means for improvising in nursing practice, that is invaluable.

**Division of Time for Inspection**

The forenoon may be spent to advantage on the wards of the hospital and in the operating room, maternity department, diet kitchen and dispensary.

The afternoon may be given to clerical work, conferences with members of the school faculty, tours of inspection of the hospital and nurses' home, observation of class and demonstration rooms and laboratories, and to study of the records for students.

Briefly outlined, the form employed for survey of accredited schools of nursing in Indiana is as follows:
I. Organization and General Information

Information is secured relative to:

A. The Hospital
   Name; address; date of incorporation of the school and hospital. Type: Sectarian? Privately owned? Commercial? Non-sectarian? Municipal? Charitable? Is the school a department of the hospital? University or medical school?

B. Governing Board or Training School Committee
   What is the exact title? Does the superintendent of nurses have an opportunity to attend:
   - Meetings of the school committee?
   - Meetings of the hospital board or committee?
   - How often are these meetings held?

C. The School of Nursing
   (a) Maintenance of School:
      How is the school maintained? Is it endowed? Do students pay tuition? How much? Do they pay for breakage? Are any other fees paid by students? What allowances are made to students? First year? Second year? Third year?
   (b) Clinical Facilities:
      Type of hospital? Number of beds in hospital? Daily average of patients? Daily average of admissions? Services available for training and number of beds for each service?
   - What electives are offered?
   - Third year of training includes which services?
   - Number of patients admitted the previous year divided as to: Medical men, women; surgical men, women; children; obstetrical.
   - Length of time student spent in operating room; diet kitchen; laboratory; pharmacy; dressing room.
   - Study of the experience offered to students in these departments and rooms. Length of time student is in training before administering medicine.
   (c) Faculty of School:
      A list of all members of school faculty is made and the following information relative to each member secured: Is each member registered in the State? Title? Date of assuming present position? Graduate of what school? Does she teach? What subject or subjects? Is a graduate dietitian included?
      A list of the names of instructors and lecturers other than the actual faculty is secured and the following is noted: Subject taught? Salary received?
      Are staff conferences held? Between whom? How often? Have these meetings been helpful? If so, in what way?

II. Administration

A. Enrollment
   Number of students enrolled? Number of affiliates?
   Total number of graduates employed?
   Ratio of students to graduates: Day? Night?
   Ratio of students to patients: Day? Night?
   Number of students in last class entered? How does this number compare with one year ago? Two years ago? Three years ago?

B. Requirements for Admission
   Minimum age and educational qualifications for students? A list of the names
of the students enrolled in the school is made and their age and educational qualifications noted.
Is the student required to sign a contract with the school? How binding is this?
Are students from other accredited schools given credit for time, or is any other arrangement made by allowing credit or adjusting work for previous work of students, such as college course?
Date of beginning of school year? When are classes admitted? Length of course? Length of preliminary period?
List is made of hours of duty for student nurses, including day and night duty in all departments.
Are operating room and maternity room students on call at night? If so, are these students relieved from duty the following day?
How many students are assigned to night duty? First year students? Second year students? Third year students?
How are services divided at night?
How much time does each student spend in administrative work, such as that of head nurse? Night supervisor?

III. Teaching Program

A copy of the teaching program of instructors is secured.

A. Schedule of Theoretical Work
Copy of schedule of theoretical work is secured. This schedule is to include:
(a) Subjects taught; text used for each.
(b) Number of periods in each subject in first, second and third year.
(c) Method—lecture, demonstration or laboratory. (Length of period of each is noted.)
(d) Copy of theoretical instruction for affiliates is secured, outlined same as for other students.
(e) Do affiliates enter at stated time?
(f) A study of the affiliations is made.

B. Teaching Fundamental Sciences
A subject is selected, a study is then made of the classroom instruction for this subject.
Laboratory work for this same subject. How are directions for laboratory work given? Number of assistants in the laboratory? Do students perform the experiments or are they demonstrated by the instructor only? Are notes written on laboratory work? Are these corrected and graded?
(The laboratory is visited and equipment observed.)
Is the space adequate for the number of students? Is the room properly ventilated? Is lighting sufficient for microscopic work? Daylight? Artificial light?
Is equipment well kept? Is storage sufficient for supplies?
Water? Gas? Sinks? Blackboards? Stools or seats?
(This same outline is followed with minor changes in making a study of the method of instruction for dietetics.)
Diet laboratory, milk room and diet kitchen are inspected. Points noted are:
Does the course give basic principles of nutrition, and dietary treatment of disease?
Is there correlation of classroom instruction and diet kitchen service and does this follow experience with actual disease and instruction relating to it? Is there correlation with ward cases?
(Observe students working in the diet kitchen, diet laboratory and milk room.
Observe serving of trays for patients.)
Who serves the trays and carries the trays?
Is this work carefully supervised?

C. Other Methods of Instruction
(Class is attended.) The outline of report for this observation includes:
(a) Course, Class, Instructor, Subject of day’s lesson. Method: lecture, recitation, quiz, discussion and demonstration.
(b) Presentation:
Has instructor a lesson plan? What is aim of the lesson? Is the aim achieved?

D. Teaching Practice of Nursing
Observation of nursing practice may be interpreted to include the following:
Ascertainment of the usual number of students in each class.
What basis for this subject have the students had, such as Anatomy and Physiology, Chemistry or Bacteriology.
Number of hours nursing practice is taught: (a) lecture, recitation. (b) demonstration.
What text is used, what assignments made, what reference material is available?
Are notes taken by students and are notebooks inspected, corrected and graded?
(A study is then made of the outline of the course and lesson plans for teaching each lesson.) Do these indicate that the instructor has knowledge of and appreciation for the laws of habituation?
Are positive health, prevention of disease and educational possibilities of the nurse given a prominent place on the teaching program?
Are the students furnished with an outline of procedure and technic? Is a copy of this same outline on the wards?
Does the theory studied in the text and taught in the classroom correspond with that used in the hospital?
Instructor: Personal qualifications such as education, preparation, experience, personality, and apparent ability? What other subjects does she teach, if any?
Demonstration room: Size, location, ventilation, number of windows, artificial light, gas stove, running water, skeleton, number of desks, blackboard, number of beds, cribs, screens for beds, number and kinds of dolls, large and small, number of bedside tables and chairs. Observe cupboard space and equipment, kind and amount of same, such as linen, drugs, rubber goods, enamel ware, glassware and other necessary supplies. (Is this sufficient for practice by individual student and is the same equipment provided on the wards of the hospital?)
To what extent are students used as subjects for demonstration? To what extent are patients used?
Is there demonstration by the teacher?
Is there demonstration by the student?
Is there supervised practice in the classroom, followed by an opportunity for prompt application under competent supervision, of this same classroom teaching on the wards?
What method is used in recording the procedures thus demonstrated and practised, for each student?
What opportunity for follow-up on the ward is given the instructor in nursing practice?

Is there cooperation of teaching staff and supervisory staff in the school?

Observation on the wards:
(1) Character and amount of supervision on the wards.
(2) Observation of preliminary, first, second and third year students working on the wards.
(3) Note correlation of theory and practice. Note assignment of patients and duties to these students.
(4) Study of technic of individual student.
Length of time in school; type of procedure or treatment given; list of articles used; were articles on hand at beginning of treatment?
(5) Was patient exposed unnecessarily?
(6) How long did it take to complete the treatment?
(7) Did student work intelligently, skillfully, neatly, with due consideration for the patient?
(8) Remarks.

(The educational director may accompany the students to the utility rooms, linen closets, supply and medicine cupboards, to observe the assembling of equipment and the care of this same equipment after the procedure is finished. This furnishes an excellent opportunity to observe and to estimate the adequacy of the equipment in these rooms and cupboards, and to ascertain whether service is being given by students that might equally well be done by paid workers.)

Observation also may be made of the charting of these same procedures by the student nurses on the patients' bedside records.

Observe: Medicine lists, diet lists, treatment lists. Where are these lists posted? Are they up to date? Who copies lists?


What reference material such as outline of procedure and technic? Medical dictionary available for use of students on ward?

E. Records: Grading of Student Nurses

(Valuable information may be secured by careful inspection of the records for student nurses. An accurate list of names of student nurses enrolled in the school should be secured.)

Is there a certificate for each student signed by the Secretary of the Board of Examiners granting permission for entrance into training? (The Clerk of the Board passes upon the age and educational qualifications of each person making application for entrance into training in Indiana, and if these qualifications meet the minimum requirements of the State law a certificate stating this fact is forwarded to the school. (This is to insure that no student is accepted into training who cannot meet the minimum age and educational qualifications.)

Inspect all class books.
Points to be noted: Date started, how filed for future reference; form of page for class book and is all necessary information recorded?

Is the school divided into classes?
Are subjects required by the State being taught the required number of hours and who teaches these subjects?

What other subjects are taught?

Hours and instructors for same?

Make a study of service record books; note: Day duty? Night duty? (Length of period and frequency of same.) Days of illness, absence and vacation. Has any time been spent in training by student for which no account is given? Days of special nursing of private patients and time during training this service is given. Days of affiliation. Division and sequence of services.

Inspect all individual records for students. Where are these kept? Are blanks recommended by the Board in use? Are records up to date? Check several of these over with class record books and service record books to determine accuracy in recording theoretical and practical work on these records. Are case records, efficiency records and records of nursing practice being kept for student nurses?

Is a health record kept for students? Weight chart? How often during training do students have a physical examination? Does this include a dental examination? Is there a record of smallpox vaccination? Shick? Dick testing? Administration of typhoid vaccine? Toxin-anti-toxin?

IV. LIVING CONDITIONS

A. Nurses’ Home

(a) Is the nurses’ home separate from the hospital? If not, where located? The size of the home is considered in reference to the number of persons, students and graduate nurses living in it. The location in reference to the hospital. The atmosphere in the home. The housekeeping, heating, ventilation and general upkeep. Are fire escapes accessible to all students? Do students have single or double rooms? Single or double beds? Are students living in dormitories? Number of students and floor and window space in each dormitory?

Is each student provided with: a light, a study table, a straight chair, a rocker, a dresser, good mattress, spring and bedding, adequate closet space?

Do students care for their own rooms?

Are bathing and toilet facilities adequate?

What arrangements are made to insure quiet for students on night duty?

What supervision is given the students in the home?

What recreational opportunities are offered? Is there a social director? A house mother?

Is there a yard or campus or are students obliged to go out on the streets to be out of doors?

(b) Dining room:

Note cleanliness and order; quality and sufficiency of food service and appointments. What provision is made for students on night duty?

(c) Library:

Number of books: reference, professional, general. Number of magazines: professional and popular. Are books always accessible to students? If not, when are they accessible?

Are the following rooms provided for students: Reception room? Sewing Room? Recreation Room? Kitchenette? Study? Laundry?
V. Type of Student

Excellent, good, fair, poor. Education and general intelligence. Age, health, general appearance. Is there a student government association? Are there clubs or other student organizations? Inquire concerning alumnae association and the relation of this organization to the school.

Helpful Meetings

Meetings held with members of the staff of the hospital, nursing school committees and other persons interested in the school have demonstrated the need for these meetings. The cooperation of these groups is essential to the welfare of the school; their lack of cooperation in the past has been due, no doubt, to the fact that the members of these groups have been given so little consideration and information, and hence have had so incomplete an understanding of the fundamentals, aims and objectives of nursing education. When informed as to just what is required for the maintenance of accredited schools of nursing, just what we are trying to accomplish, and how badly their help is needed in solving these problems, they become interested and willing consultants and co-workers instead of indifferent and, in many instances, menacing bystanders. May the following incident be cited to illustrate this point.

When the second survey of one of the smaller schools of nursing in the State of Indiana was made, it was discovered that the instructor in nursing practice was teaching too great a number of subjects, subjects that could be taken over by members of the medical staff. A close study of class records disclosed the fact that very few of these men were teaching in the school and those that were teaching could not be depended upon regularly to attend and teach classes. In fact, an outline for each subject, of classes taught and those missed, covering a period of two years, made by the educational director, indicated that less than half the classes had been taught as scheduled. A request to meet with the members of the hospital staff at the next meeting was made and was granted. The educational director found an interesting and intelligent group of men. Copies of the minimum requirements for schools of nursing were distributed and the Standard Curriculum was displayed. A short talk covering the purpose and activities of the Board of Examination and Registration of Nurses was given and the work of the educational director briefly outlined. The needs of the school were then stated and the copy of class hours as summarized from the class books was read. A more surprised group could scarcely be imagined. They indicated by close attention, by many interruptions and pertinent questions, that their interest was aroused and cooperation assured. The meeting closed with the request that the educational director “return in six months and see what we have done and how we have helped.” The result of this meeting has been all that could be desired, as time has demonstrated.

Practical Experience in Public Health and Social Service

After the hospital and school have been surveyed, it is well to survey the local public health nursing association or social service organization for the purpose of learning whether desirable practical experience for
students may be arranged. They often offer means of theoretical instruction for students, even if services are not available for field work. If a course of instruction and field work has been arranged previous to the visit of the educational director, it is well to spend some time with the student nurses working in the field and to discuss the course of instruction they are receiving, with the supervisors, educational directors, or social service workers.

Observation is also to be made of the experience records that are kept by the students, and the outline of the report of their work that is submitted to the superintendent of the school, when the course is completed.

At this time, the educational director offers suggestions and makes recommendations thought to be necessary or helpful to the school.

When the inspection is completed and the survey written, the educational director meets with the superintendent of the school and discusses the following:

1. Observations requiring an explanation that is not understood by the educational director.
2. Observations indicating desirable conditions.
3. Observations indicating undesirable and unsatisfactory conditions.
4. Observations indicating that affiliation is necessary.
5. Observations indicating that services are available for affiliation for other schools.

After the educational director has returned to the state office, two letters are sent to the superintendent of the school.

The first letter contains a brief summary of the survey. This letter is often helpful in securing changes in the school if presented to the training school committee.

The second letter is written by the secretary of the Board of Examiners, to express appreciation of the board for any courtesies extended to the educational director while making the visit of inspection.

Material to be secured from the school:

- Bulletin of the school
- Application blanks for students
- Student contract with the school
- Any records or charts thought to be of value
- List of valuable reference material
- Copy of class schedule

Material that has been helpful to the educational director and which may be taken with her when inspecting schools of nursing is: a copy of the State Law concerning Examination and Registration of Nurses; a list of states with which Indiana has reciprocity; a copy of the minimum requirements for accredited schools of nursing in the state; copies of blanks recom-
mended by the state board of examiners for individual records for student nurses; outline for recommended pages for class and service record books; a list of university schools of nursing and the addresses of these same schools; copy of Constitution and By-Laws of the National League of Nursing Education and of the American Nurses' Association; list of requirements for membership in the National Organization for Public Health Nursing and the American National Red Cross; also the latest copy of the American Journal of Nursing and the Public Health Nurse; a list of names and addresses of colleges, normal schools and universities located in the state.

A copy of The Standard Curriculum for Schools of Nursing, prepared by the Committee on Education of the National League of Nursing Education, the Report of the Committee for the Study of Nursing Education, Nursing and Nursing Education in the United States, and the reprint, Some Principles Underlying Effective Supervision by Grace Alice Day, are indispensable.

RESULTS

We may now consider the results of inspection of schools of nursing in Indiana. Provision for inspection has not been made for a long enough period of time for it to be designated accurately as routine inspection, as this inspection is, after all, a comparatively new piece of work. However, with the two, and in some instances, three inspections that have been made of the thirty-four accredited schools, marked improvement has resulted.

Better cooperation of the schools with the Board of Examiners exists. This is demonstrated by the promptness and the spirit with which schools comply with the requests made by the Board, by the number of questions arising in the school that are referred to the Board for answer, by the frequent requests from the schools for help from the Board and for visits of the educational director.

The second inspection of schools indicates that the first inspection was most helpful. The noted improvements are as follows:

Improvement in living conditions, recreational and social opportunities for student nurses, fewer hours of night duty and marked decrease in number of days' special nursing of private patients, additional supervision for students and more careful attention to selection of personnel comprising the school faculty, a richer theoretical course of instruction, added interest in and better understanding of nursing practice, more accurate and inclusive records for student nurses, provision of better rooms and equipment for teaching and demonstration purposes, employment of greater number of

---

1 Bulletin for these schools are helpful as the curriculum in the Accredited Schools of Nursing may be enriched by securing instructors in the above named schools, if conveniently located, to teach fundamental sciences, English, Psychology, Sociology, and other valuable subjects.
ward helpers, maids and orderlies and more adequate equipment on the wards, more thoughtful planning of sequence of services and better correlation of theory and practice.

These results clearly indicate that inspection has been of value and has met the need for its institution to a comparatively satisfactory degree for, after all, what is the ultimate aim of inspection of schools of nursing? It is inspection to prepare for the next inspection, for as soon as the deed is performed, the development completed, we have again only something which is finished and as such it can again claim only the value of connection, no longer the special value of development.

BIBLIOGRAPHY

Thirtieth Annual Report of National League of Nursing Education—1924.
Nursing and Nursing Education in the United States—the Committee for the Study of Nursing Education.
Standard Curriculum for Schools of Nursing.
History of Nursing—Nutting and Dock.
Essentials of Psychology—Pillsburg.
Psychology of Education—Thorndike.
The Eternal Values—Hugo Munsterberg.
Reprint—Some Underlying Principles of Supervision—Grace Alice Day (National League of Nursing Education).
Fundamentals of Education—Bode.

NEW YORK STATE INSPECTION OF SCHOOLS OUTSIDE THE STATE

By Mary E. Gladwin, R.N.

Director of Nursing Education for the State of Minnesota

The League program was planned with the hope that Miss Alice Shepard Gilman would be able to present a paper on the New York State Inspection of schools which are outside the State of New York. It seemed to many of us that the New York State Board, having carried on this inspection from coast to coast, must have many helpful and valuable suggestions and observations to make to us. When it was discovered that Miss Gilman was unable to come to Minnesota, she was asked to select another New York woman to take her place. For some reason, this request met with refusal and this refusal has had a rather curious result. The subject assigned to me was: “Some Conclusions Relative to the New York State Inspection.” The change has left me with conclusions to be given before even the preface has been read. It is like presenting Hamlet with Hamlet left out or, possibly, it is the Ghost we are omitting in this instance.

Seeking to obtain definite opinions on a subject such as this one, is an
informing and an educational process for the investigator, and it has been, moreover, rather a chastening experience. When, last year, criticisms and objections began to pour in, the writer said, innocently enough: "Well, let us discuss the matter in the League of Nursing Education, which grew out of the need of superintendents of nurses to talk over their problems and to compare notes on their respective experiences." The objection was promptly made that a discussion of this subject did not belong to the League, but in a Legislative or Inspector's round table of the American Nurses' Association. No doubt, it could be considered with advantage in either place, but the topic covers more than the routine work of an inspector and much more than legislative procedures. It is of vital importance to educators in nursing because the criticisms made as the result of these inspections are, supposedly, of our work, and of the places where it is done, the hospitals with which our schools are connected. The inspection has to do not with our finished product, the graduate nurse, but with the basic principles and the whole process of nursing education. If it can not be profitably and appropriately discussed in the League, then the League has outlived its usefulness.

Another phase of the attempt to obtain written opinions, opinions which might be quoted, is of interest; that is, the very evident reluctance of many of us to put our confessed opinions in writing or to come out in the open with them. Some years ago, the writer attended a meeting in a distant city in which she had once lived. It was felt that nursing affairs had reached a crisis and a well-known nurse, a distinguished educator from the East, was invited to make an address. After she had finished, discussion was requested, nay, demanded by the presiding officer. When urging failed, nurses in the audience were called upon by name with practically no result. You would have gathered that there was no dissent from the views of the speaker. At the end of the meeting, the writer went from one group to another, to greet old acquaintances, and was amazed at the little intimate debates going on, and at the outspoken condemnation of some of the observations of the speaker. It was, of course, unfair to the woman who had come a long distance to address them and who was very anxious to be of assistance, but it was unfair most of all to themselves and the nurses they represented. Much of value might have resulted from a free discussion of their honest beliefs. This experience was probably a typical one, similar to many that all of you have had. It is one of the things which hinders our growth as an association. A viewpoint, based on experience and careful thought of even the least among us, is of value. When educational work is being done in widely separated localities, under quite different conditions, and by nurses who are sometimes spending all their force and strength in an
effort to bring about an appreciation of the right sort of nursing education, nurses, of whom we ordinarily hear little, it is a pity to miss an expression of their thought and opinions.

Then isn't it true that, in our nursing world, their is a deplorable tendency to allow a comparatively small group of women to do all the work and bear all the responsibility of explaining and interpreting it to the public? Isn't this a rather dangerous practice? In the Middle Ages, there was a French king, neither very wise nor very well, who had for his chief adviser a cardinal, probably, the first of the French cardinals to turn to statecraft. The cardinal's name was George and the king early formed the habit of saying, "Let George do it," and in all sorts of ways, we have been letting George do it ever since.

The increase in the number of university and college schools of nursing is, unquestionably, of great educational value—one of the most hopeful signs of the times. However, we need to think clearly and well about certain other aspects of nursing education. Quite other schools with quite other ideals and purposes are increasing in number, some of them rather alarmingly. The majority of the graduate nurses of the United States were not educated in universities or colleges, and it is not at all likely that the majority of them ever will be so educated. Neither is it desirable that this should happen, it would bring about a great limitation of our work and usefulness. We can not all profitably be run in the same mold.

In a profession such as ours, with two such extreme developments educationally, we need to exercise great care in coming together. We need to make a definite attempt at a better understanding and the creation of a spirit of greater tolerance. It seems to me that this can be brought about only by plain speaking which has behind it absolute integrity of purpose. We know full well that there was a time, in our history, when practice overwhelmed and crowded out theory. Many of our critics and legislative opponents assert that we are now going to the opposite extreme. Possibly, there is an element of truth in this assertion, but we must admit that there are today many, many schools in the United States which are still in that early and primitive stage of the development of nursing, when there was no scientific teaching, and when pupils learned nursing procedures, principally, by doing them. It is useless to say, "Abolish such schools at once." It sounds easy but is at this time an impossible task. Our study must be how to improve them and how to bring them into another class.

I plead for a little better understanding of the needs of rural communities and the efforts that have been made to bring hospital care to these communities. Here in the West, we are wont to say, "The East does not understand our problems," and the East usually retorts, "Your problems
are just the same as ours.” Well, they are not similar and saying they are
doesn’t make the statement true. The conditions accompanying nursing
education on the Atlantic seaboard, in old and long-established centers of
population can never more than faintly resemble those of a big Western
state, sparsely settled, and with a state history going back a comparatively
few years. In this connection, we need to remember what Miss Mary
Riddle told us last year, in Detroit: “Two-thirds of the sick of the United
States are nursed in small hospitals.”

It is curious that it has taken so long for many superintendents of nurses
to understand the New York Law and its enforcement. Last year, the
speaker wrote in reference to this matter, to a well-known leader in nursing,
a woman who works in an old state, whose hospitals are for the most part
on New York’s list of registered schools. She replied, “We do not have
to register our schools in New York State. The only reason we do it is
to secure registration in that state without examination. Of course, what
it will result in, finally, is that schools of nursing will not make any effort
to secure registration in New York and all nurses will then be required
to take the examination.” We are all extremely busy women, each pre-
sumably engaged in an absorbing task, but we can at least listen to our
neighbor’s plea. Only yesterday, a member of the League was heard to
say, “Why bother about the New York inspection? The nurses can take
the New York examinations.” It ought to be clear to everybody by this
time that no nurse can register in New York, with or without an examina-
tion, unless her school has previously been registered in that state. It
should also be clear that this fact is a great hardship to many graduates
seeking work in New York.

One of the most surprising answers to the letter which went out from
our office, expressed the fear that a discussion might provoke animosity or
ill-will. Surely, we have arrived at that stage of our growth both as
women and as nurses, when we can air our differences, argue on one side
or the other, have the courage of our convictions, and yet retain all our
respect and admiration for each other.

It isn’t a question of the inspectors sent out. Inspection of hospitals is,
as our chairman once expressed it, “a thankless job at best,” and it would
take a woman of superhuman intelligence and ability to judge a school
of nursing fairly in the brief time allowed for its visitation. As we come
more and more into public life, we must learn to judge of our work as out-
siders, viewing it at a distance. No one leader has all of truth for her
own and, as far as human beings are concerned, there is not such a thing
as abstract truth. It isn’t possible for us to be unbiased. Personality,
predisposition, interests, and environment combine to form a thick veil through
which each of us peers. For our edification and guidance, there is always
the example of the two noted lawyers who fought on opposite sides with
vigor and apparently deadly hatred and, after the trial was over, electrified
the bystanders by shaking hands cordially and going out to dine together in
perfect amity and understanding.

Another objection made to a discussion of this matter was that we are
dealing with a law already enacted and in process of being enforced.
Many of us have been quite close to law-making in recent years so that
the words the “Majesty of the Law” sound but sadly in our ears, and our
awe of law-makers has gone forever. Then, too, our profession is still alive,
still growing, its history is in process of making, and it behooves us to study
every step of the way so that we may be ready for the future. It is only
by a careful consideration of the effect of the enforcement of laws already
passed that we can be prepared to enact other laws for the future.

It is pertinent to ask certain questions regarding the enforcement of the
New York law. For example, what effect has this compulsory law, which
forbids many of us to call ourselves “graduate,” “trained,” “certified,” or
“registered” nurses in New York and makes it impossible for great numbers
of our graduates to register there, what effect has this law upon nursing
conditions in New York City? Does it really protect the people of New
York from the many undesirable non-graduate, so called nurses whom the
public has always employed without question? Does it protect, not a com-
paratively small class, but all the people who need nursing care? Is it true,
that commercial registries flourish as never before and continue to send
out an ever-increasing number of undergraduates, “experienced nurses,”
who wear a white uniform, charge practically as much as the graduate
charges and are known to the people who employ them as “trained nurses?”
We are often told that, as a consequence of this compulsory law, the class
of nurses mentioned will gradually disappear. Isn’t this statement based
upon hope rather than actual knowledge? Have we any facts, based on
careful scientific investigation, to warrant our confidence that these nurses
are diminishing in numbers and are likely to disappear? Think of the
guidance that real knowledge of the conditions mentioned would be to us
in our future work and in the education of the public to an understanding
of what nursing really is.

May we not be forgiven for asking, how does the inspection of schools
outside the state of New York work out? What impression does it make
upon friends of hospitals and schools as they come to understand its pur-
port? How is it likely to affect, as they come to appreciate its significance,
legislators and men who vigorously oppose any raising of the standard of
education? Will it hamper or help us in our attempt to pass better laws?
Is it possible in one day or in part of a day to form a just estimate of the educational value of the work of a school? What effect, on this estimate, has the fact that the greater portion of the time of the visit is spent in a consideration of hospital construction, buildings, and equipment?

It has been called a "whirlwind inspection, unsound in theory and absurd in practice." Is this view a just one? From all parts of the United States, comes the complaint that emphasis is placed on the hospital and not on the school, that buildings and equipment count far more than the curriculum, the teaching, the nursing procedures. It is like judging the work of a factory entirely by its machinery and leaving wholly out of consideration the finished product ready to be put on the market. It is not usual for the inspector to see any nursing procedures carried out, or to study the methods of teaching, or to be actually present while teaching is being done.

It seems to us that the principal questions to be asked about any school of nursing are: Is good, sound, scientific teaching done in the school? Are its graduates qualified to give adequate and efficient service to sick people? It is not possible to answer these questions from any knowledge gained by the representatives of the New York Board in their visits to our hospitals. Some of us know admirably built, well-equipped hospitals which turn out wretched nurses. "Stone walls do not a prison make" and neither do marble and tile, beautiful offices, perfect records, swimming pools, and luxuriously appointed nurses' homes make a school of nursing.

We are hearing, and welcoming the news, that university schools are increasing in number and usefulness. As university regents and presidents come to know more about this law and its enforcement, how are they likely to regard our claims to professional standing? In this connection, the President of our own great University of Minnesota wrote, "The mere assumption that another state has the right to standardize the higher educational agencies of this state is one which could not be tolerated. I have discussed the suggestion which has been made of paying the expenses or part of the expenses of some state official of New York State, to inspect our School of Nursing, with the representatives of other schools of medicine and schools of nursing in the Central West, and I have found that all are decidedly of the opinion that no school would accede to such a request." It isn't surprising, after that, to learn that the name of our University School of Nursing was removed from New York's list of registered schools.

One educator calls the methods used "obsolete in educational work." Another wrote: "Would it not seem advisable that the educational opportunities be stressed as of greater importance than the fact that several private rooms are occupied by internes pending the construction of a staff house?"
This latter has been the reason given for withholding registration from this training school."

In order to provide the New York Board with up-to-date information about the conditions of the buildings, the equipment, the records, the personnel of the school, it would be necessary to make the inspection an annual one. How much more profitable it would be to the school, and the community, to devote the money necessary to bring this about to some educational improvement in the school itself. The writer knows well one hospital that, in eighteen months after it had been inspected and its registration cancelled, was in new up-to-date buildings, with new teaching equipment, a new and larger faculty, and a much improved curriculum.

A hospital of moderate size has high rank because of its excellent hospital housekeeping. It never fails to make a good impression on the mind of a visitor. The management of the school is quite another story, or, at least, it was another story at the time of its inspection. The conclusion of the New York State Board, based on the report of the inspector, contains the following comments:

"Thermometer and hypodermic trays will be standardized."
"A standardization of nursing procedures is planned for the winter."
"Case records will be started."
"Medicine closets should be kept locked."
"The practice of having the nurses write the doctor's orders does not appear a good one."
"There is really no adequate children's service at present. There are two adjoining three bed wards used for children."
"There is a combined class and lecture room with good equipment."
"There is no training school committee."
"There is no physical examination of students."

You may notice that the combined class and lecture room was spoken of as having good equipment. It was, in addition, the demonstration room; and its linen, pillows, blankets and practically everything else were borrowed from the wards, for demonstration purposes. The school was immediately recognized, although the absence of the things indicated as belonging to the future of this school was sufficient to bring about the rejection of certain other schools.

Eighteen months after the recognition of the school in question, the service had not been segregated, case records were not being used, and the nurses' records did not show the amount of surgical, medical or obstetric work done by the students, but these same records did show that several pupils were admitted at seventeen.

It is hard to understand how a second school, at least, as good as the first one and in some respects better, should have its registration cancelled because it could not give its pupils three months' pediatric service. Of the two Minnesota schools which were recognized by New York, one had six
beds set aside for experience in the care of children, and the other was able to give its pupils only six weeks' pediatric service. A third school, which meets every other requirement, is refused until such time as it can provide three months' children's service. Child welfare work has been carried on in this locality for a long time with extremely good results, and we are told that the only way we could provide the amount of pediatric service which New York requires, would be to withdraw the child welfare nurses from the field and thus allow a larger number of children to become ill. It doesn't seem to us worth the cost.

Another hospital was housed in an old and inconvenient building, the upkeep of which had been neglected because the trustees, an able and intelligent body of men, had concentrated every effort upon obtaining money for a new building, into which the hospital moved within the year. The report from New York is chiefly concerned with the defects of the old structure with only the barest mention of the new one.

Naturally, the trustees were displeased. They knew all the defects and handicaps cited by New York much better than she did and many others of which she was not cognizant. It was that knowledge which led to their commendable and successful effort to provide a new structure. That sort of a business method creates a prejudice in the minds of business men and leads them to believe that the nursing profession lacks judgment and discretion.

Similar complaints come from many sources. In one hospital, some old condemned buildings were shown to the inspector with the explanation that they were about to be abandoned. They were vacated and were in process of reconstruction before the inspector left the city, and yet much space was given to the condition of the buildings in question and no word of commendation given to the school which is one of the oldest and best in the United States. Superintendents of schools may overlook and condone such criticism, but it is mighty hard to explain it to trustees.

Just a few more instances of the way this matter works out. The inspector arrived at one school in the Fall, shortly after a new principal and a new instructor had been installed. Much fault was found with the school because it could not produce, immediately, a definite plan for the coming school year.

The trustees of one hospital were scandalized because among the reasons for rejection, this one was found: "There is not a recreation room large enough for dancing parties." If I made that sort of statement in certain parts of our state, it would be as well for me to pack my trunks at once. My usefulness would be ended.

Yet another school had been registered in New York for some time.
When built, not so many years ago, it was supposed to be the very latest word in hospital construction in the Northwest and the police had to be called out to manage the crowds which came on opening day to view its excellence. As it happens, it was neither well built, nor well planned. However, many buildings in which good work is being done today may be so classified. As the years went on, it became crowded and uncomfortable. The people of the community gave generously that new buildings might be provided, and, having given and while waiting for the new buildings to be finished, came in even greater numbers to be cared for in the old place. The obstetric division was especially crowded and at the time of the visit had spread into an adjoining ward. The obstetric staff and the hospital recognized this as a dangerous condition, but they so safeguarded their patients that there was no case of infection or trouble of any kind. Isn’t the condition described one that usually accompanies the healthy growth of an institution? The New York report said, “The new nurses’ home will be ready by Spring and the new hospital by Fall,” but the registration was withdrawn with a recommendation “that an effort be made to segregate the present obstetrical service.” Wasn’t that maddening? It is as though you came into my room and found me attired in an old and shabby gown most unsuitable to an eminent celebration but with a new elegant garment on my arm into which I was about to change and then you went away and wrote me a long letter about the unsuitability of the garment that was soon discarded with a slight allusion to the garment actually worn.

It is such an absurd waste of time to take up matters which have been thoroughly discussed, finally decided, and which are being corrected as rapidly as possible. Why should we pay to have that sort of work done? More important still, what is all this mass of detail doing here, masquerading not as relevant to nursing education, but as the most important element in that education?

Verdicts passed on the reports from inspections of this character can only be shallow and superficial. More than that, they are positively harmful because they furnish the wrong basis for any estimate of educational effort. I am more and more of the opinion that no pressure from graduates who desire to work in New York should cause any institution to be a party to a proceeding which is so fundamentally wrong, and which is so unjust.

We can multiply instances of the injustice of this method. A school writes that it has “a personnel of seventy-five with eight baths but that there is hot and cold water in each room, and that this lack of baths was the chief reason for withholding registration.” We would like to be assured that all of New York’s registered schools have better bathing facilities than the one mentioned.
A bitter feeling is engendered when conditions in one state are criticised and the listener knows that like or even worse conditions exist in New York itself. The same thing often happens when the schools are in the same state. Two schools in one state were inspected by different nurses, one was registered and the other refused, chiefly because of an inadequate children’s service. The Board of that state assures me that it is well known that the school refused had the bigger and better service.

It would be impossible to sum up the resentment and ill-feeling brought about by the results of these reports of the inspectors. A recommendation was sent to one school “that the pediatric service be improved by the establishment of routine precautionary tests on admission.” An answer came back promptly from the hospital authorities saying that “this was not a school problem.” The adoption of this excellent routine precaution was probably delayed by the recommendation.

The annual blanks now sent out by the New York State Board to hospitals already registered ask the hospitals for their per capita cost, the amount of their annual expenditures and the amount of their annual deficit. The hospitals very properly resent these questions and say that New York has no right to ask for that sort of accounting.

A superintendent writes that her school admits a class only once a year. At the time of the inspection, the nurses’ home was temporarily crowded because the new class came in before all the seniors had gone. She says that ordinarily the pupils have single rooms, but because of this temporary doubling up, much fault was found. May one ask, “Does every pupil in every school in New York have a room to herself?”

A superintendent says that her hospital is very old and the floor stained with permanganate, for which reason the place was called dirty. Again New York sent a serious remonstrance because the mops and brooms were not in the broom closet at nine o’clock in the morning, while, on the other hand, “no credit was given for a full time instructor with a degree and many years of experience in teaching.”

A statement sent back by New York regarding a school, or rather hospital, which was refused recognition said: “Surgical, Medical, Pediatric, Obstetrical, and Dietetic, these five services are adequate and segregated.” The writer of this happens to know that the segregation is of the sketchiest sort, chiefly imaginary, but there was no intention to deceive on the part of the busy superintendent of nurses. The false impression was due to the lack of time to give a full understanding of actual conditions.

It is unthinkable that a just estimate of nursing education can be formed when all consideration of nursing procedures, of methods of teaching, of the
kind of teaching actually done, and of its results, except as shown on paper, are left entirely out of the survey.

Nothing could be more illogical or more unintelligent. We are told that we are putting the mention of the patient back into our public utterances because of widespread criticism that we were getting a long way from his bedside. We deny this statement, we never forgot him, his well-being is the foundation of all our teaching, all our effort, and all our work. We do not always wear our hearts on our sleeves. But if this method of inspection continues, shall we not soon find it necessary to put the pupil back into nursing education?

I have seen anatomy taught with simplicity, beauty, reverence for the human body and its Creator, and with a just appreciation of its fundamental relation to nursing, and the teacher had only a skeleton, a few diagrams, and some specimens from the butcher. On the other hand, I have known it to be taught with expensive German models, and every possible aid to the easy absorption of learning, and the pupil had no faintest conception of its importance in her daily work. The only reason that it mattered in the slightest degree to her was because at least a smattering of anatomy was necessary in order that she could pass the state board examinations. Has any one the right to go into the two classrooms and pass sentence from simply looking at the equipment? Is there any nurse anywhere who is capable of so doing?

Construction should be as good as possible. Buildings should have as far as may be, the beauty, dignity, and simplicity which go with suitability and adaptability to the purpose for which they are erected. Equipment does count, it furnishes the tools of our trade. We are, however, stressing it too much. It may be so abundant and all sufficient that it kills initiative on the part of both teacher and pupil. It is a great deal more relevant to ask: What sort of English does the instructor use? Is the superintendent of nurses a gentlewoman? Is she a woman of right ideals? Is she providing her pupils with some sort of cultural background? Is she giving them mental and spiritual equipment for the lives they must lead? Do the pupils come out of her school with those gentle manners which are the attribute of true refinement? We rejoice over every bit of beauty or luxury which is put into the lives of the pupils if it is not obtained by the sacrifice of more essential things. To use a very homely example: for our purposes the tablecloth may be threadbare, or even patched, but it must be exquisitely clean and daintily put on the table. Grace and distinction may be obtained without elaboration and even in poverty. Maria Sanford, Minnesota's great and much loved teacher, used to say that, although the home of her childhood was a very poor one, the life within its walls proved
beyond doubt that gentle living and refinement may dwell side by side with extreme poverty. It isn't a question of things, but of people. A great deal has been said about Minnesota's University School of Nursing. Why has it met with success? Because Louise M. Powell was content to live a bare and a hard life in pursuit of her ideal. When the students of that school looked out of their windows on winter mornings and saw Miss Powell breaking a path through one of Minnesota's snows, in order that she might conduct morning prayers, they learned an invaluable and unforgettable lesson in humility and service.

We welcome beautiful homes for nurses with all their modern luxurious fittings if something more important has not been sacrificed. The essential thing is, as has been said, not buildings and furnishings but people. When the trustees of a hospital build a beautiful home for nurses and then provide them with a young inexperienced instructor at a salary of seventy-five dollars a month, there is something wrong in their conception of nursing education. If we can not have both a swimming-pool and real teachers, paid adequately, let us do without the pool. After the struggles of many years, there remains a painful lack of comprehension of the necessity of obtaining good teachers, properly prepared, and inspections such as those carried on by New York tend to increase this lack of appreciation of special preparation and education. The pitiful thing about it all is that, on the rare occasions when we are told, "If you will produce the woman with the necessary qualifications, we will gladly employ her and pay her an adequate salary," in nine cases out of ten, she can not be found. If we could place in the field enough properly educated, specially prepared women, many of our hospital problems would automatically disappear. Fellow-nurses, our greatest need today is this one. There are hundreds and hundreds of women administrating schools of nursing and teaching pupil nurses who haven't the slightest fitness for either of those great tasks. It ought to frighten us to think of anything happening to the League of Nursing Education. It must be its great task to continue to foster education of the right sort. Let us have all the college and all the university education possible and meanwhile let us extend helping hands to those women already in the field without sufficient preparation. Let us multiply the number of our institutes, advocate and advertise summer courses, and teachers' colleges. It ought to be a steady advancement, a few days' institute, a longer one, a summer course, a year at a teachers' college, and then perhaps work for a degree, and with the acquisition of a technical education, step by step, must go attention to those studies, like English and literature, which will give a cultural background to nursing, which will furnish a refuge in time of trouble, make life broader and more worth while. In addition, let us re-
member humbly and reverently, that many of our best administrators and teachers have not a college degree. Education is not confined to colleges and the ability to teach is a gift from Heaven itself.

Minnesota is not the only or the chief complainant. It just happens that the cause found a champion in Minnesota. The champion asserts that to pass judgment on a school from the report of inspection of the hospitals, buildings, equipment, cleanliness and order, and upon the written records of the students' work is illogical, unintelligent, and stupid.

DISCUSSION

Elias P. Lyon, Ph.D., M.D.

Dean, Medical School, University of Minnesota.

Minneapolis, Minnesota

I suppose an inspection might be defined as a systematic effort to ascertain facts. I have been engaged in two inspections this morning. We have with us for a day or two a candidate for a professorship in the Medical School. This morning he and I and Doctor White went to visit the President, because the President naturally wants to know anyone who is going to be appointed to a major position in the University. It was interesting to hear the conversation and to note the ways by which the President, who is a wise man, made himself acquainted with the preparation and the background and the ideals and the plans of this candidate. I don't know whether the candidate was aware that he was being inspected or not, but the inspection was real and to the point.

The second inspection in which I engaged was to come here and inspect the papers which I was to discuss. When I expressed to Doctor White some regret at being late, he said, "Why listen to the papers? It takes away a good deal from the discussion if you have heard the papers beforehand." I have not reached that point yet. I am afraid, if I did, my discussion might be of the nature of the New York inspection of nursing schools.

Now, I am going, so far as I say anything, to try to say it from the standpoint,—to point the moral so far as possible,—from the history of medical education of the last 30 years. Twenty-five years ago we had 180 or so medical colleges of all kinds. They were absolutely unrelated, the most of them, to the systems of education at the universities, or of the states in which they were located. They were proprietary institutions without educational ideals or standards.

The Association of American Medical Colleges, which was the association, and is still, of the professional medical educators, did its best for the
situation. But the weaker members consistently resisted the attempts of the stronger university members to lift the standards. This effort to raise standards from within has been compared to an attempt to lift oneself by his boot straps—we got reaction equal to action and it wouldn't work! While much good came from the discussions of that Association, it was almost powerless to raise standards of educational work.

The great change in medical education came from outside influences. The first of these was through the American Medical Association and its Council on Medical Education. And the second, and greatest, was through the inspection of medical schools made in 1909 and 1910, by Mr. Abraham Flexner under the auspices of the Carnegie Foundation. Mr. Flexner, a non-medical man, a trained educator, a man of broad views on this subject gained in this country and abroad, visited every medical college in America and put down in black and white what he found.

The effect of that inspection was tremendous in medical education, and for a long while it was all good. It led all those schools which really had a desire to be right, either to discontinue, if they were not needed and could not become strong, or else to combine (as in the case of three or four schools in a city like Louisville). Especially it led independent medical schools to connect with universities and cease to be proprietary and money-making institutions, as many of them had been before. All of that effect was good; and we had, through the years following 1910, a splendid progress in medical education.

However, I want to say that from time to time, and more especially in recent years, bad effects from standardization and inspection have come to the fore in medical education. Outside agencies have more and more put their hand upon medical education to its detriment.

The American Medical Association has had for a number of years a standard curriculum. It is not ironclad or compulsory, but there is a great deal of sentiment that schools must not deviate markedly from the American Medical Association's standard. This American Medical Association curriculum is not so bad, because it was put forward by a non-authoritative body, as a model and not as a legal requirement. The bad features come in when these things make themselves part of State laws or State Board regulations. Some states, for example, in the actual medical license law have stated that medical schools must have so many hours of anatomy, so many hours of physiology, so many hours of this and that. All of these legal restrictions tend to stop initiative, to kill the creative faculty in medical education, to destroy all power of experimenting as to the best choice and arrangement of subjects. I want particularly to warn the nurses who are
preaching standardization against getting the curriculum fixed into law or board regulations.

What you want to secure, as Miss Gladwin has said, is the spirit to evaluate people and honest work, and not the smoothness of the wall of an operating room or the springiness of the mattress on which the nurse sleeps.

We went through with all that in medical education. Some of the states began to make inspections, and we had a good deal of experience,—some like Miss Gladwin has described. I recall an inspector who came to the St. Louis University while I was there. He had a long list of equipment. I went around with him. He said, "Have you got an epidiascope?" "Yes, here it is." Have you got this? Have you got that? I had an idea the man didn’t know a good many of the things on his list, because I had to point out many of them before he recognized them. Finally he said, "Have you got a ‘Bakoscope’?" I doubtfully answered "No"; and I looked at the list to see how it was spelled, and I said, "I guess we haven’t got that." He seemed to take pleasure in noting down that we didn’t have that particular instrument.

Not until after he had gone did it occur to me that there was a mistake on his list and what it really meant was a "phakoscope," and that he did not know the difference. I may add that we had a phakoscope, but we never used it. I couldn’t use it, and none of the students were ever able to use it; but we did have one.

Of course, that type of inspection is absurd, and fortunately in medical education that sort of thing has pretty well passed out. But I want you to be careful as you proceed with this very necessary question of inspection, that you don’t go to the extreme; that you don’t fall for those fetiches of material equipment, marble halls, swimming pools and so forth.

And yet there is a reason why this type of inspection tends to be made. It is so natural to look upon the material things. They are the things that can be scored so much more easily. And furthermore, they are the things that are concrete and definite in case of doubt. If the school is not registered, why? Well, because you didn’t have this particular thing. And you can’t get around it, because you either have it or you do not have it.

It is harder to evaluate a thing in which common sense and faith are needed more than a score card, and yet the most essential thing to be scored, is the people concerned. Do they know their business? Are they doing honest work? What kind of a product are they sending out?

The same thing is true of your students. Of late years, when Dr. Colwell of the American Medical Association Council, has visited schools (and I have been with him on a number of occasions), he has paid more attention to finding out about students than any other thing. You can do that in a con-
crete way, fairly well, from credentials, and that of course is why you say high school diploma, eighth grade certificate, and so on. But here, again, I want you to avoid some of our mistakes and always keep a way open somewhere for the person whose education has not been formal, but who "has the goods" just the same.

We have always known that such people existed, but that they existed in numbers and that they often have high grade intelligence was enforced upon university authorities by the result of the federal training after the war. We had a great many of those people come to this university; and since they did not have the formal basis or high school diploma, they were admitted as special students on their war record. It happened that one of the best men who ever graduated in the College of Mines had never been to high school, and we had numerous examples of that sort. With a rigid interpretation of rules, these people would not have had a chance.

Therefore, as you come to standardize admission requirements, I hope you will always keep a way open for the person of ability who has not had formal education (perhaps by arrangement with some college department of Psychology where they give modern mental tests. Such tests are really effective,—they will pick out in the main those who have ability). I hope, I repeat, you will always keep some way open by which you can take in the person who has not the formal papers to show for preliminary education but who has brains and determination.

That is not saying at all that formal requirements are not important. They are. They will serve their purpose in perhaps 95 per cent of your admissions. But it is a good thing to leave a road for the person whose education has not been formal, who has never had an opportunity to go to school.

I suppose Abraham Lincoln could not get into a modern college. He did not graduate from any high school. Surely, there ought to be in a democratic country, or in any other country for that matter, a system of judging people by which they can be given an opportunity and by which they can be recognized all the way up the educational ladder, provided they show that they have ability and character.

Make your inspection then, as far as you can, an inspection of the ability to teach and to receive, and especially of the ability of the student to educate herself. This last is really the high mark of ability, worth more than any other type.

May I say just a few words about New York? I am not absolutely sure that I shall speak by the book,—just how their laws came about,—but I think I know.

First of all, the New York Department of Education is a wonderful
institution. If you have ever visited their building, you know that there is a real organization. At the head of the work on professional education is a thorough educator, Doctor Downing. He is an old friend of mine, and I know that his object and purposes are absolutely good, and that he is a sound educational leader. At the head of the medical section they have one of our Minnesota graduates, Doctor Rypins, who is much interested in medical education and is making a study of it. Their motives are high, and they work with good people, as far as they possibly can.

Now, come to the law. They started early in New York. There were then many proprietary schools in medicine. And the New York Department of Education had in mind not only to protect their people, but to protect the schools of the State of New York. And therefore they said that, unless a whole school comes up to our standard, we will not recognize the individual graduate from that school. You can see the object. The object was good and in its day useful.

But that day is past. Now such a procedure is unjust. As Miss Gladwin has said, it is unjust for the individual and that is where justice should begin. The effect would be in medicine that though a man were the best in the country, if he happened to have graduated from a school that New York did not recognize, he could not classify or licence in New York. I think the time has come when that feature of law should be done away with, and that there ought to be a way by which the individual can be recognized through examination; and I have no doubt that you will agree that if the individual may receive justice, substantial justice is really done.

You can see the absurdity of the thing if it were carried out in all the states. Let us suppose that everyone of the 48 states had that system; that every school in every one of them had to be inspected by every other state,—why, that situation is absolutely so absurd that it could not be thought of for a moment. Our President of the University of Minnesota has stood firmly by the principle that no governmental division of another state has a right to inspect a school of this State, and in theory I think he is sound.

I want to point out two analogies which I think you should keep in mind. One is the common procedure of state universities in regard to colleges and other institutions in other states, and that is, to be guided by the state university of the other state in which the college in question is located. For example, if somebody comes here from a college in Kentucky or Illinois which the Registrar's office does not know about, all the Registrar does is to write to the state university of Kentucky or Illinois, and say, "What do you do in regard to that college?"; and we are guided by what they do in similar cases. Now, if the New York law were sufficiently flexible so
that they could take the opinion of people in Minnesota who are officials,—state officials,—that would be all you could ask for.

The other analogy is that of the registration system of vital statistics that the United States Bureau of Vital Statistics started a good many years ago. At first it confined itself to only a small part of the United States where the records were sufficiently well kept. Gradually the incentive to have these statistics accepted has led state after state so to improve its health service and statistics that it can be accepted.

Now, there ought to be some central bureau or body by which state after state that has decent educational standards and whose inspection is sufficient, could be accepted,—let us say, as to nursing standards or as to medical standards. Finally, we might get a complete map of the United States under some competent authority which would know that the local legal inspection and standards and systems were sufficient, and would certify individuals from state to state. Thus you could break down gradually the state barriers, which are really artificial and would not be found in any country other than ours. They are indeed a part of our old state rights idea. Thus we may become able, in medicine as well as in nursing, to break down those barriers and reach a system under which a person qualified to practice in Minnesota may go anywhere in the country. That is what ought to be.

This has been a rambling talk. If I might summarize it, it would be to advise you to go ahead with your plans for inspection. Get out of the thing all information that can be made the basis of strength and growth, but go at it carefully and be very sure that the standards set do not get in the way of the wheels; that they do not get into laws and regulations in such a way as to handicap initiative, do away with progress in nursing education, and produce a dead level standard, which is almost as undesirable as no standard at all. This is the first thing.

The second is: Just so far as possible, make the inspection apply to the inner life of the school, to the spirit of the educational endeavor, to those things which have to do with the students and the faculty rather than with those external things which tend so much to take a big place in all inspections. The things that are important are the things that cannot be seen, much more difficult to get hold of; but so far as you can, consider the spirit and not the letter.

The third point that I had in mind, was to say that the New York laws, taking them all around, are good, and that the restrictive features served a good purpose at the time when the laws were formulated. But they do not now. The laws against institutions as contrasted to individuals in the matter of legalizing practice of any profession, are in my opinion a mistake.
You, through your organizations, should strive to have these laws changed so as to apply to the individual and not to the institution; or so that honest standards and honest inspection in other states should be recognized in New York.

Meanwhile, you will have to bear with the Educational Department of New York, because they are working under the law and do not see any way except to enforce it. I have had correspondence with Dr. Downing, and while he is very much interested in securing justice to the individual, he feels that it is his duty to enforce the law; and under the present law he cannot make exceptions, even when he knows there are cases, perhaps like our nursing school here, where exceptions ought to be made.

I thank you for this privilege of talking to you, and I congratulate you on this magnificent gathering. May your meeting be successful in every way.

Miss Corinne D. French (New York): In view of what you have just heard expressed, I am sure that you will agree with me that I am brave in making the statement that I am one of the inspectors of nurse schools in New York State. For the last hour and one-half I have been several people. I have been very much a member of the Department of Education in New York State. I have also known how Barbara Frickie felt; I had reached the point where I felt like saying "Shoot if you must."

I would say that you have in certain instances the right to criticize,—we all do. New York State is not infallible. It makes mistakes; we know we do, and if we do we want to know about them; therefore, the paper this morning was very interesting to me. There are one or two things in that paper, however, that I wish to explain.

I am here unofficially. Miss Gilman's "refusal" to present a paper here was not one of choice but a matter of remaining at the Department in care of Departmental problems. She would be here if she could and she could answer certain questions for you better than I, for I have been a member of the Department for only six months.

In the six months I have been there I have learned to know some of the mistakes that have been made and the methods that have been taken for rectifying such. We want all the help we can get from the members in our own state and many of the friends we have outside the state to help us in the solving of our problems. I would like you to give me your attention for just a few minutes.

We inspect out-of-state schools exactly as we inspect our own. We hold out for them no other rules than we do for our schools in our own state. Our schools are both good and poor, just as are schools in other states. Within the last four years, from a number of two hundred schools, we have reduced our registered schools in New York State to one hundred and
forty-two, and in that one hundred and forty-two we have some lame children that we inspectors and the Departmental force are trying hard to lift up.

We also have poor nurses who are graduate nurses in our state. We do not want other poor nurses to come in. We have enough of our own, but you have many graduates that we would welcome. We would like to have them because they would help us carry on our educational program. Perhaps you do not think we have an educational program in New York after hearing some of the remarks this morning. Well, we have, and we are trying to carry out such conscientiously.

It may be some of you have the impression from the recent paper that we go into other states whether we are wanted or not. This is not so. A school asks us to come and inspect it. We never invade a territory without a request. On my desk in Albany I have a number of requests from schools that have been asking for inspection since January 1, and because we have not yet been able to come to them they are quite grieved.

Certain requirements are necessary to be met in order that any nurse school may be registered. This is our law, we may not change it. Our visits are too brief. I quite agree with everything that has been said about this. But why is it? It is because of the schools we are visiting and is not the desire of New York State.

The cost of out-of-state inspection is carried in part by the Department of Education, but traveling expenses and expense incidental to the inspection are carried by the nurse schools inspected. Therefore, we wait until there are a number of schools in one direction and make such inspection of these schools at one time. This means economy for the schools. For this reason we feel that we cannot spend three or four days or longer at each school as this would increase the expense per school.

We depend a great deal upon the cooperation of the school, upon the honesty of the interpretation of facts given to us, and upon the inspector who accompanies the New York inspector, for the interpretation of the school. No New York inspector ever goes into a state for inspection unless she is asked. She never comes unannounced. Before we accept a request for inspection from a school we ask the Board of Nurse Examiners for a representative, preferably a state inspector, to give us some of her time in going around with us and interpreting the schools to us. It is difficult, for we are only human, to go into any school and in one day or several days get clearly all the main facts regarding that school. We find this so in our New York schools as well. Therefore, we need all the help we can have in this matter.

A compilation of the material gained in the inspection, indicating whether
the institution is below or above the New York State minimum requirements for registration, is made and returned to the school, stating clearly the requirements necessary to be met and also the recommendations. No school was ever taken off the list without a chance for improvement, and that chance may last anywhere from six months to a year. In some instances it has been carried even longer than two years. Schools are given an opportunity for making up the deficiencies which they have. There is no snap judgment in decisions of this matter.

In regard to the University School, New York is distressed that this school cannot be recognized. It is a question of technicality only. We are very proud of the Minnesota University School and all the western schools. Neither the East nor New York State is standing aloof. We want your help. We want your interpretations and your cooperation. If we are not doing things according to what you wish, you have a right to come to us as you have today, collectively, and tell us what it is and we will tell you why we do things as we do in the interpretation of our law. We are changing things and we will continue to change, for this means progress.

In regard to affiliation, New York's stand is very strong for her own schools. This is a question maybe I can discuss later at some further meeting. You may be wrong in this matter and we may be wrong. The only way we can get together is by finding out the truth, and that is what we want. We certainly should get together on this subject.

Miss Harriet Frost (Pennsylvania): I want to say that I believe inspection is very much needed, and I believe that most of the states feel in this respect that they are in the same "box." We know that we have schools which should not be operating and we do want to protect the young women going into these schools. This, I believe, will be done by more, and not by less, inspection.

One of our standards of supervision of any kind is whether or not it is wished for. We are finding in all of the states that the schools are asking for more visits of inspection and more help, and this I think is proof that the inspections are very valuable to the schools. It is difficult in inspecting to inspect the spirit, but I do agree with both Miss Gladwin and Dr. Lyon, and with the other speakers, that it is important for the inspector to keep in mind, that it is more than just the external things which count. It does seem to me there should be some way by which the various State Board Examiners could get together more closely and have more uniform standards and methods of inspection. If every state is going to send into other states to inspect the schools, it seems to me that we shall have a regular onslaught of inspection. As to having inspectors come from one state into another, this makes a great deal of duplication on the part of our own state inspector.
In Pennsylvania, I know we have just as much as our one inspector can do, and we should like to have more than one. Our inspector may have gone all over the state and inspected schools and then the inspector from New York comes and wishes her to go over the same ground again, and so it does make duplication in our own state.

Miss Florence Dakin (New Jersey): New Jersey requested New York inspection. When we were inspecting in 1923, there were but 17 New Jersey Schools registered in New York; after inspection only 10, and the 7 schools that were taken off deserved to be taken off. We thought New York was very fair, and we thought that the inspection covered the educational side of the question even more than the physical conditions. Two of the schools were put on probation, and they have come up within six months to New York requirements, and I think now there are five schools that within six months will be ready to ask for registration in New York. I just want to add that New Jersey feels that New York has been fair and stimulating.

Miss Adda Eldredge (Wisconsin): You all know I have been inspector of schools of nursing in Wisconsin for nearly four years. It is impossible for me to visit a school oftener than once a year. So far the longest time I have been able to stay in any one school has been two days. I am somewhat in the position of which Miss Pfefferkorn spoke yesterday, the longer I am inspecting them the less I know about schools.

We found it necessary to make a general survey of the schools, getting the essential facts about every school. On the next visit there was a regular inspection made of each school and recommendations made from these facts. Such a survey is of little value unless we have sufficient office force to evaluate these facts and draw conclusions from them.

I have found that it is of value to visit these schools, even when an inspection is brief and hardly to be called an inspection, merely to walk through and see the things that have been done since the last visit. Again the whole of a visit may be taken up in listening to their problems and in an effort to find a method of solving them.

From a study of these facts obtained on my first visits to Wisconsin schools, we have been able to draw some conclusions. We have made improvements because we have inspected the credentials of all students in the schools. An equivalency examination has been established whereby the principals of high schools determine whether the student has something to offer as an equivalent for the one year of high school required.

At times the observations on a visit of inspection necessitate going again and again before absolutely necessary changes are made. Simply finding equipment out of order may mean that something has happened to this equip-
ment on that day, and not that this is a general condition. It seems to me the spirit with which we go into institutions should be entirely one of seeing wherein we may help that school to reach a high standard and obtain the type of people that it needs for its positions.

The American Nurses' Association has a hope of the model law, and we believe that no law should require more than two years—perhaps I should say I believe, because I do not know that it has yet been voted upon—not more than one year of high school and two years in a school of nursing. The law in Wisconsin requires the minimum standard, but this year ten out of forty-two schools have a high school requirement.

About one-half, 54.33 per cent, of all students in all schools in Wisconsin in 1924 were high school graduates.

We are obliged, by our law, to decide on applicants from other states by the requirement of the law of that state. We hope sometime to change that to the individual qualifications, but even now we feel that our law is operating satisfactorily, for we can inspect the schools in Wisconsin and leave a kindly spirit so that, should we open up the law for amendments, no one would immediately question or try to put the department out of existence. We believe that we have accomplished this, for as far as we know there was not one whisper in the legislature this year as to putting the department out of existence or even modifying the law.

I think we have had a vast amount of helpful discussion this morning, and I should like to ask (and perhaps no one can answer better than Miss Burgess, who was in New York when the present law of New York was passed) is there anything in the New York law to make it compulsory for New York to inspect schools outside of the state? I think I am right in the statement that they can accept the reports of the inspector of the school outside, if the rules and regulations are so adopted. I believe this inspection was started because so many states have not had inspection.

Miss Elizabeth C. Burgess (New York): It takes a great deal of courage to rise from New York after this paper. You see I am somewhat in the same position as Miss French, not that I have only just come into the Department of Education, for many of you know that it was my job for a period of about six years to administer the law under the State Department of Education, and for four years I inspected schools, but I have not been connected with the work of the Department since 1922, nearly three years. In response to Miss Eldredge's question, I am sorry I did not know exactly what would be taken up this morning or I would have had here a copy of the New York law, which would have made it easier for me to answer some of the questions which no doubt are in the minds of many of you.
To go back a little into the history of the New York law,—it was North Carolina I think that had the first law; New Jersey, the second; New York, the third; Virginia, the fourth, and Maryland, the fifth—when New York's law went into effect, it naturally, without any effort on the part of the nurses of the State of New York, came under the administration of the State Department of Education, because all other laws controlling higher education and the licensing of professions were administered there, medicine, dentistry, pharmacy; even the laws regulating the practice of chiropody and veterinary surgery. In the education law (not in the law of any of these higher professional schools) there is a clause which requires inspection. So in the first nurse law, which was passed in New York (1903), there was no statement that even provided for an inspector. But because the Department of Education never recognized schools without inspection, inspection was immediately started. It was carried on in the beginning by persons who were not nurses, and the efforts which the nurses in New York immediately made, and in which they were successful, largely due to Miss Palmer's great interest and help in those early days, was to secure a special nurse inspector. The first inspector was Miss Alline, as you may remember, the second was Miss Goodrich, and from then on we have had others. The nursing law is not different from the dental, medical and other professional laws in this respect. Inspection is required to determine standards in all schools. Miss Gladwin has made it quite clear that when nurses come to New York, they may not take an examination to become registered nurses or secure registration through recognition of their R. N. in another state, unless their school is registered in New York. There is, of course, great value in the recognition of the professional preparation the nurse has received—I think I am correct, am I not, Miss Johnson, in saying that some years ago Massachusetts had a law which did not pay any attention to preparation, and I think every one in Massachusetts felt this a very weak point, and did all they could to endeavor to have that changed, and it is now changed. But until recently it was possible under the law for any person to come up for the R. N. examination, and if she passed the examination she could be licensed. I remember I talked to Miss Riddle about it and she said, "Well, the best we can do is to make the examination so hard that unless she has had good training she cannot pass it." The New York law places its emphasis on preparation. One must have, in the first place, a certain general education, secondly, a sound professional education, and this must be followed by an examination, and only those persons who have had this foundation may take the examination. It is a sound educational principle. The law states that schools of nursing to be recognized must meet and maintain certain standards and that these matters are to be determined by the Regents of
the University of the State of New York. Schools within the state have always been inspected in order to determine whether the standards were met and maintained. It has not been until recently that schools outside of the state have been inspected as a routine matter the same as schools within the state, although occasional inspections have been made.

There has been no change in the wording of the law. It would appear to me to be largely a question of the requirements made by the educational law and rulings in the matter, such as Miss Eldredge has in mind. I am inclined to think that, since the feeling regarding inspection which has been expressed by Miss Gladwin for Minnesota, and for other states possibly, seems so acute, it would be a very desirable thing for a recommendation or motion to go from this group, that Miss Gladwin's paper and criticisms be sent on to the State Department of Education, whose representative in the professional education is Dr. Downing, in order that the Department may have this directly. There is no deep-rooted desire to criticise schools out of the state, and there is no deep-rooted desire to put the right type of nurse out of New York. I know that, because I was connected with the Department for a long time, and I know that the real desire is to be helpful, and that is what inspection ought to be.

I was a little amused when Miss Gladwin—I don't see her—oh, yes, there she is—when Miss Gladwin said that it would be more proper—perhaps not just that way—to criticise individuals than the conditions of the buildings, and so forth; that the real thing was the people who did the teaching and the way they did it. That is true, of course, we all recognize that. But I wonder if you realize how different a situation would be created if the State Department attempted the criticism of individuals. That is the worst thing which they could do. The inspectors probably did the best thing possible where they were not familiar, and which perhaps is about all one can do in a rather brief period, that is, to see the conditions as they present themselves in the matter of equipment and buildings, clinical material, and things of that sort. I agree with Miss Gladwin wholly that that is not all we are after. I am inclined to think that with inspections of that kind, perhaps it is the only way they could have done. I think Dr. Lyon, of course, hits the nail on the head, when he says that we must be more together on these things. Our difficulty is the difference in the laws. You all know that some of our laws are exceedingly meager, that sixth grade education is acceptable to some states and eighth grade to others. In some states there is no mention of education at all. It just says good, common schooling. What that means, I don't know. The professional preparation required is just as different; in some states it is entirely inadequate. I believe that we should come to something more like understanding
of what we are all striving to get. It probably ought to come about through some national registration. We know we can not have a federal registration, because of the things Dr. Lyon spoke of, but we might have a national Board appointed by the American Nurses' Association, the same as the American Medical Association has done in medicine, whereby those who took the examination held by the Board, and secured their certificate, might have this certificate recognized in such states that made provision for it in their law. I think that is something we ought to think seriously about.

I hope that the grading which we have been talking about and which Miss Logan presented in her opening address, and which Dr. Beard talked about,—I hope that will be helpful. It seems to me that it must be helpful, since it will surely bring about more uniform and known standards. After all, what are we doing? We are attempting to protect the public. That is our real, true reason. If we are attempting to do that, we must, I think, not only attempt to have some national plan whereby we are closer together on these questions, but I believe also that we must strive to do what Missouri made a brave attempt at, and that is that we must eventually license all persons who nurse for hire. That does not mean that it is just the registered nurse, it means that we shall have to license nurses for what they are. The persons engaged in caring for the sick will have been investigated. We would have the registered nurse and the less qualified nurse, but she should be so labelled that the person employing her knows just what to expect. I think that is what we have got to come to, and I think we have got to have more uniformity and greater understanding. (Applause.)

Mrs. Anne L. Hansen (New York): I feel I cannot possibly let this meeting go by without saying a word as President of the New York State Nurses' Association, even though Miss Burgess has taken the words out of my mouth, because I am very proud of New York State. I want you to know that the nurses of the State of New York in laboring for the law had in mind the protection of the patient and the community. I should also like to answer in part one question asked by Miss Gladwin. What effect is the New York law having on the nurses in New York? I can but say that numerically we are growing. I was told by Albany just a few weeks ago that the number of registered nurses grows very rapidly—and ahead of the number of young women coming out of our schools. I think that shows, perhaps, one way in which it is affecting the nurses in the State of New York.

The following motion was presented by Mrs. Anne L. Hansen of New York, seconded by Miss Florence Johnson of New York and carried:

That a copy of Miss Gladwin's paper be sent to Dr. Augustus S. Downing in Albany, N. Y.

Meeting adjourned.
General Session

Wednesday, May 27, 8:00 p. m.

Carrie M. Hall, first Vice President, presided.

In introducing the speaker, Miss Hall spoke as follows:

"I think there is no group of professional women which needs so much to turn its attention to the subject of the evening as do nurses. For many years, at conventions, our women have been notorious for the way in which they have driven themselves. Committee meetings, board meetings, round tables, demonstrations, early in the morning and late at night. It is pleasant to find here in Minneapolis that the committee has attempted some sort of rescue of ourselves from ourselves, and has allowed us some time for recreation, relaxation and for pleasure. In our schools for nursing some attention has been given to the student nurse, her hours have been shortened and some attempts have been made to provide recreation and recreational facilities for her, but as graduate nurses and professional women many of us have continued to work long hours, ten, twelve, even sixteen hours a day, and to think we must do it. Latterly, some of us have learned that we can relax, that we can even rest. A few have attempted the daily dozen, more or less spasmodically, but very few of us, I believe, yet know how to do those things which bring light to the eye, color to the cheek and springiness to the step; but few of us know how to plan our work in order to leave any time for play. It is therefore very fitting that we are to have to speak to us tonight Dr. Allan Hoben, President of Kalamazoo College, Kalamazoo, Michigan. Dr. Hoben will address us on The Need for Play."

THE NEED FOR PLAY

By Allan Hoben, Ph.D.

President, Kalamazoo College, Kalamazoo, Michigan

Printed in the August, 1925, American Journal of Nursing.

Meeting adjourned.

Instructors' Section

Thursday, May 28, 9:30 a. m.

In the absence of Nellie X. Hawkinson, chairman of the Section, Caroline Rankiellour conducted the meeting.
THE PRESENT CONCEPT OF METHOD

By Georgina Lommen

Director, Training School, State Teachers College
Moorhead, Minn.

If one were to summarize the factors that are influencing the profession of teaching irrespective of the different fields in which that teaching may be done, one could list them perhaps under four heads. Within ten years we have been effecting a very material change in our current philosophy of education. About a quarter of a century ago an educational prophet arose among us. When the history of education is written Dr. John Dewey's name will probably appear among the greatest contributors of his century. Briefly stated the Dewey philosophy of education, whether it be for children or for nurses, for men or for women, insists that the function of education shall be that of directly assisting the individual to his best self-realization. To quote directly from Dr. Dewey the aim of education is "to free the life processes for their own most adequate fulfillment."

The second factor to be taken into consideration is the growing importance of the employment of scientific method of study in education. It is only in the last decade that we have begun to control the factors in education. We are training our workers as never before; we are building laboratories where experiments may be conducted, weighed, evaluated, verified and recorded. Yes, education is rapidly becoming a science!

The third factor is the new definition and the functional character of educational psychology. Many of us in this audience belong to a generation that taught and believed in a psychology of faculty training. There was a current opinion that misbehavior in the individual, whether it was mental or social, nervous or physical misbehavior, was the result of sin. Our new psychology is a much more helpful science. It gives us this principle upon which to work: every experience with which we are confronted brings about a change in our mental set-up and our social set-up that modifies the total result of life. This new psychology is referred to as behavioristic psychology and accepts as its unit of departure that theory known as the Situation-Response Unit.

The fourth factor influencing education is the introduction of social and industrial materials into our curricula. Curriculum activities, whether in the elementary or secondary schools or in schools of training for vocational education, are no longer concerned with a few lines of subject matter adapted especially to that particular field, but any education or curriculum worthy of the name today is as broad and rich as life is broad and rich.

Taking our departure from these four factors let us make clear the in-
fluences at work affecting our materials and methods of instruction. A backward look into the history of instruction reveals but one specialized education in the early history of America; the aim of that education was to enable the individual to gain such control of spiritual and individual conduct as to insure the salvation of one's eternal soul. The materials were religious, the methods were severe, and the product was not always what it was intended to be. In a little more than a century and a half we come upon the development of a program of education defined and formulated by Herbert Spencer which adopted as its key motive the introduction of the humanities in order that the individual might be better prepared for the activities of adult life. That motive permeated every department of education and brought about a tremendous change in education on all levels. Mathematics, the sciences, history, civics, and literature were added to the curriculum. All of this to the end that the individual might become more socialized. Today we come upon these broadening aims in our educational program: first, training for citizenship; second, training for health; third, training for practical efficiency; and fourth, training for a nobler use of leisure time. As a student of mine remarked one day, "We have grown from a program of preparing for death through a program preparing for life to an actual policy of revealing life to the learner."

<table>
<thead>
<tr>
<th>1620</th>
<th>1859</th>
<th>1920</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soul's</td>
<td>Spencer's</td>
<td>Health</td>
</tr>
<tr>
<td>Salvation</td>
<td>Philosophy</td>
<td>Citizenship</td>
</tr>
<tr>
<td>Preparation</td>
<td>Preparation</td>
<td>Efficiency</td>
</tr>
<tr>
<td>for Death</td>
<td>for Life</td>
<td>Personality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Happiness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-realization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Worthy life, morality, character</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Revelation of Life</td>
</tr>
</tbody>
</table>

(From Parker—Chapter II)

Let us pause for a few statements from leaders in the field of education as to the immediate aim and function of the educational process. Dr. Bagley, who is perhaps one of the foremost leaders in teacher training in America, says "the aim of education is three-fold: first, to help the individual to pull his own weight in the work of the world; second, to give to the individual an attitude of non-interference with those who would do likewise; third, to give the individual the attitude and willingness to make conscious effort toward progress." Most of us fail in the third element in this aim. There is a pretty definite sentiment in America today and among young people everywhere that "the world has a right to expect from me that I pay my way; if I pay it well, that is sufficient." But that is not sufficient.
Whether it be your profession or ours, our part has been fulfilled only when we have brought creative effort to our profession and to our world. Another leader for whom we teachers have a very great respect, Dr. W. W. Charters, gives this definition, brief and very much to the point: "The aim of education is to give the individual an appreciation and a control of life values." Dr. Bonser of Columbia University defines it thus: "To lead the individual progressively into ever widening and ever deepening experiences that he may live an increasingly rich and worthy life." Dr. Dewey defines the aim of education thus: "To develop in the individual continued capacity for growth."

And just how are these idealistic aims to be achieved? The answer to this question relates to method as an aspect of instruction. Three thousand years ago the Chinese culture gave to the world a method of instruction still as good as it was in the age of its conception. Because the memoriter method of learning based upon repeating again and again the fact that one wishes to retain is three thousand years old, is no reason for its present discard. There is still in every institution of learning some material that can best be learned and retained by that very method of learning, but it must be adapted to the nature of the subject matter to be learned and must have the additional element of interested and rationalized attention.

Another method which through the centuries we have been slow to appreciate was the method used by Jesus Christ, the world’s greatest teacher. We are just beginning to sense its possibilities. The particular characteristic of His method lay in the adaptation of the lesson to the situation of most immediate need. When He came upon the Samaritan woman beside the well He saw her social and spiritual need and with His parable He helped her to meet this spiritual need. He did that for the Pharisee and for the Publican. We may draw from His method of teaching a fundamental principle for good teaching today: to recognize the learner’s need just at the moment when it occurs and to utilize the need as a motive to that individual’s intellectual activity.

The Herbartian steps of the eighteen hundreds exerted a profound influence upon educational practices in America. The chief difficulty in that particular type of procedure lay in its ultimate inadaptability to all types of subject matter and the artificiality with which it was applied to all learning situations.

We are today enthusiastically utilizing a teaching procedure known as the project method. The concept as defined by Dr. Kilpatrick seeks to incorporate whole-hearted, purposeful activity on the part of the learner, the application of the laws of learning and the inclusion of ethical qualities of conduct. We are indebted to Dr. S. A. Courtis of Detroit for the following
graph showing the relationship of instructor and learner as conceived by this method.

<table>
<thead>
<tr>
<th>Nature of Activity</th>
<th>First Stage</th>
<th>Second Stage</th>
<th>Third Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stimulation</td>
<td>Achievement</td>
<td>Interpretation</td>
</tr>
<tr>
<td>In Charge</td>
<td>Teacher</td>
<td>Learner</td>
<td>Learner Teacher</td>
</tr>
<tr>
<td>Teacher’s Work</td>
<td>Presenting</td>
<td>Conference</td>
<td>Direction</td>
</tr>
<tr>
<td></td>
<td>Selecting</td>
<td>Reference</td>
<td>“Leading on”</td>
</tr>
<tr>
<td></td>
<td>Arranging</td>
<td>Guiding</td>
<td></td>
</tr>
<tr>
<td>Stimuli</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupil’s Work</td>
<td>Purposing</td>
<td>Planning</td>
<td>Judging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Executing</td>
<td>Evaluation</td>
</tr>
<tr>
<td>Product</td>
<td>Formation of a purpose</td>
<td>Achieving the purpose</td>
<td>Conserving the benefits of experience</td>
</tr>
<tr>
<td></td>
<td>Experiencing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Detroit Journal of Education, February, 1922)

But in spite of our more democratic philosophy, in spite of our behavioristic psychology, in spite of our desire to include social values in every curriculum, and in spite of our larger vision as regards matter and method, we teachers still classify rather generally into what we may term progressives and conservatives. May I characterize briefly these two groups. On the banner of the progressive group we find such key-words and slogans as these: the case is of the individual; freedom, spontaneity, and self-activity are the means, the end is the self-realization for the individual. On the banner of the conservative group we should find these key-words: the curriculum, our racial or professional heritage, must be the point of our departure; law, obedience and discipline are the means, culture, conduct and character are the ends. To keep our balance between the new and the old is no small task. “To be not the first by whom the new is tried nor yet the last to lay the old aside” is quite as desirable in education as in the field of fashion.

Were we to analyze our instruction today, it would correspond perhaps to our levels of thinking, to our levels of personal and professional philosophy; in the light of this more democratic philosophy and procedure we might be classified on the low or high plane just in the measure that we accept and approximate the ideals of the new theory of education.
Planes of instruction.

**Respect for Personality**

**Learner's Activity**

**Student Purposing**

<table>
<thead>
<tr>
<th>Militaristic Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teacher Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

One other phase of this liberalizing tendency in the instructional process should be discussed: *No learning situation is ever single*. One cannot isolate the subject matter involved in a recitation period from the development of skills, habits of work, and the ideals, attitudes, standards and tasks that enter into the total learning experience. We can best show the totality of the learning experience in the following representation:

**The Total Learning Situation**

- **Focal learning**—the mastery of a given subject matter unit.
- **Associate learnings**, as: habits of attending; neatness in manipulation; care of materials.
- **Concomitant learnings**: life interests, skills, attitudes, ideals.


What are the personal qualities desired by the public in its teachers in order that these conditions and ends may be achieved? A foremost educational leader in the country selects his teacher on the basis of five qualities: first, her ability to speak her mother tongue with proficiency; second, the possession of gentle manners; third, the habit of reflective thinking; fourth, the power to do; fifth, the capacity for growth. A delightful group is suggested by Dr. George Herbert Palmer of Harvard in his Essay on "The
Ideal Teacher.” She must possess an aptitude for vicariousness, an accumulated wealth of knowledge, the ability to invigorate life with knowledge, the willingness to be forgotten, that is to say an attitude of unselfishness.

Let me give you Dr. John Dewey’s qualities and I have finished. First, integrity of purpose; second, singleness of purpose; third, the open mind, and fourth, the willingness to bear responsibility for one’s own acts even to thinking.

In summary, then, the burden of my discussion lies in this statement: helping students to do what they really must do, just as we adults do when we do our best, is the essence of good methods in teaching.

TEACHING AND LEARNING THROUGH EXPERIENCE

By Bertha Harmer, R.N.
Assistant Professor, Yale University School of Nursing,
New Haven, Conn.

Before discussing our methods which I have been asked to talk with you about, I should like to make this explanation.

The Yale University School of Nursing is fortunate in having received from the Rockefeller Foundation a sum of money which gives it the necessary means and freedom to make a scientific study of the content of nursing knowledge and the methods of teaching best adapted to meet the needs of nursing education. The subsidy granted, while generous, does not in any sense exceed the demand of a school giving a sound, basic education in nursing. The study, also, is not being conducted under ideal conditions, namely, a modern building or with the most modern, up-to-date equipment.

Perhaps it is best that our methods should be evolved under difficulties common to most schools, because such methods should then be more applicable and helpful to other schools.

As the Yale School is now only about one year old it is too early to speak of any of our methods as perfected. They are still under trial and are being tested out in the experimental way that such a study demands. We feel, however, that the methods presented this morning, though not perfected, are educationally sound, and we are glad to share anything we have which may be of use or interest to you or, at any rate, may serve as a basis for discussion.

The subject which I was asked to present was our methods of keeping case studies. But the keeping of case studies is merely one of our methods and is so intimately bound up with our whole educational system of trying to develop in our students character, understanding, knowledge and skill
in the care of patients through practical experience, that I have taken the liberty of presenting the more general subject of teaching and learning through practical experience.

This subject was selected because there is a general feeling that, in the effort to break away from the apprenticeship system and to strengthen and improve the theoretical content of nursing education, we have tended to neglect the rich opportunities for teaching in the wards and out-patient department. We have not consciously applied the principles and methods of teaching used in the classroom instruction to developing that part of the student's education which can be obtained only in her practical experience. Principles and methods imply that a course has a definite content or subject matter and definite methods by which this content may be taught and learned. The practical field, that is, any ward or clinic, has a definite content or subject matter and we must use methods which will organize it and get it across to our students. This will undoubtedly result in better, more intelligent care of our patients.

The methods selected for discussion were those relating to the assignment of patients for nursing care and study, the keeping of case studies, records of the student's daily experience, and practice cards which show the student's opportunity for acquiring skill in the various procedures.

The case study method has already been ably presented by Miss Taylor in an article published February, 1925, in the Public Health Nurse so I shall endeavor to avoid repetition, and discuss it from a different point of view.

Before discussing our methods or records may I be permitted to present some of our ideas relating to the practical experience which help to determine what methods we shall use and how we shall use them. For to have a point of view, a firm belief that a method has value, that it is worth striving for in spite of difficulties and in spite of the fact that it may be a long time before one can succeed in putting it into effect, is, I feel, even more important than the method itself, and infinitely more important than the form on which the results are recorded. Having a conviction and having accepted a point of view, it is easy enough to prepare a form or record.

As we are concerned with methods of teaching and learning by experience, let us first consider the wise old proverb which says that experience is the best teacher.

All education is said to be a process of growth and development which is brought about by the constant adjustments we are obliged to make. For the students, the practical experience demands constant adjustments in order to work in harmony and efficiently with others in carrying out the many, varied duties required by her patients. With this definition of education,
the question for us is how and why is experience the best teacher? What are the necessary factors in experience which teach us, that is, which enable us to adjust and which add to our knowledge or skill and develop character? If this proverb is true why is it also said that experience is a very costly teacher, a hard taskmaster, and that we learn by bitter experience?

When we analyze our experience we find that what we learn from any one experience depends upon the amount of thought involved in it; that is, what we learn depends upon the keenness with which we observe what goes on about us, upon the degree of thought such observations arouse, upon the degree in which our actions are controlled by such thoughts, and upon our ability to see the connections and relationships—that is, the how and the why—between what we and others do and what happens as a result of our doing.

Failure to see and appreciate the connection and relationship of one step with that which precedes and that which follows, to see that the one is the cause and the other the natural result or effect, means that we gain nothing from such an experience which enables us to foresee or to plan what will happen next and no added ability either to adjust ourselves to our environment or to what is coming next, or in any way to direct or control the course of our experience in such a way as to gain the results we desire. We are thus at the mercy of circumstance. It cannot be said that we have learned by experience.

It is this failure to think, then, this unquestioned acceptance of facts and routine methods established by custom—because it has always been done that way—with no conscious effort to establish a richer, sounder body of knowledge and better aims and methods, which makes experience a slow, painful process—a bitter experience.

To learn or profit by experience, therefore, a student must learn to observe keenly, to think before she acts, and to learn from the results of her actions how to adjust, direct and control her future experience.

As all education is a process of adjustment the greater the student's power to adjust the greater will be her opportunity for learning and development. If the students are to learn by making adjustments they must know what adjustments are necessary. We, therefore, discuss such problems, our aims and our methods of work with them. They must understand that our problems are really their problems and that they must share in solving them. In this way, by association with us, they will learn to recognize and solve problems for themselves.

The following quotation expresses this same feeling admirably: "We wish that the pupil be treated as one who intends, and who is expected, to learn for himself, rather than as one who is to be supplied with knowledge by
us out of the stores of our information," and that, "If he knew what he was trying to do we believe he could and would do it."

To carry out the above idea, the curriculum, as outlined in the catalogue, is explained—our ideals and standards of work, the sequence of experience from service to service, and the relation and correlation of theory with the practical experience. Then the students are told that our problem and theirs is how to make this experience of greatest value to them and through them to the patients. It is stated that, embodied in this practical experience, and to be found in no other place, there is a definite body of knowledge relating to nursing. But, that this knowledge is scattered, confused, and merged with medical knowledge, varying from place to place, from time to time, under different conditions, and with different doctors and nurses. Many illustrations might be given here. For instance, in small hospitals students often have the opportunity to give treatments not permitted in large hospitals with a larger staff. In hospitals connected with a medical school there is often a tendency to assign to medical students treatments assigned in other hospitals to nurses.

Again, our knowledge of nursing care is too vague and general, that is, not developed and outlined for the individual case. For instance, the treatment prescribed by doctors varies greatly according to the diagnosis, symptoms and individual differences, etc. Not only is the treatment for cardiac patients different from that for, let us say, Hyperthyroidism, but it differs for different cardiac patients and also for different stages of the disease. So far from this careful study and differentiation is our present knowledge and practice in nursing, that a student can, and sometimes does, give nursing care to the patients on one whole side of a ward, without even knowing the diagnoses or, knowing this, is conscious of little more. We are held responsible for the nursing care—should we not prescribe nursing care for each patient as the doctors prescribe medical care? Let me tell you an incident to illustrate this need.

One morning when approaching a room to visit a student nurse who had been ill with diphtheria for about a week, I was met outside by her nurse, a graduate. When I inquired about the patient's condition, she said, "Oh! she is much better; she is taking her own bath." This meant, of course, that neither the nurse nor the patient (a student nurse) knew the danger of exertion or the proper nursing care of a patient with diphtheria. The head nurse knew and was responsible, but instructions regarding the nursing care were not prescribed or written anywhere.

Now through our methods of assigning patients, and through our case studies and experience records, in which emphasis is placed on a program of nursing care based on the needs of the individual patient, we hope to
accomplish, at least, three things which will insure sympathetic, intelligent, skilled nursing care for patients and a sound education for student nurses, believing, as we do, that the one insures, and is inseparable from, the other.

First, we, with the help of our staff and students, hope to formulate, organize and develop this content of nursing knowledge through a systematic study and analysis of the records kept of the students' experience.

Second, we hope to build up a program of nursing care for each patient, as required, based on a study of the needs of the individual case. This will be done through the case studies.

Third, we hope to have the students understand and practice, even before they go into the wards as well as throughout their practical experience, a method of study which may be used in any scientific piece of work in a science laboratory, the hospital wards or out-patient department, or a community health or social agency, or in any field of industry. To have the students understand and apply this method we feel to be very important because it develops the student mind and makes them independent, responsible workers, able to recognize and solve problems and to learn by themselves.

To get this method, and its application to our study of the practical experience in nursing, across, we take an illustration from a science laboratory which they, themselves, have either done or seen demonstrated. Before doing so, however, we compare the field of practical experience (often spoken of as our laboratory) with a science laboratory. The contrasting features mentioned are as follows:

In a science laboratory we deal mostly with inanimate or lifeless things while in a nursing laboratory we deal with human beings.

In a science laboratory each thing we do is frankly an experiment to find out or to prove something—the result may or may not be—beneficial—while in a nursing laboratory we do nothing that we are not reasonably sure will be of benefit to the patient.

In a science laboratory the produce of each experiment is thrown away because of no value—what the student learns, only, is of value; while in a nursing laboratory each feeling, thought or action of the nurse is of more or less vital importance because it plays a constructive part in the curative or preventive health program. The nurse here, also, learns by doing.

In a science laboratory, skill, although necessary, is not one of our objectives, so experiments are not repeated until perfected, while in a nursing laboratory skill is one of our primary objectives, so practice is necessary.

In a science laboratory accuracy and scientific precision in carrying out direction or procedures, keenness in observation, accurate recording of procedures and observations, the careful analysis, comparison and selection of
data and the statement of conclusions, and, finally, the application or use of such conclusions are all important factors in a science laboratory. In nursing, because of the above mentioned conditions, they are of much greater importance. They are all essential.

As an illustration of an experiment in a laboratory and its application to nursing, we may take the examination of tissues or blood cells with a microscope. As you know, it is advisable, for many reasons, to examine your field first with the low power. We see spread out before us a large field in which there are many, many cells. We see that there are two main kinds of cells, red and white, and again that there are different types of white cells. We gain some idea of the relative size and number of these cells in the various groups and their relations to each other, and if we perform certain tests we can actually estimate the total number in the blood and many other facts about them.

Now the study of the student’s practical experience recorded on these experience records, which we will examine later, seems to me, analogous to this—it is, so to speak, examining our field of experience with the low power of the microscope. We see, and the student sees, her whole experience spread out before us in proper perspective. We see the number and variety of patients or cases cared for, the number in each group, all the treatments given in their proper relation and all the symptoms observed in their proper relation to the disease or treatment, social problem or nursing care, etc. The records tell us what we have no other way of finding out.

To go back to the use of the microscope. When a student looks through a microscope we have no way of knowing what she sees, understands or learns—she may not be looking at the right field at all; she may have the lens focussed badly; she may be looking at a bubble of air or dust on the slide or lens. What she sees may mean little or nothing to her. To help her, we must look through the microscope, help her to focus it, direct her observations, have her draw, describe, compare with reference book and record what she sees.

It is the same with the practical experience. When a student is caring for patients, carrying out procedures, charting, etc., we have no assurance that she is learning anything beyond the mere mechanical adjustments required by the procedure unrelated to the individual patient or anything else. Many illustrations might be given of this failure to observe or to relate cause and effect, etc. Just to give one illustration! The other day a student assisting with dressings had no observations recorded on her experience record. When questioned she said, “Oh! I am ‘on the dressing carriage.’ I have no patients assigned.”

Now, as we all know, when that student was assigned to the dressing
carriage it was to give her, not only the practice in aseptic technique, but the opportunity to observe dressings, wounds and their treatment in relation to the diagnosis or operation and the patient’s general condition.

These records are thus showing us how meagre a student’s observations and education may be if we do not have some way of checking up as a means to helping and guiding her in focussing attention on what she is supposed to see and learn. They make it possible for not only one person but the whole faculty, or a special committee appointed, to look through the microscope, as it were, at any student’s experience, if desired. This means that the minds of several people, instead of one, can reflect on this experience, evaluate it, and reshape it.

In relation to the recording of practical experience Dr. Dewey gives us the following food for thought:

> Man differs from the lower animals because he preserves his past experiences. What happened in the past is lived again in memory. And all this which makes the difference between beastiality and humanity, between culture and merely physical nature, is because man remembers, preserving and recording his experiences.

> At the time, however, attention is taken up with the practical details and with the strain of uncertainty. Only later, do the details compose into a story and fuse into a whole of meaning. At the time of practical experience man exists from moment to moment, preoccupied with the task of the moment.

So much for the recording of the student’s experience and the student’s experience record. They should not only be of incalculable value to the students but to us as a means of teaching, of regulating their experience and developing a system of credits based on the actual teaching and educational value of their experience.

Now, let us go back to our study of the blood cells, this time with the high power lens. We see a greatly restricted field in which, perhaps, only one type of blood cells is represented. We are enabled, however, to make an intensive study of this one type noting all its characteristics in detail. The knowledge gained is most illuminating and valuable, but any conclusions we might draw about blood cells and any applications we might make would be very misleading if we did not enlarge our field, compare these cells with others of the same type and of different types, and with the low power picture in the background.

This “high power” examination is analogous to our case study—an intensive study of one selected patient, the emphasis being on the observation of symptoms, the social and medical aspects, and the program of nursing care. Placing patients in a long row of beds, the beds all more or less alike, the patients all bathed, dressed alike, fed more or less alike, all subject to the same conditions, tends to rob them of their individuality, and reduce all more or less to the same level as the uniform does in an army. The
case study is an effective way of restoring to the patient his individuality and of meeting his needs as an individual, a member of a family and of the community.

Assignment of Patients

Before turning to the forms or outlines we are using, as a guide to the students in making their studies and records, it is necessary to mention that to each student nurse a selected group of patients is assigned for nursing care for whom she is responsible for varying lengths of time. The patients assigned are selected by the head nurse in conference with the supervisor. The selection depends upon the patients' needs, the student's needs, her experience and ability to care for the patients. Any group of patients may represent a variety of diseases or of problems in treatment, medical, social or nursing; or a group may represent a variety of nursing problems and aspects of the same disease.

The selection of cases, the length of time allowed for observation and nursing care all involve important fundamental educational principles upon which the whole value of the system depends, and should receive the careful thought and study of the faculty.

Assignment of Study

To stimulate thoughtful consideration and study, and a sense of responsibility on the part of the student for the individual needs of the patient, the assignment for study is made on the day preceding the actual nursing care. The student is expected to review whatever studies may be helpful in understanding the case, and to think through a program of nursing care to be presented to the head nurse for approval or correction.

To avoid any misunderstanding of treatment, to each chart a card is attached, on which the medical and nursing care prescribed are outlined. These will be saved and filed according to the diagnosis and used for future study, comparison and guidance, and to build up our content of nursing knowledge.

Two courses in the curriculum have a direct bearing on the keeping of case studies, the Social and Economic Aspects of Disease and the Principles and Methods of Case Study. The general plan is to have the students write a case study every two weeks up to a maximum of six in each service. These are handed to the head nurse who, together with the supervisor, corrects and grades them and returns them to the student in conference. The best case studies are copied and passed to the "Case Study Committee," a committee formed to determine what constitutes a good case study, and to select the best studies made in each service during the year. Our plan is to have these printed and used to build up a reference library of case studies for future study and for use in teaching.
The Experience Record is a monthly record but is handed in each week to the head nurse for correction and further guidance as indicated. The experience is summarized at the end of the month by the student, and the completed record handed in to the head nurse or supervisor. The daily record is graded and returned to the student in conference. The summary is filed as a permanent record. In grading the practical experience twenty-five per cent is allowed for the case studies, twenty-five per cent for experience records, and fifty per cent for skill in practical work.

Procedure Cards and Instructor's Record

To provide that every opportunity will be taken to insure skill through practice in the various procedures, a card is given each student on which she checks those procedures taught in the classroom and ward, and carried out by her in the various services, to the satisfaction of the head nurse or instructor. These cards follow the student from ward to ward or clinic to clinic so that the head nurse may be guided in her teaching and assignment of duties. To insure that, as far as possible, all members of a class will have equal opportunity and uniform instruction, the teaching supervisor in each service keeps a record which gives a picture of the procedures taught and practiced by the whole class or group assigned to that service. This represents, as it were, the outline of her course in practical work.

Head Nurse Instructor's Report

A report of each student in the service is submitted by the head nurse to the Superintendent. The statements made regarding personality, knowledge, skill, etc., are first discussed with the student. In this way, together with the conferences on case studies and experience records, the students are constantly guided and directed and every opportunity taken for teaching and learning by practical experience.

The Chair announced that the following radiogram from mid-ocean, addressed to Miss Vannier, had just been received:
Greetings to Convention. (Signed) Goodrich, Clayton. (Applause.)

Meeting adjourned.

Open Session Conducted by the Education Committee

Thursday, May 28, 2:30 p. m.

M. Helena McMillan presided.
THE PRINCIPLES OF PUBLIC HEALTH NURSING
IN THE UNDERGRADUATE COURSE

By Amelia H. Grant, R.N.

Assistant Professor, Yale University School of Nursing,
New Haven, Conn.

What constitutes basic training? Is it desirable to include the principles of public health nursing in the undergraduate course? These questions are being given considerable thought at this time when the curricula in schools of nursing are being reorganized in an attempt to meet the needs in the field of nursing more adequately.

The broader demands made upon the nurse in various phases of her work has emphasized the fact that she has gone out from the school of nursing unequipped to deal with the problems of community health—and has been obliged to make her way learning by trial and error. Experience is a valuable teacher, “trial and error” has a place in education, but the growth in public health nursing in scope and quantity makes this method unsatisfactory, because of cost in time, and because it is unsound from the standpoint of community service. If nurses had a knowledge of the cause and prevention of disease, as well as of the care and treatment of the sick, would they not be able to render a better service in all phases of nursing?

It is emphasized more and more that hospitals are health centers. This implies coordination of health work and cooperation with other social agencies in furthering the welfare of the community as a whole. Such a plan tends to broaden the scope of the medical and nursing services of the hospital. Nurses who understand and are interested in preventive work, and who are able to teach positive health are needed in the hospital wards and out-patient clinics. After all, the patient’s needs are practically the same whether he is being treated in the hospital or in his home. No one has a greater opportunity to carry the message “health and right living” than the private duty nurse. The nurse who is caring for a sick member of a family has a position which gives her an opportunity for health work not open to many other workers.

Somewhere between twelve and thirteen thousand nurses are engaged in public health nursing in the United States, and only a small percentage have had postgraduate work. While the number entering postgraduate courses has increased, the increase is not in proportion to the growth in public health nursing. The expense involved in the postgraduate course rather tends to prohibit some from entering, and the general educational requirements for admission to schools of nursing make it possible for large
numbers of nurses to be graduated who are not eligible for entrance to the postgraduate courses in connection with the universities.

The question of preparing these thousands of nurses for the growing field of public health is to be considered. One solution for the problem is not to undertake any piece of public health nursing, no matter what the demand, until properly qualified workers can be secured. Certainly the nurse without special preparation who goes into a small community, where she can not have the help and supervision which is available in larger organizations, is at a great disadvantage and often the community suffers because of her lack of knowledge. But even considering all the problems which arise from sending inadequately prepared workers into the field, it is not probable that many would consider it a sound policy to so limit the work undertaken.

Another way of meeting the situation and one which seems highly desirable is through a program of staff education which the better organized public health nursing agencies are developing. In view of the needs of the field and opportunities for teaching which are available, it is considered a legitimate function of public health nursing agencies to carry on an organized program of instruction for the members of their staff. In this way nurses are prepared for the more responsible positions in the organization, and for work in other communities where such teaching and supervision is not available. If a program of staff education is to be effective it is almost essential that the basic preparation be broad.

Granting that it is desirable for all nurses to have a knowledge of the principles of public health nursing, what opportunities does the hospital ward and out-patient clinic afford for this teaching? It may be stated broadly that the opportunities vary in direct ratio with the interpretation of the hospital’s function.

The theoretical courses offered in schools of nursing can and should include the preventive aspects of nursing. In practice a careful study of each patient and a plan for care, which includes instructions and making of special adjustments for adequate care and convalescence, require the application of the theory of the prevention of disease and promotion of health. A student who actually shares in such a program is learning the principles of public health nursing.

The special problems relating to the various phases of nursing, maternity, child welfare, tuberculosis, etc., can be taught in connection with each service; for instance, the obstetrical service should emphasize the need for adequate prenatal care and point out conditions due to lack of this care. Many hospitals have a large number of pregnancy cases registered for care; if the students are carefully supervised they may assist with the care of
these patients. This service will provide an opportunity for the students to know of the nursing care and instruction required by the pregnancy patient, and the methods of giving this care. The community program for maternity work should be explained in order that the care given to the individual may be understood in its relation to the whole program of work.

The experience in the obstetrical ward should include the instruction of the mothers in the care of baby, the importance of breast feeding, regularity, sunshine, and general hygiene. If artificial feeding must be given the mother should be taught how to prepare it, and to care for the bottles and equipment. The well baby work of the community should be explained and the mothers urged to use the service. In order to stimulate interest in teaching on the part of students, and to help the mothers, it is a good plan to have carefully selected books and pamphlets on the ward for the mothers to read. Many questions will be asked and a real need for teaching will be felt.

The children's wards offer unlimited possibilities for teaching. All children's work is really preventive, and the opportunities for helping the parents to know how to care for their children are apparent. In order that the work of caring for sick children shall be of greatest value, it is necessary to associate the hospital ward service with the various agencies interested in child welfare problems, and close cooperation between the nurses in the wards and workers in the other fields is necessary.

The orthopedic and fracture wards usually have a group of children who are practically well children. Here the need for child training is equally as great as that for physical care. Child training is a subject which should be studied by all nurses, for the child health problem is considerably bound up with that of child training and habit formation.

The communicable disease department deals very directly with one of the largest public health problems and it is very easy to include a good deal of teaching of the control of infectious diseases, and the prevention of serious after conditions in the experience in this service. Instruction of each patient or his family regarding convalescent care should be a routine discharge procedure. Each patient who comes to the ward has a history of the source of infection and presents a problem in the control of the spread of the disease, which makes an opportunity for teaching these facts. All persons, patients, visitors and students, who enter the isolation unit should have a lesson on the spread of infection. The function of the department of health in communicable disease control should be understood by every student.

The out-patient service rounds out and supplements ward experience. The patient is seen in an environment much more his own than when he is seen
in the hospital ward in hospital clothes and conforming to ward routine. The dispensary is a cross-section of the community, and the picture presented is much more like the true sickness situation in the community. Ambulatory and convalescent patients require a different type of care from bed patients. Much depends upon the patient himself, he must know what he is to do and how to do it; any necessary adjustments must be made so that it is possible for him to carry out his treatment. The need for instruction to these patients and for assistance with family problems is great. The relationship to other community workers is more direct and the need for this perhaps greater than in the hospital where fewer patients are cared for over a longer period of time.

Tuberculosis and syphilis are diseases which present definite public health problems, and yet these diseases are rarely seen in the wards of the general hospital except in advanced or acute infectious stages. The clinics supplement the ward experience and are valuable fields for teaching the social and public health aspects of these diseases.

The wards and out-patient clinics should be considered as fields for the application of the theoretical instruction. Conscious effort on the part of head nurses and supervisors is required to make the practice of nursing correlate with the theory. Case studies and experience records are methods of teaching which tend to promote this correlation.

The out-patient department lends itself to this method of teaching. Case studies and experience records are equally as valuable as for ward experience. The one handicap in out-patient teaching is time. This can not be entirely overcome, for large numbers of patients must be seen in a relatively short period of time, but it can be overcome in a measure so far as student teaching is concerned. The histories should be made available for students to read before and after the rush hours of the clinic. During each day some time should be arranged when head nurse and students may sit down, uninterrupted, to discuss the problems presented in the clinic. This conference period must be recognized, and planned for as a part of the routine, or it will be unsatisfactory because of pressure of work.

A second requirement for student teaching in the clinic is an adequate number of qualified head nurses in the clinics. There must be a nurse in the clinic who has a continuous contact with patients, and who can therefore teach the patients and students, because she is familiar with their needs. It is also important to consider the non-nursing duties—making supplies, cleaning instruments and setting up clinics, et cetera,—in the same way we have considered them in the wards. A number of clinic helpers functioning in the same way that ward helpers do in assisting the nurses,
are required in order to free the nurses for care of patients and teaching of students.

The schools have for some time recognized the value of affiliations with visiting nurse associations, providing the visiting nurse association is prepared to carry on a teaching program and to furnish adequate supervision. The affiliation is usually for a period of two to four months. The assignment is during the last months of training—largely, because the students must go into the homes and assume responsibilities for which the younger students are not prepared. There are two objections to depending entirely upon affiliations for teaching the principles of public health nursing. Many times, in fact usually, only a limited number of students from each class are affiliated, and secondly, the public health experience tends to become an attached portion and not an integral part of the whole course, which makes the affiliation appear to be a preparation for public health nursing and not a means of teaching the broader conception of nursing as a preparation for any phase of the work. Both of these objections can be overcome in a measure.

Without doubt observation in the homes and practice in dealing with problems found are essential parts of a nurse’s preparation, and a plan which provides for observation visits in the homes very early in the course seems most satisfactory. This picture of the home conditions and the work of the nurse in the home is a valuable background for understanding the needs of the ward patients.

The principles of public health nursing should be woven into the whole course; if this is done a relatively short period of home visiting through affiliation with the public health nursing organization, for the practice of the principles taught, will be of greater value than when the affiliated period is quite apart from other experience and instruction.

Home visiting gives insight into the community health problems and methods of dealing with them which it is not possible to gain through ward or clinic experience. Whenever it is possible to arrange for affiliation with public health nursing organizations which are prepared to carry a student program, it is desirable to do so, and some way should be found for all nurses to have this experience instead of the few who elect it. The director of education in the school of nursing should be familiar with the content of this experience, as she is with that of any other assigned experience, and should correlate the theoretical work with the practical as in other phases of the work.

The undergraduate course of two and one-half or three years, no matter how carefully planned, cannot provide experience in organization supervision or methods of developing public health nursing. In fact, should this
be a part of the basic training? The basic training should provide a background of principles of public health which are required for nursing in every field. Having this preparation as a general foundation postgraduate work can be postgraduate in a true sense, and not simply supplementary to a weak basic course.

DISCUSSION

By Marion L. Vannier, R.N.

Director, University of Minnesota School of Nursing.

Minneapolis, Minn.

I have very little to contribute to the splendid presentation of this subject by Miss Grant. I can only give you a picture of what those of us not so fortunately situated have managed in presenting public health problems in the undergraduate courses.

For instance, here in the University School one or two lecture periods are given in obstetrics to the subject of Prenatal Care and another hour to Home Care in Distrutte Cases.

In pediatrics, time is given for a lecture on Social Aspects of Children's Diseases. This includes the attitude of parents and relations, the effect of environment, life in tenements, in relation to chorea and cardiac cases, etc.

The course in Nervous and Mental Diseases includes a lecture on the social effect of mental diseases, drug addiction, etc.

Lectures in tuberculosis present this disease as a public health problem.

The course in Skin and Venereal Diseases includes a talk on The Public Health Aspects of Venereal Disease by a member of the Medical Social Service Department.

Lectures and classes in oral hygiene are given and emphasis laid on the instruction of the patient by the nurse in the proper care of the mouth, a very necessary part of preventive medicine, especially in children, and a field frequently overlooked in the preparation of the undergraduate nurse.

The student also attends dental clinics on the wards, making regular rounds with the dental nurse and a superintendent from the office.

In addition to these lectures included in the various divisions, there is a course of twelve lectures in Hygiene and Public Health; this is a descriptive course tracing the development and growth of public health with special reference to the past fifty years and a consideration of the various phases of preventive medicine in the present day. And finally, there are six lectures in the course in Professional Problems for seniors, which are purely public health topics and are given by experts in the various fields; this totals
about thirty hours and is equal in time to any of the major lecture courses.

It would seem, therefore, that a fair proportion of time is given to the theoretical work; the correlation of these lectures with the practice has not been attempted here except through the prenatal department at the General Hospital. This is one of the five special services and can be offered only to a limited number. The question arises as to how much should be included in the fundamental experience of the student and how much should be left for postgraduate work.

The University School offers twelve fundamental services through which all students rotate. This experience is supplemented by five special services from which a choice is made.

The three year student actually spends thirty months in these thirteen services. Three months of this time, the second quarter of the preliminary course, when she is carrying Pharmacology, Lettering, Personal Hygiene, Practical Dietetics, Practical Nursing and Hospital Economy, she is able to spend about five hours daily in ward practice, limited to the most elementary procedures.

The five year student, who nominally spends two and a half years in hospital experience, is actually in the hospital services twenty-six months, including the preliminary quarter just referred to; this means that each student's record must be very closely followed so that she will be moved through the services as scheduled.

We are confronted by the problem of relative values and of eliminating one thing in order to include another. If the fundamental experience is sound, it should mean intensive practice in each service, and because of the rotation within the service itself the time can hardly be cut to less than that at present allotted to these thirteen services.

The factors already especially noted in the various courses of the curriculum, such as social aspects of children's diseases, a consistent effort on the part of the entire faculty of the nursing school to emphasize the preventive as well as the curative aspects of nursing, together with a liberal and well supervised experience in nursing practice, which includes a month in the dispensary, two months in an active communicable disease service and six weeks of tuberculosis nursing in a modern hospital of 600 beds, make us believe that we are giving a course fundamentally sound for whatever future field the student may select.

**PRELIMINARY REPORT ON THE STUDY OF THE NURSE AND NURSING SERVICES IN THE OUT-PATIENT DEPARTMENT**

By Emilie G. Robson, R.N.

The paper presented under this caption is the report of the Education
Committee Sub-Committee on the Nurse and Nursing Services in the Out-Patient Department, of which Miss Emilie G. Robson served as Field Secretary. As it represented only a preliminary report of the study it is not here given. A complete report of the study was later published in pamphlet form, single copies of which may be obtained upon request from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City, or the Committee on Dispensary Development of the United Hospital Fund of New York, 17 W. 43 Street, New York City.

In the discussion which followed from the floor, much stress was placed on the value of including in the undergraduate course two to four months' affiliation with a visiting nurse association. The reason given in favor of this plan was that a point of view obtainable in no other way would be gained, and that not until the nurse had actually visited the home would she have the proper understanding and appreciation of the patient in relation to his social and home conditions; that work in the community gives a sense of the place of the hospital in the community and the interrelationship of social, medical and nursing work. One speaker emphasized the need of more common thinking on public health nursing as a part of the undergraduate curriculum, not as a special field but rather as the inclusion of the social aspects of nursing. The great opportunity found in the home for experience in the care of children was pointed out and, finally, the urgency of establishing definite objectives and standards for affiliation with visiting nursing associations, which should include an adequately paid staff for the work of the organization, the proper teaching and supervising body, instruction through demonstrations, case studies, conferences and lectures on the various phases of community work.

Meeting adjourned.

General Session

Friday, May 29, 9:30 a. m.

Laura R. Logan presided.

The Importance of Psychology in Schools of Nursing

Maude B. Muse, R.N.

Instructor, Nursing Education, Teachers College,
Columbia University, New York City

The really successful nurse like the successful doctor, preacher, lawyer and teacher is the one who, in addition to a knowledge of her profession, understands human nature. The ability to get along with people is a valuable asset in any profession, but it is essential to the nurse. The records
of many training schools show that the occasional nurse never did learn
to cooperate and her postgraduate experience is always a series of tragedies.
Why was she graduated? Probably because she passed her examinations
and was “good with her hands.” Even though the nurse is possessed of
superior skill and able to put through any amount of hard work, if she is
unable to get along with people she is always a failure as a nurse. Her own
hospital frequently refuses to employ her as a special nurse, public health
nursing is impossible, she does not fit into a doctor’s office, and no institution
or patient calls her the second time. Psychology early in training, and
applied under supervision throughout the course, might have helped this
unfortunate individual to make better social adjustments.

In many professions such as pedagogy, law and the ministry, the human
contacts are relatively brief and limited in scope. The nurse, on the con-
trary, comes in contact with all classes of people, high and low, rich and
poor, at all hours of the day and night, and from the cradle to the grave.
Also, during illness, well established habit systems tend to be demoralized,
strong tendencies are thwarted, and numerous mental conflicts follow. Cer-
tainly all possible assistance in the detection, interpretation and re-direction
of such sickroom reactions should be eagerly sought and utilized by the
well trained nurse.

Granting that an understanding of human behavior is at least as vital
to the successful nurse as to members of any other profession, the youth
and inexperience of practically all pupil nurses intensifies their need of such
a study. Many a young nurse is making her first contacts with illness.
She may never have been ill herself or may not have been permitted to enter
the sickroom except for a brief visit. With what is frequently a very
limited experience, the average nurse cannot be expected to realize the de-
moralizing effects of even a slight illness, nor detect certain maladjustments
which delay the patient’s recovery.

The nurse frequently begins the study of psychology with the impression
that it is an exceedingly profound and mysteriously interesting subject. She
may anticipate fascinating hours devoted to an analysis of her own thoughts,
impulses and emotions; or hope to acquire an uncanny ability to “read
minds” and character. Perhaps she dreams of suddenly gained “will
power,” ability to “concentrate” and marvelously improved memory as
advertised in current literature by several schools of mnemonics in the Sun-
day supplements. She is often much surprised and a little disappointed that
she must begin her course in psychology with a study of the human nervous
system, as a first step in an understanding of people and their reactions.
She may lose interest during the necessary review of the neurological
aspects unless she can be made to see the relationship between these and the
subject matter of psychology. What, then, is the nature of the subject matter of psychology?

At the time when Socrates taught "Know Thyself" and Aristotle wrote his famous treatise on the "Psychology of the Soul," psychology was merely a chapter in the study of philosophy. In its subsequent development it passed through several stages. As someone has facetiously remarked, "Psychology first lost its 'soul,' then it lost its 'mind,' next it lost 'conscientiousness,' but it still has behavior after a fashion." Psychology is today most frequently defined as the science of behavior. So defined, psychology becomes very comprehensive in scope. It seeks to discover what things human beings can do without learning and what they can learn to do. It considers how people are alike and how they differ. It attempts to classify their numerous activities in some orderly fashion. Because it is "a science," it seeks to evolve scientific laws which will help to predict and explain human behavior and to formulate certain principles which result in economical learning.

"Behavior" may be considered to include all the activities of the organism: actions, speech, emotions, mental activities, glandular reactions or the absence of any of these when they should be present. It is, for instance, very significant behavior which causes an individual to stand still on the railroad track at the sight of an oncoming express. In a similar fashion, absence of normal reactions in the sick may likewise create difficult situations. It is of course most important that the nurse be able to cope with acute delirium and sudden mania in her patients; but it is equally important that she should acquire skill in handling extreme apathy, "mutism," tearless grief or the exaggerated state of indecision which is fairly common after severe illness.

When behavior is unsatisfactory a careful analysis of the total situation to which the individual is reacting should throw light upon the cause. Occasionally it is possible to change the situation and thus modify the behavior. Again, analysis of the situation in the light of certain native tendencies to response and the individual likenesses which appear as the result of social heritage, should enable the student of psychology to predict in a measure what response will tend to be made.

The question at once arises To what extent is it possible for a nurse to predict human responses? Not at all in the sense that the chemist is able to predict the behavior of atoms and molecules or as the astronomer is able to foretell the movements of the stars. Psychology does not attempt to present mathematical formulae for the regulation of human behavior. It does reveal, however, that to any given situation normal human beings will react some way. How they will react depends upon how some hundreds of generations of their species have reacted before them
and how they themselves have previously reacted in similar situations, both of which may be ascertained. Therefore, because of the innate tendency of the human nervous system to form more or less permanent connections, known as *stimulus-response bonds*, human behavior becomes relatively predictable. Granting this, a study of behavior demands a consideration of the neurological basis of the bond. What are the receiving organs which serve to put the organism in touch with its environment? What are the characteristics of the various organs of response? What is the nature of the bond formed? How do these bonds become woven into the complicated "reaction patterns" or habit systems which govern behavior? In other words, what is the physiological and neurological basis of behavior?

A nurse who has had good courses in physiology and neurology needs but to supplement and to organize her knowledge somewhat to serve as a basis for psychology. Knowledge of the structure of the sense organs and nervous system is, however, only a beginning. Psychology shows the role played by the sense organs in the behavior mechanism, and the effect of impaired sense organs or ill-advised use of these receptors upon behavior.

Of primary consideration are those sense organs which are indispensable to the nurse—the eyes. Many nurses "have eyes and see not" while others are credited by patients with "eyes in the back of their heads." The student nurse should be made to see that the difference lies not in the organs themselves but in the connections established between them and the desired responses. Defective vision may often be corrected by the proper glasses; but this is no guarantee that the nurse will "see" the things which she, as a nurse, should see. Specific bonds must be formed before a nurse will be able to take in every pertinent detail of patient and environment at a glance. This is the reason why many silent witnesses of the patient's discomfort are not recognized as such by the nurse. Patients should not have to ask that blinds be drawn, the light shaded, the ice-cap or hot water bottle refilled, that lips be moistened, tongue cleansed, nor for many of the thousand and one things which mean so much to the sick.

The eyes of the patient also play an important part in the psychology of the sick-room. They may be made invaluable allies to hasten recovery, particularly during convalescence. Through them the nurse may obtain a variety of desirable responses which directly affect the recovery of her patient. Florence Nightingale long ago recognized the importance of what she termed "slow variety" during convalescence. To use her own words, "A patient may just as much move his leg when it is fractured as change his thoughts when no external help from variety is given him."

Innumerable ways of attaining slow variety should occur to the nurse
versed in psychology. Variety in the serving of meals as well as in the food served, variety in the site chosen for the wheelbed or wheelchair so as to afford a different view each day, growing flowers, one carefully chosen picture, changed occasionally, are a few of the most obvious methods which a nurse may employ to furnish “slow variety” for a patient who has been for some time acutely ill. On the other hand, a nurse who understands stimulus-response psychology will avoid subjecting the patient to a swift succession of stimuli early in convalescence. She will not place the patient who has been critically ill and is up for the first time, where he may watch the swift movement of a busy city street, or even on a veranda or in a sun parlor where many patients are collected and there is much passing to and fro.

Reasons why the nurse must consider sensory stimuli in an attempt to modify the reactions of her patients so as to hasten recovery might be multiplied indefinitely, if time permitted, but two other types of mechanisms demand consideration—the response organs, muscles and glands, and the countless connecting neurones in the cortex of the brain.

The structure and functioning of the muscle effectors are familiar to the nurse, but she is not likely to realize, through the study of anatomy and physiology, the relationship between muscle tonus and strong emotions, for instance; or to recognize the possible effect of general hypo or hypertonicity upon human conduct.

The second class of effectors, the glands, is likewise familiar to the nurse. She may, however, think of them only in their connection with the study of dietetics and metabolic disorders. The dynamic role played by the endocrines in regulating human reactions should not be overlooked. It is important, for example, both physiologically and psychologically, for a person to do something to “work off” the excess adrenin and glycogen which accompany a fit of anger rather than to sit and welter in his own secretions. The story of the ductless glands and internal secretions reads like a fairytale. Indeed, in much of the recent literature dealing with internal secretions, there appears to be the same indiscriminate mingling of fact and fancy which characterizes the fairytales.

On the frontier, as it were, of this little explored glandular territory lies the thyroid. The most readily accessible gland, it has revealed more of its secrets than any of the other endocrine glands and, hence, may well be cited to illustrate the behavior aspects of gland functioning. Patients suffering from excess thyroxin are nervous, excitable, fearful and highly emotional. Ecolalia, mania, and melancholia may appear in extreme cases. Any stimulus may become a new source of worry, anxiety and apprehension. For this reason, the nurse should recognize the psychological implication of a routine
day of clock-like regularity for the exophthalmic goiter patient. The most successful treatment is, of course, surgery at the hands of a skilled and experienced operator, but most surgeons frankly admit their dependence upon the type of nursing care which precedes and follows the operation. A nurse might well specialize in the study of the psychology of the exophthalmic goiter case.

A superficial survey might suggest the possibility of many disorders of the motor and glandular “reacting mechanisms” which are evidenced in behavior. In the larger per cent of the cases, however, the trouble is located not in the response organs, but in the third portion of the behavior mechanism, the great central adjustor, which the nurse knows as the central nervous system.

Behavior should be interpreted to include, besides words and deeds, certain responses which most of us tend to rank high in the scale of importance, namely, mental and emotional reactions. Tears, moans, restless movements, are no more significant forms of behavior than silent fear, motionless resignation, sullen revolt, hopeless acquiescence or demoralizing worry.

Knowledge of the external expression of the various emotions can not be taught in a lecture or book. It is to be gained only by close observation of many people. A course in psychology, however, early in training, should greatly assist the nurse in detecting symptoms of strong emotions among patients who often wear a mask, but tattle with their finger tips, restless feet, or bodily attitudes. As a rule patients should be safeguarded against strong emotions. Few people need to be told the effect of strong emotion upon appetite, digestion, and elimination. More scientific evidence than that afforded by subjective experiences is available, however; X-rays of a cat while digesting a meal before and after being worried by a dog give conclusive proof of the effect of excitement upon digestion. That nurse labors more intelligently to secure a rapid convalescence for her patient who recognizes that one essential is to keep the strong emotions out of the sick room. Just as she will protect her patient from physical strain, so she will try to keep the patient free from emotional strain, including as a rule even pleasurable emotions which are too exciting.

The nurse versed in psychology will recognize why the organic states like anger, fear and excitement, set up in response to a certain stimulus may persist long after the reaction to the stimulus has disappeared, and predispose the individual to make a similar reaction to slight stimuli which would not ordinarily get that response. A certain hospital patient, for example, on “general care” was so upset if the Attending Surgeon and Staff made rounds before she had shed her curl papers and donned her pink bed jacket that she would not get over it all day. Her exasperation and anger would fade
but the nurses soon discovered that nothing could be done to please her for many hours, while on other days she was easily satisfied. The reaction of this patient should be recognized by the nurse as due to the blocking of a strong personality trend which could not fail to be annoying to the patient. Human beings are born with numerous tendencies to react in certain ways and are likewise born to like some of these reactions and to dislike others—to be pleased by some and annoyed by others. The "original annoyers" are practically all to be met in the sick room. Physical pain, bad odors, bitter medicine, slimy things (like green soap plasters), solitude, depression, unfamiliarity—all are there. It will tax the ingenuity of the nurse to include many "native satisfiers."

The nursing implications are numerous. People when ill are of necessity thwarted frequently and in numerous ways. By original nature they tend to react to thwarting in a fashion which may delay recovery. No matter how "reasonable" they may try to be, thwarting tends to arouse a strong emotional response and thus interrupt the vegetative processes so necessary for convalescence. The nurse who is a student of psychology will realize that most people are natively endowed with a strong tendency to self-assertion. She will recall how thwarted self-assertion breeds sulkiness, peevishness, stubbornness, etc. When such untoward reactions do appear in her patients, she will attempt to discover if the self-assertion of her patients has been unnecessarily thwarted and if so she will assume some of the blame herself.

All organisms from the amoeba to man find life a continuous series of conflicts. These conflicts are most numerous in youth because habitual adjustments have not yet been established. Severe illnesses create a situation so new and involve so much dependence upon others as to be comparable to childhood in the number of conflicts they present. The helplessness of the sick like the helplessness of childhood adds greatly to the normal conflicts which fall to the lot of all. Both situations may become prolific sources of maladjustments. Most nurses are at a loss to know how to proceed when they do recognize that an untoward adjustment is being made by a child or a patient under their care. Some nurses argue that they are employed to help restore their patients to physical health and that the mental adjustments made by these patients are none of their concern. This attitude is, however, not in accord with the twentieth century ideal of preventive therapeutics, and is already under criticism. Even slight maladjustments in nursery, schoolroom and sick room should not be ignored, tolerated, or ridiculed. The present nation-wide movement to educate parents and teachers in the psychology of character building must also be extended to include the nurse.
There are in the main two general methods of dealing with the so-called mental conflicts which follow any thwarting of strong tendencies, native or acquired. The rational method is to face the issue fairly and squarely, and decide upon the best possible substitute activity. Adjustments on this level are, however, comparatively rare for two reasons. First, because most mental conflicts involve strong emotions which render logical reasoning difficult, and second, because comparatively few mental conflicts are recognized as such by the individual. The more common adjustment appears to be to evade the issue or deny that one exists. This latter method is responsible for an amazing variety of "retreats from reality" or "defense reactions," all of which are more or less blind attempts of the individual to secure satisfaction and avoid annoyance. Retreats from reality in childhood and in the sick room are almost inevitable; the problem is to prevent such reactions from becoming fixed as habits and character trends.

Nowhere does the law of cause and effect demand more careful consideration than in the nursing care of the mentally and emotionally unstable. Their peculiar constitution predisposes them to maladjustments; but this does not mean that maladjustments have to be made any more than that persons predisposed to tuberculosis must inevitably contract the disease. By securing a favorable environment and establishing correct habits, serious maladjustments may be prevented quite as well as tuberculosis.

Even a superficial observation of behavior reveals significant differences in the degree of emotional stability manifest in any annoying situation. Individuals differ no less in all other behavior characteristics. It is not enough, then, that the nurse should seek to discover ways in which individuals of the human race are alike. Psychological research has recently shifted from the earlier consideration of individual likenesses to the study of individual differences.

It is seldom possible for the nurse to know beforehand the peculiarities of disposition and character of the series of patients under her care. In this respect the old-fashioned general practitioner has few equals today. He was personally acquainted with every member of the small rural or urban neighborhood in which he practised; he knew all their peculiarities and idiosyncrasies and those of their families and forebears. He had their implicit confidence. He knew just when it would be wise to conceal the serious nature of the case and when he could hope to arouse a fighting spirit which would help to win against disease. He knew which case could be influenced by subtle suggestions which would assist nature and the simple drugs he used to work a cure. The nurse cannot hope to understand her patients as thoroughly as did these fine old-fashioned "Doctors" who are gradually making way for the modern specialist. She is seldom acquainted
with her patients before their illness and frequently loses contact with them directly after recovery. She can, however, learn to recognize certain personality types; she can always keep in mind that no two people are alike in their reactions to environment and can take measures to adjust herself to their outstanding differences. She can also alter the environment of the sick room so as to secure the response which will best assist nature, and the physician or surgeon in restoring the patient to health.

This greatly to be coveted ability to understand and to influence people, to predict and alter human behavior, may sometimes be acquired by years of experience. It may, on the other hand, never be acquired at all. There can be no doubt that every effort should be made to build it up under guidance during training.

Before the nurse can do much to help her patients she must herself have made satisfactory adjustments to an absolutely novel environment. A knowledge of psychology should be of great assistance in helping her to fit into the new life of the hospital situation. Numerous maladjustments are revealed in the following plaints which will sound familiar to those closely associated with young nurses. "I worry so much about my patients that I cannot sleep nights." "I just can't take orders from that senior—why she is younger than I am." "I have not studied for years and I've quite forgotten how," etc.

The nurse needs psychology also because she is a student. Few students anywhere are expected to cover so much and such a variety of strictly new subject matter in so short a time as is the student nurse in the preliminary period of her training, and this probably with a certain handicap of physical fatigue. It is true that a course in psychology does not always insure good teaching or guarantee economy in learning. A study of everything ever written on the science of health and sanitation, for example, will not make a man any healthier unless he uses his knowledge to improve his habits of personal hygiene and the condition of his environment. Mastery of the facts and laws of psychology alone will not make for economy in learning. Improvement may be expected only when such knowledge is used to establish good habits of study and when opportunity is afforded for the exercise of these habits.

The path of experience ("trial and error" learning it is called in psychology) is a very old one and of necessity much traveled between birth and death. It is exceedingly wasteful of time and energy, many of its lessons being learned too late to be of much use to the individual. Modern students should be anxious to use the guideposts and signboards presented by psychology. But guideposts are quite useless unless correctly interpreted and accurately followed. Economy in learning presupposes a reading of the
psychological signposts, but imposes the additional obligation of individual activity other than the mere reading and memorizing. Progress along the road of learning means expenditure of individual effort to overcome resistance; and all that psychology can hope to do is to point the right way and indicate the "steep grade" or "dangerous curve." It is a truism that there is no "royal road to learning."

It appears evident, then, that a study of psychology should prove invaluable to the nurse herself. It is safe to predict that an adequate knowledge of the science plus a consistent practice of its teachings would assist greatly in the acquisition of the ability to cooperate with all sorts of people, subordinates, professional superiors, and colleagues; the ability to conserve time and energy so as to attain the highest degree of achievement; the formation of habits of economy in learning; the acquisition of motor skills and good technique in professional procedures.

The nurse needs psychology in dealing with her difficult patients. The problems which confront the nurse in handling sick people in such a fashion as to further their recovery and insure the minimum mental discomfort while the illness lasts; in managing anxious or interfering friends and relatives, etc., are too numerous and too varied to be listed. The following will be recognized as common and fairly typical problem cases: The patient who stubbornly refused to cooperate; the patient who repeatedly complicates recovery by infringement of restrictions, disobedience of orders, etc.; the officious patient who wishes to determine the character and direct the method of all treatment; the patient whose only association with the hospital is the death of some loved one; the patient who is tired of life; the hypochondriac; the drug addict; the delirious patient; the social derelict; the psychopathic personality, emotionally unstable, suffering from fears and obsessions, hysteria, neurasthenia, etc.; the fractious child; the child with specific bad habits, etc. Obviously few of the cases listed can be handled satisfactorily by the young nurse without specific training. All that modern psychology has to offer to assist the young nurse in "nursing the mind" as well as the body should be recognized as an essential part of her equipment.

There is yet another important reason why the pupil nurse should study psychology. It is customary in the better schools of nursing to offer a course in Mental Nursing and Psychiatry. It is certainly not reasonable to expect the nurse to get very much out of such a course when she has not even the elements of psychology. As a basis for the study of psychiatry the course in psychology should stress from the start the possibility of the appearance in any normal individual of slight and temporary disorders differing in degree but not in kind from those classed as abnormal. There is no sharp line of demarcation between normal and abnormal, between sanity and insanity.
A study of borderline and pathological cases helps materially in understanding the slight temporary maladjustments of normal individuals.

The pupil nurse of today should have a better basis for the study of psychology than the average college freshman, since its subject matter, human nature, is related to and dependent upon the other natural sciences of the training school curriculum. Anatomy and physiology treat of the structure and activities of the various cells, tissues, organs and "systems" of the body. Psychology considers the activities of the organism as a whole. Nurses are taught the reaction of body tissues and organs to vitamins and calories, to caustics and alkaloids, to endocrines and electrons. This is all necessary and good as far as it goes. What a mistake it would be to stop there and fail to consider the reaction of the organism as a whole.

The reasons why the pupil nurse should study psychology may be briefly summarized.

She needs psychology because she is a student making necessary adjustments to a new and strange environment.

She needs an impersonal understanding of people, especially of people when ill.

She needs elementary psychology as a basis for future study of Mental Nursing and Psychiatry.

She needs psychology because she must, whatever may be the phase of nursing which she chooses upon graduation, become a teacher of health and preventive therapeutics.

A knowledge of psychology is an invaluable asset to the young nurse. Skill in giving treatments, good technique in doing dressings, keen observation of symptoms and knowledge about medications do not insure good nursing without an impersonal, sympathetic understanding of the problems involved in "nursing the mind."

TEACHING SOCIOLOGY IN SCHOOLS OF NURSING
By William L. Bailey
Northwestern University, Chicago, Illinois

The sociologist probably has a better perspective on the nurse's place in society than she herself is liable to have. What that place and function truly is will naturally determine the training to be given. Nursing as a profession has been too modest in its claims. Perhaps that is partly due to the traditional modesty of womankind in asserting logically rightful claims, as well as to an innate willingness to be merely helpful. For nursing is undoubtedly one of the few most ancient and universal functions of women in the social order. But this is a new day for women and the growing recognition of the vital importance of the health factor in all social problems is rapidly preparing the way for a broader and higher conception of the nurse.
The nurse stands on the "firing line" of life and of social problems. Few others do so in a like sense. Her work has seemed to be eminently work with individuals. It has a personal flavor. She nurses somebody. And the good tradition of being "professional" in that cycle of contacts has made nursing a highly special profession. Consequently its social bearings and relations have not been readily apparent. For the person was a "case" of this or that and the nurse's concern was very specially with that physical or psychical ailment. The patient was scarcely a person to the trained nurse. Her outlook on her work was narrowly professional, and the true dignity of her service not apparent. For the nurse was not made to realize that society is ultimately a matter of persons, and that all social conditions and problems find their ultimate expression in the life-condition of individuals.

The nurse has always been a "social worker" par excellence. Her work was much broader and more vital than the professional tradition of it.

There would undoubtedly be a great gain to nursing as a profession if its own conception of itself were broadened and elevated and also that held by the general public as a heritage of long tradition. Its true dignity is not comprised in the thought that it is a mere appanage of the medical profession—a sort of ladies' aid! Nurses are no longer properly to be conceived of as merely the "women folk" about a hospital!

It may, indeed, as things are coming to be, rightly be thought of, as a profession by itself. For the nurse has truly a unique approach to and contact with disease, which each day grows more inclusive and responsible as the medical profession and hospital organization are specialized.

An indirect benefit to the profession from this possible conception of it would be that it would in this broader form appeal more widely to college trained persons. In the present status of the profession and its incipient emergence into a new plane the reception of candidates for special training from the ranks of those who have received higher education, is extremely desirable. To so appeal it must be shown in its larger setting.

The nurse's work is in fact on the very front line of social work as that work is now being thought of. For she is where life conditions and problems issue in incapacity, or even in death. She is where all evils in individual and social, in business and moral and political life, "come home to roost." Sicknesses are veritable "exhibits" of the social state; a hospital is a sociological laboratory; more, even, than jails, almshouses, courts, the hospital and the sick room are social barometers. What the nurse sees there tells of individual, social, community and civic conditions. For probably some 3,000,000 are ill at any given time, and the average person has "sick-leave" from routine life for probably two weeks each year. The social significance of the nurses' locus of work is very inclusive. To teach her to see it so, and
to endeavor to function in response to that insight would elevate the profession to a new level, rightly belonging to it.

The very words hospital, nurse, patient, have an original significance much broader than their present usage. The hospital was hospitable to all the needy. The nurse nourished, nurtured, and nursed to some measure of normal wholeness. The patient was in various ways made so as to be patiently enduring the ills of life.

The science of social service administration increasingly recognizes the health factor in social problems. Devine in his analysis of "Misery and Its Causes" lays great stress on "out of health." So also social institutions of a wide variety of types in adding nurses to their staffs recognize the health phase of social service, as well in institutions for normal people as for abnormals.

The nurse needs no longer to defend her position as a social worker in a unique and vital way. It will not be a step forward but one backward when this phase of the nursing profession is segregated as a specialized job for a "hospital social worker." It is an integral and organic phase of the work of every trained nurse.

The Church anciently had a much broader conception of its function for human service, inspired no doubt by the healing ministry of its founder. It is inherent in the Christian point of view of society that man's body is one of his greatest problems, and that health and wholeness and sanity must be vital to any attempt to make this world more "heavenly." The nurse—if she desires it—has the highest religious sanction for her work.

Social statistics characterize births and deaths and marriages, as well as morbidity data, as vital statistics. They are the processes which are vital to the social existence and movement. The nurse is present in relation to such as is probably no other professional person in our day.

For a profession so related to the social process it would seem natural enough that sociology should in some form be a part of the training. For one who "sees" as much "life" as does the nurse, it would seem indeed to be essential that she be oriented as to the major life-problems.

Sociology seems to be the science best qualified to display the setting and relations of her work. It would seem to be the best culture subject for her. For as a science, and from the theoretical point of view, it is synthetic; it correlates the findings of the various special social sciences, and relates the result to the service of life. It might be defined as the science and the art of life—using that word in its general sense, as what is commonly spoken of as "life." The people who have to live it—more even than academic persons—know what this word involves. Such a subject, with so practical an
interest should appeal to the nurse who is "in the thick of life" as the more abstract, theoretical and technical sciences might not.

Sociology, being synthetic, never forgets the essential wholeness of "life" and the necessity for the integration of personality. It knows that health, morals, work, religion, all interlock, and that true concern for one involves some care for the others.

It is precisely in such a life-setting that the nurse comes into contact with disease. To be truly "professional" is not a matter of elimination or ignorance or neglect. The truly professional spirit is rather one of emphasis. So to be truly professional the nurse must know that she is dealing with a "person." The patient is a person. The case-history perfunctorily notes the life-setting and social characteristics of the patient, but it is capable of being made much more vital in the process of truly restoring the case to "wholeness of life." The nurse much more than the doctor of today is brought face to face with such conditions of the patient. She falls heir to much that made the family-doctor of another day essentially a sociologist. He recognized the circumstances of the case, and his "treatment" was doubtless in the last result as successful and efficient. His departure from the field creates the opening for the nurse with almost the status of an independent profession. The very fact that by the very nature of her contact with the case, she is forced to recognize a "person," and the "life-setting" of the matter, makes her responsible for the successful conduct of the treatment in view of such facts. The nurse has a claim to recognition, and her uniquely broad services to a new appreciation, not only by herself but by those whom she has traditionally served.

Even the sick room and the hospital cannot separate the person from life, though they may segregate. The nurse has a peculiar and special duty in effectually getting the patient to treatment and also by restoring connections through convalescence. Every one concerned with the art of healing knows how important are those two phases of the process. In fact, probably the chief limitations upon the modern physician are just at these points. Here the nursing profession may make a great and effectual contribution to the cause.

The well trained nurse will therefore seek to possess—for sane and sound philosophy of life. She will in the exercise of her profession have plenty of use for it. She will want to know what the Normal life is as well as Misery and Its Causes. Sociology is in a unique way qualified to give her just this.

How, then, and in what form, shall sociology be gotten to the nurse in training?

It will generally have to be a part, and a very limited part, of a practical
professional course. It cannot be gotten to more than a very small fraction of nurses through general or special college courses; the vast majority of nurses in training have access to nothing like this at present. It should therefore be a special and professionalized course—sociology especially adapted to nurses.

Its general scope should be such that every major phase of the nurse's work should have its social relations explained. And every social problem that has a direct correlate in physical or psychical health should be presented.

To give such a special course would not unnecessarily limit sociology and result in a mere mutilation of the subject, because there are such large and vital health aspects to so many life-conditions and social problems.

I know of no single book or text satisfactory for the purpose, but a very good outline might be gained from using together such books as Cabot's Social Service and the Art of Healing and What Men Live By, along with Devine's Misery and Its Causes, and the Normal Life. Every nurse should be familiar with Lillian Wald's The House on Henry Street, for the sake of seeing how inevitably her profession broadens into social service. The general orientation sought in suggesting books of just this sort is that of the correlation of health and life, especially as this is manifested in individual cases. Such general books should of course be supplemented by many more technical references.

Sociology as presented to nurses in training should then contain something like the following scope, giving some knowledge of the general subject and at the same time never forgetting the essentially professional need of the nurse.

1. Man's Place in Nature.


2. The Geographic Conditions of Human Life.

The fitness of the environment. Civilization and climate: food, clothing, housing, life-habits and morals. Climate and health.

3. Heredity and Life.

4. The Health Factor in General Social Problems.


5. American Social Conditions.


Surveys, standards, and scores of open country, village, town, small city, and various urban and suburban districts. Visitation and observation of communities and their social agencies.


The church and religious origins of nursing orders. Nineteenth century Humanitarianism. The hospital as a community institution. The nurse as a social worker.

It should be practicable for some instructor from most training schools to attend an institute where such a course is offered. In many cases it would be practicable for a number of hospitals to organize a joint course with a common instructor, and thus surmount budget limitations.

There is a very pressing need for such a broader training for the nurse. For the masses of our people can not afford adequate modern treatment either in the home or in the hospital. The economic and social limitations on the full application of the modern art of healing are very severe. This has reached a very critical stage in the rural districts. Nation-wide surveys of the Department of Agriculture evidence the fact that the average amount spent by a farm family of four or more persons for all maintenance of health, including medicines and dental care, is about $75.00. This cannot be added to, for there is already a large gap between the average income and the cost of a normal standard of rural living. The same is true of urban living as many budgetary studies show.

It is evident that the art of healing must be socialized. The hospital and the doctor need allies in the field. Modern training is tending to train both doctor and nurse away from treatment in its normal life-setting and
under the ordinary circumstances of living. Those so trained are reluctant to enter into, and perhaps would be ineffectual in, treatment under non-hospital and non-technical conditions. In a former time the apprentice system for medical training and the custom of service in the field contributed to solve the problem. Some such revival may be necessary to bring back again the nurse and the doctor to the sick-beds of the masses.

At any rate, with the very high standards being progressively set for both professions, both doctor and nurse should at least be trained for the treatment of disease in its life-setting. The incorporation of a specially adapted sociology to the training would be a first step in the right direction.

There is no other way for a solution of the present urgent problem of national vitality than for a broader training for the nurse. The brunt of this socialization of medicine will naturally fall upon her as the traditional ally of the medical profession, and she is best qualified to constitute this new field force.

The elevation of nursing into a social serving profession to meet this modern emergency might be helped by the addition of sociology to the basic requirements of the trained nurse.

**HOW THE LIBRARY SERVES THE HOSPITAL AND THE SCHOOL OF NURSING**

By Perri Jones, Librarian

*St. Paul Public Library, St. Paul, Minn.*

I have tried putting to myself the questions: why am I giving this talk and what do I expect you to get out of it?

I am glad that the phrase selected as title by the program makers reads as it does. "How the library"—it may be the public library or the hospital's own individual collection—"serves the hospital"—and that, of course, includes everyone within its four walls from scrub woman to head surgeon, not forgetting of course that it was the great need of the patient rightly enough which brought about the organized service which hopes to establish itself in time as a form of therapeutics—bibliotherapy, if you like—and to complete the phrase and to place the proper emphasis in such a meeting, "How it serves the School of Nursing."

Most of you know about this use of books for the hospitalized sick. Many of you undoubtedly have it in your own hospitals—this use of books which aims to fit the book to the convalescent just as his diet and his medical treatment are fitted to him. You know that books can be "tonics or sedatives, roborants, alteratives, antispasmodics, analgesics, salves and balms."
Books are potent agencies and are to be used with knowledge and discrimination; knowledge that must cover not only the contents of the book but the nature of the patient and something of the way the disease has affected him. That is our job—we hospital librarians who are merely the connecting agent between book and patient—and that job we can do only in part unless we have the cooperation of the whole nursing staff from the youngest student nurse to the superintendent.

Having that cooperation what should be expected of us? A hospital library, whether a branch of the public library as in St. Paul and Minneapolis or a unit by itself as in the Massachusetts General or Lakeside or Barnes may and should make itself practically indispensable, not only to the supervisor of class work for reference books and to the probationers to supplement their preparatory schooling, but this dispenser of reading ought to be able to help each one to interpret her job.

I might also speak of the improved morale, the greater contentment and less hysterical rushing about which I have learned exists in nurses' homes which are supplied with suitable collections of books. Relaxation is imperative in this queer civilization of ours; some forms are more successful than others—reading is a notably successful one. I do not need here to stop and extol the profits and pleasures of reading or the reading habit, the sense of leisure, of arrested time that may be gained in this way.

The patient I am paying small heed of today, although this service grew out of the patient's need and it may not be beside the point to suggest that it is certainly to the interest of the nurse to have a contented patient, one who does not fret for hot water bottles made hotter, or cold packs made colder. The relief gained by the nurse on duty by a little intelligent cooperation with the hospital librarian will far outweigh any considerations of a slightly disarranged appearance of bedside tables due to books and magazines.

Aside from relief to the nurse, and the great mental relief of the patient, there is the question of readjustment to the hospital environment for the patient to make and finally there comes that third R, which the modern hospital aims to make possible for its patients—Rehabilitation. This seems to be a much used word of hospital men today. It was no less an authority than Dr. C. H. Mayo who said in a recent address, "Rehabilitation is the great thing in medicine these days." That gives us an admirable peg on which to hang our wares.

Let me interpolate: Two old residents of a women's ward are making their way to the wash-room exchanging their morning greetings in some such manner. "How air you this morning?" "Oh-h, about the same." "Well
—what I want to know is, air you a getting well or air you just 'recuperatin'?' You get the point.

That is our cue. There is our chance to step in and help bring about and make more complete a definite condition of physical and mental well-being by giving the patient the chance to read the right books. Examples of this sort of thing I could give you without end, incident on incident I could tell of what we have seen take place, interesting human bits of the queer, unsuspected turns a man's mind will take, the tastes and longings he has hidden away. As apparently incongruous is it that the average man in the ward should want Emerson's Essays, Huxley, Darwin and countless books of travel and philosophy, as it is that an elephant should seem to get his bulk from peanuts.

Now then how does this affect your particular group? I wonder how we can actually help you. I know how you can help us. In this way. Some day I hope to see in all nurses' training schools a few explanatory talks to the nurses on what this is all about—you may have thought this a new thing, not realizing that twenty years ago in McLean Hospital, Waverly, Massachusetts, and at Massachusetts General there were organized libraries for patients under the care of a trained librarian, that hundreds and hundreds of years ago there was the Koran in that first hospital, the tent of the Arab.

It might be of interest for the student nurse to know what hospitals are maintaining such libraries or using their public libraries for such purposes, not realizing that in 37 states there are forms of such service in varying degrees of completeness. It might be helpful for nurses to know how they can go about getting such service when they become superintendents—what they should expect in the way of standards and, I hope, there will be suggestions of how they can influence the hospital budget to a partial support of this thing. When one helps pay one is most vitally interested. In an examination paper a nurse who had been submitted to a few such talks gave the following as her opinion: "Maintenance and building up of a library (for patients) should be an item of expense just the same as adhesive and bandaging."

Now then, where are you to look for information, for material? This book, "The Hospital Library," compiled by Kathleen Jones of Boston and published by the American Library Association of Chicago, will give you all necessary information and I hope it may find its way to every nurses' classroom library. There is nothing better on the subject. Miss Kathleen Jones is a pioneer and an authority in her line and I can heartily indorse this publication.

May I in closing merely mention the course for Hospital Librarians
which has been worked out at the University of Minnesota. Your own Dr. Beard was one of the two people at the University of Minnesota who brought it about and is one of the committee to pass on applicants. So far as I know this is the only course of its kind in the country.

May I then commend these matters for your consideration, you who have already done such splendid work in the development of nursing education. You can do the suggesting, the pointing out the way, and to be most effective it must come from within the group, from you, the authorities on nursing education. For this I have come to you and for the privilege of speaking to you, I am very appreciative.

The question was asked of Miss Jones if she thought there was any value in such work as outlined in her paper by volunteers, also the expense to the hospital. She was of the opinion that it should be undertaken only by professional personnel. The matter of expense to the hospital would depend upon the community and arrangements made. In St. Paul it is done without any obligations on the part of the hospital except adequate shelving space, which indicates either a locked room or locked cupboard to which no one has access except the person in charge of the books. Other questions asked of the speaker were: Who is responsible for lost books; who distributes the books to the patients; and the disposition of books which have been used by patients with communicable diseases. The public library in St. Paul assumes the responsibility of books which may be lost, and in this connection Miss Jones stated the loss of books through hospital service is no greater than in any other service. In some cities where the public library supplies the hospital, a fine is charged to the doctors and nurses, but as far as is known, the patient is never held responsible for any loss. A representative from the public library distributes the books at scheduled times. Books used by patients with communicable diseases are destroyed and to such patients only magazines or discarded books are distributed.

The suggestion was made that Local Leagues of Nursing Education recommend to their libraries lists of books useful to their Nursing Schools and several instances were noted where this was being done.

Miss DeWitt reminded the assembly that any book on nursing, except the very valuable and expensive ones, in the Rochester office of the American Journal of Nursing, might be borrowed through parcel post with no other expense than postage charges both ways.

Closing Business Session

Friday, May 29, 2:00 p. m.

The meeting was called to order by the President, Laura R. Logan.
THIRTY-FIRST ANNUAL CONVENTION

SUMMARIES OF ROUND TABLES

THE CARE OF THE ISOLATED PATIENT

Charlotte Johnson, R.N., Chairman
Superintendent of Nurses, Durand Hospital, Chicago, Ill.

1. The universal prevalence of infectious diseases.
2. The ever present danger of dissemination of infection.
3. A neglected field in nursing education.
4. Its vital importance in the basic curriculum.
5. Efficiency in any field of nursing is greatly increased by adequate preparation for the care of infectious diseases.
   (a) Medical asepsis is fundamental in modern scientific nursing.
   (b) Nursing of infectious diseases gives the best possible medical nursing experience.
   (c) An essential branch in pediatric nursing experience.
   (d) Vitally important in the basic preparation for public health nursing.

6. Instinctive fear is overcome by:
   (a) Knowledge of the practical technique of protection.
   (b) Vaccination, susceptibility tests and active or passive immunization now available in various diseases.

The Care of the Tuberculosis Patient.

1. Insidiousness and prevalence of the disease.
2. The importance of the education of the patient, the nurse and the public in the nature and control of the disease.
3. Economic factors—ways and means should be provided for the adequate care of the individual.
4. The nursing care calls for physical, mental and spiritual equipment to meet the individual's needs.
5. Recovery often depends upon careful medical supervision.
6. The patient's confidence in his physician and nurse is vital to his welfare.
7. The cooperation of the patient is assured when all the above conditions are adequately provided.

Conclusions:

The nursing profession must share the responsibility with that of the medical profession in the task of the conservation of the health of the individual and in the protection of the community against the ravages of infectious diseases.
In order to do this efficiently practical experience correlated with theoretical instruction in the care of communicable diseases should be a part of the basic curriculum in our schools for nurses.

Note: The papers presented at this meeting and listed below were published in the September, 1925, *American Journal of Nursing*:
- Communicable Disease Nursing in the Curriculum, by Charlotte Johnson, R.N.
- The Unit System, by Edith B. Wilson, R.N.
- Discussion of the Unit System, by Sarah C. Barry, R.N.
- Care of the Tuberculosis Patient, by Katherine J. Densford, R.N.

**INSTITUTES AND SUMMER SCHOOLS**

Maude McClaskie, R.N., *Chairman*

The beginning of the Institute dates back seven years. About fifteen are being held in the United States this year. The increasing popularity of the Institute idea is due to the increasing need of knowledge for teachers to hold their positions, the lack of preparation of teachers, and the necessity of keeping up with the teaching methods of the time.

The length of time given to an Institute is about one week and it is conducted usually by State Leagues of Nursing Education. The tendency is to make the programs too fragmentary. The question is raised as to whether the Institute will infringe upon the Summer School and give artificial instead of real preparation to the teacher, administrator, public health nurse.

The subjects included in Institute programs are strictly professional and allied subjects, for example, psychology, so-called cultural subjects, such as literature, and those directly relating to administration and teaching methods. Demonstrations and excursions are also helpful. The program of Institutes varies in different states.

The fees for admission to Institutes range from one dollar to fifteen dollars. The groups usually employed on the program are doctors, nurses, teachers.

Summer Schools are conducted in all universities for fundamentals, such as science. Nurses can utilize any of them and are recommended to do so for the securing of a better and sounder background.

Summer Schools, especially for nurses, are conducted in connection with many universities and provision is made for administrative, teaching and public health nursing courses.

The cost of a Summer School perhaps varies from $200 to $300. Scholarships are offered from various sources. Some institutions pay the salary of the nurse on leave of absence for Summer School work.

Summer Schools afford association with other groups of students, enlarging social life.
The teachers in Summer Schools are highly trained people with organized material at hand.

It was urged that nurses take more advantage of the opportunities offered in nearby universities.

TEACHING DIET THERAPY

Caroline M. Rankiellour, R.N., Chairman

The papers and discussions stressed the need of better teaching, more time given to the course, better facilities, more adequately prepared dietitians and also the necessity of cooperation between the superintendent of nurses and the dietitian. The importance of diet therapy in diabetes, constipation, nephritis and other conditions was clearly pointed out, and the use of case studies to interest the student as well as the teacher. There can be no doubt that this subject will receive in the future increasingly more attention.

Note: Teaching Nurses Diet Therapy and Suggestions for the Organization of a Hospital Department of Dietetics, by Russell M. Wilder, M.D., and Florence H. Smith, B.S., a paper presented at this meeting, was published in the September, 1925, number of The Modern Hospital.

REPORT OF THE INSTRUCTORS' SECTION

Caroline M. Rankiellour, R.N., Acting Chairman

In the absence of the Chairman and the Secretary of this section, Caroline Rankiellour was appointed chairman, and Mae Colloton, secretary.

The reports of the Chairman, Secretary and Nominating Committee were read and accepted.

Reports concerning instructors’ activities were given by the following states: Arkansas, Georgia, Idaho, Illinois, Minnesota, Missouri, New Jersey, North Carolina, North Dakota, Ohio, Rhode Island, South Carolina, Texas, Utah, Wisconsin and Wyoming. These reports tended to show a repetition of the reports presented by the State Leagues and in other instances outlined the work of the Education Committee of the District or State Association.

Following is the table compiled from the questionnaire sent out by the Section:
Applications were sent to all instructors indicating a desire to become a member of the National League of Nursing Education.

An exhibition on Teaching Material was prepared by the Section for this Convention.

The program of the Instructors’ Section consisted of two instructive and interesting addresses: The Present Concept of Method, by Georgina Lommen, and a paper on Teaching and Learning Through Experience, by Bertha Harmer.

Mrs. Nellie S. Parks, Columbus, Ohio, and Miss Jessie Grant, Chicago, Illinois, were elected Chairman and Secretary, respectively, for the coming year.

REPORT OF THE COMMITTEE TO DRAFT RESOLUTION CONCERNING THE PREPARATION AND RECOGNITION OF THE NURSE FOR THE CARE OF THE TUBERCULOSIS PATIENT

The Committee submits the following resolution, and it recommends that a cordial letter be sent to the Board of Directors of the National Tuberculosis Association enclosing this resolution with the hope that a committee may be appointed by that association to meet with representatives from the three National Nursing Organizations to jointly consider and evolve a program for further action.
Be it Resolved, that the National League of Nursing Education assembled on May 29, 1925, approves and encourages the attempts now being made in many states to procure affiliation in tuberculosis sanatoria for students of schools connected with general hospitals. The League is desirous of increasing the number of such affiliations, and of encouraging postgraduate nursing courses in sanatoria; and does, hereby, make an earnest appeal to the National Tuberculosis Association for assistance in providing as many such opportunities as possible for students of general hospitals and for graduate nurses.

The National League of Nursing Education recognizes that a special technique is required in the care of tuberculosis patients, but, because tuberculosis patients may suffer from many other diseases, this association believes that the special technique of tuberculosis nursing, like any other special technique of nursing, should rest upon a solid foundation of general nursing education.

Therefore, the National League of Nursing Education very much regrets that out of consideration for the sick people, whose welfare is its chief concern, it cannot endorse or approve any legislative action which has for its purpose the registration of a special class of nurses whose special training is not based on general nursing education.

Elizabeth C. Burgess
Katherine Densford
Blanche Pfefferkorn
Ruth Houlton
Gertrude Hodgman
Mary E. Gladwin, Chairman

On motions duly seconded and carried the above reports were accepted.

The amendments to the By-Laws as attached to the call for the meeting were then read by Miss Mary C. Wheeler, chairman of the Revision Committee, and upon motion discussed and voted upon seriatim. The amendments as adopted are appended to these Proceedings (page 171).

The Revision Committee presented a list of suggestions to help State Leagues in reorganization. These suggestions were favorably acted upon and are herewith given.

SUGGESTIONS TO HELP IN REORGANIZATION OF STATE LEAGUES OF NURSING EDUCATION

Model Constitution and By-Laws have been sent to each President and Secretary of the State Leagues of Nursing Education.

Note the following errors in the proposed form and change the wording from "Executive Committee" to "Executive Board" in—

Article IV, Sec. 4
Article VI, Sec. 2
From "Board of Executives" to "Executive Board" in—
Article VIII, Section 1

The State League Committee on Revision should study the proposed plan and note any changes in the form which their League may desire to make. After completing this revision, a copy should be sent to the Chairman, Committee on Revision of the National League of Nursing Education. If the National Committee approves of your Constitution and By-Laws, the Chairman will return it to you with a form of application for State League membership.

This form, properly filled in, must be accompanied by the filled in membership application blanks of all members, new and old. These membership application blanks and also membership cards may be procured from National Headquarters at one cent each.

The Secretary of the State League will make three copies of the membership cards from the data contained on the membership applications before sending the membership applications to Headquarters.

The membership applications remain at Headquarters.

One membership card is to be retained by the Secretary of the State League.

One membership card is to be sent to the Secretary of the National League of Nursing Education.

One membership card is to be sent to the Treasurer of the National League of Nursing Education.

All State League applications will be considered by the Eligibility Committee of the National League of Nursing Education and presented to the Board of Directors at its next meeting.

In such instance as the application is not accepted by the Board of Directors of the National League of Nursing Education, the dues will be returned.

The State League Constitution and By-Laws, as approved by the Committee on Revision of the National League of Nursing Education, must be sent to all members in the state in accordance with your present By-Laws. To accept or reject these By-Laws, the Chairman of your Committee on Revision must present the proposed Constitution and By-Laws as her report at the annual or a special meeting. If the report is accepted, then the presiding officer calls for the reading of the Constitution and By-Laws by Sections of the Articles, and each Section must be voted upon separately. At the conclusion of this presentation, the motion must be made and carried that these Constitution and By-Laws be accepted as a whole. From this point the new Constitution and By-Laws are in force. When this form is printed have on the cover the words—

Constitution and By-Laws

of the

League of Nursing Education

As Amended (with date of Amendment)
In case there are any members of your State League who are members at the present time of the National League of Nursing Education and who have already paid their dues of $5.00 to the Treasurer of the National League of Nursing Education, do not send in the per capita dues of $3.00 according to the new By-Laws for such members. Adjustments of such dues will be made by the Treasurer of the National League of Nursing Education with the Treasurer of the State League of Nursing Education.

Take this opportunity to increase your state membership by sending an applications form to every eligible nurse in your state, accompanied by a letter setting forth the advantages of membership in Local, State and National organizations. Every member of the National League of Nursing Education will receive without charge a printed, bound report of the official proceedings annually.

If you are a member of the National League in a state where there is no State League, set machinery in motion as soon as possible for the organization of a State League. Apply to Headquarters for help and advice.

Mary C. Wheeler,
Chairman, Revision Committee,
4708 Brush St., Detroit, Mich.

Considerable discussion took place at this meeting with respect to the inclusion of communicable disease nursing (including tuberculosis) and the length of time to be assigned to it in the basic curriculum.

The difficulties in securing affiliation for this service, because of lack of clinical material, were noted, and the suggestion was offered that the time be shortened if the student had previously acquired a sound medical aseptic technique in her pediatric and medical training. As a means for obtaining increased opportunities for such experience, the appointment of committees of local leagues of nursing education was suggested, to approach Departments of Health for their cooperation in making surveys of the possibilities of the local communicable disease hospitals. The matter of student nurses contracting communicable diseases was considered, and it was generally agreed that more students in the general wards developed these diseases than in the communicable disease department. Much emphasis was placed on the teaching and practice of medical asepsis, not only in the communicable disease department, but also in the pediatric and other medical disease services.

Moved by M. Helena McMillan, seconded by Elizabeth Miller, and carried, that the chair appoint a Committee to Study and Recommend the Length of Time Essential for Adequate Basic Training in Communicable Diseases, Including Tuberculosis.

The chair thereupon named for this committee: Charlotte Johnson, Chairman; Sarah C. Barry, Louise M. Powell, and Katherine Densford.

The incorporating of the nursing service of a public health organization,
particularly that of a visiting nurse association, into the undergraduate program was brought forward again at this meeting. Miss Gertrude Hodgman announced from the floor that in all probability in the next few years the Education Committee of the National Organization for Public Health Nursing would be able to give considerable time to the development of standards in community agencies as preparation for affiliations with nursing schools, and an expression concerning this procedure was asked of the League. The opinion voiced was that any study on the subject should be undertaken with exceeding care. Motion presented by Mary C. Gladwin, seconded by Katherine Densford and carried, that a

Committee of three be appointed for the study of Public Health Nursing in the Basic Curriculum.

The following personnel was appointed on this Committee: Mary C. Gladwin, Chairman; Claribel A. Wheeler, and M. Helena McMillan.

The request from the New York League of Nursing Education to the National League of Nursing Education "that the National League not only use its efforts in causing a study of the status of private duty nursing with all it involves by the American Nurses' Association, but also that the League itself undertake certain phases of such a study," was brought before the Association. (See Report of New York League of Nursing Education, page 71). Miss Elizabeth C. Burgess, president of the New York League, stated that in making the recommendation, New York had two things in mind, first, that the National League would urge the American Nurses' Association to make a study of the status of the private duty nurse in its various phases, and, second, that the National League would study the private duty nurse in the hospital and the nursing of the private patient by the private duty nurse.

Some brief discussion followed, after which it was moved by Miss McGuire, seconded by Evelyn Wood, and carried, that a

Committee on Status of the Private Duty Nurse be appointed. Upon further motion the chair was authorized to appoint this committee.

As a problem for consideration, and one very immediate in the rural sections of this country, a study of the needs for a midwifery service was presented by Miss Elizabeth F. Miller. It was stated that five states having mining sections had made inquiries of their several state departments concerning trained nurses for midwifery. In connection with the preparation of nurses for the practice of midwifery, the opinion was expressed that such preparation would not be included in the fundamental course, but rather in postgraduate courses established especially for that purpose and that only the superior nurse should be considered for this work.

It was moved by Elizabeth F. Miller, seconded by Katherine DeWitt, and carried that a
Committee of three be appointed by the chair to study the question of the need of the study of midwifery by nurses in postgraduate courses.

The chair appointed Elizabeth F. Miller chairman of this committee, with power to select the remaining committee members.

It was further moved, seconded and carried that the National Organization for Public Health Nursing be approached to ascertain if it would be interested in participating in the Midwifery Study.

The chair brought to the attention of the assembly that according to the By-Laws the Committee on Nominations consists of five members, "two of whom shall be appointed by the chair and three by the house." The chair named Bessie Baker of St. Paul, Minnesota, and Mary H. Cutler of Chicago, Illinois. Anna M. Gillis of Cleveland, Ohio, Sally Johnson of Boston, Mass., and Helen I. Denne, Madison, Wisconsin, were nominated from the floor.

Upon motion duly put, seconded and carried, nominations were then declared to be closed.

REPORT OF THE COMMITTEE ON RESOLUTIONS

WHEREAS the National League of Nursing Education today concludes its thirty-first Annual Convention after a five days' conference which has been especially stimulating, broadening, and profitable,

Therefore Be It Resolved that this organization express its sincere thanks and deep appreciation:

To the members of the Arrangement Committee whose wise plans effectively executed swung wide the Gateway of the West and received us and entertained us as royal guests;

To the Program Committee whose labors are long, arduous, discouraging, but always ultimately crowned with success—this year especially so crowned;

To all members of the League who contributed by papers and discussions;

To all those who came to us from other professions, generously giving to us from their wealth of knowledge and experience;

To Henri Verbruggen, conductor of the Symphony Orchestra, and to all the artists of that orchestra for the very great pleasure which their concert gave the members of this League;

To Mrs. A. R. Colvin, whose hospitality was delightful and the acceptance of which gave us a glimpse of the lovely city of Minneapolis, and finally,

To all the members and friends of the Nursing Organizations of Minnesota from which came the driving force that produced a Convention of
profit and pleasure—a Convention with a decided element of that quality so needed by nurses, the quality of relaxation.

Charlotte Burgess
Alice Bowen
Sister Domitilla
Marion Vannier
Caroline McKee
Sally Johnson, Chairman

Upon motion, duly seconded and carried, the report of the Resolutions Committee was accepted.

REPORT OF THE TELLERS

Total number of votes cast 111

President:
Carrie M. Hall, Boston, Mass. 74
Mary C. Wheeler, Chicago, Ill. 37

First Vice President:
Mary M. Pickering, San Francisco, Calif. 74
Martha M. Russell, Denver, Colo. 37

Second Vice President:
Marion L. Vannier, Minneapolis, Minn. 111

Secretary:
Ada Belle McCleery, Evanston, Ill. 96
Carolyn E. Gray, New York, N. Y. 15

Treasurer:
Marion Rottman, Milwaukee, Wis. 111

Directors: for two years (four to be elected):
Laura R. Logan, Chicago, Ill. 88
M. Helena McMillan, Chicago, Ill. 68
Isabel M. Stewart, New York, N. Y. 67
Helen Wood, Rochester, N. Y. 54
Helen Farnsworth, Kansas City, Mo. 40
Effie J. Taylor, New Haven, Conn. 40
Irene English, Rochester, Minn. 31
Sally Johnson, Boston, Mass. 29
E. M. Lawler, Baltimore, Md. 20

Evelyn Wood
Sister Gilbert
Ethel Smith
Rose Newman, Chairman
Following the acceptance of the Report of the Tellers the chair declared
the following officers elected:

President:
Carrie M. Hall
First Vice President:
Mary M. Pickering
Second Vice President:
Marion L. Vannier
Secretary:
Ada Belle McCleery
Treasurer:
Marion Rottman

Directors for two years: Laura R. Logan, M. Helena McMillan, Isabel
M. Stewart and Helen Wood.

Miss Hall, in accepting her election as President, made the following
statement:

"I am very happy to accept the office which you have conferred upon me.
I presume no one has ever been elected President of the League at a time
when her opponent on the ticket has worked so hard for her election, as
in this instance. I can only repeat the hackneyed phrase which you have
heard so many times, that I appreciate very much the confidence you have
reposed in me by this election, and in accepting it, I want to congratulate
the President who is completing her term, for one great achievement. When
she was first elected President in Seattle she faced a very difficult proposi-
tion. I refer to the financial state in which the League placed itself at that
time through its acts at the Seattle convention. The finances for the next
year or two were certainly in a precarious condition, and I congratulate the
retiring President upon having pulled the organization through a very
difficult period and put it on a sound financial basis. I thank you." (Pro-
longed applause.)

In retiring as president, Miss Logan spoke as follows:

"I thank you for electing me on your Board of Directors, and I want
to thank you from the bottom of my heart for the privilege and honor that
you have accorded me of being your President for the last three years.
I thank Miss Hall for her public congratulations with respect to pulling the
organization out of its financial difficulties, but I want to say that, if it
had not been for the work of your Executive Secretary at Headquarters,
together with your work, and that of the Secretary, Treasurer and Board of
Directors, in standing by the program, I do not think we could have accom-
plished it. It has been one of the very great privileges of my life to have
been associated with this organization and to have had contact with you
splendid women from all over the country. With reorganization now
accomplished and Miss Hall as President, I look for great things from the
League. I believe there are now more women interested and actually working than we have ever had before, a greater representation from all parts of the country, and I think we can go back to our work with a very sure feeling that nursing education will go forward. I thank you very much." (Prolonged applause.)

Upon a motion duly put, seconded and carried, the thirty-first Annual Meeting of the National League of Nursing Education was declared adjourned to convene in Atlantic City in 1926.

AMENDMENTS TO THE BY-LAWS

May 29, 1925

ARTICLE I

SECTION 2, d, Omit.

ARTICLE I

SECTION 3. Amend by inserting after the words "Public Health Corps," the words "and members of the Nursing Service, U. S. Veterans' Bureau."

THIS SECTION WILL THEN READ WITH AMENDMENT:

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

ARTICLE X

Amend by striking out Sections 1, 2 and 3 and substituting Sections 1 and 2 as follows:

SECTION 1. The voting body at the Annual Convention of the National League of Nursing Education shall consist of each active member of State Leagues in good standing; and each individual active member in good standing in States where no State Leagues exist.

Before voting, the member must furnish a credential card signed by the treasurer of the National League of Nursing Education that her dues have been paid.

Sec. 2. The associate members may have no vote at State or National meetings.

ARTICLE XIV

SECTION 1. Amend by inserting after the word "Secretary" the words "and Executive Secretary" and adding at the end of the section "and the place and dates of the Annual Meetings."

THIS SECTION WILL THEN READ WITH AMENDMENT:

To send to the President and Secretary and Executive Secretary of the National League of Nursing Education, the names and addresses of all officers immediately after their election or appointment, and the place and dates of the Annual Meetings.
LIST OF MEMBERS

HONORARY MEMBERS

Beard, Richard O., M.D. ........................................ University of Minnesota, Minneapolis, Minn.
Boardman, Mabel T. ................................................ The 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 11 St., New York, N. Y.
Kimber, Diana C. ................................................... High Street, Swindon Wills, England
Osborne, Wm. Church (Mrs.) ..................................... 40 E. 36 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

Alline, Anna L. ..................................................... Memorial Hospital, Albany, N. Y.
Dock, L. L. ............................................................ Fayetteville, Pa.
Maxwell, Anna C. .................................................. Cosmopolitan Club, New York, N. Y.
Snively, Mary A. .................................................... 50 Maitland St., Toronto, Ont., Canada

ACTIVE MEMBERS

Alabama

McFadden, Anna E. ........................................... T. C. T. Employees Hospital, Fairfield
MacLean, Helen ................................................ Walker County Hospital, Jasper
Newington, Jeanne ............................................... 712 Tuscaloosa Avenue, Birmingham

Arizona

Beecroft, Laura A. .............................................. U. S. Veterans' Hospital 51, Tucson
Dahlgren, Anna L. .............................................. Deaconess Hospital, Phoenix

Arkansas

Kaplan, Regina H. .............................................. Leo N. Levi Memorial Hospital, Hot Springs

California

Arbuckle, Mary B. ........................................ Hospital of the Good Samaritan, Los Angeles
Bagley, Alice C. .................................................. 600 Stockton Street, San Francisco
Boyce, Ada .......................................................... 3700 California Street, San Francisco
Bruce, Mary D. ................................................... 4616 Sunset Boulevard, Los Angeles
Childs, Evelyn L. .............................................. Pasadena Hospital, Pasadena
Chubbuck, J. S. .................................................... 4205 Trias Street, San Diego
Cowen, M. Cordelia ............................................ Alameda County Hospital, San Leandro
Craver, Mary E. .................................................. Community Hospital, Riverside
Davis, Lina L. L. .................................................. Cottage Hospital, Santa Barbara
Davis, Mary Elizabeth ........................................... 336 State Building, San Francisco
Douglass, Kate S. ............................................... 7227 Franklin Avenue, Los Angeles
Dursea, Anna ..................................................... 1100 Mission Road, Los Angeles
LIST OF MEMBERS

EPPELEY, CARRIE E. General Hospital, Fresno
FLEMING, HARRIET L. S. (MRS.) 612 N. Euclid Avenue, Ontario
FLENDORF, GERTRUDE R. (MRS.) Shriner's Hospital for Crippled Children, San Francisco

GRUBB, FLORENCE C. Merritt Hospital, Oakland
HALL, MARY I. 609 B-29 Street, Oakland
HANLIN, MARIE E. Fabiola Hospital, Oakland
HARTLEY, HELEN S. San Joaquin Local Health District, Stockton
HODGSON, MARIE C. 4079 W. 18 Street, Los Angeles
HUGHES, ANNIE A. St. Mary's Hospital, San Francisco
INGRAISON, CLARA S. 1800 3 Street, San Diego
JACKSON, LILLIAN E. (MRS.) San Diego County Hospital, San Diego
JAMESON, ELIZABETH M. Fabiola Hospital, Oakland
JUSTIS, L. J. Brokaw Hospital, Chico
KACENA, BLANCHE Angeles Hospital, Los Angeles
KENNEDY, GRACE M. St. Luke's Hospital, San Francisco
KINGSTON, SARAH J. 417 S. Griffin Avenue, Los Angeles
KRETZING, CLARA E. Community Hospital, Riverside
KRONE, LOUISE A. (MRS.) Oakland Central Hospital, Oakland
LAMIS, MAUDE Stanford School of Nursing, San Francisco

LINDSAY, WINIFRED F. (MRS.) Box 26, Loma Linda
LODOR, HELEN H. St. Francis Hospital, Santa Barbara
McDONALD, ANNA G. St. Joseph's Hospital, Stockton
MEIKLE, JESSIE W. County Hospital, San José
MERTZLER, KATHRYN K. (MRS.) 3942 Whittier Boulevard, Los Angeles
MITCHELL, LAURA LACING (MRS.) 1332 S. Grand Avenue, Los Angeles
MUIR, HENRIETTA R. (MRS.) 1100 Mission Road, Los Angeles
NORTHWAY, MILLENT (MRS.) 1207 Bonita Avenue, Berkeley
OLoughlin, ANNE A. Fabiola Hospital, Oakland
PETCHNER, MIRIAM Cottage Hospital, Santa Barbara
PACKING, MARY MAY University of California Hospital, San Francisco

POPE, AMY E. St. Luke's Hospital, San Francisco
PORTER, NELLIE M. Community Hospital, Riverside
RAMSEY, JUNE A. Pasadena Hospital, Pasadena
RICE, HELEN N. Paradise Valley Sanitarium, National City
RICHMOND, FLORENCE H. San José Hospital, San José
ROOD, IDA MAY 1037 Leighton Avenue, Los Angeles
SCHENCK, EDITH M. San Francisco Hospital, San Francisco
SHERIDAN, ELIZABETH 1408 Orange Drive, Los Angeles
SHERMAN, ETHEL 2216 College Avenue, Berkeley
SISTER LAURienne Providence Hospital, Oakland
SITZENSTOCK, LOUISE 521 E. Santa Clara Street, San José
SOLBECK, HANSINE K. Alameda County Hospital, San Leandro
STAIR, BLANCHE 729 Elm Street, Long Beach
SWOPES, ETHEL Methodist Hospital of Southern California, Los Angeles

TAYLOR, MINNEHAHA Merritt Hospital, Oakland
THOMSON, BESSIE Fresno Co. Hospital, Fresno
THOMSON, LAURA San Francisco Hospital, San Francisco
TYNAN, GERTRUDE T. ........................................... 1830 Seventh Avenue, Oakland
URCH, DAISY D. .................................................. 821 Pacific Finance Building, Los Angeles
VERMILY, CAROLINE ........................................... San Antonio Hospital, Upland
WALKER, HORATIO JR. (MRS.) ............................. Hospital of the Good Samaritan, Los Angeles
WEST, MARY K. .................................................. Seaside Hospital, Long Beach
WHITE, LILLIAN E. ............................................ R-1, Box 1821-B, Doncaster Place, Oakland
WHITE, SARAH G. ............................................. Stanford School of Nursing, San Francisco
WILLIAMSON, ANNE A. ...................................... California Lutheran Hospital, Los Angeles
WORKMAN, HANNAH M. ....................................... U. S. Naval Hospital Corps Training School,

Mare Island

COLOMBIA

ALEXANDER, MAUDE ........................................ Visiting Nurses' Association, Denver
BOYD, LOUISE CROFT ......................................... Ellsworth Hotel, Denver
CADMUS, MARY ............................................... 4200 E. 9 Avenue, Denver
CARNEY, MAY ................................................ St. Joseph's Hospital, Denver
COLESTOCK, RUTH ........................................... University Hospital, Denver
CUSHMAN, OCA (MRS.) ..................................... Children's Hospital, Denver
ELDER, LAURA ................................................ St. Luke's Hospital, Denver
FRIEND, HARRIET L. P. .................................... 531 Beacon Street, Colorado Springs
GRINE, INA L. ................................................ Fitzsimons General Hospital, Colorado Springs
HAMLIN, MARGARET ......................................... Minnequa Hospital, Pueblo
HANKINS, MARY HELEN .................................... School of Nursing, University of Colorado,

DENVER

HEAD, ELSIE .................................................. St. Luke's Hospital, Denver
HOLDNER, MADELINE ........................................ Fitzsimons General Hospital, Denver
JANISH, HELEN ............................................... The Greeley Hospital, Greeley
LAFFERTY, ELEANOR (MRS.) ............................... Minnequa Hospital, Pueblo
LOUTZENHISER, GERTRUDE (MRS.) .................... Children's Hospital, Denver
MACADAM, L. C. (MRS.) .................................... Colorado State Hospital, Pueblo
MEAD, MARGARET ADelia ................................ Longmont
MORRISON, E. LUELLA ...................................... Children's Hospital, Denver
MULHERIN, LORETTA ........................................ St. Joseph's Hospital, Denver
MURCHISON, IRENE ......................................... St. Luke's Hospital, Denver
OFF, FRIEDA C. ................................................ Longmont Hospital, Longmont
PELTEN, GARNET ............................................ Barth Building, Denver
PERDUE, ELLEN ............................................... Visiting Nurses' Association, Denver
PERRIN, LOUISE ............................................. State House, Denver
PLUMMER, SAMANTHA C. ................................ Fitzsimons General Hospital, Denver
RUSSELL, MARTHA ........................................ University Hospital, Denver
RYAN, LILLIAN ................................................ Fitzsimons Hospital, Denver
SCHULKEN, KATHRYN (MRS.) ............................... Visiting Nurses' Association, Denver
SIMS, GERTRUDE ............................................ D. & R.G. Hospital, Salida
SISTER M. HUMBERTA ........................................ St. Anthony's Hospital, Denver
SISTER MARY MAGDALEN .................................. St. Joseph's Hospital, Denver
SISTER ROMONA ............................................... St. Frances' Hospital, Colorado Springs
SISTER SEBASTIAN ........................................... Mercy Hospital, Denver
UNDERHILL, LELA ........................................... Mercy Hospital, Denver
# List of Members

## Connecticut

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albaugh, R. L.</td>
<td>Pleasant Valley</td>
</tr>
<tr>
<td>Bigelow, A. Elizabeth</td>
<td>69 East Main Street, Meriden</td>
</tr>
<tr>
<td>Cannon, Sarah A.</td>
<td>Stamford Hospital, Stamford</td>
</tr>
<tr>
<td>Crowdis, Eva Anne</td>
<td>Hartford Hospital, Hartford</td>
</tr>
<tr>
<td>Cummins, Mary Louise</td>
<td>65 Wethersfield Avenue, Hartford</td>
</tr>
<tr>
<td>Dowd, Kathleen A.</td>
<td>William W. Backus Hospital, Norwich</td>
</tr>
<tr>
<td>Edwards, Eva J.</td>
<td>Loomis School, Windsor</td>
</tr>
<tr>
<td>Etter, Besse</td>
<td>Meriden Hospital, Meriden</td>
</tr>
<tr>
<td>Fanning, Julia</td>
<td>New Britain General Hospital, New Britain</td>
</tr>
<tr>
<td>Gilbert, Abbie M.</td>
<td>202 Main Street, South Farms, Middletown</td>
</tr>
<tr>
<td>Goodrich, Annie W.</td>
<td>Yale University School of Nursing, New Haven</td>
</tr>
<tr>
<td>Harmer, Bertha</td>
<td>Yale University School of Nursing, New Haven</td>
</tr>
<tr>
<td>Hatch, Mildred Diana</td>
<td>Middlesex Hospital, Middletown</td>
</tr>
<tr>
<td>Hills, Mary Grace</td>
<td>35 Elm Street, New Haven</td>
</tr>
<tr>
<td>Hodgman, Gertrude E.</td>
<td>Yale University School of Nursing, New Haven</td>
</tr>
<tr>
<td>Hunter, Naomi B.</td>
<td>Greenwich Hospital, Greenwich</td>
</tr>
<tr>
<td>Hyde, Sarah E.</td>
<td>Middlesex Hospital, Middletown</td>
</tr>
<tr>
<td>Jones, Amelia M.</td>
<td>151 Broad Street, Middletown</td>
</tr>
<tr>
<td>Jones, Helen M.</td>
<td>Hartford Hospital, Hartford</td>
</tr>
<tr>
<td>Lee, Helene G.</td>
<td>Hartford Hospital, Hartford</td>
</tr>
<tr>
<td>Love, May L.</td>
<td>Litchfield County Hospital of Winchester, Winsted</td>
</tr>
<tr>
<td>Mcconnell, Rachel</td>
<td>Hartford Hospital, Hartford</td>
</tr>
<tr>
<td>Miller, Clara B.</td>
<td>Danbury Hospital, Danbury</td>
</tr>
<tr>
<td>Mills, Emmeline Kimball</td>
<td>Bridgeport Hospital, Bridgeport</td>
</tr>
<tr>
<td>Nash, Anne</td>
<td>Connecticut State Hospital, Middletown</td>
</tr>
<tr>
<td>Nivison, Helen T.</td>
<td>The Griffin Hospital, Derby</td>
</tr>
<tr>
<td>O'Connell, M. Beatrice</td>
<td>St. Francis Hospital, Hartford</td>
</tr>
<tr>
<td>Prindiville, Kathryn Marie</td>
<td>Lawrence and Memorial Associated Hospitals, New London</td>
</tr>
<tr>
<td>Reade, Ida May</td>
<td>Lawrence and Memorial Associated Hospitals, New London</td>
</tr>
<tr>
<td>Roche, Elizabeth F.</td>
<td>Litchfield County Hospital, Winsted</td>
</tr>
<tr>
<td>Sellers, Ethel G.</td>
<td>Norwalk General Hospital, Norwalk</td>
</tr>
<tr>
<td>Sister Lawrence Huhnck</td>
<td>St. Joseph's Hospital, Willimantic</td>
</tr>
<tr>
<td>Smith, Eunice A.</td>
<td>Grace Hospital, New Haven</td>
</tr>
<tr>
<td>Taylor, Effie J.</td>
<td>Yale University School of Nursing, New Haven, Conn.</td>
</tr>
<tr>
<td>Trites, Mary Gerow</td>
<td>Hartford Hospital, Hartford</td>
</tr>
<tr>
<td>Wales, Frances Lillian</td>
<td>Bridgeport Hospital, Bridgeport</td>
</tr>
<tr>
<td>Wells, Marion Hooper</td>
<td>Waterbury Hospital, Waterbury</td>
</tr>
<tr>
<td>Wells, Marion J.</td>
<td>Meriden Hospital, Meriden</td>
</tr>
<tr>
<td>Wieniecke, D. L.</td>
<td>West Middle School, Hartford</td>
</tr>
<tr>
<td>Wild, Anna</td>
<td>Stamford Hospital, Stamford</td>
</tr>
<tr>
<td>Wilson, Evelyn M.</td>
<td>Stamford Hospital, Stamford</td>
</tr>
<tr>
<td>Wilson, Irene</td>
<td>Lawrence and Memorial Associated Hospitals, New London</td>
</tr>
<tr>
<td>Zinser, Katherine E.</td>
<td>Danbury Hospital, Danbury</td>
</tr>
</tbody>
</table>
Delaware

SPARROW, CAROLINE E. Delaware Hospital, Wilmington
WHITE, CHAS. B. (MRS.) 2237 18 Street, Wilmington
WOOD, AMY E. R. F. D. 2, Wilmington

District of Columbia

BAKER, ISABELLE WILDUR (MRS.) The American Red Cross, Washington
BALLARD, MIRIAM F. Apt. 47, 1701 Oregon Avenue, Washington
BOWMAN, BEATRICE Bureau Medicine and Surgery, Navy Dept.,
          Washington
BRADEN, JESSIE M. Walter Reed Hospital, Washington
CALVERT, BINNIE F. 1337 K Street, N.W., Washington
CHARWICK, HELEN MARGARET Walter Reed Hospital, Washington
CORBETT, ALMA C. Columbia Hospital, Washington
CULBERTSON, MARY H. 2650 Wisconsin Avenue, Washington
DAVISON, MAUDE C. Walter Reed Hospital, Washington
FLIKKE, JULIA O. Walter Reed Hospital, Washington
FOX, ELIZABETH G. The American Red Cross, Washington
GAFFNEY, MARY CLAIRE 3146 Q Street, N.W., Washington
GALLAGHER, KATHERINE M. U. S. Naval Hospital, Washington
HERTZER, KATRINA E. 1337 K Street, N.W., Washington
HICKEY, MARY H. U. S. Veterans' Bureau, Washington
HOGAN, AGNES C. Walter Reed Hospital, Washington
JENSEN, KATHRYN L. General Conference Building, Takoma Park, Washington
JOHN, MELVA GRACE Emergency Hospital, Washington
LOUTEF, LILLIAN KLINK Walter Reed Hospital, Washington
MCKEON, ANNA G. Garfield Memorial Hospital, Washington
MCWHORTER, ALICE E. Garfield Memorial Hospital, Washington
MACNICHOL, MARGARET Walter Reed Hospital, Washington
MANSFIELD, BERNICE D. 1739 I Street, N.W., Washington
MAYE, BETTY W. 1739 I Street, N.W., Washington
MELBY, ELIZABETH Walter Reed Hospital, Washington
MILLIGAN, CAROLYN C. Office, Surgeon General, War Dept., Washington
MILLIKEN, SAYRES L. Office, Surgeon General, War Dept., Washington
MINNIGERODE, LUCY U. S. Public Health Service, Washington
MOLLOY, JANE G. Station Hospital, Camp Lewis, Washington
MORAN, CATHERINE E. Gallinger Municipal Hospital, Washington
MYER, SARA B. U. S. Naval Hospital, Washington
NOYES, CLARA D. The American Red Cross, Washington
RULON, BLANCHE S. 1726 Munitions Building, Washington
ROOD, DOROTHY 1105 Pennsylvania Avenue, S.E., Washington
SCHULTZ, THEDE E. Walter Reed Hospital, Washington
SHELDON, NENA Office, Surgeon General, War Dept., Washington
SISTER FLAVIA Providence Hospital, Washington
LIST OF MEMBERS

Sister Rodriguez .................................. Georgetown University Hospital, Washington
Staples, Angeline L. ................................ Walter Reed Hospital, Washington
Stimson, Major Julia C. .......................... 1726 Munitions Building, Washington
Taylor, Ruth Ida .................................... Walter Reed Hospital, Washington
Thomas, Frances Elizabeth ......................... Walter Reed Hospital, Washington
Thomasson, Ivy L. ................................... Walter Reed Hospital, Washington
Thompson, Lillian Gertrude ......................... Walter Reed Hospital, Washington
Tobin, Mary W. ....................................... Walter Reed Hospital, Washington
Umbach, Edna Doris ................................ Walter Reed Hospital, Washington
Weaverling, M. Eliza ................................ Walter Reed Hospital, Washington
Willett, Harriett N. ................................ Walter Reed Hospital, Washington
Williams, Stella E. ................................ Walter Reed Hospital, Washington
Williamson, Anne ................................... Office, Surgeon General, War Dept., Washington
Wolford, Mary G. ..................................... 1150 N. Capitol Street, Washington

Florida

Benham, Louie B. ................................... Hawthorne
Conoley, Mary D. ................................... Morrell Memorial Hospital, Lakeland
Ely, Joyce V. ........................................ P. O. Box 66, Ruskin
Freid, Theresa P. ................................... Box 632, West Palm Beach
James, H. R. (Mrs.) ................................ 104 A. S. Melville, Tampa
McCloud, Mary J. ................................... U. S. Naval Hospital, Pensacola
Maribette, Cynthia May ............................. Box 682, St. Augustine
Sessler, Louise C. ................................... East Coast Hospital, St. Augustine
Spears, Sarah W. ..................................... 1433 Riverside Avenue, Jacksonville

Georgia

Dessey, Kathleen V. ................................ U. S. Veterans' Hospital 62, Augusta
Feebeck, Annie B. ................................... Grady Hospital, Atlanta
Horne, Mary Elizabeth ............................... Grady Hospital, Atlanta
Neff, Elsie ........................................... Station Hospital, Fort Oglethorpe
Schmitt, Clara E. (Mrs.) ............................. U. S. Marine Hospital 20, Savannah
Sutton, Caroline ..................................... 25 E. Linden Street, Atlanta
Swanson, Clara E. .................................... 25 E. Linden Street, Atlanta
Van De Vrede, Jane ................................ 688 Highland Avenue, Atlanta
Wright, Christine ................................... 25 E. Linden Street, Atlanta
Ziegler, Frances H. .................................. Piedmont Hospital, Atlanta

Idaho

Gerrish, Louise W. ................................... St. Luke's Hospital, Boise
Jummel, Emily A. .................................... U. S. Veterans' Hospital 52, Boise
Maronda, Essie ...................................... Idaho Falls
Pine, Emily .......................................... St. Luke's Hospital, Boise
Smith, Helen Ada .................................... St. Luke's Hospital, Boise
Williams, Barbara .................................. St. Luke's Hospital, Boise

Illinois

Aaron, Cora Beatrice .............................. School of Psychiatric Nursing, Chicago
Aihrens, Minnie H. .................................. 116 S. Michigan Ave., Chicago
ANDERSON, Beatrice  Evanston Hospital, Evanston
ANDERSON, Mary Marguerite  Presbyterian Hospital, Chicago
ANDRESEN, Olga Emilie  Wesley Memorial Hospital, Chicago
ANDREWS, Elizabeth C.  West Suburban Hospital, Oak Park
ASHTON, Charlotte Esther  Wesley Memorial Hospital, Chicago
ASSELTINE, Elizabeth Ann  Victory Memorial Hospital, Waukegan
AXELSON, Alma Mary  Moline City Hospital, Moline
BARNES, Sarah Bessie  West Suburban Hospital, Oak Park
BERGESON, Edith Marie  Evanston Hospital, Evanston
BERGH, Agnes C.  Augustana Hospital, Chicago
BEST, Ella G.  Michael Reese Hospital, Chicago
BIGLER, Rose  Peoria State Hospital, Peoria
BOWEN, Alice Walker  Washington Boulevard Hospital, Chicago
BRANDT, Sena Helen  Wesley Memorial Hospital, Chicago
BREEZE, Jessie  Presbyterian Hospital, Chicago
BROWN, Erma Rea  Methodist Hospital, Peoria
BROWN, Louise Catherine  Presbyterian Hospital, Chicago
BURNS, Florence J.  Evangelical Deaconess Hospital, Chicago
CHRISTIE, Jesse Forsyth  Chicago Lying-in Hospital, Chicago
CLARK, Althea F.  149 W. Superior Street, Chicago
COLLINS, May Dunstone  5517 Kenmore Avenue, Chicago
CRISBY, Nellie M.  Chicago Memorial Hospital, Chicago
CUTLER, Mary H.  Presbyterian Hospital, Chicago
DENSFORD, Katherine Jane  Illinois Training School for Nurses, Chicago
DAHLGREN, Emelia  Lutheran Hospital, Moline
DUFFILL, Bessie  St. Luke's Hospital, Chicago
DUNLAP, Mabel M.  Kings Daughters Union & Red Cross, Moline
DWELEBIS, Grace Linder  North Chicago Hospital, Chicago
EHMAN, Ida  Augustana Hospital, Chicago
ELLIS, Dorothy Lucille  Presbyterian Hospital, Chicago
EWING, Nan Hamlett (Mrs.)  Ravenswood Hospital, Chicago
FORTH, Fannie Robert  Wesley Memorial Hospital, Chicago
FULTMER, Harriet  Cook County Department of Health, Chicago
GATZKA, Martha G.  St. Joseph's Hospital, Chicago
GLEASON, Agnes Helena  Elgin State Hospital, Elgin
GRANT, Jessie Ellen  Illinois Training School for Nurses, Chicago
GREENWOOD, Ida E.  Garfield Park Hospital, Chicago
GRIFFIN, Clara A.  Evanston Hospital, Evanston
HAY, Helen Scott  Savanna
HEIL, Martha J.  Chicago Polyclinic Hospital, Chicago
HILLQUIST, Signe  The Lake View Hospital, Chicago
HOSTMAN, Louise  Illinois Training School for Nurses, Chicago
HOWARD, Mary Ellen (Mrs.)  Chicago Memorial Hospital, Chicago
JOHNSON, Charlotte  Durand Hospital, Chicago
JOHNSON, Margaret W.  Wesley Memorial Hospital, Chicago
KOHL, Jennie Marie  1029 Plain Street, Peru
KENNEDY, May  Illinois State School Psychiatric Nursing, Chicago
KNAPP, Bertha L.  Wesley Memorial Hospital, Chicago
KOGER, Orpha E.  Chicago State Hospital, Chicago
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>KOLONDER, Esther Johnson</td>
<td>Grant Hospital, Chicago</td>
</tr>
<tr>
<td>KOST, Cassie Elizabeth</td>
<td>Illinois Training School for Nurses, Chicago</td>
</tr>
<tr>
<td>KYLE, Ethel B.</td>
<td>Memorial Methodist Hospital, Mattoon</td>
</tr>
<tr>
<td>LAND, Charlotte F.</td>
<td>Lutheran Memorial Hospital, Chicago</td>
</tr>
<tr>
<td>LAU, Estelle Jeanette</td>
<td>Lutheran Memorial Hospital, Chicago</td>
</tr>
<tr>
<td>LEVEREAU, Hattie</td>
<td>Kankakee State Hospital, Kankakee</td>
</tr>
<tr>
<td>LOGAN, Laura R.</td>
<td>Illinois Training School for Nurses, Chicago</td>
</tr>
<tr>
<td>LOWE, Edna M.</td>
<td>St. Luke's Hospital, Chicago</td>
</tr>
<tr>
<td>McCLEERY, Ada Belle</td>
<td>Evanston Hospital, Evanston</td>
</tr>
<tr>
<td>McCOWN, Viana</td>
<td>Illinois Training School for Nurses, Chicago</td>
</tr>
<tr>
<td>McCULLAUGH, Edna Harwood</td>
<td>Presbyterian Hospital, Chicago</td>
</tr>
<tr>
<td>MCCUNE, Gladys</td>
<td>Illinois Training School for Nurses, Chicago</td>
</tr>
<tr>
<td>McMillan, M. Helena</td>
<td>Presbyterian Hospital, Chicago</td>
</tr>
<tr>
<td>MACK, Eva A.</td>
<td>St. Luke's Hospital, Chicago</td>
</tr>
<tr>
<td>MADDEM, Mabel G.</td>
<td>Children's Memorial Hospital, Chicago</td>
</tr>
<tr>
<td>MARIGNONE, Pauline</td>
<td>American Hospital, Chicago</td>
</tr>
<tr>
<td>MARTIN, Grace Glee</td>
<td>Wesley Memorial Hospital, Chicago</td>
</tr>
<tr>
<td>MOSIMAN, Margaret Alice</td>
<td>Ravenswood Hospital, Chicago</td>
</tr>
<tr>
<td>Munson, Helen W. (Mrs.)</td>
<td>Presbyterian Hospital, Chicago</td>
</tr>
<tr>
<td>Nelson, Carrie</td>
<td>Florenc Crittenden Maternity Home, Peoria</td>
</tr>
<tr>
<td>NORTHWOOD, Maude M.</td>
<td>Burnham City Hospital, Champaign</td>
</tr>
<tr>
<td>OBERG, C. Irene</td>
<td>Sherman Hospital, Elgin</td>
</tr>
<tr>
<td>ODELL, Elizabeth Winnifred</td>
<td>Grant Hospital, Chicago</td>
</tr>
<tr>
<td>O'KEEFE, Elizabeth Ellen</td>
<td>Lake View Hospital, Danville</td>
</tr>
<tr>
<td>OLMSTEAD, Florence</td>
<td>Northwestern Medical School, Chicago</td>
</tr>
<tr>
<td>Olson, Helen E.</td>
<td>Augustana Hospital, Chicago</td>
</tr>
<tr>
<td>Patterson, Pearl M.</td>
<td>Burnham City Hospital, Champaign</td>
</tr>
<tr>
<td>PAUL, Elizabeth</td>
<td>Municipal Tuberculosis Sanitarium, Chicago</td>
</tr>
<tr>
<td>Place, Sara B.</td>
<td>308 N. Michigan Avenue, Chicago</td>
</tr>
<tr>
<td>Pringle, Mildred</td>
<td>St. Luke's Hospital, Chicago</td>
</tr>
<tr>
<td>RAUCH, Anne</td>
<td>Washington Boulevard Hospital, Chicago</td>
</tr>
<tr>
<td>Robinson, Wilhelmina M.</td>
<td>Chicago Lying-in Hospital, Chicago</td>
</tr>
<tr>
<td>Rogers, Dorothy</td>
<td>Washington Boulevard Hospital, Chicago</td>
</tr>
<tr>
<td>Rosendahl, Geda J.</td>
<td>Norwegian-American Hospital, Chicago</td>
</tr>
<tr>
<td>Russell, May L.</td>
<td>Presbyterian Hospital, Chicago</td>
</tr>
<tr>
<td>Rydell, Emma Elizabeth</td>
<td>Lutheran Hospital, Moline</td>
</tr>
<tr>
<td>Saunby, Dora</td>
<td>Michael Reese Hospital, Chicago</td>
</tr>
<tr>
<td>Schwarz, Helen Geneva</td>
<td>Lutheran Memorial Hospital, Chicago</td>
</tr>
<tr>
<td>Shipley, Vera B.</td>
<td>Michael Reese Hospital, Chicago</td>
</tr>
<tr>
<td>Sister Mary Ambrosia</td>
<td>St. Mary's of Nazareth Hospital, Chicago</td>
</tr>
<tr>
<td>Sister Camilla Broden</td>
<td>St. Joseph's Hospital, Chicago</td>
</tr>
<tr>
<td>Sister M. Victorine Fitzgerald</td>
<td>St. Joseph's Hospital, Alton</td>
</tr>
<tr>
<td>Sister Mary Augustine Lang</td>
<td>St. Francis Hospital, Kewanee</td>
</tr>
<tr>
<td>Sister Magdalene</td>
<td>St. John's Hospital, Springfield</td>
</tr>
<tr>
<td>Sister St. Estelle</td>
<td>Oak Park Hospital, Oak Park</td>
</tr>
<tr>
<td>Sister Blais St. Louis</td>
<td>St. Mary's Hospital, Kankakee</td>
</tr>
<tr>
<td>Sister Mary Thomasina</td>
<td>Mercy Hospital, Chicago</td>
</tr>
<tr>
<td>Sister Stephanie Wall</td>
<td>St. Joseph's Hospital, Chicago</td>
</tr>
<tr>
<td>Sister Laurentia Walsh</td>
<td>St. Joseph's Hospital, Alton</td>
</tr>
</tbody>
</table>
SNOW, ALICE A. ........................................ Presbyterian Hospital, Chicago
SOELLNER, CAROLINE H. ................................ 7936 S. Green Street, Chicago
STEWART, MARY C. ..................................... Children's Memorial Hospital, Chicago
STEWART, ROBINA L. .................................. Community Hospital, Geneva
SUTHER, ELIZABETH GENEVIEVE ....................... Michael Reese Hospital, Chicago
SUNDBLAD, MABEL THERESA ............................ Augustana Hospital, Chicago
THOMPSON, MAUD A. .................................. Wesley Memorial Hospital, Chicago
TOBIN, LENORE ......................................... 4430 Washington Boulevard, Chicago
TOFFS, BIRGIT .......................................... Durand Hospital, Chicago
WADDELL, ELIZABETH CHARLOTTE ..................... Frances Willard Hospital, Chicago
WALDERBACH, HELENA M. ............................. St. Anne's Hospital, Chicago
WATSON, MARY ......................................... Grant Hospital, Chicago
WILCOX, L. EDITH ..................................... Chicago Memorial Hospital, Chicago
WILLENBORG, ANNA .................................. St. Joseph's Hospital, Chicago
WOOD, EVELYN ......................................... 30 East Ontario Street, Chicago
WRIGHT, LENA A. ...................................... Rockford Hospital, Rockford

Indiana

BRIGHT, ETHEL G. ...................................... King's Daughters Hospital, Madison
BROOK, CLARE E. ....................................... St. Margaret Hospital, Hammond
BROWN, NELLIE GATES ................................. Robert W. Long Hospital, Indianapolis
CARLSON, ETHEL ........................................ City Hospital, Indianapolis
CLARKE, ETHEL PALMER (Mrs.) ......................... Indiana University Training School for Nurses, Indianapolis
CONNELLY, ELLA ....................................... Dr. W. B. Fletcher's Sanitarium, Indianapolis
DAVIS, HARRIET ELIZABETH ......................... Indiana University Training School for Nurses, Indianapolis
FANGLER, KATHRYN D. ................................ Deaconess Hospital, Indianapolis
FINNEGAN, CELENA .................................... Ft. Benjamin Harrison, Indianapolis
GLOVER, ISABEL E. .................................... 3504 Evergreen Avenue, Indianapolis
GOEPPEL, LIZZIE L. .................................. Culver Hospital, Crawfordsville
GRAVES, ROSSETTA M. ................................ Union Hospital, Terre Haute
HAMILTON, EDNA L. .................................... 351 Eastern Avenue, Indianapolis
HODSON, ETHEL ......................................... Methodist Episcopal Hospital, Indianapolis
HOLTZMAN, ANNA M. .................................. Lutheran Hospital, Ft. Wayne
JONES, HARRIET ........................................ Cass County Hospital, Logansport
KENNEDY, GERTRUDE EUGENIA ......................... St. Vincent's Hospital, Indianapolis
MCCRAY, ANNA GRACE ................................ Marion National Sanitorium, near Marion
MERCY, ALINE S. ....................................... 2425 N. 10 Street, Terre Haute
MILLER, HENRIETTA .................................. Corydon, Indianapolis
MORTON, BLANCHE LIEFFICK ....................... 3504 Evergreen Street, Indianapolis
OTT, FRANCES M. ...................................... 119 South Shore Drive, Elkhart
PETTIT, HUTOKA ....................................... Dr. W. B. Fletcher's Sanitarium, Indianapolis
PIERSON, EDNA JOSEPHINE ............................ Home Hospital, Lafayette
PITMAN, ELIZABETH PEARL ......................... Deaconess Hospital, Indianapolis
ROST, HATTIE .......................................... Morgan County Hospital, Martinville
SCOTT, ALMA HAM ..................................... 309 State House, Indianapolis
SHEA, KATHERINE VERONICA ....................... Indiana University Training School for Nurses, Indianapolis
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sister Caroline Braun</strong></td>
<td>Protestant Deaconess Hospital, Evansville</td>
</tr>
<tr>
<td><strong>Sister M. Edwarda</strong></td>
<td>St. Anthony's Hospital, Terre Haute</td>
</tr>
<tr>
<td><strong>Sister M. Flavia</strong></td>
<td>St. Mary's Mercy Hospital, Gary</td>
</tr>
<tr>
<td><strong>Sister Mary Florina</strong></td>
<td>St. Margaret's Hospital, Hammond</td>
</tr>
<tr>
<td><strong>Sister Mary Louise</strong></td>
<td>Good Samaritan Hospital, Kokomo</td>
</tr>
<tr>
<td><strong>Sister Rose</strong></td>
<td>St. Vincent's Hospital, Indianapolis</td>
</tr>
<tr>
<td><strong>Smith, Alice L.</strong></td>
<td>R. R. 5, Box 15, Bloomington</td>
</tr>
<tr>
<td><strong>Springmeyer, Elizabeth</strong></td>
<td>Reid Memorial Hospital, Richmond</td>
</tr>
<tr>
<td><strong>Upjohn, Gertrude</strong></td>
<td>Deaconess Hospital, Evansville</td>
</tr>
<tr>
<td><strong>Wagner, Hermina Eugenia</strong></td>
<td>1603 Central Avenue, Indianapolis</td>
</tr>
<tr>
<td><strong>Wallace, Bernice B.</strong></td>
<td>Gary Methodist Hospital, Gary</td>
</tr>
<tr>
<td><strong>Walsh, Mary T.</strong></td>
<td>St. Mary's Mercy Hospital, Gary</td>
</tr>
<tr>
<td><strong>Witmer, Virginia R.</strong></td>
<td>Grant County Hospital, Marion</td>
</tr>
<tr>
<td><strong>Woodley, Callie D.</strong></td>
<td>Station Hospital, Ft. Benjamin Harrison</td>
</tr>
<tr>
<td><strong>Iowa</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ankeny, Faith</strong></td>
<td>Iowa Methodist Hospital, Des Moines</td>
</tr>
<tr>
<td><strong>Boyd, Helen F.</strong></td>
<td>Melrose Circle, Iowa City</td>
</tr>
<tr>
<td><strong>Corder, Lois Blanche</strong></td>
<td>University Hospital, Iowa City</td>
</tr>
<tr>
<td><strong>Crawford, Beulah</strong></td>
<td>Lock Box 203, Iowa City</td>
</tr>
<tr>
<td><strong>Culbertson, N. Blanche</strong></td>
<td>Mahaska Hospital, Oskaloosa</td>
</tr>
<tr>
<td><strong>Dean, Myrtle</strong></td>
<td>The Atlantic Hospital, Atlantic</td>
</tr>
<tr>
<td><strong>Draegert, Lucy C.</strong></td>
<td>1810 Mulberry Avenue, Muscatine</td>
</tr>
<tr>
<td><strong>Elder, Mary L.</strong></td>
<td>Burlington Hospital, Burlington</td>
</tr>
<tr>
<td><strong>Jackson, Esther L.</strong></td>
<td>Lutheran Hospital, Des Moines</td>
</tr>
<tr>
<td><strong>Lindsay, Lola</strong></td>
<td>Universal Hospital, Iowa City</td>
</tr>
<tr>
<td><strong>Sister Erna Schweer</strong></td>
<td>Evangelical Deaconess Hospital, Marshalltown</td>
</tr>
<tr>
<td><strong>Tanner, Marietta</strong></td>
<td>Jane Lamb Memorial Hospital, Clinton</td>
</tr>
<tr>
<td><strong>Trumbell, Iva E.</strong></td>
<td>Iowa Congregational Hospital, Des Moines</td>
</tr>
<tr>
<td><strong>Weikking, Wilhelmine A.</strong></td>
<td>Lutheran Hospital, Sioux City</td>
</tr>
<tr>
<td><strong>Kansas</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Adams, Clara M.</strong></td>
<td>Wichita Hospital, Wichita</td>
</tr>
<tr>
<td><strong>Alexander, Mary A.</strong></td>
<td>1004 Topeka Boulevard, Topeka</td>
</tr>
<tr>
<td><strong>Allison, Sadie B.</strong></td>
<td>708 W. 4 Street, Coffeyville</td>
</tr>
<tr>
<td><strong>Bailey, Alberta J. (Mrs.)</strong></td>
<td>714 Tyler Street, Topeka</td>
</tr>
<tr>
<td><strong>Baumgartner, Bertha Ida</strong></td>
<td>Halstead Hospital, Halstead</td>
</tr>
<tr>
<td><strong>Bunker, Nellie Mae</strong></td>
<td>120 S. Elizabeth Street, Wichita</td>
</tr>
<tr>
<td><strong>Carpenter, Clara C.</strong></td>
<td>Newman Memorial County Hospital, Emporia</td>
</tr>
<tr>
<td><strong>Cissna, Bertha Mae</strong></td>
<td>Bethany Methodist Hospital, Kansas City</td>
</tr>
<tr>
<td><strong>Coffin, Ella Cornelia</strong></td>
<td>Wesley Hospital, Wichita</td>
</tr>
<tr>
<td><strong>Davis, Mary K. (Mrs.)</strong></td>
<td>Axtell Christian Hospital, Newton</td>
</tr>
<tr>
<td><strong>Gronewold, Dena</strong></td>
<td>McPherson County Hospital, McPherson</td>
</tr>
<tr>
<td><strong>Hailey, Mary Helena</strong></td>
<td>D. C. Memorial Hospital, Abilene</td>
</tr>
<tr>
<td><strong>Hankins, M. Helen</strong></td>
<td>422 S. Oak Street, Ottawa</td>
</tr>
<tr>
<td><strong>Hastings, Ethel Louise</strong></td>
<td>Bethany Methodist Hospital, Kansas City</td>
</tr>
<tr>
<td><strong>Hertzler, Edith D.</strong></td>
<td>Halstead Hospital, Halstead</td>
</tr>
<tr>
<td><strong>Hyde, Sadie Augusta</strong></td>
<td>Wesley Hospital, Wichita</td>
</tr>
<tr>
<td><strong>Jackson, Dorothy Hartley (Mrs.)</strong></td>
<td>Asbury Hospital, Salina</td>
</tr>
</tbody>
</table>
LINN, Harriet T. ........................................ Epworth Hospital, Liberal
LORENZ, Theresa ........................................ Wichita Hospital, Wichita
MACKINTOSH, Constance (Mrs.) ...................... Charlotte Swift Hospital, Manhattan
MARTIN, Willmina Pearl ................................. 1231 Clay Street, Topeka
MILLER, Cora Abbie ...................................... Newman Memorial County Hospital, Emporia
MOELLMAN, Elizabeth .................................... Olpe
NEWBOLD, Agnes A. ....................................... McPherson County Hospital, McPherson
PATTERSON, Edna L. ..................................... 1516 E. 12 Avenue, Winfield
SCHAPLOWSKY, Martha M. ............................... Halstead Hospital, Halstead
SISTER MARY Bernard Feely ......................... Mercy Hospital, Fort Scott
SISTER M. Gratiana Hirt ................................ St. Francis Hospital, Wichita
SISTER MARY Lia .............................. St. Francis Hospital, Wichita
SISTER M. RAPHAEL ........................................ St. Elizabeth’s Mercy Hospital, Hutchinson
SISTER CATHERINE Voth ................................. Bethel Deaconess Hospital, Newton
STRINGER, Lillian ........................................ Bethany Methodist Hospital, Kansas City

Kentucky

BATES, Inez A. ........................................... King’s Daughters Hospital, Ashland
BURGESS, Florence L. .................................. Hazard Hospital, Hazard
COWLES, Annette B. ...................................... Children’s Free Hospital, Louisville
ERSKINE, Cornelia D. .................................... Louisville City Hospital, Louisville
GAGGS, Alice M. ........................................... Norton Memorial Infirmary, Louisville
KEEN, Flora E. ........................................... 115 E. Main Street, Somerset
McCORMACK, Jane Teare (Mrs.) ....................... Brown Hotel, Louisville
RECKARD, Florence M. .................................. Louisville City Hospital, Louisville
RICE, Lillian E. ........................................... Sts. Mary and Elizabeth Hospital, Louisville
RYAN, Anna H. ........................................... Good Samaritan Hospital, Lexington
SISTER AQUINATA ........................................ Sts. Mary and Elizabeth Hospital, Louisville
STEINHAUER, Sophia F. ................................ Speers Memorial Hospital, Dayton
TOMPKINS, Mae ........................................... 529 S. Eighth Street, Louisville

Louisiana

BABIN, Ruth A. ........................................... Charity Hospital, New Orleans
BARK, Anna M. ........................................... 311 Audubon Building, New Orleans
BOHRINGER, Byrd .......................................... Shriners Hospital, Shreveport
BROUSSELD, Eunice ...................................... Touro Infirmary, New Orleans
DASPIT, L Agnes .......................................... 2515 General Taylor Street, New Orleans
HAGGERTY, Margaret H. ................................ Our Lady of the Lake Sanitarium, Baton Rouge
MACGACHEN, Annie Louise ............................... St. Mary’s Hospital, Paterson
POTTS, Florence J. ....................................... Hotel Youree, Shreveport
ROSE, Daisy .............................................. Touro Infirmary, New Orleans
SISTER KOSTKA SWOBODA ......................... Charity Hospital, New Orleans
TEBO, Julia C. ........................................... 1329 Seventh Street, New Orleans

Maine

ANDERSON, Theresa R. (Mrs.) .......................... 46 Elm Street, Bangor
BANNERMANN, Margaret A. ......................... Central Maine General Hospital, Lewiston
BOOTH, Mabel F. ........................................ 12 Mechanic Street, Saco
How, Anne (Mrs.) ................................................. Eastern Maine General Hospital, Bangor
Metcalf, Rachel A .................................................. Central Maine General Hospital, Lewiston
Shackford, Clara L .................................................. Harrington
Wilson, Frances B .................................................. Atlantic Post Office, Swan's Island

Maryland

Abell, M. Agnes .................................................. Hebrew Hospital, Baltimore
Attkenhead, Elizabeth .............................................. University Hospital, Baltimore
Auld, Harriet ........................................................ Johns Hopkins Hospital, Baltimore
Ball, Roberta L ................................................... The Union Memorial Hospital, Baltimore
Bartlett, Helen Conkling ........................................... 604 Reservoir Street, Baltimore
Brathwaite, Pearl ................................................ Summit Apts., Standard Drive, Catonsville
Branley, Frances M ................................................ St. Joseph's Hospital, Baltimore
Bridges, Serena Selke ............................................. Eudowood, Towson
Browning, H. Larue ............................................... Church Home and Infirmary, Baltimore
Calvert, Edna Spiller .............................................. Johns Hopkins Hospital, Baltimore
Coxe, Winnie A ................................................... Hebrew Hospital, Baltimore
Crighton, Annie .................................................. University of Maryland Hospital, Baltimore
Cromwell, F. Vera ................................................ Hospital for the Women of Maryland, Baltimore
Durrant, Constance S .............................................. Church Home and Infirmary, Baltimore
Elgin, Grace Lovell ............................................... University Hospital, Baltimore
Elliott, Margaret .................................................. Church Home and Infirmary, Baltimore
Everett, Mildred U ................................................. University Hospital, Baltimore
Ewald, Elizabeth .................................................... St. Agnes' Hospital, Baltimore
Fahs, Katharine ..................................................... The Board of Foreign Missions of the United
                                          Lutheran Church in America, 18 E. Mt. Vernon
                                          Place, Baltimore
Filler, Dorothy D ................................................ Johns Hopkins Hospital, Baltimore
Foley, Julia ........................................................ 5 Club Road, Roland Park, Baltimore
Frederick, Hester K ............................................... Johns Hopkins Hospital, Baltimore
Friend, Martha E .................................................. Church Home and Infirmary, Baltimore
Gardner, Maude M ................................................ Hospital for the Women of Maryland, Baltimore
Getzendanner, Elizabeth May .................................... Franklin Square Hospital, Baltimore
Goodwin, Minnie P ............................................... U. S. Marine Hospital Number 131, Remington
                                          Avenue, Baltimore
Hammar, Mary Alice .............................................. Presbyterian Eye, Ear, Nose and Throat Hospi-
                                          tal, Baltimore
Hearn, Gertrude Amy ............................................. Union Hospital of Cecil County, Elkton
Hildebrandt, Mary A ............................................. Hospital for the Women of Maryland, Baltimore
Hoffman, Bertia .................................................. University Hospital, Baltimore
Keller, Katherine ................................................ Church Home and Infirmary, Baltimore
Kennedy, Loula Esdale ......................................... Johns Hopkins Hospital, Baltimore
Kent, Frank R. (Mrs.) ............................................. Lombardy Apartments, Baltimore
Lawler, E. M. (Mrs.) ............................................. Johns Hopkins Hospital, Baltimore
Lawrence, Sarah Ponier .......................................... Baltimore City Hospital, Baltimore
McDaniel, Lillian Kemp .......................................... University Hospital, Baltimore
Martin, Sarah F .................................................. 414 Kensington Road, Ten Hills, Baltimore
Melville, Mary E .................................................. Sheppard and Enoch Pratt Hospital, Towson
MILLER, GERTRUDE ASHY 219½ E. North Avenue, Baltimore
MOTTAIN, JANIE University Hospital, Baltimore
NASH, JANE E. Church Home and Infirmary, Baltimore
NEWELL, FLORENCE E. Sheppard and Enoch Pratt Hospital, Towson
NIES, MARY L. Frederick City Hospital, Frederick
PACKARD, MARY CARY 414 Kensington Road, Ten Hills, Baltimore
REYNOLDS, ELIZABETH M. c/o F. N. Sands, 7 St. Paul Street, Baltimore
ROBINSON, SUE Maryland General Hospital, Baltimore
SANDS, MARY C. c/o F. N. Sands, 7 St. Paul Street, Baltimore
SAVAGE, LOUISE University Hospital, Baltimore
SHEARSTON, HELEN ELIZABETH Hospital for the Women of Maryland, Baltimore
SISTER ANNA CONLEY St. Agnes Hospital, Baltimore
SISTER MARY CELESTINE DOYLE Mercy Hospital, Baltimore
SISTER M. HILDEGARD HOBIN Mercy Hospital, Baltimore
SISTER MARY HELEN RYAN Mercy Hospital, Baltimore
SISTER M. BEATRICE SHERWOOD Mercy Hospital, Baltimore
SMITH, CHARLOTTE ANNE Union Memorial Hospital, Baltimore
TERRILE, HELEN TREADMAN Franklin Square Hospital, Baltimore
VAUGHAN, M. ESTHER Mercy Hospital, Baltimore
WALKER, M. EVELYN 1123 Madison Avenue, Baltimore
WILSON, CORA MASON University Hospital, Baltimore
WISE, HELEN V. Peninsula General Hospital, Salisbury
WOLF, ANNA D. S. Road, Mt. Washington
ZIMMERMAN, ISABEL Johns Hopkins Hospital, Baltimore

Massachusetts

ADSHED, EVA Memorial Hospital, Worcester
ALLEN, BERTHA W. Newton Hospital, Newton Lower Falls
ALLEN, VERA A. E. N. Lynn Hospital, Lynn
ATTON, KATHLEEN H. St. Luke's Hospital, New Bedford
AVARD, MARTHA JANE 298 Washington Street, Gloucester
AVERY, L. M. BELLE Lowell General Hospital, Lowell
BARCLAY, ANNIE S. Franklin County Public Hospital, Greenfield
BARNABY, MARIE E. 242 Green Street, Gardner
BEAL, LUCY H. 721 Huntington Avenue, Boston
BEDELL, ALICE E. State Hospital, Northampton
BLACKMAN, BLANCHE A. Springfield Hospital, Springfield
BRIGGS, CHARLOTTE A. (MRS.) 250 Washington Street, Salem
BURGESS, MARY E. 300 Longwood Avenue, Boston
BURNS, HELEN J. City Hospital, Fall River
CATTON, JESSIE E. New England Hospital for Women and Children, Boston 19

CHARLICK, MAE Noble Hospital, Westfield
CHEN, ADA U. S. Naval Hospital, Chelsea
CLELAND, ALICE C. (MRS.) Somerville Hospital, Somerville
CLELAND, R. HELEN McLean Hospital, Waverly
CONNICK, CATHERINE A. Framingham Hospital, Framingham
COX, EDITH I. 125 Parker Hill Avenue, Boston
CURTIS, ANNA S. (MRS.) New England Hospital, Boston 19
Daly, Ellen C. .................................. Boston City Hospital, Boston
DeMuth, Margaret Frances .................. 154 N. Main Street, Fall River
Dibblee, Marian B. .............................. 839 Boylston Street, Boston
Eicke, Betty ..................................... Lawrence General Hospital, Lawrence
Feckler, Arvilla .................................. J. B. Thomas Hospital, Peabody
Freeman, Suzanne .............................. 281 Lincoln Street, Worcester
Gibson, Anna L. ................................ 695 Huntington Avenue, Boston
Gillett, Harriet M. .............................. Southwick
Gilliss, Mary Adelaide ......................... Salem Hospital, Salem
Gordon, Ruby J. ................................ Lawrence General Hospital, Lawrence
Gorton, Edna W. ................................. 115 Liberty Street, Athol
Hall, Carrie M. ................................ Peter Bent Brigham Hospital, Boston
Hayes, Anna G. .................................. Barrington School, Great Barrington
Hayward, Edna M. ............................... 221 Longwood Avenue, Boston
Hines, Ethel F. (Mrs.) ......................... McLean Hospital, Waverly
Hogle, Alma C. .................................. 44 Spring Street, Somerville
Holmes, Marian .................................. Charlemont
Hopkins, Elizabeth S. ......................... U. S. Naval Hospital, Chelsea
Humphrys, Ruth Isabelle ...................... Newton Hospital, Newton Lower Falls
Hyslop, Blanche .................................. 129 West Elm Street, Brockton
Inch, Effie Moit ................................ 6 Ronnoke Road, Wellesley
Jacobs, Rosabelle ............................... 27 Elm Street, Worcester
Jagwth, Lucia L. ................................ Memorial Hospital, Worcester
Jenney, Mary Olive .............................. Burbank Hospital, Fitchburg
Johnson, Sally ................................... Massachusetts General Hospital, Boston
Jones, K. Pearl .................................. Whitinsville
Ladd, Frances C. ................................ Faulkner Hospital, Jamaica Plains
Larter, Mary ...................................... North Adams Hospital, North Adams
Leach, Julia May ................................ Somerville Hospital, Somerville
Leader, Helen J. ................................ Truesdale Hospital, Fall River
Loney, Louise .................................... Noble Hospital, Westfield
Low, Bertha May ................................ Lynn
Lundquist, Edith Natalie .................... U. S. Naval Hospital, Chelsea
McCorkell, Marion C. ......................... New England Deaconess Hospital, Boston 17
McCrae, Annabelle ............................. Massachusetts General Hospital, Boston
Macfadden, Shannah N. ....................... Leominster Hospital, Leominster
MacNeil, Lizzie L. .............................. House of Mercy Hospital, Pittsfield
Marcy, Mary M. ................................ c/o Mrs. Everett P. Rice, Auburn
Martin, Madeline Gillette (Mrs.) ....... 90 High Street, Springfield
Marvin, Mary M. ................................ Simmons College, Boston
Metcalfe, R. Louise ............................ 9 Wayne Street, Worcester
Moonan, Ellen M. ............................... Springfield Hospital, Springfield
Nelson, Gertrude B. ........................... 23 Arbella Street, Salem
Nelson, Sophie C. .............................. John Hancock Mutual Life Insurance Co., Bos-
ton
Norman, Florence H. .......................... Hillcrest Hospital, Pittsfield
Peck, Clara B. .................................. House of Mercy Hospital, Pittsfield
Perry, Charlotte M. ........................... 361 Harvard Street, Cambridge
Radford, Annie E. ............................. Charles Gate Hospital, Cambridge
<table>
<thead>
<tr>
<th>Name</th>
<th>Address/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raybold, Dorothy Spencer</td>
<td>House of Mercy Hospital, Pittsfield</td>
</tr>
<tr>
<td>Redfern, Helen L.</td>
<td>122 Newbury Street, Boston</td>
</tr>
<tr>
<td>Rice, Marian McCune</td>
<td>Simmons College, Boston</td>
</tr>
<tr>
<td>Rich, Georgia Franklin</td>
<td>South Street, Reading</td>
</tr>
<tr>
<td>Robinson, Elizabeth</td>
<td>14 Bank Street, Fall River</td>
</tr>
<tr>
<td>Rowe, Elizabeth</td>
<td>Northampton State Hospital, Northampton</td>
</tr>
<tr>
<td>Ryser, Jessie E.</td>
<td>64 Ionia Street, Springfield</td>
</tr>
<tr>
<td>Shabeen, Anna</td>
<td>Massachusetts General Hospital, Boston</td>
</tr>
<tr>
<td>Shepard, Mary E.</td>
<td>663 East Street, Walpole</td>
</tr>
<tr>
<td>Smith, Fannie C.</td>
<td>36 Clinton Street, Cambridge</td>
</tr>
<tr>
<td>Sarge, Bertha Cushing</td>
<td>65 Dracut Street, Dorchester</td>
</tr>
<tr>
<td>Stowe, Emma L.</td>
<td>15 Kendall Street, Worcester</td>
</tr>
<tr>
<td>Thompson, Margaret E.</td>
<td>Station Hospital, Fort Banks</td>
</tr>
<tr>
<td>Tracy, Susan E.</td>
<td>818 Center Street, Jamaica Plains</td>
</tr>
<tr>
<td>Wakefield, Mary L.</td>
<td>The Children's Hospital, Boston</td>
</tr>
<tr>
<td>Washburn, Ida</td>
<td>Lawrence General Hospital, Lawrence</td>
</tr>
<tr>
<td>Weston, Alice A.</td>
<td>721 Huntington Avenue, Boston</td>
</tr>
<tr>
<td>Wight, Geneva</td>
<td>14 Winnem Street, Natick</td>
</tr>
<tr>
<td>White, Jean Martin (Mrs.)</td>
<td>Holyoke City Hospital, Holyoke</td>
</tr>
<tr>
<td>Young, Eileen M.</td>
<td>Milford Hospital, Milford</td>
</tr>
</tbody>
</table>

**Michigan**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apted, Susan Fisher (Mrs.)</td>
<td>50 College Avenue, N.E. Grand Rapids</td>
</tr>
<tr>
<td>Bartlett, Barbara H. (Mrs.)</td>
<td>1215 Hill Street, Ann Arbor</td>
</tr>
<tr>
<td>Beers, Amy</td>
<td>Hackley Hospital, Muskegon</td>
</tr>
<tr>
<td>Brown, Marie Schley</td>
<td>Ishpeming Hospital, Ishpeming</td>
</tr>
<tr>
<td>Chandler, Marian L.</td>
<td>University of Michigan Hospital, Ann Arbor</td>
</tr>
<tr>
<td>Cochrane, Isabella</td>
<td>204 S. Scott Street, Adrian</td>
</tr>
<tr>
<td>Clark, Frances S.</td>
<td>1101 Madison Avenue, S.E., Grand Rapids</td>
</tr>
<tr>
<td>Coleman, Annie M.</td>
<td>501 Washington Apts., Lansing</td>
</tr>
<tr>
<td>Davidson, Helen A.</td>
<td>1010 Richardson Street, Port Huron</td>
</tr>
<tr>
<td>DeWolf, Claudia Elizabeth</td>
<td>Highland Park General Hospital, Highland Park</td>
</tr>
<tr>
<td>Durkee, Lulu B.</td>
<td>Harper Hospital, Detroit</td>
</tr>
<tr>
<td>Estill, Mabel B.</td>
<td>114 Walter Avenue, Battle Creek</td>
</tr>
<tr>
<td>Feist, Louise E. (Mrs.)</td>
<td>Children's Hospital of Michigan, Detroit</td>
</tr>
<tr>
<td>Foy, Mary S. (Mrs.)</td>
<td>Battle Creek Sanitarium, Battle Creek</td>
</tr>
<tr>
<td>Gleim, Louise</td>
<td>Battle Creek College, Battle Creek</td>
</tr>
<tr>
<td>Goodenough, Florence E.</td>
<td>Port Huron Hospital, Port Huron</td>
</tr>
<tr>
<td>Gretter, Lystra (Mrs.)</td>
<td>4708 Brush Street, Detroit</td>
</tr>
<tr>
<td>Haggman, Mabel E.</td>
<td>Hurley Hospital, Flint</td>
</tr>
<tr>
<td>Hamilton, Eleanor E.</td>
<td>Edward W. Sparrow Hospital, Lansing</td>
</tr>
<tr>
<td>Haver, Iva Belle</td>
<td>Nichols Memorial Hospital, Battle Creek</td>
</tr>
<tr>
<td>Hoffman, Charlotte</td>
<td>Battle Creek Sanitarium, Battle Creek</td>
</tr>
<tr>
<td>Jones, Emma J.</td>
<td>Henry Ford Hospital, Detroit</td>
</tr>
<tr>
<td>Kennedy, Nettie L.</td>
<td>Box C, Traverse City</td>
</tr>
<tr>
<td>Kimmick, Katherine</td>
<td>Henry Ford Hospital, Detroit</td>
</tr>
<tr>
<td>Lake, Alice L.</td>
<td>University of Michigan Hospital, Ann Arbor</td>
</tr>
<tr>
<td>McClaskie, Maude</td>
<td>Harper Hospital, Detroit</td>
</tr>
</tbody>
</table>
LIST OF MEMBERS

McLaughlin, Emily A. ........................................ Harper Hospital, Detroit
Mark, H. C. (Mrs.) ........................................ Box C, Traverse City
Marsh, Anna L ............................................. Petoskey Hospital, Petoskey
Martin, Teresa .............................................. 2970 Second Boulevard, Detroit
Murphy, Teresa R ........................................ 665 W. Warren Avenue, Detroit
Myers, Grace Ethel ........................................ 819 N. Mulberry Street, Owosso
Neelands, Ethyl M .......................................... 1111 Forest Avenue, Ann Arbor
Nichols, Josephine Ethel ................................ Nichols Hospital, Battle Creek
North, A. L. (Mrs.) ......................................... 622 State Office Building, Lansing
Pemberton, Fantine ................................. 1312 Geddes Avenue, Ann Arbor
Peterson, Mary May ...................................... University of Michigan Hospital, Ann Arbor
Rand, Winifred ........................................... Merrill Palmer School, 71 Ferry Avenue, E., Detroit
Reese, Eleanor E ........................................... University of Michigan Hospital, Ann Arbor
Robinson, Margaret J ...................................... Lincoln Hospital, Detroit
Rogers, Margaret .......................................... Children's Free Hospital, Detroit
Sargent, Emilie Gleason ............................. 4708 Brush Street, Detroit
Sater, Emma ................................................ Butterworth Hospital, Grand Rapids
Schill, Anna M ............................................. Hurley Hospital, Flint
Sister Cyril ..................................................... St. Joseph's Sanitarium, Mt. Clemens
Sister M. Aurelia .......................................... Borgess Hospital, Kalamazoo
Sister M. Ligourt Thibodeau ....................... Mercy Hospital, Bay City
Sweet, Ada M ............................................... Women's Hospital, Detroit
Titts, Shirley ............................................... University of Michigan Hospital, Ann Arbor
Tufts, L. F. (Mrs.) ........................................... Highland Park General Hospital, Highland Park
Wallace, Kate Maud ....................................... Detroit Tuberculosis Sanitarium, 12 and Tuxedo, Detroit
Wanzcek, Virginia Marie .............................. 1125 E. Huron Street, Ann Arbor
Watson, Susie A ........................................... University of Michigan Hospital, Ann Arbor
Welsh, Mary A ............................................. Blodgett Memorial Hospital, Grand Rapids
Wheeler, Mary C ........................................... The Palmetto, Detroit
Wheelock, Ruth V .......................................... University of Michigan Hospital, Ann Arbor
Wishart, Gertrude J. (Mrs.) ......................... University of Michigan Hospital, Ann Arbor
White, Elizabeth ........................................... Port Huron Hospital, Port Huron
White, Victoria ........................................... Ishpeming Hospital, Ishpeming
Youngburg, Mamie V .................................... Battle Creek Sanitarium, Battle Creek

Minnesota

Abrahamson, Florinda O ................................ Bethesda Hospital, St. Paul
Adkinson, M. Blanche ...................................... St. Mary's Hospital, Minneapolis
Allison, Catherine H ..................................... Winona General Hospital, Winona
Anderson, Helen C ....................................... The Swedish Hospital, Minneapolis
Baker, Bessie ............................................... Miller Hospital, St. Paul
Butzerin, Eula Bernice ................................ Millard Hall, University of Minnesota, Minneapolis
Carroll, Esther E ........................................... St. Mary's Hospital, Rochester
Colton, Mae Elizabeth ............................. 3017 James Avenue, Minneapolis
Cornelissen, Dora M .................................... Old State Capitol, St. Paul
<table>
<thead>
<tr>
<th>Name</th>
<th>Address or Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>CROWL, MARGARET A.</td>
<td>336 N. Cleveland Avenue, St. Paul</td>
</tr>
<tr>
<td>DOUGHERTY, KATHERINE E.</td>
<td>Minneapolis General Hospital, Minneapolis</td>
</tr>
<tr>
<td>ENGLISH, IRENE R.</td>
<td>The Kahler Hospitals, Rochester</td>
</tr>
<tr>
<td>GLADWIN, MARY E.</td>
<td>Old State Capitol, St. Paul</td>
</tr>
<tr>
<td>HINES, DELPHINE</td>
<td>Ancker Hospital, St. Paul</td>
</tr>
<tr>
<td>HOULTON, RUTH</td>
<td>116 Groveland Avenue, Minneapolis</td>
</tr>
<tr>
<td>HUGHES, MARGARET M.</td>
<td>204 State Capitol, St. Paul</td>
</tr>
<tr>
<td>KELLER, LYDIA H.</td>
<td>Wesley Hospital, Wadena</td>
</tr>
<tr>
<td>KIMBALL, MYRA WESTON</td>
<td>Ancker Hospital, St. Paul</td>
</tr>
<tr>
<td>KURTZMAN, DOROTHY (MRS.)</td>
<td>University Hospital, Minneapolis</td>
</tr>
<tr>
<td>MALLINSON, L. ANNA</td>
<td>Hutchinson Hospital, Hutchinson</td>
</tr>
<tr>
<td>MCGREGOR, MARGARET AGNES</td>
<td>1003 Ivy Street, St. Paul</td>
</tr>
<tr>
<td>NEWCOMBE, LOUISE</td>
<td>St. Luke's Hospital, Duluth</td>
</tr>
<tr>
<td>ORBAHL, OLENE</td>
<td>1515 Charles Street, St. Paul</td>
</tr>
<tr>
<td>PORTER, ESTHER J.</td>
<td>Bethesda Hospital, St. Paul</td>
</tr>
<tr>
<td>RANKIELLOUR, CAROLINE M.</td>
<td>3809 Portland Avenue, Minneapolis</td>
</tr>
<tr>
<td>RHODES, M. DOROTHY</td>
<td>St. Barnabas Hospital, Minneapolis</td>
</tr>
<tr>
<td>SISTER IGNATIUS STEIN</td>
<td>St. Mary's Hospital, Duluth</td>
</tr>
<tr>
<td>SISTER LEO</td>
<td>St. Mary's Hospital, 2500 S. Sixth Street, Minneapolis</td>
</tr>
<tr>
<td>SISTER MARY PAUL</td>
<td>St. Mary's Hospital, Rochester</td>
</tr>
<tr>
<td>SISTER M. STELLA</td>
<td>St. Mary's Hospital, Duluth</td>
</tr>
<tr>
<td>TAYLOR, JEAN</td>
<td>414 South 8 Street, Minneapolis</td>
</tr>
<tr>
<td>VANNIER, MARION L.</td>
<td>University Hospital, Minneapolis</td>
</tr>
<tr>
<td>WHITTAKER, ANNE J.</td>
<td>St. Luke's Hospital, St. Paul</td>
</tr>
<tr>
<td>ZUPPANN, ELEANORE</td>
<td>414 South 8 Street, Minneapolis</td>
</tr>
</tbody>
</table>

**Mississippi**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address or Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>JACOB, KATHERINE</td>
<td>State Charity Hospital, Vicksburg</td>
</tr>
</tbody>
</table>

**Missouri**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address or Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>BECHTL, EMMA H.</td>
<td>1323 N. Jefferson Street, Springfield</td>
</tr>
<tr>
<td>BLEEKER, FRIEDA</td>
<td>909 Waldheim Building, Kansas City</td>
</tr>
<tr>
<td>BOND, JANET C.</td>
<td>City Hospital, St. Louis</td>
</tr>
<tr>
<td>BROADDUS, MARY M.</td>
<td>Jefferson Barracks</td>
</tr>
<tr>
<td>COLLINS, HELEN F.</td>
<td>1004 W. Calhoun Street, Springfield</td>
</tr>
<tr>
<td>DEAVER, MARY F.</td>
<td>Missouri Methodist Hospital, St. Joseph</td>
</tr>
<tr>
<td>DERSCH, ESTHER H.</td>
<td>The Research Hospital, Kansas City</td>
</tr>
<tr>
<td>DIX, DORIS</td>
<td>St. Luke's Hospital, St. Louis</td>
</tr>
<tr>
<td>FARNSWORTH, HELEN</td>
<td>Junior College, Kansas City</td>
</tr>
<tr>
<td>FRENCH, CALLIE</td>
<td>St. Luke's Hospital, Kansas City</td>
</tr>
<tr>
<td>GOLDSMITH, JOSEPHINE F.</td>
<td>4628 Maryland Avenue, St. Louis</td>
</tr>
<tr>
<td>HARRISON, GENE</td>
<td>600 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>HAUSMANN, SADIE (MRS.)</td>
<td>Agricultural College, University of Missouri, Columbia</td>
</tr>
<tr>
<td>HUYETT, ELIZABETH</td>
<td>Marshall</td>
</tr>
<tr>
<td>KINDELL, ALTA</td>
<td>Isolation Hospital, St. Louis</td>
</tr>
<tr>
<td>LANGLEY, AIDA E.</td>
<td>4008 Chestnut Avenue, Kansas City</td>
</tr>
<tr>
<td>LINDEQUIST, ADA</td>
<td>Missouri Methodist Episcopal Hospital, St. Joseph</td>
</tr>
</tbody>
</table>
LIST OF MEMBERS

MANN, LAURA E. ............................................ 1016 W. Vanhorn Rd., Independence
MURPHY, ANNA BELL ........................................ Christian Church Hospital, Kansas City
NIFER, C. V ............................................. Koch Hospital, Koch
NORBERG, THERESSA M .................................. Missouri Baptist Sanitarium, St. Louis
SCHWARTING, LOUISE ..................................... 120 S. 7 Street, St. Joseph
STEWARD, CHLOE M ........................................ City Hospital, St. Louis
TAYLOR, MANCE ............................................ University of Missouri School of Nursing, Columbia
WHEELER, CLARABEL A ...................................... 600 S. Kingshighway, St. Louis
WHITE, ANNA M ........................................... 658 Gibraltar Boulevard, Kansas City

Nebraska

ABBOTT, LULU FLORENCE .................................. 847-26 Street, Lincoln
BRYANT, BERTHA A ........................................ Grand Island General Hospital, Grand Island
BURGESS, CHARLOTTE ..................................... School of Nursing, University of Nebraska, Omaha
DORSEY, JOSEPHINE J ....................................... Nicholas Senn Hospital, Omaha
GONNER, LENORE .......................................... Methodist Hospital, Omaha
HARRIS, HOMER C .......................................... Bishop Clarkson Memorial Hospital, Omaha
HIGGINS, JENNIE M ......................................... 2100 South Street, Lincoln
NEVISON, VIDA R ........................................... Bishop Clarkson Memorial Hospital, Omaha
SALIN, EDITH M ............................................. Methodist Hospital, Omaha
TUCKER, MYRA ............................................. 42 & Dewey Ave., Omaha

New Hampshire

DROWN, LUCY L ............................................ 70 Fairmont Street, Lakeport
LARRABEE, GLADYS M .................................... Claremont General Hospital, Claremont
OSS, IONE .................................................... New Hampshire State Hospital, Concord

New Jersey

AHLER, CAROLINE C ........................................ Englewood Hospital, Englewood
ARNOLD, LOUISE F ......................................... 742 Linden Avenue, Elizabeth
AUSTIN, IDA F ............................................. 47 Prospect Street, East Orange
BEATY, F. M. (Mrs.) ........................................ McKinley Memorial Hospital, Trenton
BREEN, MERCEDES M ....................................... Jersey State Hospital, Trenton
BROWN, EDITH M ............................................ St. Barnabas Hospital, Newark
CADDY, EVA .................................................. Hospital of St. Barnabas, Newark
CLARK, RUTH GARDNER ..................................... Orange Memorial Hospital, Orange
COLE, BEATRICE ........................................... Ann May Hospital, Spring Lake
DAKIN, FLORENCE ........................................... 468 Ellison Street, Paterson
FITZGERALD, ALICE ......................................... c/o R. B. Fitzgerald, Harrington Park
GUINN, LEOPOLDINE ......................................... Newark Memorial Hospital, Newark
HIGB, ELIZABETH ........................................... 449 Van Houten Street, Paterson
IRELAND, MINNIE ROBB .................................... Monmouth Memorial Hospital, Long Branch
KRUS, THERESA ............................................. 126 Clinton Avenue, Newark
LOUIS, MARIE ............................................... Muhlenberg Hospital, Plainfield
MADDEN, KATE ............................................. Elizabeth General Hospital, Elizabeth
MURDOCK, JESSIE M ........................................ Jersey City Hospital, Jersey City
OGILVIE, NELLIE ........................................... 10 Otcott Avenue, Somerset Hills, Bernardsville
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oehlschlaeger, Helen D.</td>
<td>Englewood Hospital, Englewood</td>
</tr>
<tr>
<td>Randall, Huldah</td>
<td>Cooper Hospital, Camden</td>
</tr>
<tr>
<td>Seifert, Hettie W.</td>
<td>39 Broad Street, Elizabeth</td>
</tr>
<tr>
<td>Scott, Martha M. (Mrs.)</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Skoglund, Charlotte C.</td>
<td>685 High Street, Newark</td>
</tr>
<tr>
<td>Squire, Marietta B.</td>
<td>105 S. Grove Street, East Orange</td>
</tr>
<tr>
<td>Swenson, Josephine M.</td>
<td>12 Gordan Place, Rahway</td>
</tr>
<tr>
<td>Watson, Gertrude M.</td>
<td>Mountainside Hospital, Montclair</td>
</tr>
<tr>
<td>Weber, Laura M.</td>
<td>McKinley Hospital, Trenton</td>
</tr>
<tr>
<td></td>
<td><strong>New York</strong></td>
</tr>
<tr>
<td>Adams, Sophia E.</td>
<td>Montefiore Hospital, E. 210 Street, New York</td>
</tr>
<tr>
<td>Allen, Jane C.</td>
<td>106 Morningside Drive, New York</td>
</tr>
<tr>
<td>Anderson, Lydia E.</td>
<td>167 Prospect Place, Brooklyn</td>
</tr>
<tr>
<td>Anderson, Victoria</td>
<td>Station Hospital, Fort Totten</td>
</tr>
<tr>
<td>Atkin, Edith</td>
<td>City Hospital, Amsterdam</td>
</tr>
<tr>
<td>Bareham, Mildred Louise</td>
<td>18 Cuyler Street, Palmyra</td>
</tr>
<tr>
<td>Bates, Ethel H.</td>
<td>Olean General Hospital, Olean</td>
</tr>
<tr>
<td>Beard, Mary</td>
<td>The Rockefeller Foundation, 61 Broadway, New York</td>
</tr>
<tr>
<td>Beard, S. Rose</td>
<td>Community Hospital, Glen Cove</td>
</tr>
<tr>
<td>Beatty, M. Louise</td>
<td>St. Luke’s Hospital, New York</td>
</tr>
<tr>
<td>Beckmann, Margaret</td>
<td>Lenox Hill Hospital, New York</td>
</tr>
<tr>
<td>Belyea, Margaret S.</td>
<td>Prospect Heights Hospital, Brooklyn</td>
</tr>
<tr>
<td>Bentley, Anna</td>
<td>Brooklyn Hospital, Brooklyn</td>
</tr>
<tr>
<td>Best, Virginia P.</td>
<td>19 W. 101 Street, New York</td>
</tr>
<tr>
<td>Bidmead, R. Elizabeth</td>
<td>Frederick Ferris Thompson Hospital, Canandaigua</td>
</tr>
<tr>
<td>Billings, Lydia H.</td>
<td>417 W. 118 Street, New York</td>
</tr>
<tr>
<td>Brownell, Mary A.</td>
<td>370 Seventh Avenue, c/o N. O. P. H. N., New York</td>
</tr>
<tr>
<td>Buck, Helen S.</td>
<td>Buffalo General Hospital, Buffalo</td>
</tr>
<tr>
<td>Burgess, Elizabeth C.</td>
<td>Teachers College, Columbia University, New York</td>
</tr>
<tr>
<td>Burke, Maud D. (Mrs.)</td>
<td>United Israel Zion Hospital, Brooklyn</td>
</tr>
<tr>
<td>Burns, Sara C.</td>
<td>301 E. 19 Street, New York</td>
</tr>
<tr>
<td>Bushnell, Lottie</td>
<td>220 Sterling Street, Watertown</td>
</tr>
<tr>
<td>Cann, Jessie May</td>
<td>132 E. 45 Street, New York</td>
</tr>
<tr>
<td>Christie, Janet B.</td>
<td>37 E. 71 Street, New York</td>
</tr>
<tr>
<td>Clapp, Edith J. L.</td>
<td>370 Seventh Avenue, New York</td>
</tr>
<tr>
<td>Coffey, Anna Elizabeth</td>
<td>2131 Schenectady Avenue, Flatbush, Brooklyn</td>
</tr>
<tr>
<td>Cole, Anna L.</td>
<td>U. S. Naval Hospital, Brooklyn</td>
</tr>
<tr>
<td>Coleman, Jane D.</td>
<td>12 Webster Avenue, Goshen</td>
</tr>
<tr>
<td>Constantine, Mildred</td>
<td>Montefiore Hospital, Gun Hill Road, New York</td>
</tr>
<tr>
<td>Coombs, Josephine H.</td>
<td>141 W. 109 Street, New York</td>
</tr>
<tr>
<td>Cooper, Goldie V.</td>
<td>Montefiore Hospital, E. 210 Street, New York</td>
</tr>
<tr>
<td>Copeland, M. Agnes</td>
<td>457 W. 163 Street, New York</td>
</tr>
<tr>
<td>Corbin, Hazel</td>
<td>1221 Avenue A, New York</td>
</tr>
<tr>
<td>Crandall, Ella P.</td>
<td>92 South Oxford Street, Brooklyn</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Crouch, May L.</td>
<td>Mt. Sinai Hospital, New York</td>
</tr>
<tr>
<td>Curran, Ella M. (MRS.)</td>
<td>City Hospital, Welfare Island, New York</td>
</tr>
<tr>
<td>Datesman, Sabra H. (MRS.)</td>
<td>Metropolitan Hospital, Welfare Island, New York</td>
</tr>
<tr>
<td>Denuord, Olive</td>
<td>12 Arlington Park, Buffalo</td>
</tr>
<tr>
<td>DeWitt, Katharine</td>
<td>19 West Main Street, Rochester</td>
</tr>
<tr>
<td>Dickson, Jane</td>
<td>Park Avenue Hospital, Rochester</td>
</tr>
<tr>
<td>Dieson, Alma</td>
<td>1230 Amsterdam Avenue, New York</td>
</tr>
<tr>
<td>Dines, Alta Elizabeth</td>
<td>105 E. 22 Street, New York</td>
</tr>
<tr>
<td>Disert, Nell Irene</td>
<td>U. S. Naval Hospital, New York</td>
</tr>
<tr>
<td>Donald, Mary Reid</td>
<td>Albany Hospital, Albany</td>
</tr>
<tr>
<td>Doty, Parmelia M.</td>
<td>133 Bay Street, Glens Falls</td>
</tr>
<tr>
<td>Douglas, Lillian A.</td>
<td>Highland Hospital, Rochester</td>
</tr>
<tr>
<td>DuFour, Florence E.</td>
<td>Glens Falls Hospital, Glens Falls</td>
</tr>
<tr>
<td>Dunne, M. Eva</td>
<td>Buffalo General Hospital, Buffalo</td>
</tr>
<tr>
<td>Durell, Marian</td>
<td>City Hospital, Welfare Island, New York</td>
</tr>
<tr>
<td>Eakins, Martha</td>
<td>State Education Building, Albany</td>
</tr>
<tr>
<td>Eisle, Alice E.</td>
<td>White Plains Hospital, White Plains</td>
</tr>
<tr>
<td>Ellicott, Nancy P.</td>
<td>Rockefeller Hospital, New York</td>
</tr>
<tr>
<td>English, Augusta Hobert</td>
<td>Saratoga Hospital, Saratoga Springs</td>
</tr>
<tr>
<td>Erickson, Edith</td>
<td>419 W. 34 Street, New York</td>
</tr>
<tr>
<td>Farley, Frederika</td>
<td>39 W. 60 Street, New York</td>
</tr>
<tr>
<td>Farrington, Jennie</td>
<td>Hospital Station, Binghamton</td>
</tr>
<tr>
<td>Fellows, Clara Emma</td>
<td>Frederick Ferris Thompson Hospital, Canandaigua</td>
</tr>
<tr>
<td>Ford, Bessie A. M.</td>
<td>Swedish Hospital, Brooklyn</td>
</tr>
<tr>
<td>Ford, Sarah Jane</td>
<td>Lincoln Hospital, New York</td>
</tr>
<tr>
<td>French, Corinne D.</td>
<td>State Education Building, Albany</td>
</tr>
<tr>
<td>Frisbee, Elizabeth</td>
<td>Bloomingdale Hospital, White Plains</td>
</tr>
<tr>
<td>Gavin, Mary</td>
<td>39 Whitehall Street, New York</td>
</tr>
<tr>
<td>Geister, Janet</td>
<td>130 E. 57 Street, New York</td>
</tr>
<tr>
<td>Giffen, Jean</td>
<td>Lockport City Hospital, Lockport</td>
</tr>
<tr>
<td>Gilman, Alice S.</td>
<td>State Education Building, Albany</td>
</tr>
<tr>
<td>Grass, Annie E.</td>
<td>440 E. 26 Street, New York</td>
</tr>
<tr>
<td>Gray, Carolyn E.</td>
<td>Butler Hall, Morningside Drive, New York</td>
</tr>
<tr>
<td>Greener, Elizabeth A.</td>
<td>Mt. Sinai Hospital, New York</td>
</tr>
<tr>
<td>Gregg, Elizabeth</td>
<td>209 W. 16 Street, New York</td>
</tr>
<tr>
<td>Hall, Christiana</td>
<td>Clifton Springs</td>
</tr>
<tr>
<td>Halsey, Katherine T.</td>
<td>Nassau Hospital, Mineola</td>
</tr>
<tr>
<td>Hansen, Anna L.</td>
<td>181 Franklin Street, Buffalo</td>
</tr>
<tr>
<td>Harding, Elizabeth</td>
<td>c/o Mrs. A. Stewart, 15 West Street, Mamaroneck</td>
</tr>
<tr>
<td>Harria, Emily P.</td>
<td>145 E. 74 Street, New York</td>
</tr>
<tr>
<td>Hawkins, Stella M.</td>
<td>Ellis Hospital, Schenectady</td>
</tr>
<tr>
<td>Heal, Jessica S.</td>
<td>224 Alexander Street, Rochester</td>
</tr>
<tr>
<td>Hearn, Katherine F.</td>
<td>Bloomingdale Hospital, White Plains</td>
</tr>
<tr>
<td>Hill, Caroline</td>
<td>Mary McClellan Hospital, Cambridge</td>
</tr>
<tr>
<td>Hill, Grace E.</td>
<td>Station Hospital, Fort Totten</td>
</tr>
<tr>
<td>Hitchcock, Jane E.</td>
<td>71 Willow Street, Brooklyn</td>
</tr>
</tbody>
</table>
HUNTER, GREETA V. House of Good Samaritan, Watertown
HURLEY, AGNES H. Lima, New York
HUTCHINSON, MARY E. 317 W. 45 Street, New York
INK, KATHERINE S. 537 W. 121 Street, New York
IVERS, LEONA NORTON University of Rochester, Rochester
JOHNS, ETHEL Rockefeller Foundation, 61 Broadway, New York
JOHNSON, FLORENCE M. 134 E. 19 Street, New York
JORDAN, M. H. 8 West 16 Street, New York
KEATING, EMMA J. Batavia Hospital, Batavia
KELLY, MARGUERITE C. Central Neurological Hospital, Welfare Island, New York
KERRER, ANNA ELIZABETH Flushing Hospital, Flushing, L. I.
KERN, BARBARA J. 63 W. 107 Street, New York
KIEL, SOPHIA 500 W. 110 Street, New York
KNIGHT, DELLA V. U. S. Naval Hospital, Brooklyn
KRANZ, LENA A. State Hospital, Utica
KURTZ, ALICE T. 90 St. Andrews Place, Yonkers
LAND, MARY A. Mt. Vernon Hospital, Mt. Vernon
LEE, FLEANOR 37 E. 71 Street, New York
LEEZE, HARRIET L. Wave Crest Convalescent Home, Far Rockaway, Long Island
LE FEBVRE, THEODORA H. 221 N. Clinton Street, Poughkeepsie
LERAY, ELIZABETH 35 W. 11 Street, New York
LINDHEIMER, ELIZABETH P. Lenox Hill Hospital, New York
LURKING, FRANCES L. 1545 St. John's Place, Brooklyn
MCINTYRE, M. ELLEN Woman's City Club, 22 Park Avenue, New York
MCPEHERSON, MARY G. Ellis Hospital, Schenectady
MACDONALD, ADELE Sackett Harbor
MANNELL, ANNA R. 439 W. 123 Street, New York
MARTINS, EDITH V. 180 W. 31 Street, New York
MAURER, ELSIE M. St. Marks Hospital, New York
METCALF, MAUDE H. Flushing Hospital, Flushing, Long Island
MOIR, HELEN M. 450 W. 34 Street, New York
MOORAN, S. M. 601 W. 180 Street, New York
MUSE, MAUDE 509 W. 121 Street, New York
MYERS, BERTHA I. U. S. Naval Hospital, Brooklyn
NEWTON, ALICE V. Clifton Springs Sanitarium, Clifton Springs
NUTTING, M. A. 501 W. 120 Street, New York
NYE, EVANGELINE Children's Hospital, Buffalo
OLIVER, EVELYN Holiday Farm, Rhinebeck
PARSONS, LOUISE Bloomingdale Hospital, White Plains
PARKS, NELLIE S. (MRS.) Willard Parker Hospital, New York
PFEFFERKORN, BLANCHE 370 Seventh Avenue, New York
POWELL, C. M. Nathan Littauer Hospital, Gloversville
REID, ELIZA P. Samaritan Hospital, Troy
REID, GRACE L. Strong Memorial Hospital, Rochester
RIVINGTON, ESTHER F. 149 E. 67 Street, New York
ROBBINS, EDITH 875 Lafayette Avenue, Buffalo
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROBERTS, MARY M.</td>
<td>370 Seventh Avenue, New York</td>
</tr>
<tr>
<td>ROBINSON, MARY ELIZABTH</td>
<td>Long Island College Hospital, Brooklyn</td>
</tr>
<tr>
<td>ROCKHOLD, ELIZABTH E.</td>
<td>Brooklyn Hospital, Brooklyn</td>
</tr>
<tr>
<td>ROSS, ELIZABTH B.</td>
<td>International House, 500 Riverside Drive, New York</td>
</tr>
<tr>
<td>ROTTMAN, MARION</td>
<td>440 E. 26 Street, New York</td>
</tr>
<tr>
<td>SABOL, ANNA M.</td>
<td>Benedictine Hospital, Kingston</td>
</tr>
<tr>
<td>SANBORN, KATHERINE</td>
<td>156 W. 12 Street, New York</td>
</tr>
<tr>
<td>SCHAFFER, CHRISTINE</td>
<td>Sea View Hospital, New Brighton</td>
</tr>
<tr>
<td>SCHMIDT, ELSA</td>
<td>926 Madison Avenue, New York</td>
</tr>
<tr>
<td>SCHUMACHER, MARY E.</td>
<td>225 Genesee Street, Geneva</td>
</tr>
<tr>
<td>SEAVY, MARION E.</td>
<td>64 W. Main Street, Malone</td>
</tr>
<tr>
<td>SELFIDGE, JEANETTE M.</td>
<td>Samaritan Hospital, Troy</td>
</tr>
<tr>
<td>SHARP, SARAH C.</td>
<td>70 Jefferson Street, New York</td>
</tr>
<tr>
<td>SHEAR, FANCHON C.</td>
<td>Johnson City Hospital, Johnson City</td>
</tr>
<tr>
<td>SINCLAIR, CLARA F.</td>
<td>Samaritan Hospital, Troy</td>
</tr>
<tr>
<td>SISTER MATHILDE</td>
<td>Norwegian Hospital, Brooklyn</td>
</tr>
<tr>
<td>STEVENS, ANNE A.</td>
<td>1221 Avenue A, New York</td>
</tr>
<tr>
<td>STEWART, HELENA R.</td>
<td>317 W. 45 Street, New York</td>
</tr>
<tr>
<td>STEWART, ISABEL M.</td>
<td>49 Claremont Avenue, New York</td>
</tr>
<tr>
<td>SUTHERLAND, MYRAL M.</td>
<td>Mary McClellan Hospital, Cambridge</td>
</tr>
<tr>
<td>SUTTIFEE, IRENE H.</td>
<td>317 W. 45 Street, New York</td>
</tr>
<tr>
<td>TITTMAN, ANNA LOUISE</td>
<td>370 Seventh Avenue, New York</td>
</tr>
<tr>
<td>TWISS, C. V.</td>
<td>14 E. 50 Street, New York</td>
</tr>
<tr>
<td>WEBER, LYDIA B.</td>
<td>1086 Lexington Avenue, New York</td>
</tr>
<tr>
<td>WENKE, MARTHA O.</td>
<td>Nathan Littauer Hospital, Gloversville</td>
</tr>
<tr>
<td>WHEELER, CATHARINE F.</td>
<td>317 W. 45 Street, New York</td>
</tr>
<tr>
<td>WILLIAMS, HELEN C.</td>
<td>c/o Dr. John G. Williams, 1136 Dean Street, Brooklyn</td>
</tr>
<tr>
<td>WILSON, MARGARET S.</td>
<td>304 E. 20 Street, New York</td>
</tr>
<tr>
<td>WOOD, GERTRUDE S.</td>
<td>Long Island College Hospital, Brooklyn</td>
</tr>
<tr>
<td>WOOD, HELEN</td>
<td>Strong Memorial Hospital, Rochester</td>
</tr>
<tr>
<td>YOUNG, HELEN</td>
<td>41 E. 70 Street, New York</td>
</tr>
<tr>
<td>ZABRISKIE, LOUISE</td>
<td>139 E. 30 Street, New York</td>
</tr>
</tbody>
</table>

**North Carolina**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREWS, FANNIE V.</td>
<td>Asheville Mission Hospital, Asheville</td>
</tr>
<tr>
<td>BELL, JEAN I.</td>
<td>Lawrence Hospital, Winston-Salem</td>
</tr>
<tr>
<td>BUCKNER, MARGARET</td>
<td>207 Pittsboro Street, Chapel Hill</td>
</tr>
<tr>
<td>CONNOLLY, ELIZABTH</td>
<td>North Carolina Sanitorium, Sanitorium</td>
</tr>
<tr>
<td>KELLEY, E. A.</td>
<td>Highsmith Hospital, Fayetteville</td>
</tr>
<tr>
<td>MCDUFFIE, C. S.</td>
<td>Highsmith Hospital, Fayetteville</td>
</tr>
<tr>
<td>REDWINE, EDITH M.</td>
<td>Watts Hospital, West Durham</td>
</tr>
<tr>
<td>WORRALL, FRANCES A. (MRS.)</td>
<td>St. Agnes Hospital, Raleigh</td>
</tr>
</tbody>
</table>

**North Dakota**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULLER, GERTRUDE W. (MRS.)</td>
<td>St. Luke's Hospital, Fargo</td>
</tr>
<tr>
<td>HOERMAN, LOUISE</td>
<td>Bismarck Hospital, Bismarck</td>
</tr>
<tr>
<td>ISAKSON, MILDRED LEE</td>
<td>San Haven</td>
</tr>
<tr>
<td>SISTER GILBERT</td>
<td>St. John's Hospital, Fargo</td>
</tr>
</tbody>
</table>
Ohio

ACKERMAN, Ethel A.  Mansfield General Hospital, Mansfield
BENJAMIN, Florence Victoria  Mt. Sinai Hospital, Cleveland
BLOOMFIELD, Helen L.  Ashtabula General Hospital, Ashtabula
BRIDGE, Ruth Hermena  Cincinnati General Hospital, Cincinnati
BUCKLEY, Catherine M.  Jewish Hospital, Cincinnati
DARR, Theresa B.  5550 Colerain Avenue, Cincinnati
DRAHER, Minnie L.  Bethesda Hospital, Cincinnati
EMMOTT, Susan E.  Salem Hospital, Salem
FABER, Marion J.  Jewish Hospital, Cincinnati
GILLIS, M. Anna  Mount Sinai Hospital, Cleveland
GRANT, Laura M.  Lakeside Hospital, Cleveland
HANFORD, Lillian A.  Miami Valley Hospital, Dayton
HANKE, Hedwig H.  1609 Summit Street, Toledo
HAWKINSON, Nellie X.  2032 E. 115 Street, Cleveland
HOLWAY, Mary R.  612 N. Main Street, Hubbard
HOWELL, Marion Gertrude  2573 E. 55 Street, Cleveland
KANDEL, Phoebe M.  Cincinnati General Hospital, Cincinnati
KRIDER, Margaret  Brockville
KOCHE, Estelle (Mrs.)  Cleveland City Hospital, Cleveland
LANDIS, R. Sabina  The Youngstown Hospital, Youngstown
LAWSON, Marie  212 Oak Park Place, Akron
LUDY, Mary B.  City Hospital, Massillon
MCCORMICK, Mildred  Home and Hospital, Findlay
MCKEE, Caroline J. V.  275 S. Fourth Street, Columbus
MACDONALD, Calvina  Maternity Hospital, Cleveland
MACLACHLAN, Isabel  Christ Hospital, Cincinnati
MAPES, Katherine M.  Lucas County Branch Hospital, Toledo
MARGRUM, Mary L.  Home and Hospital, Findlay
NAPIER, Margaret G.  City Hospital, Massillon
NEARMAN, Mary Zella  The Christ Hospital, Cincinnati
OWEN, Martha R.  1715 Virginia Place, N.E., Canton
PATTERSON, Ellen E.  Lima City Hospital, Lima
PIERCE, Elizabeth  Children's Hospital, Cincinnati
POWELL, Louise M.  Western Reserve University School of Nursing, Cleveland
POWER, Mary S.  Lakeside Hospital, Cleveland
POWNE, Barbara S.  Portsmouth General Hospital, Portsmouth
RAMER, Carolyn Louise  14519 Detroit Avenue, Lakewood
ROSTANCE, Mary  City Hospital, Warren
SELLEW, Gladys  The Babies' Hospital, Cleveland
SHULT, Mary E.  Good Samaritan Hospital, Sandusky
SILVER, Maude Johnson  The Christ Hospital, Cincinnati
SISTER ADELAIDE  Good Samaritan Hospital, Cincinnati
SISTER M. ELEANOR  Mercy Hospital, Canton
SISTER MARY EUPHRAIS  St. Vincent's Charity Hospital, Cleveland
SISTER MARY GILBERTA  St. Joseph's Riverside Hospital, Warren
SISTER ANNE TERESA McNEARY  Good Samaritan Hospital, Cincinnati
SISTER ANNA M. MAURER  Deaconess Hospital, Cincinnati
LIST OF MEMBERS

SISTER M. A. PERRON, St. Vincent's Hospital, Toledo
SMITH, NINA L., General Hospital, Ashtabula
TAYLOR, ARDA ELIZABETH, Bethesda Hospital, Cincinnati
TOMLINSON, ELINOR VERE, Cincinnati General Hospital, Cincinnati
WALN, CLARA E., The Christ Hospital, Cincinnati
WAYNE, BESSIE Mae, Bellefontaine
WILSON, MARY BLYTHE, Rainbow Hospital, S. Euclid

Oklahoma

BIDDLE, JESSIE A., State Hospital, Norman
CONVERSE, HARRIET E., Station Hospital, Fort Sill
CROCKER, IDA REITZ, University Hospital, Oklahoma City
FROMMER, EDNA, Chickasha Hospital, Chickasha
HERMÄNSTAFFER, GOLDEA, Shawnee City Hospital, Shawnee
HOPKINS, ETHEL M., Oklahoma Methodist Hospital, Guthrie
IRWIN, GRACE DEWITT, Clinton
LIGHT, ANTOINETTE, Wesley Hospital, Oklahoma City
MACKAY, ROSALIND, 211 City Hall, Oklahoma City
POWELL, EDNA E., Masonic Hospital, Cherokee
RAMBO, ELEANOR A., 204 n-12 Street, Muskogee
SCROGS, IDORA R., Norman
SISTER MARY HUBERTINE, Hospital, Ponca City
SISTER MARY LAURENCE, Hospital, Ponca City
SISTER M. LUCIA, St. Anthony’s Hospital, Oklahoma City
SISTER M. MONICA, St. Anthony’s Hospital, Oklahoma City
VON KELLAR, KATHRYN, Henryetta Hospital, Henryetta
WOODS, SUSIE E., Baptist Hospital, Miami

Oregon

CAMPBELL, M. C., Board of Trade Building, Box 32, Portland
CROWE, MARION G., 185 E. 116 Street, Portland
HUMPHREY, LETHA, Shriners’ Hospital for Crippled Children, Portland
LOVERIDGE, EMILY L., Good Samaritan Hospital, Portland
PHelps, GRACE, Eye, Ear, Nose & Throat Hospital, Portland
SCHREYER, Cecil L., 22½ N. 20 Street, Portland
WINDEL, MARGARET E., 685 E. 18 N., Portland

Pennsylvania

AGNEW, ALICE, 262 Grant Street, Sewickley
ALLISON, AMY, Philadelphia Hospital for Contagion, Philadelphia
ALTENEDER, MARY C., 5 Mill Road, Melrose Park
ARMS, L. MYRTLE, Unione, Town Hospital, Unioni, Town
ATKINSON, AUGUSTINA JAMES, Ridgway
BAIRSTOW, W. J., The Westmoreland Hospital Association, Greensburg
BARDENS, AMY E., Hahnemann Hospital, Philadelphia
BORDA, MAUDE R. (MRS.), 200 N. 4 Street, Reading
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Ida P.</td>
<td>U. S. Naval Hospital, League Island, Philadelphia</td>
</tr>
<tr>
<td>Brown, Katherine</td>
<td>Bryn Mawr Hospital, Bryn Mawr</td>
</tr>
<tr>
<td>Browne, John C. (Mrs.)</td>
<td>907 Clinton Street, Philadelphia</td>
</tr>
<tr>
<td>Campbell, Gertrude N.</td>
<td>U. S. Naval Hospital, League Island, Philadelphia</td>
</tr>
<tr>
<td>Carson, Lillian H.</td>
<td>Women's Homeopathic Hospital, Philadelphia</td>
</tr>
<tr>
<td>Chubb, Alice M.</td>
<td>Uniontown Hospital, Uniontown</td>
</tr>
<tr>
<td>Church, Emma</td>
<td>7307 Church Street, Swissvale</td>
</tr>
<tr>
<td>Clark, Mildred</td>
<td>Ashland State Hospital, Ashland</td>
</tr>
<tr>
<td>Clayton, S. Lillian</td>
<td>Philadelphia General Hospital, Philadelphia</td>
</tr>
<tr>
<td>Cooke, Louise</td>
<td>U. S. Naval Hospital, League Island, Philadelphia</td>
</tr>
<tr>
<td>Coucheur, Jean M.</td>
<td>St. Luke's Hospital, Bethlehem</td>
</tr>
<tr>
<td>Crossland, Nellie F.</td>
<td>Protestant Episcopal Hospital, Philadelphia</td>
</tr>
<tr>
<td>Darling, Lotta A.</td>
<td>Allegheny General Hospital, Pittsburgh</td>
</tr>
<tr>
<td>Davids, Anna H.</td>
<td>Brookville Hospital, Brookville</td>
</tr>
<tr>
<td>Delahunt, Elizabeth M.</td>
<td>Homeopathic Hospital, Pittsburgh</td>
</tr>
<tr>
<td>Duncan, Williamsia</td>
<td>3440 Bates Street, Pittsburgh</td>
</tr>
<tr>
<td>Dunlop, Margaret A.</td>
<td>Pennsylvania Hospital, Philadelphia</td>
</tr>
<tr>
<td>Eden, Marie C. (Mrs.)</td>
<td>Presbyterian Hospital, Philadelphia</td>
</tr>
<tr>
<td>Erxleben, Marguerite C.</td>
<td>Children's Hospital, Philadelphia</td>
</tr>
<tr>
<td>Erhard, Lillie G.</td>
<td>Misericordia Hospital, Philadelphia</td>
</tr>
<tr>
<td>Essig, Anna K.</td>
<td>Homeopathic Hospital, Reading</td>
</tr>
<tr>
<td>Feaster, Ophelia M.</td>
<td>140 N. 15 Street, Philadelphia</td>
</tr>
<tr>
<td>Francis, Mary L.</td>
<td>Douglasville</td>
</tr>
<tr>
<td>Francis, Susan C.</td>
<td>Children's Hospital, Philadelphia</td>
</tr>
<tr>
<td>Frost, Harriet</td>
<td>311 S. Juniper Street, Philadelphia</td>
</tr>
<tr>
<td>Garrett, Alice M.</td>
<td>Methodist Episcopal Hospital, Philadelphia</td>
</tr>
<tr>
<td>Giles, Ida F.</td>
<td>Washington Hospital, Washington</td>
</tr>
<tr>
<td>Goff, Hazel A.</td>
<td>Allegheny General Hospital, Pittsburgh</td>
</tr>
<tr>
<td>Gooden, Frances L.</td>
<td>Chester County Hospital, West Chester</td>
</tr>
<tr>
<td>Goodnow, Minnie</td>
<td>Medico-Chirurgical and Polyclinic Hospitals, Philadelphia</td>
</tr>
<tr>
<td>Goosby, Stella</td>
<td>Philadelphia General Hospital, Philadelphia</td>
</tr>
<tr>
<td>Gorham, Anna E.</td>
<td>U. S. Naval Hospital, League Island, Philadelphia</td>
</tr>
<tr>
<td>Grant, Janet Gordon</td>
<td>Moses Taylor Hospital, Scranton</td>
</tr>
<tr>
<td>Greener, Margaret L.</td>
<td>Mt. Sinai Hospital, Philadelphia</td>
</tr>
<tr>
<td>Hambleton, Dorothy H.</td>
<td>Frankford Hospital, Philadelphia</td>
</tr>
<tr>
<td>Hartlove, Olive</td>
<td>Sanitarium, Hamburg</td>
</tr>
<tr>
<td>Hasenjaeger, Ella</td>
<td>Ashland State Hospital, Ashland</td>
</tr>
<tr>
<td>Heatley, Gertrude L.</td>
<td>Southside Hospital, Pittsburgh</td>
</tr>
<tr>
<td>Herrmann, Helene S. (Mrs.)</td>
<td>1818 Lombard Street, Philadelphia</td>
</tr>
<tr>
<td>Hirst, Elizabeth</td>
<td>2017 N. 22 Street, Philadelphia</td>
</tr>
<tr>
<td>Holden, Harriet E.</td>
<td>1818 Lombard Street, Philadelphia</td>
</tr>
<tr>
<td>Huntley, Mabel F.</td>
<td>108 South 36 Street, Philadelphia</td>
</tr>
<tr>
<td>Irwin, Edith B.</td>
<td>Westmoreland Hospital, Greensburg</td>
</tr>
<tr>
<td>Johnson, Loretta M.</td>
<td>Philadelphia General Hospital, Greensburg</td>
</tr>
</tbody>
</table>
LIST OF MEMBERS

KALEY, ELIZABETH ........................................ Frankford Hospital, Frankford
KAY, ANNA R. ........................................ Philadelphia General Hospital, Philadelphia
KING, MINA A. ........................................ U. S. Naval Hospital, League Island, Philadelphia
KREWSON, SARAH A. ...................................... Jewish Hospital, Philadelphia
LAMKERT, LORETTA ....................................... U. S. Naval Hospital, League Island, Philadelphia
LANE, SUSAN K. ........................................ 4000 N. 2 Street, Philadelphia
LAUMAN, ANNA ........................................ Philipsburg State Hospital, Philipsburg
LEE, WALTER ESTELL (MRS.) ......................... 905 Pine Street, Philadelphia
LOVELAND, ANNA ........................................ 1055 East Main Street, Cory
LUCE, ELIZABETH ......................................... Mercer Sanitarium, Mercer
LUNDY, MARGARET S. ................................... Good Samaritan Hospital, Lebanon
MCMAHON, CORNELIA .................................... St. Joseph's Hospital, Philadelphia
MACI, M. BELL ........................................... 7214 Meade Street, Homewood, Pittsburgh
MANLY, JENNIE A. ....................................... Homestead Hospital, Homestead
MEEHAN, ALICE ........................................ Philadelphia Hospital for Mental Disease, 34 and Pine Streets, Philadelphia
MITCHELL, ELIZABETH .................................. R. R. No. 2, Mahaffey
MEIER, ANNA L. H. ...................................... Polyclinic Hospital, Philadelphia
MILLER, ELIZABETH F. .................................. State Department of Welfare, Harrisburg
MILLER, HANNAH N. ..................................... Polyclinic Hospital, 1818 Lombard Street, Philadelphia
MORSE, ALICE M. ........................................ Harrisburg Hospital, Harrisburg
NORRIS, MARY E. ........................................ Philadelphia General Hospital, Philadelphia
NORRIS, JEAN H. (MRS.) ................................. Greatheart Hospital, 1810 Spring Garden Street, Philadelphia
NURSE, IDA ............................................... Good Samaritan Hospital, Lebanon
POLLIE, A. R. ............................................ 420 Aiken Avenue, Pittsburgh
RIDDLE, MARY M. ........................................ 17 N. Washington Street, Munsey
ROCHE, MARY D. ......................................... Germantown Hospital, Philadelphia
SCOTT, MARY CHILES ................................... Scranton State Hospital, Scranton
SCUDDER, ADELE ......................................... U. S. Naval Hospital, League Island, Philadelphia
SHEAFFER, SUSAN V. ...................................... Ellwood City Hospital, Ellwood City
SHEFFLER, MILDRED ...................................... 51 N. 39 Street, Philadelphia
SHUFF, ANNA E. ......................................... State Hospital, Scranton
Sister M. MEEHILDE ..................................... Mercy Hospital, Pittsburgh
SMITH, EMMA C. ......................................... Magee Hospital, Pittsburgh
SPARKS, MARY E. ........................................ Abington Memorial Hospital, Abington
STEWART, ALICE E. ...................................... 2851 Bedford Avenue, Pittsburgh
STYRE, ANNA L. ......................................... Chestnut Hill Hospital, 8835 Germantown Avenue, Philadelphia
SWANK, C. K. ............................................ 2137 N. College Avenue, Philadelphia
TINSLEY, ESTHER J. ..................................... Pittston Hospital, Pittston
TUCKER, KATHERINE ..................................... 1340 Lombard Street, Philadelphia
TURNBULL, JESSIE J. .................................... Magee Hospital, Pittsburgh
WEIGAND, TERESA M. ................................... U. S. Naval Hospital, League Island, Philadelphia
West, Roberta M. Cherry Tree Lodge, Oak Lane, Philadelphia
Whitney, Mary L. Mercy Hospital, Altoona
Whitney, Winifred 6203 Jefferson Street, Philadelphia
Widdifield, Clara M. Corry Hospital, Corry
Wilson, Laura A. Children's Hospital of Pittsburgh, Pittsburgh

Rhode Island

Anderson, M. Barbara Butler Hospital, Providence
Ayers, Ada Gertrude Rhode Island Hospital, Providence
Ayers, Lucy C. Woonsocket Hospital, Woonsocket
Baker, Mary V. Butler Hospital, Providence
Barry, Elizabeth State Hospital, Cranston
Barry, Sarah C. Providence City Hospital, Providence
Bowlby, Alice Marion Rhode Island Hospital, Providence
Breadon, Grace Homeopathic Hospital, Providence
Cameron, Margaret Isabel Rhode Island Hospital, Providence
Carlson, Astrid Gerda Rhode Island Hospital, Providence
Carroll, Sara A. 20 John Street, Providence
Conway, M. Ida Providence City Hospital, Providence
Coonan, Julia Teresa U. S. Naval Hospital, Newport
Corcoran, Mary Elizabeth Butler Hospital, Providence

Cox, Bessie Providence Lying-in Hospital, Providence
Dearness, Margaret M. Woonsocket Hospital, Woonsocket
Denico, Maud Folsom Rhode Island Hospital, Providence
DeSIsles, Mary S. Providence City Hospital, Providence
Dockham, Clara O. P. Rhode Island Hospital, Providence
Donaldson, Rose A. Woonsocket Hospital, Woonsocket
Dunn, Emma L. Crawford Allen Hospital, East Greenwich
Earley, Annie M. 72 Hilltop Avenue, Providence
Ernst, Flora Grace Memorial Hospital, Pawtucket
Erpestad, Asta Rhode Island Hospital, Providence
Falvey, Helen 20 John Street, Providence
Fitzpatrick, Winifred L. 62 Forest Street, Providence
Flemming, Elizabeth F. 65 Clyde Street, Pawtucket
Gardner, Mary S. 118 North Maine Street, Providence
Garrow, Nora Providence Lying-in Hospital, Providence
Gould, Alice M. 82 Baxter Street, Providence
Harrington, Mary Veronica St. Joseph's Hospital, Providence
Hughes, Eva M. B. Rhode Island Hospital, Providence
Love, Margaret Isabel Jane Brown Memorial Hospital, Providence
McGibbon, Anna Katherine Butler Hospital, Providence
McIntyre, Grace 216 Hope Street, Providence
Maclaurin, Janet Newport Hospital, Newport
MacLeod, Katherine Gladys Rhode Island Hospital, Providence
Moreau, Alexina O. Providence City Hospital, Providence
Mulrenan, Evelyn C. St. Joseph's Hospital, Providence
Murphy, Mary Ann Rhode Island Hospital, Providence
O'Brien, Annie M. City Hospital of Providence, Providence
O'Donnell, Mary Saunders Rhode Island Hospital, Providence
LIST OF MEMBERS

O'NEILL, CATHERINE G. ........................................ Providence City Hospital, Providence
PARKS, HELEN ALEXANDRIA ................................. Rhode Island Hospital, Providence
PATERSON, MARY HELEN ........................................... Rhode Island Hospital, Providence
RICHARDSON, MARY M. ........................................... 168 Lloyd Avenue, Providence
SCHINZEL, IRENE F. ........................................... City Hospital, Providence
SCHROEDER, MADELEINE M. ................................. Memorial Hospital, Pawtucket
SELLY, ELLEN MARGARET ....................................... Memorial Hospital, Pawtucket
SHERMAN, ELIZABETH FRANCES .............................. 85 Tobey Street, Providence
SISTER M. DEODATA .............................................. St. Joseph's Hospital, Providence
SISTER M. ROBERTA ........................................... St. Joseph's Hospital, Providence
SMITH, ANNA W. ................................................ Providence City Hospital, Providence
SMITH, ELIZABETH P. ........................................... Newport Hospital, Newport
STEVENSON, MARGARET B. ..................................... Rhode Island Hospital, Providence
WALLACE, OLIVE JEAN ........................................... Rhode Island Hospital, Providence

South Carolina

ANDELL, MARGUERITE ........................................ Roper Hospital, Charleston
COMMER, ALICE ............................................ Florence Infirmary, Florence
ERDMANN, MARTHA E. ......................................... Roper Hospital, Charleston
MCALISTER, MARY C. ........................................ Tuomey Hospital, Sumter
MCKENNA, MARY C. ........................................... Columbia Hospital, Columbia

South Dakota

DRYBROUGH, ELIZABETH (MRS.) .......................... Box 23, Rapid City
GEBING, IDA L. ................................................... Lutheran Hospital, Hot Springs
JOHANSON, LIELA I. ............................................ Dell Rapids

Tennessee

ATKINSON, WINIFRED WINTON ............................... Memphis General Hospital, Memphis
BUMGARNER, PHOEBE FRANCES ......................... Newell and Newell, Chattanooga
FERRIE, CAROLYN E. (MRS.) .............................. 612 Carlisle Place, Chattanooga
HOLMES, GEORGIA ........................................... Methodist Hospital, Memphis
LAUBENSTEIN, NANCY ESTHER ......................... Vanderbilt University Hospital, Nashville
MONAHAN, MARY ............................................... General Hospital, Nashville
NEWMAN, MARY .................................................. Elanger Hospital, Chattanooga
PEARCE, DONNA MABEL ......................................... Maryville
PRENTISS, KATHERINE ....................................... Vanderbilt University Hospital, Nashville
ROBERTS, ABBIE .............................................. George Peabody College, Nashville
RUSS, ELSA ................................................ Hillsboro Court, B-1, Nashville
SISTER VINCINTIA DELANEY ................................ St. Thomas Hospital, Nashville
UFFELMAN, IVAH WILLIAMS (MRS.) ........................ Nashville City Health Department, Nashville
WAYNE, MONTEZ ............................................. Knoxville General Hospital, Knoxville
WOOTEN, NINA .................................................. Woman's Hospital, Nashville

Texas

BOYD, LUCY LEE (MRS.) ....................................... Central Texas Baptist Sanitarium, Waco
DIDIER, ANGELICA P. ......................................... Hella Temple Children's Hospital, Dallas
FARWELL, MARY F. ........................................... All Saints Episcopal Hospital, Fort Worth
GANT, FLORENCE ............................................... Texarkana Hospital, Texarkana
GEORGE, ANNA L. ............................................... William Beaumont General Hospital, El Paso
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>GERMANN, IDA E.</td>
<td>William Beaumont General Hospital, El Paso</td>
</tr>
<tr>
<td>GREY, GRACE G.</td>
<td>John Sealy Hospital, Galveston</td>
</tr>
<tr>
<td>JOHNSON, RETTA</td>
<td>4322 Dallas Avenue, Houston</td>
</tr>
<tr>
<td>JOLLY, BURNETT ROBERT (MRS.)</td>
<td>Baptist Hospital, Houston</td>
</tr>
<tr>
<td>LEHMANN, JOHN R. (MRS.)</td>
<td>3910 Shenandoah Street, Dallas</td>
</tr>
<tr>
<td>NEVINS, GEORGIA M.</td>
<td>2305 San Antonio Street, Austin</td>
</tr>
<tr>
<td>SHEEHAN, MARY E.</td>
<td>Fort Sam Houston, San Antonio</td>
</tr>
<tr>
<td>BROWNING, OETTA A.</td>
<td>Thomas D. Dee Memorial Hospital, Ogden</td>
</tr>
<tr>
<td>REILLY, MARGARET M.</td>
<td>Salt Lake County Hospital, Salt Lake City</td>
</tr>
<tr>
<td>ABBOTT, MARY E.</td>
<td>Worcester</td>
</tr>
<tr>
<td>BAKER, MARY A.</td>
<td>Bennington</td>
</tr>
<tr>
<td>BRIAN, CELIA E.</td>
<td>Brattleboro Memorial Hospital, Brattleboro</td>
</tr>
<tr>
<td>BURNS, MARY A.</td>
<td>28 Ferris Street, St. Albans</td>
</tr>
<tr>
<td>WARE, MABEL E.</td>
<td>Mary Fletcher Hospital, Burlington</td>
</tr>
<tr>
<td>BAEW, HELEN ELIZABETH</td>
<td>Parrish Memorial Hospital, Portsmouth</td>
</tr>
<tr>
<td>BAYLOR, MARTHA V.</td>
<td>St. Luke's Hospital, Richmond</td>
</tr>
<tr>
<td>BISHOP, FLORENCE A.</td>
<td>King's Daughters' Hospital, Portsmouth</td>
</tr>
<tr>
<td>BRICKHOUSE, CAROLINE S.</td>
<td>Norfolk Protestant Hospital, Norfolk</td>
</tr>
<tr>
<td>CHASE, WINNIRED</td>
<td>Stuart Circle Hospital, Richmond</td>
</tr>
<tr>
<td>COOPER, MABEL TEMPLETON</td>
<td>U. S. Naval Hospital, Norfolk</td>
</tr>
<tr>
<td>COWLING, MARGARET BRAND</td>
<td>Surry</td>
</tr>
<tr>
<td>COWLING, MARY F.</td>
<td>Virginia Baptist Hospital, Lynchburg</td>
</tr>
<tr>
<td>DETWILLER, MOLLIE</td>
<td>U. S. Naval Hospital, Portsmouth</td>
</tr>
<tr>
<td>ELLIOTT, EMILY ISABEL</td>
<td>110 Cathedral Place, Richmond</td>
</tr>
<tr>
<td>FITZGERALD, ROSE E.</td>
<td>U. S. Naval Hospital, Portsmouth</td>
</tr>
<tr>
<td>HARRIS, MARY ELIZABETH</td>
<td>U. S. Naval Hospital, Portsmouth</td>
</tr>
<tr>
<td>HARRIS, MARY STEWART</td>
<td>New Altman Hospital, Christiansburg</td>
</tr>
<tr>
<td>HEHRR, EMMA L.</td>
<td>Hospital Station, Portsmouth</td>
</tr>
<tr>
<td>HENDERSON, VIRGINIA AVENEL</td>
<td>Norfolk Protestant Hospital, Norfolk</td>
</tr>
<tr>
<td>HODGE, IDA L.</td>
<td>U. S. Naval Hospital, Norfolk</td>
</tr>
<tr>
<td>MOFFETT, MARY ELLA</td>
<td>U. S. Naval Hospital, Portsmouth</td>
</tr>
<tr>
<td>PFEIFFER, CHARLOTTE</td>
<td>Stuart Circle Hospital, Richmond</td>
</tr>
<tr>
<td>SMILING, EMILY M.</td>
<td>U. S. Naval Hospital, Portsmouth</td>
</tr>
<tr>
<td>SMITH, ETHEL M.</td>
<td>Craigsville</td>
</tr>
<tr>
<td>TAPPAN, MARGARET</td>
<td>Station Hospital, Ft. Eustes</td>
</tr>
<tr>
<td>WALKER, ROSE E.</td>
<td>U. S. Naval Hospital, Portsmouth</td>
</tr>
<tr>
<td>BLOB, MARY B.</td>
<td>715-4 Avenue, Spokane</td>
</tr>
<tr>
<td>BRATTON, GRACE</td>
<td>2706 W. Mallon Avenue, Spokane</td>
</tr>
<tr>
<td>BROOK, NELTIE E.</td>
<td>The Swedish Hospital, Seattle</td>
</tr>
<tr>
<td>BUJER, MARY D.</td>
<td>201 Sixteenth Avenue N., Seattle</td>
</tr>
<tr>
<td>BURNS, JOHANNA S.</td>
<td>2209 Pacific Avenue, Spokane</td>
</tr>
<tr>
<td>CASSIDY, MARGARET MARY</td>
<td>308 N. 3 Street, Yakima</td>
</tr>
<tr>
<td>ELLIOTT, MARY ELIZABETH</td>
<td>314 E. Poplar Street, Walla Walla</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Falconer, Ida R.</td>
<td>St. Luke's Hospital, Spokane</td>
</tr>
<tr>
<td>Fraser, Anna J.</td>
<td>Virginia Mason Hospital, Seattle</td>
</tr>
<tr>
<td>Gillespie, Cora E.</td>
<td>Room 4, Y. W. C. A., Seattle</td>
</tr>
<tr>
<td>Hall, Evelyn H.</td>
<td>Seattle General Hospital, Seattle</td>
</tr>
<tr>
<td>Jones, Catherine E.</td>
<td>809 Fifth Avenue, Seattle</td>
</tr>
<tr>
<td>Knox, Adda</td>
<td>St. Luke's Hospital, Bellingham</td>
</tr>
<tr>
<td>Loomis, May S.</td>
<td>City Hospital, Seattle</td>
</tr>
<tr>
<td>Maaestad, Carrie</td>
<td>Swedish Hospital, Seattle</td>
</tr>
<tr>
<td>Major, Katherine</td>
<td>King County Hospital, Seattle</td>
</tr>
<tr>
<td>Sister M. Christiana</td>
<td>Sacred Heart Hospital, Spokane</td>
</tr>
<tr>
<td>Sister Mary Magna</td>
<td>Providence Hospital, Seattle</td>
</tr>
<tr>
<td>Soule, Elizabeth</td>
<td>University of Washington, Seattle</td>
</tr>
<tr>
<td>Stromberg, Mabel E.</td>
<td>Columbus Sanitarium, Seattle</td>
</tr>
<tr>
<td>Varker, Clestia Carolina</td>
<td>Yakima</td>
</tr>
<tr>
<td>Warner, Gertrude E.</td>
<td>Deaconess Hospital, Spokane</td>
</tr>
<tr>
<td>White, Lyda A. (MRS.)</td>
<td>Columbus Sanitarium, 1408 E 42 Street, Seattle</td>
</tr>
<tr>
<td>Withers, Lucile A.</td>
<td>Walla Walla Court House, Walla Walla</td>
</tr>
<tr>
<td>Woods, Anna J.</td>
<td>809 Fifth Avenue, Seattle</td>
</tr>
<tr>
<td>Worthington, Leora</td>
<td>Deaconess Hospital, Wenatchee</td>
</tr>
<tr>
<td></td>
<td><strong>West Virginia</strong></td>
</tr>
<tr>
<td>Murray, Sarah M.</td>
<td>Box 356, White Sulphur Springs</td>
</tr>
<tr>
<td>Pearson, Helen M.</td>
<td>c/o Dr. Love's Private Hospital, Ronceverte</td>
</tr>
<tr>
<td></td>
<td><strong>Wisconsin</strong></td>
</tr>
<tr>
<td>Ackley, Stella</td>
<td>Milwaukee County Hospital, Wauwatosa</td>
</tr>
<tr>
<td>Arenz, Louise F.</td>
<td>Grandview Hospital, La Crosse</td>
</tr>
<tr>
<td>Bestiel, Marie</td>
<td>La Crosse Lutheran Hospital, La Crosse</td>
</tr>
<tr>
<td>Bradley, Lenore H.</td>
<td>Mt. Sinai Hospital, Milwaukee</td>
</tr>
<tr>
<td>Brakke, Stella B.</td>
<td>La Crosse Hospital, La Crosse</td>
</tr>
<tr>
<td>Collins, Faith A.</td>
<td>Kenosha Hospital, Kenosha</td>
</tr>
<tr>
<td>Crafts, Grace</td>
<td>Madison General Hospital, Madison</td>
</tr>
<tr>
<td>Christenson, Clara M.</td>
<td>Mt. Washington Sanitorium, Eau Claire</td>
</tr>
<tr>
<td>Dauletton, Edna A.</td>
<td>La Crosse Lutheran Hospital, La Crosse</td>
</tr>
<tr>
<td>Denne, Helen</td>
<td>Wisconsin General Hospital, Madison</td>
</tr>
<tr>
<td>Dinegan, Anne Ward</td>
<td>Milwaukee Children's Hospital, Milwaukee</td>
</tr>
<tr>
<td>Dunwiddie, Mary</td>
<td>Milwaukee Children's Hospital, Milwaukee</td>
</tr>
<tr>
<td>Eldredge, Adda</td>
<td>State Board of Health, Madison</td>
</tr>
<tr>
<td>Fauerbach, Gale</td>
<td>54 Prospect Avenue Milwaukee</td>
</tr>
<tr>
<td>Femby, Caroline M.</td>
<td>Methodist Hospital, Madison</td>
</tr>
<tr>
<td>Fisher, Amy L.</td>
<td>St. Luke's Hospital, Racine</td>
</tr>
<tr>
<td>Gobel, Marie Caroline</td>
<td>Grandview Hospital, La Crosse</td>
</tr>
<tr>
<td>Gobel, Margaret A.</td>
<td>Grandview Hospital, La Crosse</td>
</tr>
<tr>
<td>Graham, Olive M.</td>
<td>Wausau Memorial Hospital, Wausau</td>
</tr>
<tr>
<td>Groth, Bernice M.</td>
<td>Grandview Hospital, La Crosse</td>
</tr>
<tr>
<td>Heil, Anna</td>
<td>88 Prospect Avenue, Milwaukee</td>
</tr>
<tr>
<td>Heiser, Edith A.</td>
<td>R. R. 5, Wisconsin Rapids</td>
</tr>
<tr>
<td>Henderson, Bena M.</td>
<td>Milwaukee Children's Hospital, Milwaukee</td>
</tr>
<tr>
<td>Hollehouse, Katherine E.</td>
<td>St. Mary's Hospital, Wausau</td>
</tr>
<tr>
<td>Ingwersen, Ella M.</td>
<td>La Crosse Public Hospital, La Crosse</td>
</tr>
</tbody>
</table>
JACOBSEN, MILLIE A. Luther Hospital, Eau Claire
JOHNSON, TORA C. 219 Randall Street, Eau Claire
KAHL, FRANCES RUTH 463 Van Buren Street, Milwaukee
KELLY, HELEN W. 88 Prospect Avenue, Milwaukee
KENDALL, JESSIE M. Merrill
KOWALKE, ERNA M. 589 Marshall Street, Milwaukee
LEE, BENNORA C. LaCrosse Lutheran Hospital, LaCrosse
LEENHANKS, ELIZABETH Muirdale Sanatorium, Wauwatosa
LEWIS, CLARA A. 820 S. Barstow Street, Eau Claire
MAGNUSSEN, ANN KATHRYN LaCrosse Hospital, LaCrosse
METZKER, AMALIA L. Mt. Sinai Hospital, Milwaukee
MILLER, EDNA LaCrosse Lutheran Hospital, LaCrosse
MYRSETH, GUDRUN Luther Hospital, Eau Claire
NELSON, SARA J. Madison Isolation Hospital, Milwaukee
NEWMAN, ROSE Mt. Sinai Hospital, Milwaukee
ODEGAARD, ETHEL JEANETTE 54 Prospect Avenue, Milwaukee
O’NEILL, HELEN Eye, Ear, Nose & Throat Hospital, Milwaukee
OSTERHOUT, ELIZABETH A. LaCrosse Hospital, LaCrosse
PAYEK, JULIA St. Luke’s Hospital, Racine
REGEDAL, ELIZABETH LaCrosse Lutheran Hospital, LaCrosse
REICH, LYDIA FRANCES Evangelical Deaconess Hospital, Milwaukee
REID, AGNES W. 1510 Vine Street, LaCrosse
RICE, KATHRYN S. Whitehall Training School for Nurses, Whitehall
SAGER, MAUDE Methodist Hospital, Madison
Scheffer, Marie C. 430 Lake Street, Eau Claire
Sister M. Bartholomea Betzen St. Joseph’s Hospital, Marshfield
Sister M. Gonzaga Betzen Mercy Hospital, Oshkosh
Sister M. Digna St. Agnes Hospital, Fond du Lac
Sister M. Florina St. Mary’s Hospital, Sparta
Sister Agnella Leutenmeyer Sacred Heart Hospital, Eau Claire
Sister M. Syra Underberg St. Francis Hospital, LaCrosse
Sister M. Beata Walsh St. Francis Hospital, LaCrosse
SMITH, DOROTHY ELIZABETH Grandview Hospital, LaCrosse
STEWART, ELLEN Theda Clark Memorial Hospital, Neenah
TEBRACE, GRACE Milwaukee Children’s Hospital, Milwaukee
THOMPSON, LAVERNE R. Madison General Hospital, Madison
WALLACE, LYDIA M. Milwaukee Children’s Hospital, Milwaukee
WHITE, REGINE 410 Summit Avenue, Milwaukee
ZERATSKY, EMMA A. LaCrosse Hospital, LaCrosse

Wyoming
PHIFER, F. W. (Mrs.) Wheatland General Hospital, Wheatland

Shellabarger, Elizabeth Francis Warren Pershing Memorial Hospital, Cheyenne

Alaska
PATTON, MARY Fairbanks

Hawaii
LEONARD, GRACE E. Tripler General Hospital, Fort Shafter, Honolulu
MCLAUGHLIN, MARY F. Tripler General Hospital, Fort Shafter, Honolulu
LIST OF MEMBERS

ROILER, SUSAN ELIZABETH. U. S. Naval Hospital, Pearl Harbor

Philippine Islands

CARLSON, ANNA B. Sternberg General Hospital, Manila
MACARAIG, ENRIQUETA Philippine General Hospital, Manila
TAN, CESAREA American Red Cross, 1854 Ascaraga, Manila

Porto Rico

GONZALIZ, ROSA A. Box 289, San Juan

Canada

CARSON, AGNES D. St. Andrews, New Brunswick
HERSEY, MABEL F. Royal Victoria Hospital, Montreal
JONES, EMILY LAWSON Royal Jubilee Hospital, Victoria, B. C.
KINDER, ANNE I. Children's Hospital, Winnipeg
MCMAHON, AMY c/o Canadian Red Cross, Charlottetown, P. E. I.
MARTIN, MARY E. Winnipeg General Hospital, Winnipeg
MUSTARD, JEAN Brucefield, Ontario
ROWAN, GEORGIA L. Grace Hospital, Toronto
SAMAUEL, MARY A. 242 Sherbrooke Street, W., Montreal
SHAW, FLORA M. McGill University, Montreal
YOUNG, ZAIDEE E. Montreal General Hospital, Montreal

China

DEXTER, ELIZE G. Church General Hospital, American Church Mission, Wuchang
GAGE, NINA Hunan-Yale School of Nursing, Changsha
LI-SING-SZE, ELIZABETH 4 Kiven, May-Road off Way-sie Road, Shanghai

Cuba

ANDERSON, RUTH M. U. S. Naval Hospital, Guantanamo Bay

Korea

SHIELDS, ESTHER LUCAS. Severance Union Hospital, Seoul

Panama

ADAM, SARA E. Hospital Santo Tomas, Ancon, Canal Zone

Poland

BRIDGE, HELEN L. Warsaw School of Nursing, Warsaw

South America

DENNHARDT, LORRAINE Caixi Postal 49, Rio de Janeiro, Brazil
HANKIN, KATHERINE British American Hospital, Callao, Peru

ASSOCIATE MEMBERS

China

CABOT, MAY GERALDINE Church General Hospital 1, Wuchang

Cuba

GUEVARA, MARTINA Hospital Calixto Garcia, Havana

Haiti

SLATER, DAISY Field Hospital, 1st Brigade U. S. M. C., Port au Prince
<table>
<thead>
<tr>
<th>Name</th>
<th>Died</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florence Nightingale</td>
<td>August 14, 1910</td>
</tr>
<tr>
<td>Lila Lett</td>
<td>November 3, 1893</td>
</tr>
<tr>
<td>Louise Darche</td>
<td>June, 1898</td>
</tr>
<tr>
<td>Florence Hutchinson</td>
<td>December 26, 1902</td>
</tr>
<tr>
<td>Eva Mary Allerton</td>
<td>January 5, 1907</td>
</tr>
<tr>
<td>Ella Underhill</td>
<td>August, 1909</td>
</tr>
<tr>
<td>Isabel Hampton Robb (Mrs.)</td>
<td>April 15, 1910</td>
</tr>
<tr>
<td>A. A. Chesley</td>
<td>November 7, 1910</td>
</tr>
<tr>
<td>Constance V. Curtis</td>
<td>December 12, 1910</td>
</tr>
<tr>
<td>J. E. Snodgrass (Mrs.)</td>
<td>April 20, 1910</td>
</tr>
<tr>
<td>Cora Overholt</td>
<td>July 25, 1911</td>
</tr>
<tr>
<td>Christina Banks Wright (Mrs.)</td>
<td>November 30, 1911</td>
</tr>
<tr>
<td>Lucy Ashby Sharpe</td>
<td>March, 1912</td>
</tr>
<tr>
<td>Florence Black</td>
<td>March, 1913</td>
</tr>
<tr>
<td>Edith W. Seymour</td>
<td>October, 1913</td>
</tr>
<tr>
<td>Isabel McIsaac</td>
<td>September, 1914</td>
</tr>
<tr>
<td>A. C. Robertson</td>
<td>April, 1915</td>
</tr>
<tr>
<td>M. E. Johnstone</td>
<td>1915</td>
</tr>
<tr>
<td>F. E. S. Smith (Mrs.)</td>
<td>1915</td>
</tr>
<tr>
<td>Adeline Henderson</td>
<td>November, 1915</td>
</tr>
<tr>
<td>Alice A. Gorman</td>
<td>February 6, 1916</td>
</tr>
<tr>
<td>Alma E. Grant</td>
<td>April 1, 1918</td>
</tr>
<tr>
<td>A. Lauder Sutherland</td>
<td>March 25, 1918</td>
</tr>
<tr>
<td>Anna G. Clement</td>
<td>September 3, 1918</td>
</tr>
<tr>
<td>Alice Ashey</td>
<td>September 28, 1918</td>
</tr>
<tr>
<td>Mary Clarke</td>
<td>October, 1918</td>
</tr>
<tr>
<td>Jane A. Delano</td>
<td>April 15, 1919</td>
</tr>
<tr>
<td>Lila Pickard</td>
<td>August 26, 1919</td>
</tr>
<tr>
<td>Amelia A. Hall</td>
<td>January 1, 1920</td>
</tr>
<tr>
<td>Sophia F. Palmer</td>
<td>April 27, 1920</td>
</tr>
<tr>
<td>Mary Jean Hurdley</td>
<td>August 15, 1920</td>
</tr>
<tr>
<td>Eliza C. Glenn</td>
<td>August 18, 1920</td>
</tr>
<tr>
<td>Carrie J. Brink</td>
<td>December 10, 1920</td>
</tr>
<tr>
<td>Sister Mary Emanuel</td>
<td></td>
</tr>
<tr>
<td>Mary W. McKechnie</td>
<td>March 18, 1921</td>
</tr>
<tr>
<td>Pauline L. Dolliver</td>
<td>August 12, 1921</td>
</tr>
<tr>
<td>Margaret Eleanor Stanley</td>
<td>September 4, 1921</td>
</tr>
<tr>
<td>Mary Durnin</td>
<td>October 22, 1921</td>
</tr>
<tr>
<td>Sister Emma Detmer</td>
<td>September 4, 1922</td>
</tr>
<tr>
<td>Bertha Erdman</td>
<td>November 5, 1922</td>
</tr>
<tr>
<td>Sarah C. Ebersole</td>
<td>December 12, 1922</td>
</tr>
<tr>
<td>Cornelia Happersetete</td>
<td>January 6, 1923</td>
</tr>
<tr>
<td>Floride L. Croft</td>
<td>March 20, 1923</td>
</tr>
<tr>
<td>Inez C. Lord</td>
<td>March 26, 1923</td>
</tr>
<tr>
<td>Mary C. Haarer</td>
<td>June 10, 1923</td>
</tr>
</tbody>
</table>
DECEASED MEMBERS

JOSEPHINE HAMILTON (Mrs.) Died May 1, 1924
MARY E. P. DAVIS Died June 9, 1924
AGNES P. MAHONEY Died January 3, 1925
NELLE F. PARRISH Died June 10, 1925
ANNE HERVEY STRONG Died June 17, 1925
MARTA McDaniel Died September 19, 1925
THIRTY-FIRST ANNUAL CONVENTION

OFFICERS OF THE STATE LEAGUES OF NURSING EDUCATION

ALABAMA

President—Agnes V. Humphreys, Tuscaloosa, Alabama.  
Secretary—Helen MacLean, Jasper, Alabama.

CALIFORNIA

President—Anna C. Jammé, San Francisco, California. 
Secretary—Mary May Pickering, San Francisco, California.

COLORADO

President—Laura Elder, Denver, Colorado. 
Secretary—Mary Carney, Denver, Colorado.

CONNECTICUT

President—Harriet Leck, Hartford, Connecticut. 
Secretary—Mary G. Trites, Hartford, Connecticut.

DISTRICT OF COLUMBIA

President—Julia C. Stimson, Washington, District of Columbia. 
Secretary—Isabelle W. Baker, Washington, District of Columbia.

ILLINOIS

President—Evelyn Wood, Chicago, Illinois. 
Secretary—Olga Andresen, Chicago, Illinois.

INDIANA

President—Ethel P. Clarke (Mrs.), Indianapolis, Indiana. 
Secretary—Edna L. Hamilton, Indianapolis, Indiana.

IOWA

President—Esther Jackson, Des Moines, Iowa. 
Secretary—Mary Elder, Burlington, Iowa.

KANSAS

President—Ethel Hastings, Kansas City, Kansas. 
Secretary—M. Helena Hailey, Topeka, Kansas.

KENTUCKY

President—Flora E. Keen, Somerset, Kentucky. 
Secretary—Cornelia D. Erskine, Louisville, Kentucky.

LOUISIANA

President—Sister Kostka, New Orleans, Louisiana. 
Secretary—Margaret A. Price, New Orleans, Louisiana.

MARYLAND

President—Annie Crighton, Baltimore, Maryland. 
Secretary—Edna S. Calvert, Baltimore, Maryland.
OFFICERS OF STATE LEAGUES

MASSACHUSETTS

President—Sally Johnson, Boston, Massachusetts.
Secretary—Ruth Humphreys, Newton Lower Falls, Massachusetts.

MICHIGAN

President—Alice Lake, Ann Arbor, Michigan.
Secretary—Helen M. Pollock, Flint, Michigan.

MINNESOTA

President—Bessie Baker, St. Paul, Minnesota.
Secretary—Myra Kimball, St. Paul, Minnesota.

MISSOURI

President—Gene Harrison, St. Louis, Missouri.
Secretary—Louise Yale, Kansas City, Missouri.

NEBRASKA

President—Charlotte Burgess, Omaha, Nebraska.
Secretary—Homer Harris, Omaha, Nebraska.

NEW HAMPSHIRE

President—Grace P. Haskell, Dover, New Hampshire.
Secretary—Ida A. Nutter, Portsmouth, New Hampshire.

NEW JERSEY

President—Jessie M. Murdock, Jersey City, New Jersey.
Secretary—Hattie W. Seifert, Elizabeth, New Jersey.

NEW YORK

President—Elizabeth C. Burgess, New York, New York.
Secretary—Mary McPherson, Schenectady, New York.

NORTH CAROLINA

President—Gilbert Muse, High Point, North Carolina.
Secretary—Daisy Chalmers, Asheville, North Carolina.

NORTH DAKOTA

President—Sister M. Kathla, Grand Forks, North Dakota.
Secretary—Sister Gilbert, Fargo, North Dakota.

OKLAHOMA

President—Antoinette Light, Oklahoma City, Oklahoma.
Secretary—Edna Duncan, Cherokee, Oklahoma.

OREGON

President—Alvilde Aarnes, Portland, Oregon.
Secretary—Helen S. Hartley, Portland, Oregon.

PENNSYLVANIA

President—Elizabeth Miller, Philadelphia, Pennsylvania.
Secretary—Margaret Lundy, Lebanon, Pennsylvania.
RHODE ISLAND

President—Sarah C. Barry, Providence, Rhode Island.
Secretary—Mary E. Corcoran, Providence, Rhode Island.

TEXAS

President—Ella Read, Galveston, Texas.
Secretary—Jane Duffy, Austin, Texas.

WASHINGTON

President—Evelyn H. Hall, Seattle, Washington.
Secretary—Carolyn Davis, Seattle, Washington.

WISCONSIN

President—Grace TeBrake, Milwaukee, Wisconsin.
Secretary—Rose Newman, Milwaukee, Wisconsin.
INDEX

Addresses

Address of Welcome, Richard Olding Beard, M.D., 19
Response and Address, Laura R. Logan, R.N., 24
Advisory Council: Members, 8; Open Session conducted by the, 66
Amendments to the By-Laws, 171
American Federation of Nurses, The, 25
American Society of Superintendents of Training Schools for Nurses:
 Officers, 16

Bailey, William L., Teaching Sociology in Schools of Nursing, 150
Barry, Sarah C., R.N., Discussion of the Unit System, 161
Beard, Richard Olding, M.D., Address of Welcome, 19
Budgets for Schools of Nursing, Committee on, 62
Burgess, Elizabeth C., Discussion—New York State Inspection of Schools
 Outside the State, 114
Business Session: Opening, 31; Closing, 159
By-Laws, Amendments to, 171

Committees

Appointment of Committees: Inspectors of Election, 66; Nominations,
  168; Resolutions, 66; Status of Private Duty Nurse, 167; Study of
  Public Health Nursing in the Basic Curriculum, 167; To Study the
  Need of a Study by Nurses of Midwifery in Postgraduate Courses,
  168; To Study and Recommend the Length of Time Essential for
  Adequate Basic Training in Communicable Diseases, including Tubercu-
  losis, 166; To Draft Resolutions Concerning the Preparation and
  Recognition of the Nurse for the Care of the Tuberculosis Patient, 66
Personnel of Committees: American Nurses’ Association Committees
with Representatives of the National League of Nursing Education
and National Organization for Public Health Nursing, 13; American
Red Cross Nursing Service National Committee, 15; Committees
Composed of Representatives of the American Nurses’ Association,
National League of Nursing Education and National Organization
for Public Health Nursing, 12; Special Committees, 10; Standing
Committees, 9; See also Appointment of Committees

Reports of Committees: Advisory Committee American Nurses’ Me-
morial (Florence Nightingale School) Bordeaux, France, 63; Con-
vention Arrangements, 38; Convention Publicity, 60; Education, 39;
Eligibility, 40; Finance, 41; Functions, 62; Grading of Nursing Schools, 57; International Nursing Affairs, 63; Isabel Hampton Robb Memorial Fund, 49; Nomenclature, 60; Nominations, 42; Program, 39; Publications, 43; Revision, 49; Resolutions, 168; To Draft Resolutions Concerning the Preparation and Recognition of the Nurse for the Care of the Tuberculosis Patient, 163; University Relations, 44; Ways and Means, 62

Communicable Disease Nursing

Care of the Tuberculosis Patient, Katherine J. Densford, R.N., 161
Communicable Disease Nursing in the Curriculum, Charlotte Johnson, R.N., 161
Discussion of the Unit System, Sarah C. Barry, R.N., 161
Report of the Committee to Draft Resolutions Concerning the Preparation and Recognition of the Nurse for the Care of the Tuberculosis Patient, 163
Summary of Discussion on Length of Time Essential for Adequate Basic Training in Communicable Diseases, Including Tuberculosis, 166
The Care of the Isolated Patient (Summary of Round Table), 160
The Unit System, Edith B. Wilson, R.N., 161

Constitution and By-Laws

Adoption and putting into operation New By-Laws, 77
Amendments to the By-Laws, 171
Report of the Revision Committee, 49
Suggested form of Constitution and By-Laws for State Leagues of Nursing Education, 51
Suggestions to help in reorganization of State Leagues of Nursing Education, 164
Summary of Discussion on Reorganization, 75

Dakin, Florence, R.N., Discussion—New York State Inspection of Schools Outside the State, 113
Densford, Katherine J., R.N., Care of the Tuberculosis Patient, 161

Diet Therapy

Summary of Round Table on Diet Therapy, 162
Teaching Nurses Diet Therapy and Suggestions for the Organization of a Hospital Department of Dietetics, Russell M. Wilder, M.D. and Florence H. Smith, B.S., 162

Directors: 1924-1926, 7; 1925-1927, 7; Ex-officio, 7
Education Committee, Open Session conducted by, 132
Eldredge, Adda, R.N., Discussion—New York State Inspection of Schools Outside the State, 113
Executive Secretary, Report of, 35
French, Corinne D., R.N., Discussion—New York State Inspection of Schools Outside the State, 110
Frost, Harriet, R.N., Discussion—New York State Inspection of Schools Outside the State, 112

Gladwin, Mary E., R.N., New York State Inspection of Schools Outside the State, 92
Grading of Nursing Schools, Report of Committee on, 57
Grant, Amelia H., R.N., The Principles of Public Health Nursing in the Undergraduate Curriculum, 133

Hansen, Anne L., R.N., Discussion—New York State Inspection of Schools Outside the State, 117
Harmer, Bertha, R.N., Teaching and Learning Through Experience, 124
Headquarters. See Executive Secretary Report
Hoben, Allan, Ph.D., The Need for Play, 118

Inspection Schools of Nursing

New York State Inspection of Schools Outside the State, Mary E. Gladwin, R.N., 92

Discussions: Elias P. Lyon, M.D., 104; Corinne D. French, R.N., 110; Harriet Frost, R.N., 112; Florence Dakin, R.N., 113; Adda Eldredge, R.N., 113; Elizabeth C. Burgess, R.N., 114; Anne L. Hansen, R.N., 117

Routine Inspection of Schools of Nursing, Alma H. Scott, R.N., 78

Isolated Patient, The Care of the. See Communicable Disease Nursing Institutes and Summer Schools, Summary of Round Table on, 161
Instructors’ Section: Session Conducted by, 118; Report of, 162
International Nursing Affairs: See Reports of Committees

Johnson, Charlotte, R.N., Communicable Disease Nursing in the Curriculum, 161
Jones, Perri, How the Library Serves the Hospital and the School of Nursing, 156
Library

How the Library Serves the Hospital and School of Nursing, Perri Jones, 156
Summary of Discussion on How the Library Serves the Hospital and the School of Nursing, 159
Logan, Laura R., R.N., Response and Address, 24
Lommen, Georgina, The Present Concept of Method, 119
Lyon, Elias P., M.D., Discussion—New York State Inspection of Schools Outside the State, 104

Members: Active, 172; Associate, 203; Deceased, 204; Honorary, 172; Life, 172

Methods. See Teaching
Midwifery: Summary of Discussion on the Need of the Study of Midwifery by Nurses in Postgraduate Courses, 167; See also Committees, Appointment of
Muse, Maude B., R.N., The Importance of Psychology in Schools of Nursing, 140

Negro Nurses, Training Schools for: Announcement of Study by Hospital Library and Service Bureau, 63
New York State Inspection of Schools Outside the State. See Inspection Schools of Nursing

Officers: 1925-1926, 7
Out-Patient Department: Study of the Nurse and Nursing Service in the Out-Patient Department, Emilie G. Robson, R.N., 139

Public Health Nursing

The Principles of Public Health Nursing in the Undergraduate Curriculum, Amelia H. Grant, R.N., 133; Discussion—Marion L. Vannier, 138; Summary of Discussion from the Floor, 140
Summary of Discussion Public Health Nursing in the Basic Curriculum (Closing Business Session), 166
See also Out-Patient Department

Private Duty Nurse, Status of: Summary of Discussion, 167; Report of New York League of Nursing Education, 71; See also Committees, Appointment of

Psychology in Nursing Schools

The Importance of Psychology in Schools of Nursing, Maude B. Muse, R.N., 140
Recreation

The Need for Play, Allan Hoben, Ph.D., 118

Reorganization. See Constitution and By-Laws

Reports: Executive Secretary, 35; Instructors' Section, 162; President, 65;
Secretary, 31; Tellers, 169; Treasurer, 32; See also Committees and
State Leagues of Nursing Education

Robson, Emilie G., R.N., Preliminary Report on the Study of the Nurse
and Nursing Service in the Out-Patient Department, 139

Round Tables, Summaries of,
Institute and Summer Schools, 161
Teaching Diet Therapy, 162
The Care of the Isolated Patient, 160

Scott, Alma H., R.N., Routine Inspection of Schools of Nursing, 78
Secretary, Report of the, 31
Small Hospital School of Nursing, Committee on Problems of Education
in, 62
Smith, Florence H., B.S., Russell Wilder, M.D. and, Teaching Nurses
Diet Therapy and Suggestions for the Organization of a Hospital
Department of Dietetics, 162

Sociology in Schools of Nursing. See Teaching

State Leagues of Nursing Education

Officers of, 206
Reports: California, 66; Connecticut, 67; Illinois, 67; Kansas, 68;
Louisiana, 68; Maryland, 69; Massachusetts, 69; Michigan, 69; Min-
nesota, 70; Missouri, 70; Nebraska, 70; New Hampshire, 71; New
Jersey, 71; New York, 71; North Carolina, 72; North Dakota, 73;
Oklahoma, 73; Pennsylvania, 73; Rhode Island, 74; Texas, 74; Wis-
consin, 74. See also Constitution and By-Laws

Summer Schools. See Round Tables, Summaries of

Teaching

Teaching and Learning Through Experience, Bertha Harmer, R.N., 124
Teaching Nurses Diet Therapy. See Diet Therapy.
Teaching Sociology in Schools of Nursing, William L. Bailey, 150
The Present Concept of Method, Georgina Lommen, 119
See also Communicable Disease Nursing, Public Health Nursing and
Psychology in Schools of Nursing

Tellers: Appointment of, 66; Report of, 169
The Importance of Psychology in Schools of Nursing, Maude B. Muse, R.N., 140
The Need for Play, Allan Hoben, Ph.D., 118
The Principles of Public Health Nursing in the Undergraduate Curriculum, Amelia H. Grant, R.N., 133
Tuberculosis Nursing. See Communicable Disease Nursing
Treasurer, Report of, 32

University Schools of Nursing. See Report of Committee on University Relations
Unit System, The. See Communicable Disease Nursing

Vannier, Marion L., Discussion—The Principles of Public Health Nursing in the Undergraduate Curriculum, 138

Wilder, Russell M., M.D. and Florence H. Smith, B.S., Teaching Nurses Diet Therapy and Suggestions for the Organization of a Hospital Department, 162
Wilson, Edith B., R.N., The Unit System, 161